

# Report to Health and Wellbeing Board on Population Based Adult and Cancer Screening Programmes in Barnet

March 2018

## 1. Aim

The purpose of this paper is to provide an overview of Section 7a Adult and Cancer Screening programmes in the London Borough of Barnet for 17/18. The paper covers uptake and coverage for each programme along with an account of what NHS England London Region (NHSE) are doing to improve uptake and coverage. Section 7a Adult and Cancer Screening programmes are national screening programmes that are offered to a variety of cohorts depending on the condition for which the population is being screened and are as follows:

1. Abdominal Aortic Aneurysm Screening (Adult)
2. Diabetic Eye Screening (Adult)
3. Bowel Cancer Screening (Cancer)
4. Cervical Cancer Screening (Cancer)
5. Breast Cancer Screening (Cancer)

Members of the Health and Well-Being Board are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE) and the local authority are doing to increase screening uptake and coverage in Barnet.

## 2. Headlines for London

London performs better than the rest of the country when measured in terms of performance against national KPIs, indicating that provision of screening services in London is of high quality.

There are challenges across all adult and cancer screening programmes for uptake and coverage. Groups known to have poorer uptake of screening across programmes include but are not limited to: those with learning difficulties, black and minority ethnic groups, prisoners and those from areas of deprivation. London also has the challenge of a more transient population compared to other areas, which further impacts on uptake and coverage.

NHSE is working in partnership with CCGs, Service Providers, Transforming Cancer Services Team, PHE, Cancer Vanguard, the Voluntary Sector and others to improve uptake and coverage for Adult and Cancer Screening programmes.

## 3. Cancer Screening Programmes

### 3.1. Bowel Cancer Screening

#### 3.1.1 Overview of Programme

Bowel Cancer Screening is aimed at reducing morbidity and mortality from colorectal cancer in the population. Both men and women are invited to take part in screening every two years between the ages of 60 and 74 years. Those over the age of 74 can self-refer. Members of the eligible population receive invitations through the post along with a test kit, which they are encouraged to use and return to the London Bowel Screening Hub in a prepaid envelope for analysis. Those who test positive are offered further investigations and referred for treatment

if required. In addition a complementary screening test that looks at the large bowel using a flexible sigmoidoscopy is currently being rolled out nationally. This programme aims to identify pre-cancerous polyps that can be removed preventing them from developing into cancer. The test is currently offered as a one off screen for men and women aged 55 but is not yet available to the entire population.

### **3.1.2 Commissioning and Service Provision**

NHSE are responsible for the commissioning of all aspects of the bowel screening programme. This includes the call/recall system, analyses of specimens, assessment of individuals who test positive and diagnostic investigations. The screening pathway ends once an individual is found to have cancer, at which point they move under the care of symptomatic treatment services.

In London, as with the rest of the country, there is a bowel screening administrative hub, which is responsible for call/recall, analyses of specimens and booking of initial assessment appointments across the entire London footprint. The hub is based at St Mark's Hospital, London Northwest Healthcare NHS Trust. Clinical services are distributed throughout the London footprint and are closely aligned to STP areas. University College Hospitals London NHS Foundation Trust (UCLH), which hosts the North Central London Bowel Screening Programme, is commissioned to deliver clinical bowel screening services to the population of Barnet.

Bowel Scope Screening is not yet live for the Barnet population. This aspect of the programme is currently being rolled out in a phase approach with an anticipated completion date for London wide provision by end of 2020/21. Barnet is due to go live this year with an anticipated completion date in November/December 2018. Bowel scope requires participants to self-administer an enema at home prior to their appointment. For this reason services need to be delivered as close to the local population as possible, taking into consideration local transport links. For the Barnet population UCLH currently sub-contracts The Whittington Hospital to provide this service.

### **3.1.3 Uptake and Coverage in Barnet**

#### **Definitions**

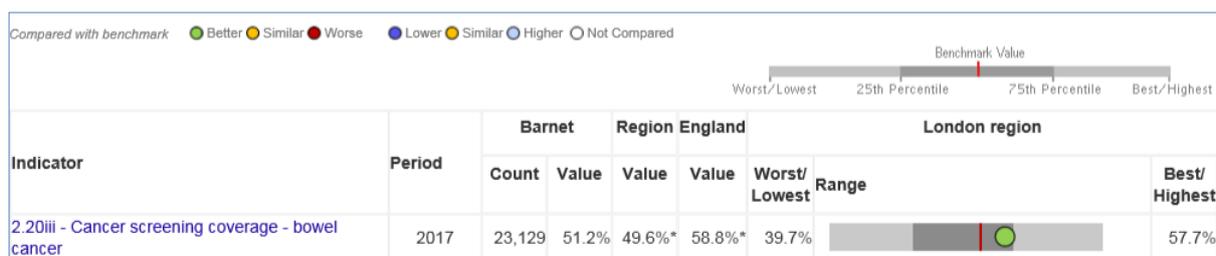
Uptake is defined as the percentage of people adequately screened out of those invited for FOBt screening.

Coverage is defined as the percentage of people adequately screened in the last 2.5 years out of those who are eligible for FOBt screening. The national minimum standard is 52% and the national achievable target is 60%.

Barnet performs better than the London average for coverage. Fig 1 demonstrates coverage when compared to the rest of London. Compared to the England average however Barnet performs significantly worse as seen in Fig 2 below.

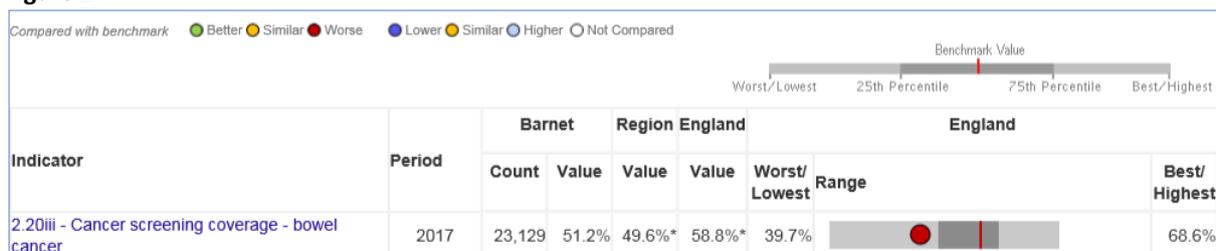
**Figure 1**

## Appendix 2



Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at <https://fingertips.phe.org.uk/profile/health-profiles>

Figure 2

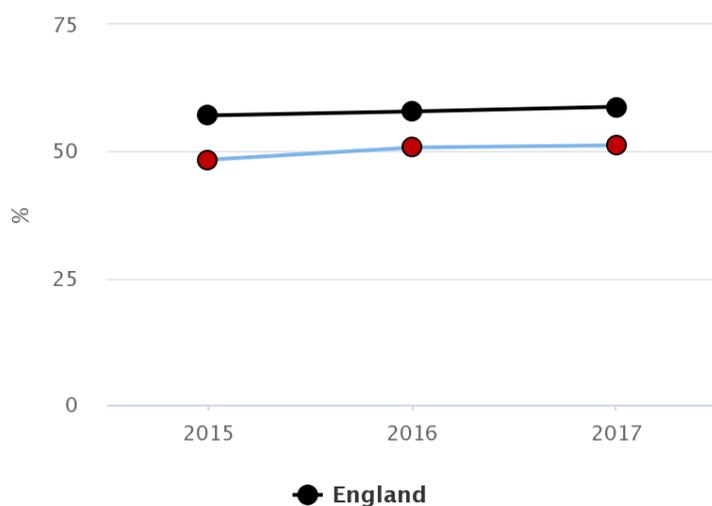


Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at <https://fingertips.phe.org.uk/profile/health-profiles>

Trends in coverage within the Barnet population have remained consistent over the period 2015 – 2017, in line with the rest of the county. See figure 3.

Figure 3

2.20iii – Cancer screening coverage – bowel cancer – Barnet



Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at <https://fingertips.phe.org.uk/profile/health-profiles>

### 3.1.4 Initiatives to tackle low uptake and coverage

### **National initiatives**

In June 2016 a ministerial announcement advised that the current primary bowel screening test, gFOBT (guaiac faecal occult blood test) would be replaced by a more reliable test; FIT (Faecal Immunochemical Test). The benefits of FIT are as follows:

- It can be measured more reliably by machine than by the human eye
- It is sensitive to a much smaller amount of blood and can detect cancers more reliably and at an earlier stage depending on the chosen threshold
- it needs just one tiny faecal sample from a single bowel motion compared to 2 samples from 3 different motions for gFOBT
- it is more acceptable to people invited for screening, which increases uptake

Trial data also demonstrated the greatest increase was noted in those groups who were previously less likely to participate. It is anticipated that an increase of around 10% will be seen in uptake for the bowel cancer screening programme although this will vary across regions and boroughs. Barnet is likely to exceed the current national uptake target of 52% following the implementation of FIT.

### **Regional Initiatives**

NHSE has worked across the system with partners including the CCGs, Cancer Research UK, Public Health England (PHE), the Cancer Vanguard and Transforming Cancer Services Team (TCST) to implement evidence based initiatives to improve uptake. These have included GP endorsement on all invitation letters and reminder letters along with the development of good practice guidance for all cancer screening programmes.<sup>1</sup>

#### **3.1.5 Priorities for Barnet**

- Increase uptake and coverage within the current gFOBT programme
- Roll out bowel scope to the entire eligible population within Barnet
- Implementation of FIT across the London programme in line with the national specification
- Ensure adequate endoscopy capacity is available within North Central London to absorb the impact of increased activity following implementation of FIT

## **3.2 Breast Cancer Screening**

### **3.2.1 Overview of programme**

The breast screening programme is aimed at reducing morbidity and mortality from breast cancer in the population. All women between the ages of 50-70 years are invited to take part in screening every three years. Age extension has also been rolled out in Barnet meaning women are invited aged 47-49 years and 71-73 years, this is part of a study to consider whether the breast screening age should be extended.

Members of the eligible population receive an invite in the post with a timed appointment to attend the local breast screening unit to have mammography; results of the test are issued within two weeks. The majority of results will be normal (96 of every 100) with no

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<sup>1</sup> NHSE, TCST, PHE Good practice screening guide: breast, cervical and bowel available at <https://www.healthylondon.org/resource/good-practice-screening-guide-breast-cervical-bowel/>

abnormalities detected. Four out of every 100 women will be asked to attend an assessment clinic, with just under half of these undergoing a needle biopsy to confirm whether they have cancer or not. Once a diagnosis of cancer is confirmed, women exit the screening programme and are managed under symptomatic treatment services.

### 3.2.2 Commissioning and Service provision

NHSE are responsible for commissioning all aspects of the breast screening programme. This includes the call/recall system, mammography, assessment of individuals and further diagnostic investigations. NHSE commissions the Royal Free NHS Foundation Trust to provide call/recall for London along with other administrative functions of the service. Clinical services are distributed throughout the London footprint and are closely aligned to STP areas. The North London Breast Screening Service at the Royal Free NHS Foundation Trust provides screening for women resident within Barnet.

### 3.2.3 Uptake and Coverage in Barnet

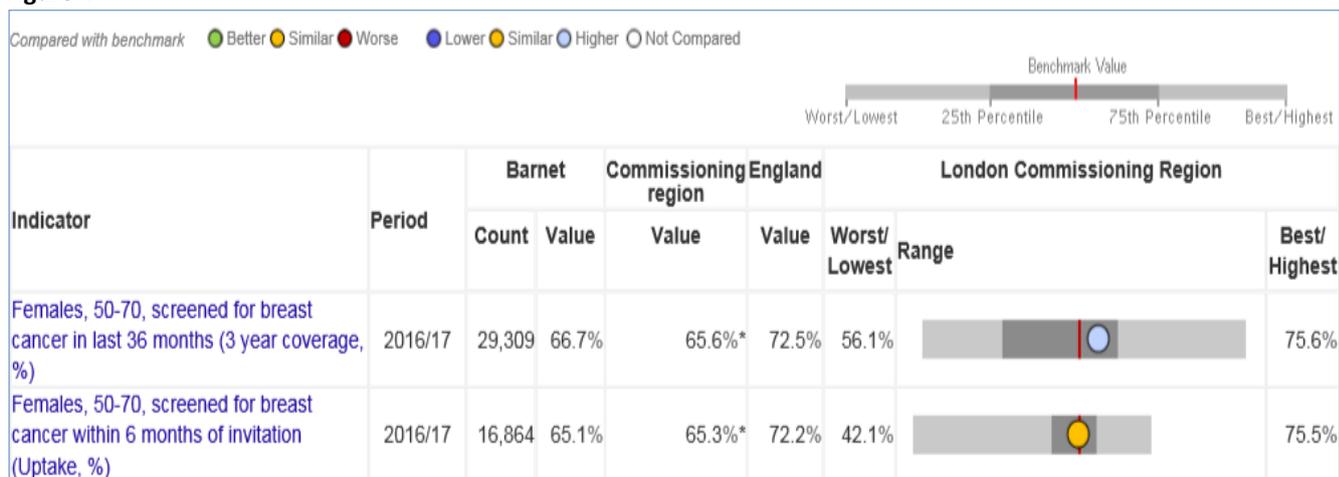
#### Definitions

Uptake is defined as the percentage of women adequately screened within 6 months of invitation.

Coverage is defined as the percentage of eligible women aged 50 – 70 years screened in the last 36 months. The national minimum target for breast screening is that 70% of women will have been screened within the previous 3 years. The achievable standard is 80%.

Coverage in Barnet was higher than the London average for 2016/2017. See Figure 4. Uptake for the same period was similar compared to London. However compared to the national average Barnet performed worse for both uptake and coverage. See Figure 5

Figure 4



Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at <https://fingertips.phe.org.uk/profile/health-profiles>

Figure 5

Appendix 2

Compared with benchmark: Better (Green), Similar (Yellow), Worse (Red), Lower (Blue), Higher (Light Blue), Not Compared (Grey)

Worst/Lowest 25th Percentile Benchmark Value 75th Percentile Best/Highest

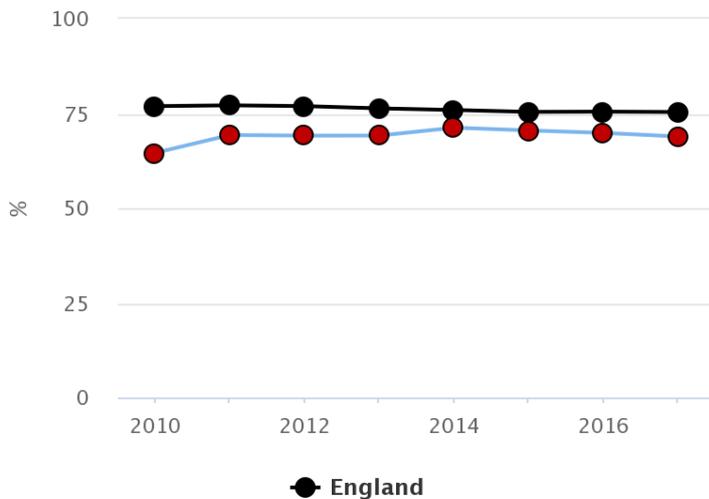
Indicator	Period	Barnet		Commissioning region	England			Best/Highest
		Count	Value	Value	Value	Worst/Lowest	Range	
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2016/17	29,309	66.7%	65.6%*	72.5%	56.1%		82.5%
Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2016/17	16,864	65.1%	65.3%*	72.2%	42.1%		82.1%

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at <https://fingertips.phe.org.uk/profile/health-profiles>

Figure 6 demonstrates that coverage for the population of Barnet increased in 2010/11 and has remained consistent since, in line with the national trend.

Figure 6

2.20i - Cancer screening coverage - breast cancer - Barnet



Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at <https://fingertips.phe.org.uk/profile/health-profiles>

### **3.2.4 Initiatives to tackle low uptake and coverage**

#### **Regional**

The administrative hub is commissioned to send pre-invitation letters to all women due to be invited for breast screening appointments along with two SMS text messages, at 7 days and 2 days prior to the appointment.

The hub is currently developing a Health Promotion and Communications strategy for London which will include communication with CCGs and Primary Care prior to the start of a screening round and feedback of results following completion of the round

#### **Local**

The clinical team from the North London Breast Screening Service will visit practices on request to update staff on the NHS Breast Cancer Screening Programme.

Work to develop a new static screening unit at Finchley Memorial will be completed by 31<sup>st</sup> May 2018; the breast screening service will continue to site a mobile van at Finchley until the site is fully operational to ensure a seamless hand over from mobile to static unit. NLBSS will continue to utilise mobile screening vans across the North London area in areas such as Barnet, where it is harder for clients to use a fixed site across a large geographical area.

### **3.2.5 Priorities**

To work with Barnet CCG and the NCL Strategic Transformation Partnership to increase coverage to above the minimum national target.

## **3.3 Cervical Screening**

### **3.3.1 Overview of programme**

The aim of the NHS Cervical Screening Programme (NHSCSP) is to reduce the incidence of and mortality from, cervical cancer through a systematic, quality assured population-based screening programme for eligible women.

A woman's first invitation for routine screening is sent out six months before her 25th birthday, i.e. at the age of 24 and a half. This ensures that the woman can be screened by her 25th birthday. Subsequent invitations to screening must be sent around six weeks before the woman's test due date:

- women aged from 24 and a half to 49 should receive a routine invitation 34.5 months after a previous test
- women aged 50 to 64 should receive a routine invitation 58.5 months after a previous test

### **3.3.2 Commissioning and Service provision**

Under the terms of the tripartite agreement, NHSE has the mandated responsibility for the commissioning of the cervical screening pathway; however contracting of services is complex:

- Sample taking in Primary Care (GP practice) is contracted by the Primary Care Commissioning team;

- Limited sample taking in Contraceptive and Sexual Health services has been commissioned by NHSEL as part of a short term (six month) contract designed to increase uptake of the cervical screening programme;
- Cytology services commissioned by NHSEL in line with Section 7a service specifications;
- HPV triage is commissioned from Bart's Health through a cost & volume contract by NHSEL
- Colposcopy services are contracted as part of trust block contracts by CCGs in line with Section 7a service specifications

For Barnet, cytology services are provided by the laboratory at Chase Farm Hospital and colposcopy services are provided by both Barnet and Chase Farm Hospitals

It is anticipated that the laboratory at Chase Farm Hospital will move in to the Health Service Laboratory as of 1<sup>st</sup> April 2018 to maintain compliance with the required 35,000 samples per year.

### **3.3.3. Implementation of Primary HPV testing**

In July 2016, Jane Ellison, Public Health Minister, announced plans for the implementation of Primary HPV Screening in the NHS cervical screening programme (NHSCSP) by December 2019. The process of cervical screening is to be changed to allow women to benefit from more accurate tests. After a successful pilot programme and a recommendation by the UK National Screening Committee (UKNSC), screening samples will be tested for human papilloma virus (HPV) first. The majority (99.7%) of cervical cancers are caused by persistent HPV infection, which causes changes to the cervical cells. If HPV is found it is a useful guide as to whether abnormal cells are present. Women can then be monitored more closely and any developing abnormal cells found sooner. If no HPV is present the test also minimises over-treatment and anxiety for women.

Introduction of primary HPV screening will reduce cytology workload by an estimated 85% reducing the number of NHSCSP tests carried out in London from 594,436 (2016/17) to approximately 90,000, while increasing colposcopy workloads by between 40 and 60% based on evaluation from the current pilot sites. An options appraisal carried out by PHE has indicated that, across England there will be 13 laboratories. In London this will equate to either 1 or 2 laboratories instead of the current 10.

Procurement of HPV will be in two phases:

- Stage 1: National Procurement - delivery of a national framework, from development of service specifications, market engagement to identification of approved providers through completion of PQQ;
- Stage 2: Regional procurement (commissioning) of laboratory services

Primary HPV screening will be implemented by December 2019 with full roll-out by April 2020

### **3.3.3 Coverage**

#### **Definition**

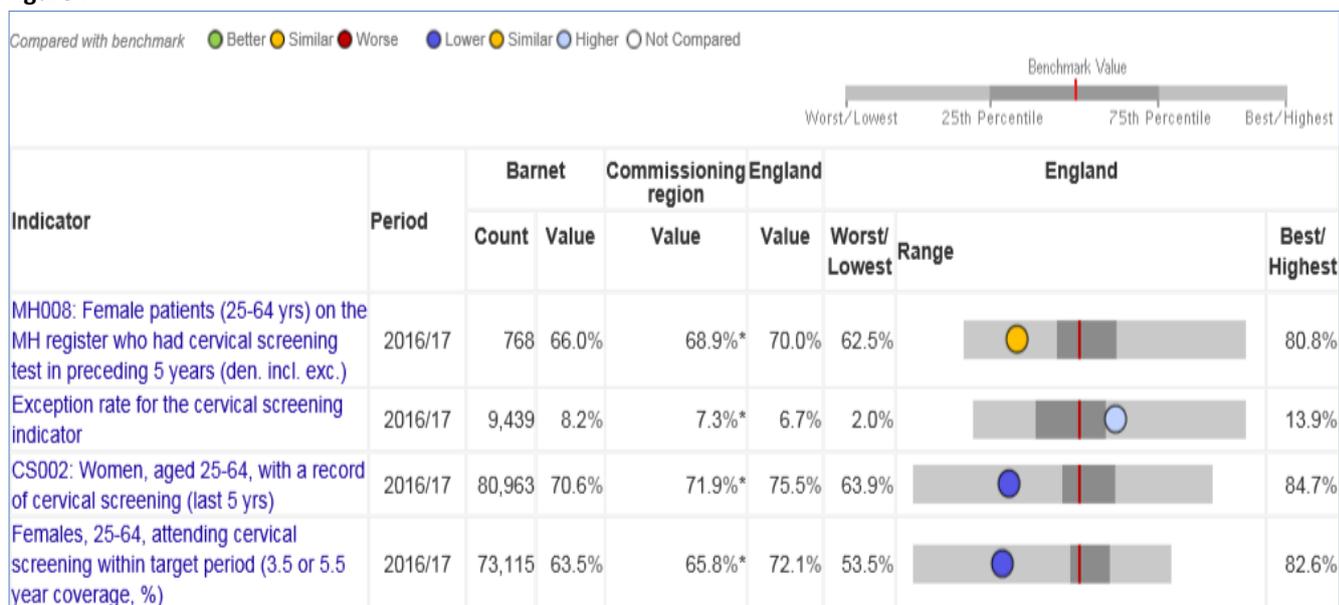
## Appendix 2

Coverage is defined as the percentage of eligible women adequately screened within 3.5 years for 25-49 year olds and 5.5 years for those aged 50-64 year olds

The national target for cervical screening coverage is 80%.

Row 4 in Figure 7 below demonstrates coverage in Barnet was lower when compared to the national average for 2016/17. Row 2 refers to women who have been offered but failed to attend 3 consecutive appointments and who have subsequently been removed from the denominator of women eligible for cervical screening within that practice population. This practise improves coverage rates for GP Practices even though a number of eligible women did not attend screening. Those women who are on the mental health register are known to have much poorer rates of attendance for all screening programmes and are represented in the first row of the table below. The rate for of attendance for this group is similar in Barnet to the rest of England. Figure 8 shows the comparison between coverage in Barnet and London for the same year: coverage in Barnet was slightly lower than the London average of 65.8%

**Figure 7**



Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at <https://fingertips.phe.org.uk/profile/health-profiles>

**Figure 8**

## Appendix 2

Compared with benchmark: ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared

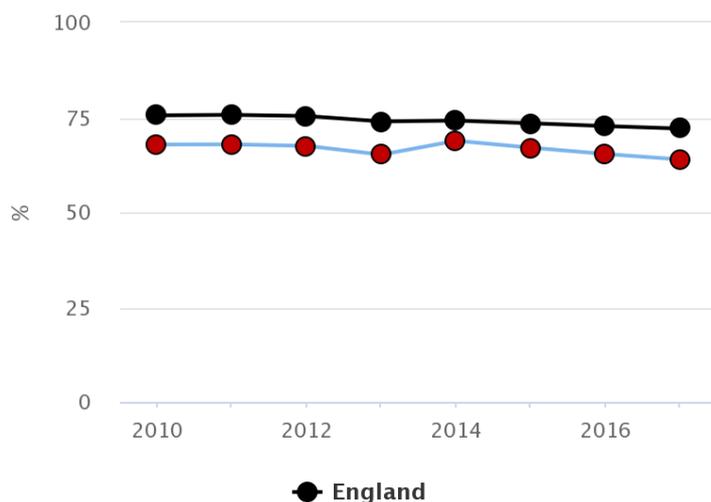
Indicator	Period	Barnet		Commissioning England region		London Commissioning Region		
		Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
MH008: Female patients (25-64 yrs) on the MH register who had cervical screening test in preceding 5 years (den. incl. exc.)	2016/17	768	66.0%	68.9%*	70.0%	62.5%		72.9%
Exception rate for the cervical screening indicator	2016/17	9,439	8.2%	7.3%*	6.7%	4.1%		11.0%
CS002: Women, aged 25-64, with a record of cervical screening (last 5 yrs)	2016/17	80,963	70.6%	71.9%*	75.5%	63.9%		77.6%
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	2016/17	73,115	63.5%	65.8%*	72.1%	53.5%		75.0%

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at <https://fingertips.phe.org.uk/profile/health-profiles>

Coverage in Barnet has consistently fallen below the London and national averages since 2010 as shown in figure 9. Coverage is significantly lower in women aged 25-49 years than in eligible women aged 50-64 years.

**Figure 9**

2.20ii – Cancer screening coverage – cervical cancer – Barnet



Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at <https://fingertips.phe.org.uk/profile/health-profiles>

Cervical screening coverage in women aged 25 – 64 varies between practices from 42.6% to 77.8%; there are no practices achieving the national target. In women aged 25 – 49, coverage is lower and varies between 41.2% and 73.8%, whilst in women aged 50 – 64 years the range is 46.8% and 82.3%. A breakdown of coverage by GP practice is shown in Appendix 1

### **3.3.4 Initiatives to tackle low uptake and coverage**

#### **National**

PHE has conducted a number of Public Health Matters webinars and has produced a blog relating to improving cervical screening coverage and reducing inequalities. This information is available at:

<https://publichealthmatters.blog.gov.uk/2017/09/20/health-matters-your-questions-on-cervical-screening/>

#### **Regional**

NHSE London is working to commission Sexual and Reproductive Health providers to offer opportunistic screening for women with an unclear, unknown or overdue screening history as well as hard to reach women such as sex workers and asylum seekers or women on short recall following discharge from Colposcopy services that have not been screened within the recommended period. The contract will also include routine screening for HIV positive women, transgender men, victims of sexual assault and women who have been subjected to female genital mutilation. This will help to reduce inequalities in uptake and improve access to screening.

NHSE is also working to deliver a SMS text message reminder service for all women invited for screening from April 2018, with the anticipation that this will increase coverage by 6%.

Additionally we are reviewing the feasibility of using a MyGP app to facilitate the booking of cervical screening appointments on-line at a more convenient time. We are also working with GP federations to deliver cervical screening services to increase access and choice for women.

#### **Local**

NHSE is working with Jo's Cervical Cancer Trust to design campaigns targeting women aged 25-49 years in eight boroughs with the lowest coverage; this will include Barnet.

### **3.3.5 Priorities**

To increase coverage of women in eligible population, screening eligible women aged 25-49 every three years and women aged 50-64 every 5 years, with particular regard to those aged 25 - 35.

To work with local authorities and third sector organisations to understand and develop plans to increase uptake amongst vulnerable and hard-to-reach groups within the eligible population.

To tailor an awareness raising campaign for the population of Barnet

## **3.4 Abdominal Aortic Aneurysm Screening (AAA)**

### 3.4.1 Overview of programme

The NHS abdominal aortic aneurysm (AAA) screening programme is available for all men aged 65 and over in England. The programme aims to reduce AAA related mortality among men aged 65 to 74. Research shows that offering men ultrasound screening in their 65th year should reduce the rate of premature death from ruptured AAA by up to 50 per cent.

A simple ultrasound test is performed to detect AAA. The scan itself is quick, painless and non-invasive and the results are provided straight away. A result letter is also sent to all patients' GPs

### 3.4.2 Commissioning and Service provision

NHS England (London) commission the provision of an end-to-end screening service for the eligible population of the national AAA screening programme. In London, this currently comprises of five Provider organisations delivering to an eligible population of approximately 35,000 men per year. For the population of Barnet, screening services are provided by the NCL AAA hosted by The Royal Free Hospital.

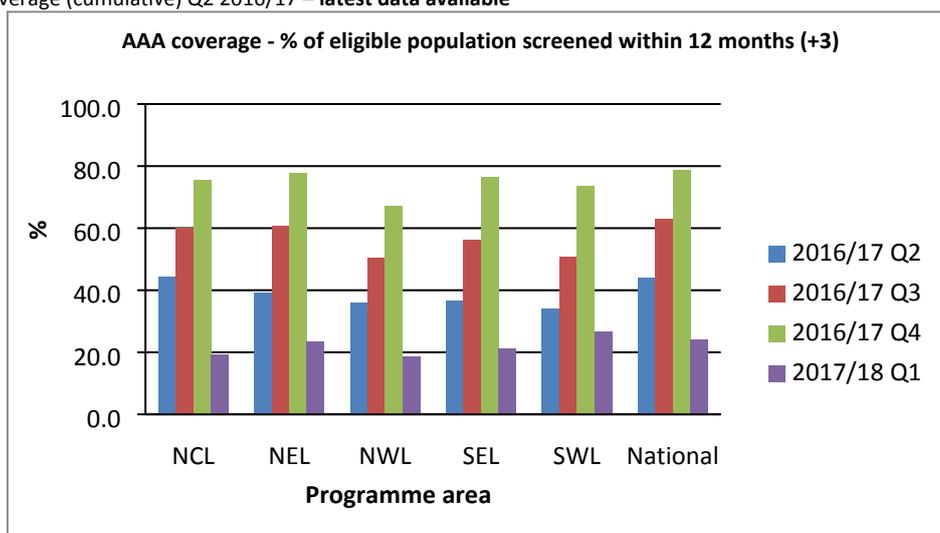
Providers are paid a block contract, negotiated annually. The contract is for delivery of the national service specification, which includes four KPIs and a number of screening pathway standards. Assurance is received through quarterly multi-disciplinary Programme Performance Boards that are facilitated and chaired by the commissioning team.

Treatment centres and pathways (symptomatic services) are commissioned by CCGs.

### 3.4.3 Uptake and Coverage

Coverage is defined as the proportion of eligible men, offered an appointment during the screening year and that have an outcome as attended and screened. Unlike other screening programmes that operate a call/recall cycle, for the vast majority of men AAA screening is a one off test. As such, uptake and coverage can only be reported as a cumulative figure throughout the financial year.

Figure 10: Coverage (cumulative) Q2 2016/17 – latest data available



Three of five London AAASPs achieved the acceptable performance threshold of 75% at the end of the 2016/17 screening year.

At the end of 2016/17, the uptake for AAA screening across NCL met the national acceptable standard of 75%. There were no performance issues across the sector or within Barnet.

Across all London AAASPs, there is compliance with trajectory targets to the end of Q1 2017/18, according to locally provided data.

### 3.4.4 Coverage – Surveillance:

Men who have been diagnosed with an enlarged aorta at their initial screening appointment are entered into a surveillance programme. There are two different surveillance programmes:

- Annual surveillance, for men diagnosed with an aorta sized between 3cm to 4.4cm
- Quarterly surveillance, for men diagnosed with an aorta sized between 4.5cm to 5.4cm

Figures 11 and 12 show achievement against this target, respectively:

Figure 11: KPI AAA3 – Annual surveillance

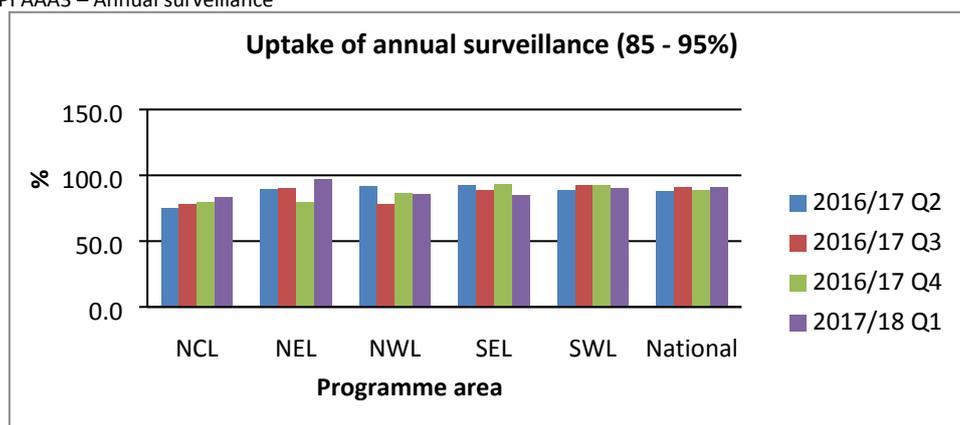
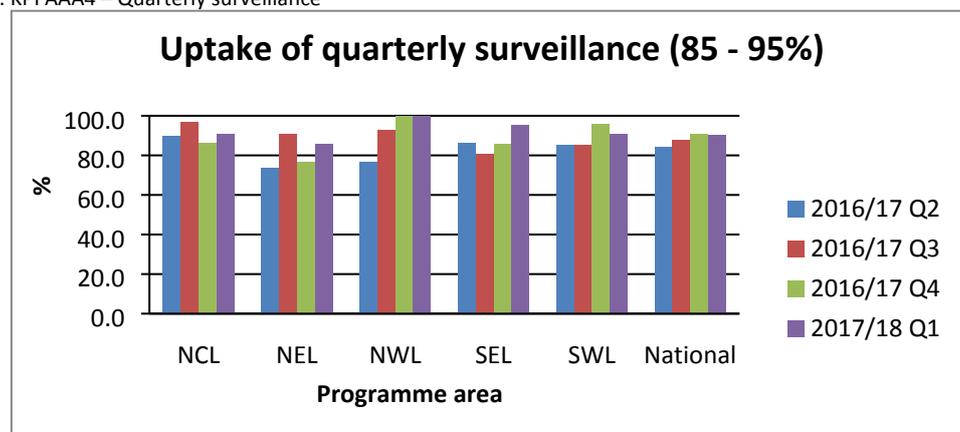


Figure 12: KPI AAA4 – Quarterly surveillance



The numbers of men in the AAA surveillance pathway are small. Services track the attendance of each man and where they are reported to the commissioner as not attending (when invited), an exception report is provided.

The primary reason men do not attend a surveillance appointment is because of choice. Men are offered an appointment and a second following non-attendance. To support attendance a member of the AAA administration team will call. Where this is not successful, a call will often be made by the vascular nurse specialist or the vascular surgeon, to encourage attendance. Following each non-attendance, the GP is notified. Following the final invitation and where the patient continues not to attend, the GP is informed and encouraged to discuss the importance of attending their appointments when invited.

Additionally, due to the small surveillance group in NCL, men have historically been invited to attend an appointment earlier than their planned 12 month interval, to support training and development of new staff. This may result in the patient not requiring an appointment at the 12 month planned interval and result in an inflated denominator in the AAA IT system.

### **3.4.5 AAA Procurement and the future provision of AAA screening in Barnet and North London**

NHS England (London) has completed a procurement process that aimed to remodel service provision across London. The procurement was driven by:

- A requirement to test the Provider market – NHS England (London) are aware that the Provider market capable to deliver screening Programmes is greater than those currently contracted to do so. As such, the commissioning authority must periodically test that market to ensure the best value is achieved, both in terms of patient outcomes and financial efficiency.
- Risk management - Over 70% of formally reported risks, issues and screening incidents had an identified root cause of lack of capacity in the Provider workforce. Prior to procurement, the programme sizes were small and as such, Provider organisations had delivery teams that reflected the scale of task. This repeatedly posed challenges to service continuity when staff sickness and loss of staff occurred. Increasing the scope of the programme, through larger geographies, would require a larger workforce, delivering greater resilience to the risk of staff loss.
- Financial equity - When NHS England (London) inherited responsibility for the commissioning of AAA services in London, they inherited a legacy of significant funding inequity. The cost per population screened varied from approximately £25 per screen to £70 per screen, depending on which part of London you were operating in. This is unfair and unsustainable.
- The payment model - Previous block contracts did not support Providers financially to invest in capacity that would support continual improvement in uptake performance.

The procurement process concluded in December and resulted in InHealth being identified as the preferred Provider for the North London Programme.

The new North London service will begin delivery on the 1<sup>st</sup> April 2018.

## **3.5 Diabetic Eye Screening (DES)**

### **3.5.1 Overview of programme**

Diabetic eye screening is important as it helps to prevent sight loss. Screening can detect the condition early before changes to vision are experienced and referral to ophthalmology can

be made to ensure timely treatment is received. Untreated diabetic retinopathy is one of the most common causes of sight loss. When the condition is caught early, treatment is effective at reducing or preventing damage to sight.

### 3.5.2 Commissioning and Service provision

NHS England (London) commission the provision of an end-to-end screening service for the eligible population of the national DESP. In London, this currently comprises of five Provider organisations delivering to an eligible population of approximately 500,000 patients per year. In Barnet the DESP is delivered by The North Middlesex Hospital.

Providers are paid a standard tariff and have a 5 year contract with an option to extend for a further 2 years. The contract is for delivery of the national service specification, which includes three national KPIs and a number of screening pathway standards. Assurance is received through quarterly multi-disciplinary Programme Performance Boards that are facilitated and chaired by the commissioning team.

Treatment centres and pathways are commissioned by CCGs.

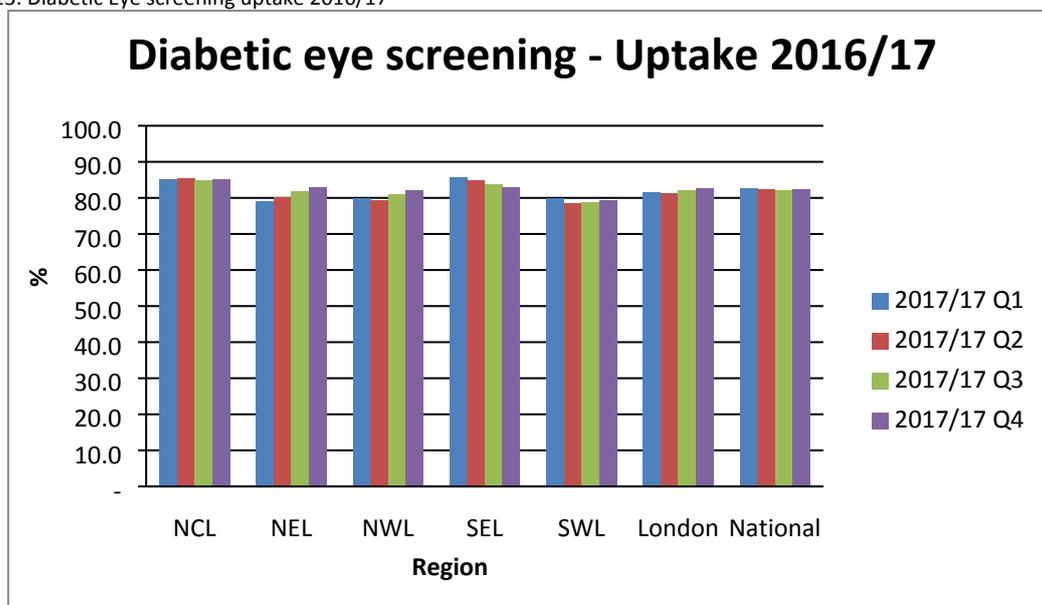
### 3.5.3 Uptake and Coverage

There is no KPI data available for all diabetic eye screening programmes nationally for Q1/Q2 2017/18. In April NDESP launched new pathway standards, despite screening programme management software being unable to report against the new KPIs and pathway standards.

Commissioners continue to hold Programme Boards and review available data produced locally and are assured performance remains stable.

Figure 13 shows KPI performance for the four quarters of the screening year 2016/17.

Figure 13: Diabetic Eye screening uptake 2016/17



London region has surpassed the National performance reported at the end of 16/17 for uptake. The North Central London programme is the highest performing service in London in terms of uptake (85.2%). Locally reported data at the end of Q2 2018/18 (un-validated so

should be treated sensitively) shows Barnet and Enfield have the highest uptake in the NCL patch, currently with 85.8% and 85.9% respectively.

Additionally, London region is achieving national standards and performing better than other regions against the other two KPIs (issuing of results letters and referral to consultation).

#### **3.5.4 Priorities**

All London DESPs are working to deliver an enhanced surveillance service that can support community management of people identified with low risk retinopathy through routine digital screening.

Diabetes Eye Screening Programmes are required to refer patients who are graded 'M1' (diabetic maculopathy), 'R2' (pre-proliferative retinopathy) or 'R3' (proliferative retinopathy) to a Hospital Eye Service (HES). ) About 5% of screened patients are graded in one of these referable categories.

Of those referrals, the majority of patients have diabetic maculopathy (M1) (between 70-80% of total referrals). Many of those patients do not need any intervention in the HES other than regular review with an optical coherence tomographic (OCT) examination.

In various regions of the UK some hospital eye services and some diabetes eye screening programmes have already set up, special OCT clinics to monitor M1 patients. These OCT clinics are not part of the NHS DESP pathway and are therefore not funded by NHS England.

Screening commissioners and DES service providers are currently negotiating the funding of this enhanced surveillance pathway with CCG commissioners across London. If full roll out is achieved, the initiative will prevent approximately 10,000 referrals per year being made to hospital eye services, at a saving of between 40% and 50% to that currently incurred by commissioners across the system. The NCL programme have a clear strategy for implementation and it is anticipated roll out will begin in Q1/Q2 of 2018/19