National Audit Office

Report
by the Comptroller
and Auditor General

Department of Health & Social Care

Investigation into the management of health screening

HC 1871 SESSION 2017–2019 01 FEBRUARY 2019

What this investigation is about

1 Health screening is a way of identifying apparently healthy people who may have a higher risk of developing a particular condition, so that they can be offered treatment or management techniques at an earlier stage where this may make a difference to the outcome. Screening services are offered to a wide range of groups in society. There are currently 11 national screening programmes in England. During 2017-18, more than 7.9 million people were screened under the four programmes covered by this report: abdominal aortic aneurysm, bowel cancer, breast cancer and cervical cancer.

2 The Department of Health & Social Care (the Department) is responsible for health screening in England but has delegated statutory responsibility to NHS England. NHS England is responsible for commissioning screening services and holding providers to account to ensure they deliver the contracts that have been agreed. Public Health England's responsibilities include providing expert advice, producing national specifications which it agrees with NHS England, and assuring the quality of screening programmes.

3 In 2018, two events (on the breast and cervical screening programmes) raised concerns about the management and understanding of screening programmes.

4 In May 2018, the former Secretary of State for Health and Social Care made a statement to the House of Commons informing members of a "serious failure" in the breast screening programme.[1] He explained there had been a failure in a computer algorithm that selects women to be invited for breast screening and that, between 2009 and early 2018, an estimated 450,000 women aged between 68 and 71 had not been invited for their final breast screening. In June 2018, the estimated number of women affected was revised to 174,000 which was later revised to 122,000.[2] In December 2018, the Independent Breast Screening Review, commissioned by the former Secretary of State, concluded there was ambiguity about the age women should stop being invited for screening and noted that it was unacceptable for there to be confusion about what women should expect from the breast screening programme.[3] It also concluded that the women who were contacted following the incident could be considered to have already had their final screen, depending on the status of the 2013 service specification.

1 Secretary of State for Health and Social Care, Hansard, 2 May 2018, available at: https://hansard.parliament.uk
2 Secretary of State for Health and Social Care, HCWS731, 4 June 2018, available at: www.parliament.uk
3 Lynda Thomas, Professor Martin Gore, Peter Wyman, *The Independent Breast Screening Review*, HC 1799, 2018, available at: www.gov.uk

5 In November 2018, the Parliamentary Under Secretary of State for Public Health and Primary Care made a written statement to the House of Commons informing members of a serious incident in the cervical screening programme.[4] Between January and June 2018, 43,220 women had not received letters inviting them for a cervical screening, and a further 4,508 women were not sent their results letters. Of these women, 182 needed follow-up treatment. NHS England believes that these women were contacted via a 'fail safe' process, but we have not been able to confirm this.

6 Our investigation focuses on:

- delivery of health screening programmes (Part One);
- performance of health screening programmes (Part Two);
- oversight of health screening programmes (Part Three); and
- progress in implementing change in screening programmes (Part Four).

7 We focus on the Department of Health & Social Care, NHS England and Public Health England. We have only looked at screening programmes operating in England.

8 We do not evaluate the effectiveness or value for money of the screening programmes' administration, nor do we seek to assess the efficacy or clinical effectiveness or evidence base of screening programmes.

4 Parliamentary Under Secretary of State for Public Health and Primary Care, HCWS1086, 15 November 2018, available at: www.parliament.uk

Summary

Key findings

The delivery of health screening programmes

1 **The funding the Department provides to NHS England to deliver its delegated public health functions is ring-fenced.** NHS England receives funding from the Department of Health & Social Care (the Department) for public health functions for which the Department has delegated its responsibility. NHS England has responsibility for making decisions about how to allocate the funding between public health functions, including the proportion to allocate to screening. In 2017-18, the Department gave NHS England £1.152 billion for these services, from which it spent £423 million on the adult health screening programmes that we have examined (paragraph 1.6 and Figure 2).

2 **NHS England's objectives for health screening include commissioning high-quality services and reducing health inequalities.** As part of efforts to reduce health inequalities, since 2014 Public Health England coordinates the production of national specifications for each screening programme each year which it agrees with NHS England. These provide national standards on who to invite for screening; how often to invite them; and how the screening is to be conducted. Prior to this, each screening provider ran the service to its own specifications. Each programme has its own screening pathway that guides patients through the process and aims to make sure that people receive the same screening experience regardless of where they live in England (paragraphs 1.8, 1.9, Figures 3 and 4).

3 **All the screening programmes rely on a complex and ageing IT system to identify who to invite for screening.** A legacy database of GP registrations, known as National Health Application and Infrastructure Services (NHAIS), is used to identify the eligible population for each screening programme. The Department believes that NHAIS is not fit for purpose for screening programmes because, for example, information is held in 83 separate databases, making it hard to track screening histories when people move across geographical boundaries. NHS England intended to replace NHAIS in 2017 but this has now been delayed, causing additional cost and greater risk that screening services cannot reliably identify and invite eligible populations for screening. Each screening programme also relies on its own IT systems to send invites, and to process and send results. These vary in their age and complexity from more than 30 years old on the cervical programme to less than 10 years old on the abdominal aortic aneurysm programme. The Independent Breast Screening Review concluded that the IT on the breast screening programme was "dated and unwieldy" and that 5,000 women were not invited to their final breast screening because of errors caused by using two complicated systems, despite the best efforts of staff (paragraphs 1.10 to 1.15 and 3.12).[5]

The performance of health screening programmes

4 **None of the adult screening programmes met their 'standard' coverage target during 2017-18.** The Department oversees NHS England's health screening performance using a 'coverage' indicator for each screening programme, which measures the proportion of the eligible population who have been screened. For the first time, in 2017-18, the Department set two performance levels for each screening programme: a 'lower threshold': the lowest level of performance that programmes are expected to attain, and 'standard', the level at which programmes are likely to be running optimally. Prior to this, the programmes' performance was compared with previous years because they either had no target or just a single coverage target. In 2017-18 none of the screening programmes met their standard coverage target although bowel screening achieved coverage of 59.6% against a target of 60%. All met their lower threshold except for the cervical screening programme which achieved coverage of 72% against a standard target of 80% and a lower threshold of 75% (paragraphs 2.1 to 2.4, Figure 5 and Figure 6).

5 **Levels of coverage in screening programmes are inconsistent.** Our analysis of the proportion of the eligible population screened in 2017-18 across the four programmes we examined shows that coverage is inconsistent across clinical commissioning groups (CCGs) within England, meaning that not all of the eligible population is being screened. CCGs in London consistently ranked among those with the lowest coverage for each of the screening programmes. NHS England and Public Health England recognise that levels of coverage can be influenced by social and demographic factors, and patient choice (paragraphs 2.5 to 2.10 and Figures 7 to 10).

5 Lynda Thomas, Professor Martin Gore, Peter Wyman, *The Independent Breast Screening Review*, HC 1799, 2018, available at: www.gov.uk

6 **Performance on screening programmes is below expected levels.** In addition to coverage, two other areas of performance are measured:

- **Women should be invited for a repeat breast screening within 36 months of their previous appointment.** The Department has set two performance levels for this indicator: a 'standard' of 100% and a 'lower threshold' of 90%. The lower threshold has been met since 2016-17, but the standard has never been met. In 2017-18, performance was 92%, meaning that there had been a gap of more than 36 months between screenings for 8% of women screened (paragraphs 2.11, 2.12 and Figure 12).
- **At least 98% of women should receive their results within 14 days of their cervical screening appointment, but this target has not been met since November 2015.** In March 2018, 33% of women were getting their results on time. This improved to 55% by December 2018. In October 2018, there was a backlog of 97,628 samples waiting to be tested. NHS England told us that it is working to reduce the backlog (paragraphs 2.11, 2.14 to 2.16 and Figure 14).

The oversight of health screening programmes

7 **NHS England has delegated responsibility for managing the performance of screening providers to local teams.** Local NHS England commissioners are responsible for managing the performance of local screening providers in accordance with national targets. They manage providers' performance against these targets at their own discretion. Local commissioning teams can encourage providers to improve their performance by applying financial penalties, or as a last resort, by terminating a contract. NHS England has told us this is difficult to do however due to market conditions (paragraphs 3.2 to 3.5).

8 **Public Health England reviews screening quality but does not have the power to enforce recommended changes.** Public Health England conducts quality assurance reviews of screening providers every three to five years. These result in reports with recommendations to screening providers and local NHS England commissioners which are publicly available. During 2017-18, Public Health England reviewed 91 providers across the four health screening programmes we examined. Local NHS England commissioners and providers have discretion to decide whether to adopt recommendations, and Public Health England has no power to enforce change. NHS England expects local providers to act on the recommendations made and has told us that its local teams are expected to track progress with implementing the recommendations (paragraphs 3.6 to 3.8 and Figure 18).

9 The events reported to Parliament in 2018 have raised concerns about the effectiveness of the governance arrangements, which assume that all the eligible population have been invited for screening. NHS England told us that omissions on the scale of the breast screening and cervical screening events are unlikely to be identified through the national level performance data that is used to monitor the programmes. The breast screening event came to light because Public Health England was conducting a separate analysis exercise, related to a clinical trial. The cervical screening event was identified by a hospital manager in the North East of England who raised concerns about women not being invited for screening. Currently NHS England monitors delivery of the overall screening programmes through it regional and local teams. NHS England has concluded that the cervical screening event has raised questions about the effectiveness of its governance arrangements (paragraphs 3.9 to 3.16).

Implementing change in screening programmes

10 Delivery of health screening is subject to significant and ongoing change. In addition to addressing issues such as ageing IT and variable performance, between 2016-17 and 2018-19, NHS England has been working with Public Health England to make 16 changes to the screening programmes we examined. Some of these changes are to improve the way the programmes operate, such as improving IT systems on the breast screening programme. Others, such as the change to primary human papillomavirus (HPV) testing on the cervical screening programme, seek to take advantage of continuing advancements in research and stem from recommendations made by the UK National Screening Committee (paragraph 4.1 and Figure 19).

11 The roll-out of primary HPV testing was announced in 2016 and is not expected to be fully introduced until December 2019. The change will mean that samples collected from women will be tested for HPV first, to identify those which would benefit from further testing. The changes will reduce the number of laboratories needed to analyse results from 48 to 9. Some staff have left the laboratories since the announcement was made, resulting in a backlog of 97,628 samples awaiting analysis (paragraphs 4.5 to 4.7).

12 Public Health England and NHS England has succeeded in implementing bowel scope screening with 64 out of 65 screening centres operational at the end of 2016-17. However fewer people than expected were receiving bowel scope screening in 2016-17 because only 3,162 out of 7,649 GP practices were linked to a screening centre that was delivering the screening service. By September 2018, 166,043 people had been invited for bowel scope screening against a target of 499,877 (33%) (paragraphs 4.2 and 4.3).