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Public Accounts Committee
House of Commons
London
SW1A 0AA

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Dear Chair

Adult Health Screening

In its report on Adult Health Screening published on 10th May 2019, the Public Accounts Committee requested:

> *"NHS England must write to the Committee to set out how it is going to hold local screening providers to account against their agreed targets and standards. It should also set out its targets for improving the performance of local providers over the next 12 months.*
>
> *NHS England has a duty to make the public aware that the 14-day target is not based on clinical need. In the same letter, it should outline to the Committee how it intends to raise awareness."*

Governance

NHS England and Improvement has strengthened its performance management, to secure delivery of screening programmes against the Section 7A service specifications, through the establishment of an operating model which clearly sets out regional accountability for commissioning delivery, contracting and performance management of their providers through NHS Regional Directors, the Regional Directors of Primary Care and Public Health Commissioning and Regional Directors of Commissioning supported by the central Public Health Commissioning and Operations Team. This model has been operational from April 2019.

Performance

It's clear that the COVID-19 pandemic has had a significant impact on health services across the world, including in England. Through national and regional commissioner coordination, all adult screening programmes are working to carefully sequenced restoration plans which to date have achieved:

- reinstatement of assessment and diagnostic services across screening programmes following infection control guidance;
- phased return to normal interval schedules for cervical screening invitations;
- starting invitations to clinically prioritised groups in other programmes;

- rebuilding back to normal levels of routine invitations to screening across programmes; and

- re-establishment of treatment pathways e.g. Hospital Eye Services to receive the diabetic retinopathy screen-positive population and vascular surgery services for those patients with a detected aortic aneurysm.

Additionally, having restored normal functioning of all screening programmes, we will be undertaking the following actions to improve performance and uptake:

- **Updated national NHS Contract service specifications** were developed last year and included within provider contract documentation for use from April 2020. This process used published standards and pathways based on PHE's guidance, to ensure more robust contracting cycle arrangements and enable provider performance management.
- **A national set of quality and business intelligence contract schedules** was developed for use in 2020/21 to standardise and facilitate improvement in the monitoring and oversight of performance at a local level.
- **Action plans to improve uptake in screening** were developed and communicated to commissioning teams which summarise the evidence on recognised approaches that local systems can adopt and which will now also be included within the restoration of services.

Cervical turnaround times (TAT)

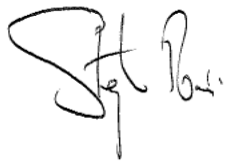
Communications have been issued to stakeholders regarding breaches of the cervical screening results 14-day turnaround time performance standard, including a comprehensive communications pack in June 2019 for use at a local and regional level. This communications pack included guidance directly for sample takers in primary care.

To further reinforce these messages, additional communication and guidance was issued in August 2019 to NHS England regional commissioning teams for onward cascade to providers and sample takers, to ensure that information about turnaround times for results was shared across the system, so that women attending for their appointment could be reassured that any delays have minimal clinical risk in relation to the quality of results.

Sample takers in primary care are also being kept routinely updated with expected result turnaround times by their regional commissioning teams for their current service providers.

Where service providers had partially or fully converted to primary HPV screening, there was a notable improvement in the 14-day turnaround time performance prior to the impact of COVID-19. By early December 2019, NHS England had achieved full geographical coverage of primary HPV screening across England in line with NHS Long Term Plan and it was expected that this roll out would show a similar improvement in turnaround times nationally over subsequent months. As Cervical screening services are restored following Covid-19 impacts these same service changes and processes remain in place and will support the delivery of turnaround time performance as services return to normal.

Yours sincerely,



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