Academic Health Science Network
North East and North Cumbria

NHS
North East Quality Observatory Service

Population Health & Healthcare Surveillance

Early Diagnosis

March 2022 Update

Summary Dashboard

	Indicator	Time Period	North East Value	North East Rank	National Average	Direction of Travel
Early Diagnosis	33. Cancer screening coverage - Breast cancer (%)	2020	76.3%	3	74.1%	
	34. Cancer screening coverage - Cervical cancer (%)	Q4 2020/21	74.9%*		70.9%	
	35. Cancer screening coverage - Bowel cancer (%)	Q3 2020/21	64.6%	3	62.3%	
	36. Referrals to cancer 2 week wait pathway- all cancer (% of GP referrals seen by a specialist within 14 days)	Oct-21	85.0%*		81.4%	
	37. Referrals to cancer 2 week wait pathway- Breast Symptomatic but where cancer is not initially suspected (% of GP referrals seen by a specialist within 14 days)	Oct-21	77.8%*		67.6%	
	38. Diabetic eye screening - coverage (%)	2020/21	42.3%*		37.9%	
	39. Cumulative % of the eligible population aged 40-74 who received an NHS Health Check (%)	2016/17 - 2020/21	28.8%	8	33.4%	
	40. Estimated Diagnosis Rate for People 65+ with Dementia	Nov-21	65.3%*		62.0%	

** Please note these values are based on the North East and North Cumbria rather than just the North East*

Compared with England Significantly Better Similar Significantly Worse

North East Rank amongst the 9 Regions 1 - Best 9 - Worst

What do the detailed pages show?

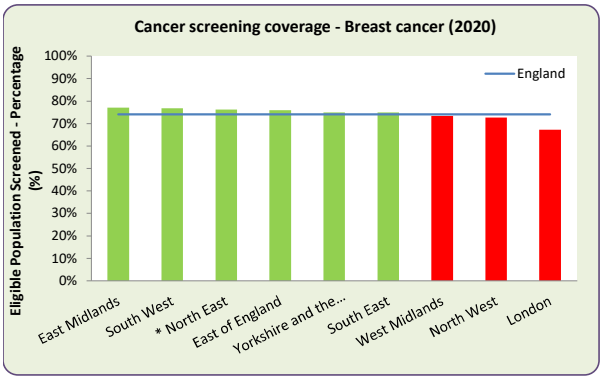
The following pages contain further information for each indicator, including, where available, data comparing each region in England, and trend data over time for England and the North East / North East and North Cumbria. The latest information at local authority or CCG level for the North East and North Cumbria is also presented. A narrative section explains the key findings from the data and also includes data sources and definitions.

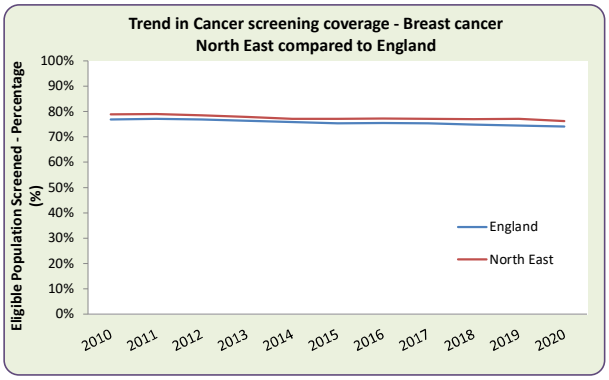
Compared with England Significantly Better Similar Significantly Worse

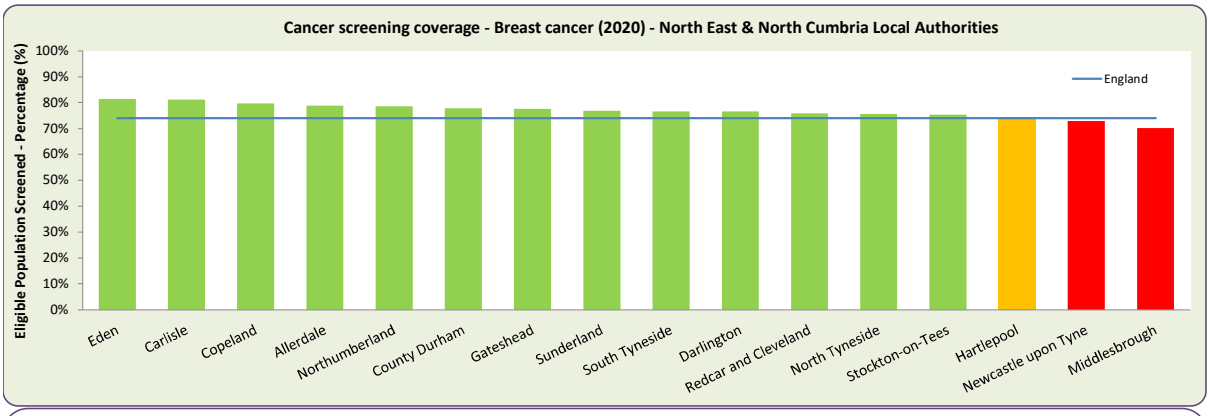
33. Cancer screening coverage - Breast cancer (2020)

The proportion of women eligible for screening (aged 53 to 70) who have had a test with a recorded result at least once in the previous 36 months on the 31st of March.

East Midlands	South West	*North East*	East of England	Yorkshire and the Humber	South East	West Midlands	North West	London	England
77.1	76.9	76.3	75.9	75.0	74.9	73.4	72.7	67.2	74.1







Data source: Office for Health Improvement and Disparities. Public Health Profiles. 2021 (http://fingertips.phe.org.uk) © Crown copyright 2022

Definitions / Notes

Breast screening supports early detection of cancer and is estimated to save 1,300 lives in England each year[1].

There are two performance levels for the breast screening programme: an 'acceptable' level which is the lowest level of performance that programmes are expected to attain, and an 'achievable' level at which the programme is likely to be running optimally. These are 70% and 80% respectively[2].

The COVID-19 pandemic has had a substantial impact on breast cancer screening with the breast cancer screening programme in England temporarily paused for the first few months of the COVID-19 pandemic[3]. However, the data shown in the charts above is for the three year period ending on the 31st March 2020 so the pandemic will have had minimal impact on the data[4].

What is the data telling us?

Despite achieving a coverage rate significantly above the national average, the North East, like all other regions of the country did not meet the 'achievable' standard for coverage (80%) in 2020. The coverage rate for the North East was 76.3% compared to the England average of 74.1%.

Within the region, all local authorities achieved the 70% acceptable threshold, but only two achieved the 'achievable' standard with rates above 80%. They were Eden and Carlisle. The lowest rates in the region were observed for Newcastle upon Tyne (72.9%) and Middlesbrough (70.2%).

Trend data for the last decade show that coverage rates are slowly declining both nationally and regionally. In the North East the coverage rate dropped from 78.9% in 2010 to 76.3% in 2020, a fall of 2.7 percentage points. Nationally, the coverage declined over the same period by 2.9 percentage points. A review on cancer screening services conducted by Professor Sir Mike Richards, following a National Audit Office enquiry[5] which raised concerns about the management and understanding of screening programmes, included a number of recommendations to improve breast screening services[6]. This included the recommendation to offer women the opportunity to attend screening at times and places they find convenient with a financial incentive offered to screening services that adopt this approach to improve uptake.

1. NHS. How to decide if you want breast screening. https://www.nhs.uk/conditions/breast-screening-mammogram/how-to-decide-if-you-want-breast-screening/

2. Public Health England. (2021). NHS Breast screening programme screening standards valid for data collected from 1 April 2017. https://www.gov.uk/government/publications/breast-screening-consolidated-programme-standards/nhs-breast-screening-programme-screening-standards-valid-for-data-collected-from-1-april-2017

3. Maringe, C., Spicer, J., Morris, M., Purushotham, A., Nolte, E., Sullivan, R., Rachet, B., Aggarwal, A. (2020). The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: A national, population-based, modelling study. The Lancet Oncology, 21(8), 1023-1034. https://doi.org/10.1016/S1470-2045(20)30388-0

4. NHS Digital. (2021). Breast Screening Programme. England, 2019-20. https://files.digital.nhs.uk/F9/98C8E3/breast-screening-programme-eng-2019-20-report.pdf

5. National Audit Office. (2019). Investigation into the management of health screening. https://www.nao.org.uk/report/investigation-into-adult-health-screening/

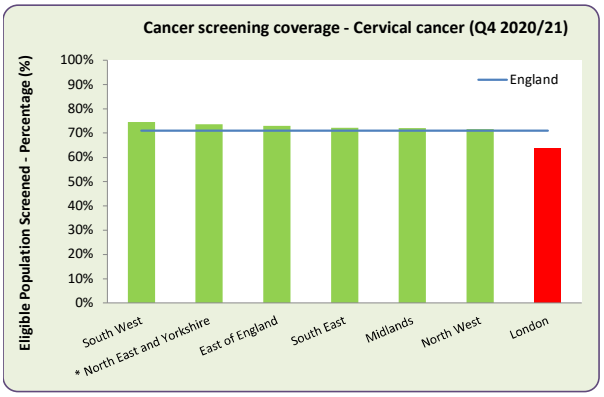
6. NHS England. (2019). Report of The Independent Review of Adult Screening Programme in England.https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf

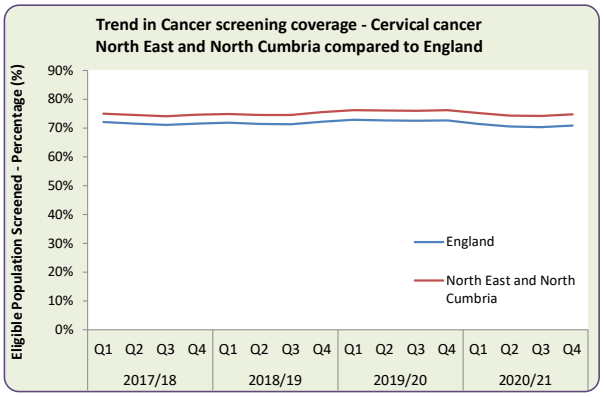
Compared with England Significantly Better Similar Significantly Worse

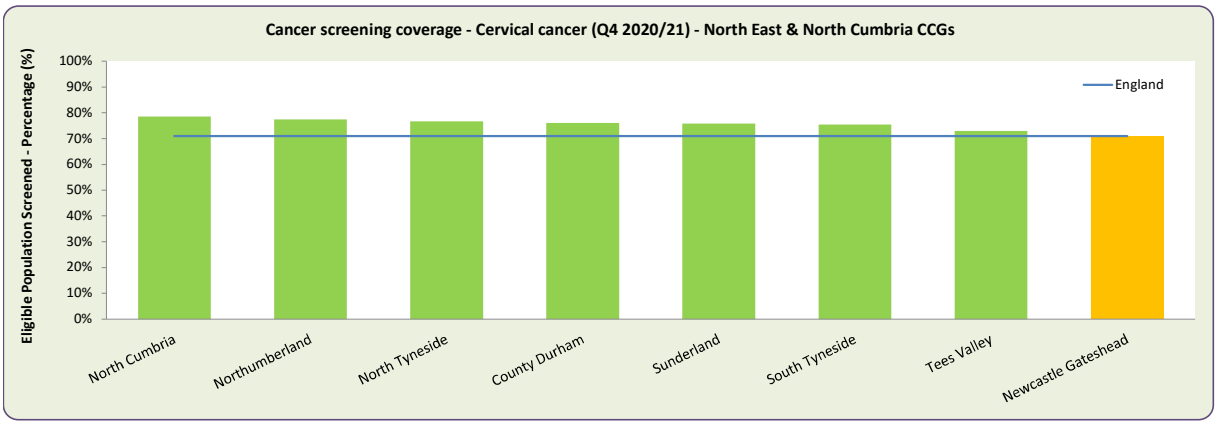
34. Cancer screening coverage - Cervical cancer (Q4 2020/21)

The percentage of women in the resident population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, according to age (3.5 years for women aged 25-49 and 5.5 years for women aged 50-64) on 31 March.

North East & North Cumbria CCGs	England
74.9%	70.9%







Data source: NHS screening programmes: KPI reports 2020 to 2021. https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2020-to-2021

Definitions / Notes

Cervical cancer screening supports detection of symptoms that may become cancer and is estimated to save 4,500 lives in England each year[7]. Like for all the cancer screening coverage indicators, improvements in coverage would mean more cancer is prevented or detected at earlier, more treatable stages.

The national 'acceptable' standard for cervical screening coverage is 80% or greater[8]. To enable the presentation of the most up-to-date data possible a quarterly publication of a KPI dataset has been used as the data source, rather than the Public Health Outcomes Framework (PHOF) dataset which contains less up-to-date annual data. The KPI dataset contains two cervical screening indicators:
1. The proportion of women in the resident population eligible for cervical screening aged 25 to 49 years at end of period reported who were screened adequately within the previous 3.5 years.
2. The proportion of women in the resident population eligible for cervical screening aged 50 to 64 years at end of period reported who were screened adequately within the previous 5.5 years.
The data for these two indicators have been aggregated to replicate the indicator definition used in the PHOF dataset.

What is the data telling us?

At the end of March 2021 the coverage rate for the North East and North Cumbria CCGs combined was 74.9% compared to the England average of 70.9%, both figures considerably below the 'acceptable' standard of 80%.

The majority of CCG populations in the NENC experienced screening coverage rates which were significantly higher than the national average, the only exception being Newcastle Gateshead CCG, which had a rate similar to the England average. However, none of the NENC CCGs achieved the 80% 'acceptable' standard.

7. NICE. (2021). What is the purpose of the NHS Cervical Screening Programme. https://cks.nice.org.uk/topics/cervical-screening/background-information/cervical-screening-programme/

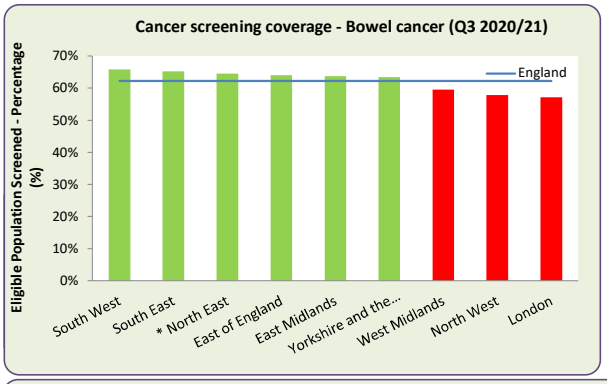
8. Public Health England. (2021). Cervical screening standards valid for data collected from 1 April 2020. https://www.gov.uk/government/publications/cervical-screening-programme-standards/cervical-screening-programme-standards-valid-for-data-collected-from-1-april-2018

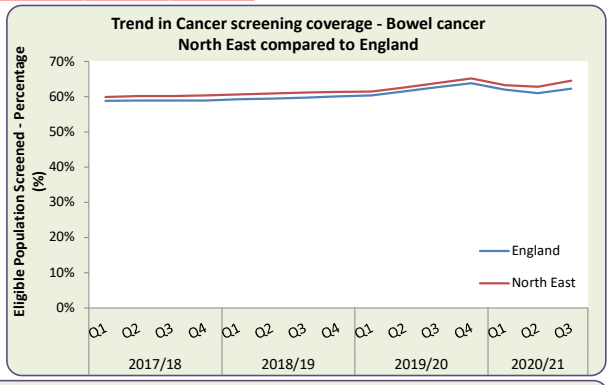
Compared with England Significantly Better Similar Significantly Worse

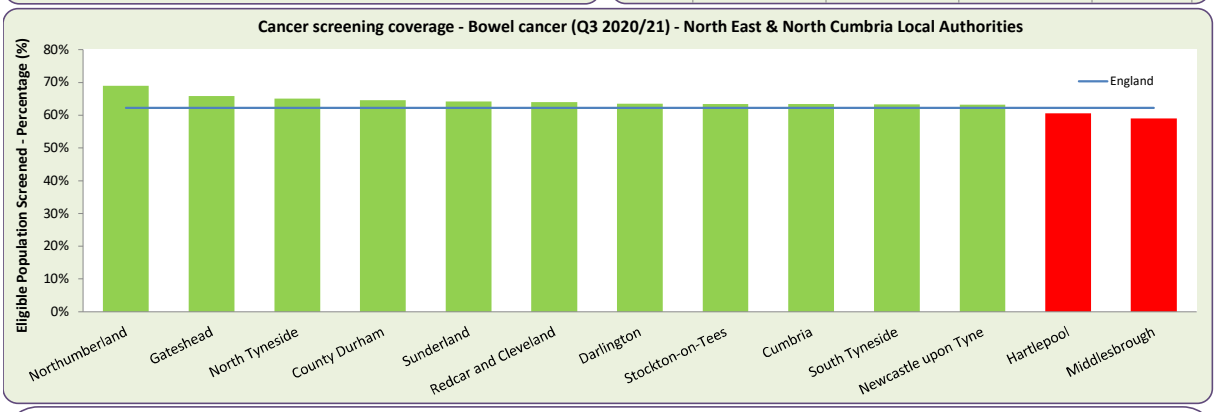
35. Cancer screening coverage - Bowel cancer (Q3 2020/21)

The proportion of eligible men and women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBt) screening result in the previous 30 months.

South West	South East	*North East*	East of England	East Midlands	Yorkshire and the Humber	West Midlands	North West	London	England
65.8%	65.2%	64.6%	64.0%	63.7%	63.5%	59.6%	57.9%	57.2%	62.3%







Data source: NHS screening programmes: KPI reports 2020 to 2021. https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2020-to-2021 © Crown copyright 2021

Definitions / Notes

Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers over time. Improvements in coverage would mean more bowel cancers are detected at earlier, more treatable stages, and more polyps are detected and removed - reducing the risk of bowel cancer developing[9].

The acceptable or achievable thresholds for this indicator have not yet been set[10].

From April 2021, the age range for bowel screening in England will reduce gradually to include people aged 50-59, phased over the next four years[9]. However, this data refers to 2020/21 so does not yet include lower age bands.

This indicator measures those invited for screening who had an adequate screening result in the past 30 months. The latest data for this indicator is Q3 2020/21 as, unlike for cervical cancer screening, at the time of producing this report the data had not been updated.

What is the data telling us?

Data as at the end of December 2020 shows a positive picture for the North East region with a coverage rate of 64.6%, significantly higher than the England average of 62.3%. Data for the first two quarters of 2020/21 highlight a reduction in the coverage rate, likely resulting from the suspension of cancer screening services at the start of the pandemic[11]. However, as shown by the data at the end of quarter 3, coverage rates have started to improve again both regionally and nationally.

At the end of quarter 3 of 2020/21, more than three quarters (11) of Local Authority populations in the NENC region were significantly higher than the England average. The lowest rates in the region were observed in Hartlepool (60.6%) and Middlesbrough (59.0%), both of which were significantly worse than the England average.

There is considerable concern that the impact of the COVID-19 pandemic on cancer screening programmes will have a detrimental effect on cancer survival rates due to fewer people having their cancer picked up at an earlier, and often more treatable, stage[11]. To try to reduce the impact, NHS England released a 'Cancer services recovery plan' with three aims: firstly to restore demand to at least pre-pandemic levels; secondly to reduce the number of people waiting longer than they should for diagnostics and treatment; and lastly to ensure sufficient capacity for diagnosis and treatment to manage future demand[12]. Some modelling work by the Institute for Public Policy Research suggests that activity levels across the cancer care pathway would need to be increased and maintained at 115% of 2019 levels in order to clear the majority of backlogs within the next year[13].

9. Bowel Cancer UK. Bowel cancer screening. https://www.bowelcanceruk.org.uk/about-bowel-cancer/screening/

10. Public Health England. (2021). Bowel cancer screening programme standards: valid for data collected from 1 April 2018. https://www.gov.uk/government/publications/bowel-cancer-screening-programme-standards/bowel-cancer-screening-programme-standards-valid-for-data-collected-from-1-april-2018

11. The Health Foundation. (2021). The NHS Long Term Plan and COVID-19. https://www.health.org.uk/sites/default/files/upload/publications/2021/The%20NHS%20Long%20Term%20Plan%20and%20COVID-19_WEB.pdf

12. NHS England. (2020). Cancer services recovery plan. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0821-COVID-19-Cancer-services-recovery-plan-14-December-2020.pdf

13. Patel, P., & Thomas, C. (2021). Building back cancer services in England. Institute for Public Policy Research. https://www.ippr.org/research/publications/building-back-cancer-services.

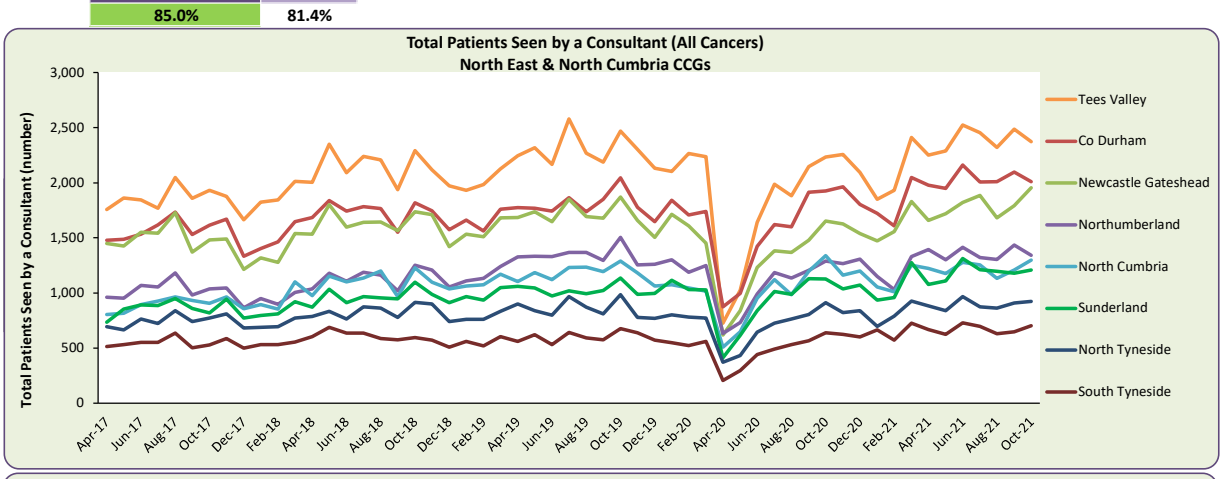
Compared with England Significantly Better Similar Significantly Worse

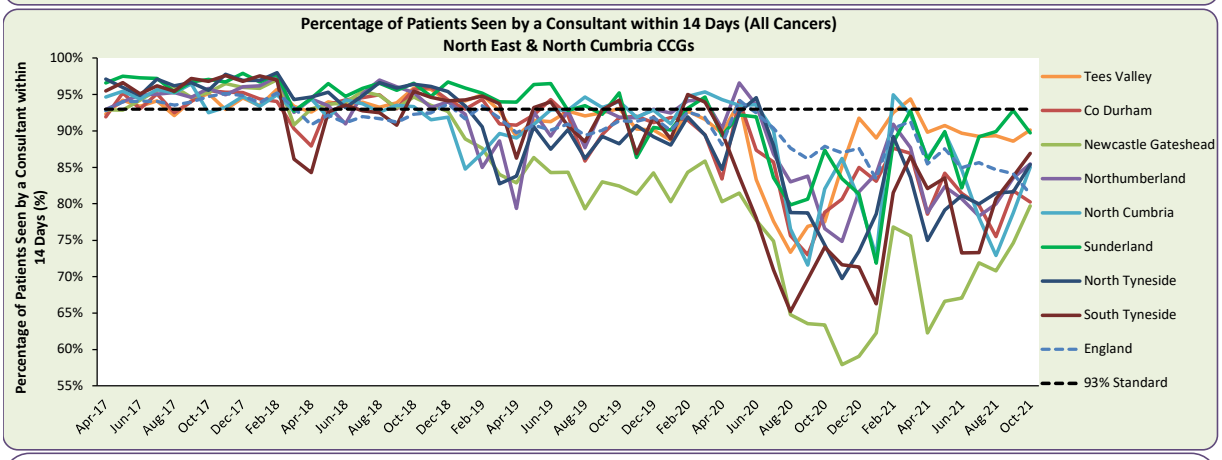
36. Referrals to cancer 2 week wait pathway - All Suspected Cancers (October 2021)

Two week wait from GP urgent referral to first consultant appointment for all suspected cancers.

% seen by a consultant within 14 days

North East & North Cumbria CCGs	England
85.0%	81.4%





Data source(s): NHS England Commissioner-based Cancer waiting times (Provisional) Two week wait - All cancers.

Definitions / Notes

Monitoring the volume of referrals for suspected cancer and waiting times for first consultant appointments provides some insight into the disruption experienced to the cancer pathway as a result of the COVID-19 pandemic.

Data above presents the number of people who attended a first consultant appointment following an urgent referral by their GP for suspected cancer (all cancers). Cancer waiting time operational standards state that 93% of these patients should be seen within a maximum of two weeks[14]. The bottom chart looks at CCG performance against this standard.

Please note monthly data prior to April 2018 is classed as provisional and the sum of standalone months in a quarter may not match the finalised quarterly data. From April 2018 monthly and quarterly data was synchronized. Therefore, data from April 2018 to March 2021 is considered final whilst data from April 2021 to October 2021 is considered provisional.

What is the data telling us?

The number of patients seen by a consultant following an urgent referral by their GP with suspected cancer (all cancers) dramatically reduced from April 2020, during the beginning of the pandemic. However, the numbers started to rise again quite quickly, reaching pre-pandemic levels by the Autumn of 2020. Nationally, comparing March 2020 - February 2021 to March 2019 - February 2020, there was a 15.4% reduction in the number of patients seen by a consultant following GP urgent referral. The NENC is similar with a 15.3% reduction in the number of patients seen by a specialist.

The proportion of people seen within 14 days reduced year on year between 2017/18 and 2020/21. As expected, achievement against the standard had fallen considerably in 2020/21 data, likely resulting from the backlog of patients needing to be seen[11]. In a report published in October 2020, the cancer charity Macmillan estimated that even if activity was increased to 10% above pre-pandemic levels it would take 20 months to clear the diagnosis backlog[15]. Recent data from 2021/22 indicates improvements in the proportion of people seen within 14 days within the NENC. However, nationally the number of people seen within 14 days continues to reduce.

In October 2021 85.0% of patients in the NENC were seen within 2 weeks, which is significantly higher than the England rate of 81.4%. It is also considerably higher than the rate for the same time period from 2020 which was 76.6%. However, the percentage seen within two weeks still remains below the 93% standard in all NENC CCGs and nationally. Furthermore, the percentage seen in 14 days was noticeably lower for Newcastle Gateshead CCG than other NENC organisations, and has consistently been since 2019/20.

14. NHS Digital. (2020). National Cancer Waiting Times Monitoring Dataset Guidance. https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/cancerwaitingtimescwt#guidance

15. Macmillan. (2020). The Forgotten 'C'? The impact of COVID-19 on cancer care. https://www.macmillan.org.uk/assets/forgotten-c-impact-of-covid-19-on-cancer-care.pdf

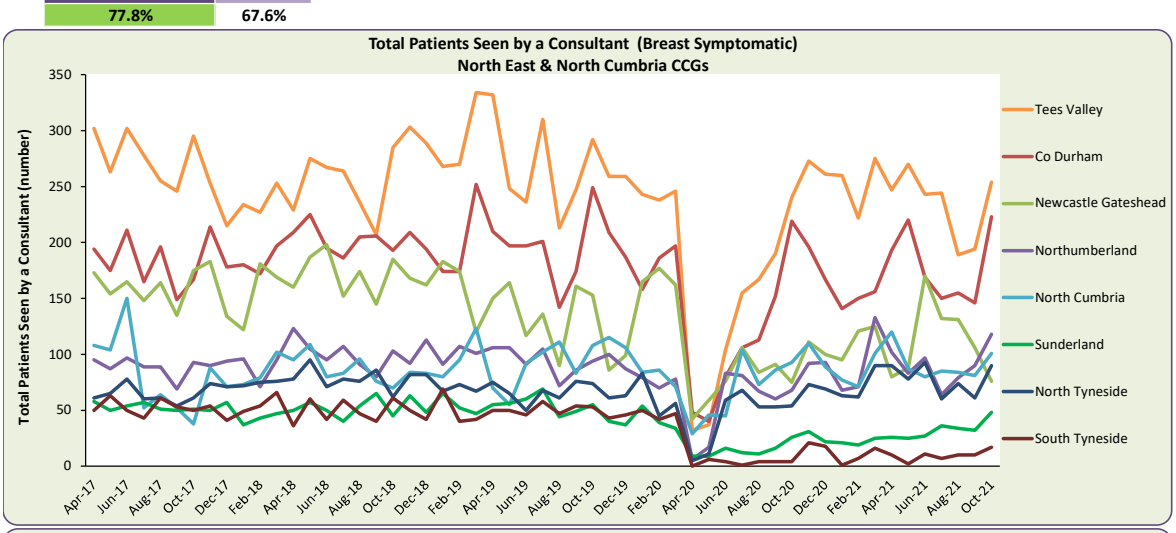
Compared with England Significantly Better Similar Significantly Worse

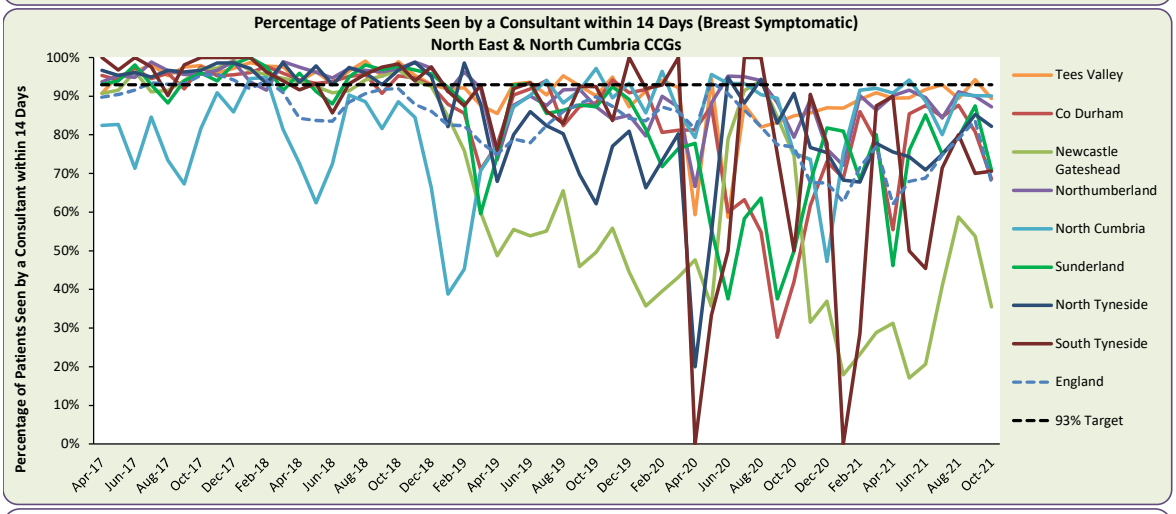
37. Referrals to cancer 2 week wait pathway - Breast Symptomatic (where cancer not initially suspected) (October 2021)

Two week wait from GP urgent referral to first Consultant appointment for breast symptomatic referrals (where cancer is not initially suspected).

% seen by a consultant within 14 days

North East & North Cumbria CCGs	England
77.8%	67.6%





Data source(s): NHS England Commissioner-based Cancer waiting times (Provisional) Two week wait - Breast symptoms.

Definitions / Notes

Monitoring the volume of referrals for suspected cancer and waiting times for first consultant appointments provides some insight into the disruption experienced to the cancer pathway as a result of the COVID-19 pandemic.

Data above presents the number of people who attended a first consultant appointment following an urgent referral by their GP following breast symptoms, but where cancer is not initially suspected. Cancer waiting time operational standards state that 93% of these patients should be seen within a maximum of two weeks[14]. The bottom chart looks at CCG performance against this standard.

Please note monthly data prior to April 2018 is classed as provisional and the sum of standalone months in a quarter may not match the finalised quarterly data. From April 2018 monthly and quarterly data was synchronized. Therefore, data from April 2018 to March 2021 is considered final whilst data from April 2021 to October 2021 is considered provisional.

What is the data telling us?

The number of patients seen by a consultant following an urgent referral by their GP with breast symptoms (where cancer is not initially suspected) dramatically reduced from April 2020, during the beginning of the pandemic. However, the numbers started to rise again quite quickly, reaching pre-pandemic levels by the end of Autumn of 2020. Nationally, comparing March 2020 - February 2021 to March 2019 - February 2020, there was a 31.1% reduction in the number of patients seen by a consultant following GP urgent referral whilst, in the NENC this reduction was 33.6% .

Data from 2021/22 show improvements both nationally and in the NENC in the percentage of people seen within 14 days following an urgent referral by their GP (breast symptoms). However, as expected, the achievement against the standard reduced considerably during 2020/21 likely as a result of the backlog of patients needing to be seen[11].

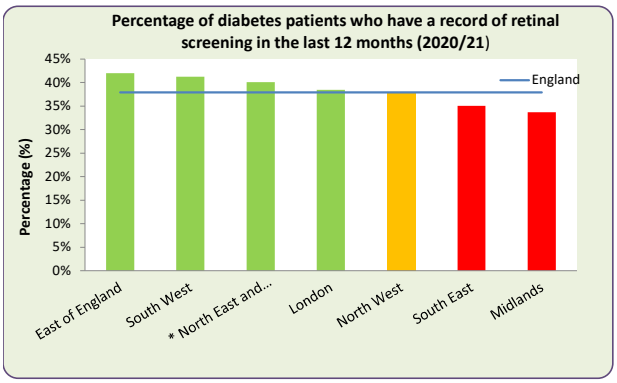
Since 2019/20 the percentage seen in 14 days has been noticeably lower for Newcastle Gateshead CCG compared to the majority of other NENC CCGs. In October 2021 77.8% of patients in the NENC were seen within 2 weeks compared to the England rate of 67.6%.

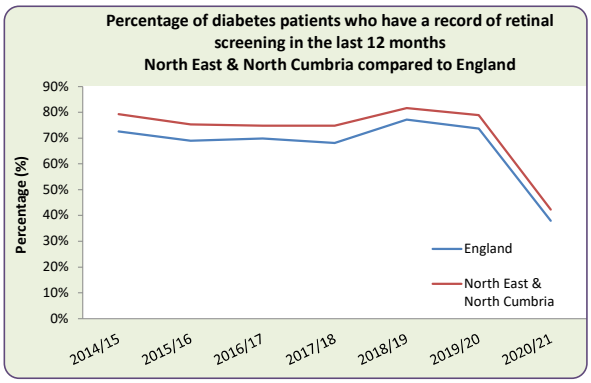
Compared with England Significantly Better Similar Significantly Worse

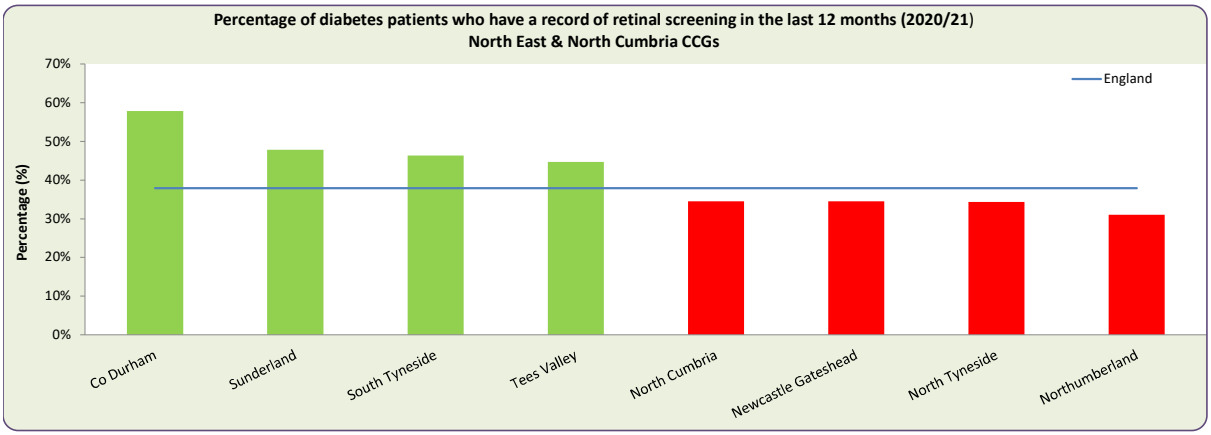
38. Percentage of diabetes patients who have a record of retinal screening in the last 12 months (2020/21)

The percentage of patients with diabetes, on GP practice registers, who have a record of retinal screening in the preceding 12 months.

North East & North Cumbria CCGs	England
42.3%	37.9%







Data source: NHS Digital. Indicators no longer in QOF (INLIQ). Copyright © 2022 Health and Social Care Information Centre.

Definitions / Notes

Diabetic retinopathy, a complication of diabetes, can cause blindness if left undiagnosed and untreated[16]. Regular screening allows prompt identification and effective treatment, if necessary, of sight threatening diabetic retinopathy.

This indicator measures coverage (the proportion of eligible patients with diabetes who have been screened). The information presented above has been derived from indicators that in 2014/15 were removed from the Quality and Outcomes Framework (QOF), a system of financial incentives for improving quality of primary care within the contract for GP services. However, the data are still collected and published annually. Recently, NHS Digital undertook a review of the Indicators No Longer in QOF (INLIQ) publication. Following this review, it was agreed that the publication does not fully meet the criteria for official statistics so it was decided to downgrade INLIQ from Official statistics status to Management Information status[17].

What is the data telling us?

The percentage of patients with diabetes, on GP practice registers, who have a record of retinal screening in the preceding 12 months was significantly higher in the NENC region in 2020/21 than across the country as a whole (42.3% compared to 37.9%).
However, within the region, half of the CCGs had rates that were significantly worse than the national average in 2020/21.
The percentage of patients screened is unsuprisingly considerably lower in 2020/21 than previous years due to all routine screening appointments for patients with diabetes being postponed due to the pandemic[18]. Although screening services have resumed, the Royal National Institute of Blind People (RNIB) highlights that not as many patients are able to be seen as before due to the need for infection control. This may therefore further increase the backlog of patients needing to be screened.

16. NHS . Overview Diabetic Retinopathy. https://www.nhs.uk/conditions/diabetic-retinopathy/#:~:text=Diabetic%20retinopathy%20is%20a%20complication,it%20could%20threaten%20your%20sight.

17. NHS Digital. (2021). GP Contract Services, England, 2020-21. https://digital.nhs.uk/data-and-information/publications/statistical/gp-contract-services/2020-21/indicators-no-longer-in-qof-inliq-review

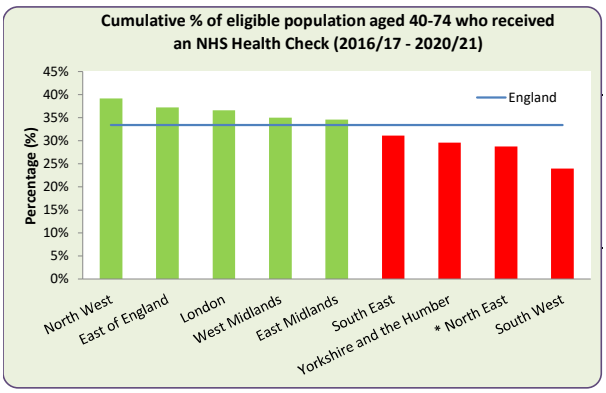
18. RNIB. Coronavirus and retinal screening for people with diabetes. https://www.rnib.org.uk/sight-loss-advice/eye-health/eye-conditions/diabetes-related-eye-conditions/coronavirus-retinal-screening

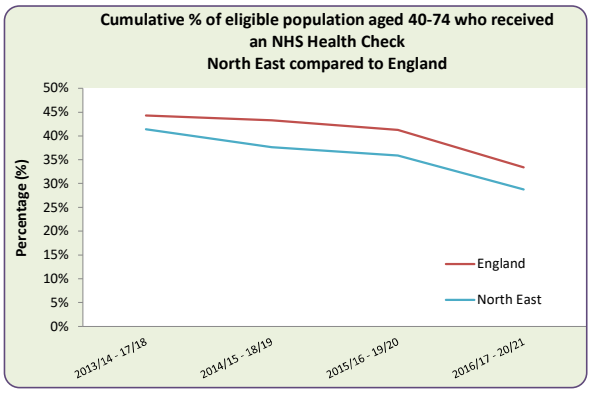
Compared with England Significantly Better Similar Significantly Worse

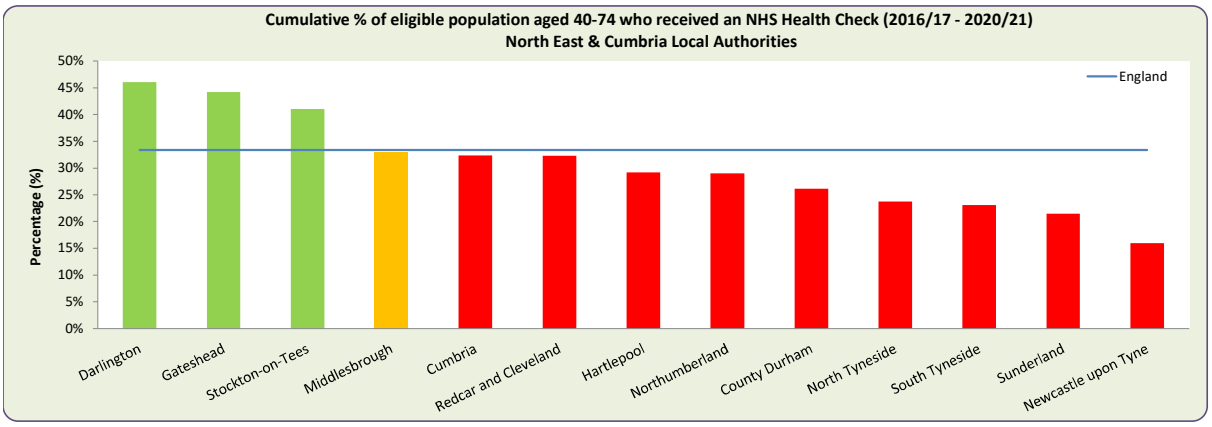
39. Cumulative % of the eligible population aged 40-74 who received an NHS Health check (2016/17 - 2020/21)

The cumulative percentage of the eligible population aged 40-74 who received an NHS Health check in the period 2016/17 - 2020/21.

North West	East of England	London	West Midlands	East Midlands	South East	Yorkshire and the Humber	*North East*	South West	England
39.2	37.2	36.6	35.0	34.6	31.1	29.6	28.8	24.0	33.4







Data source: Office for Health Improvement and Disparities. Public Health Profiles. 2021 (http://fingertips.phe.org.uk) © Crown copyright 2022

Definitions / Notes

The NHS Health Check programme aims to help prevent heart disease, stroke, type 2 diabetes and kidney disease[19]. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and type 2 diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Checks is assumed to be important to identify early signs of poor health leading to opportunities for early interventions. This indicator is calculated as a cumulative percentage of the eligible population over the 5 year period.

What is the data telling us?

In the period 2016/17 - 2020/21, the cumulative percentage of the eligible population of the North East region that received an NHS Health Check was 28.8%, significantly lower than that achieved nationally (33.4%).

During 2016/17 - 2020/21, rates for nine of the thirteen constituent local authorities within the North East and Cumbria were significantly below the national average. However, three local authorities in the region achieved rates for Health Checks received that were significantly higher than those achieved nationally.

Trends highlight a decreasing trend in the proportion of those eligible receiving a NHS Health Check particularly in the latest period of data, resulting from the widespread suspension of the NHS Health Check due to COVID-19 with some local areas still yet to resume services[20]. There is concern that these missed Health Checks represent a missed opportunity to prevent a major CVD event such as a stroke or heart attack[21]. However, to try to overcome the backlog of Health Checks, NHS England decided to offer 'Health MOTs' at vaccination centres where patients would receive blood pressure, heart rhythm and cholesterol checks[22].

19. NHS. NHS Health Check. https://www.nhs.uk/conditions/nhs-health-check/

20. Office for Health Improvement & Disparities. (2021). Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations. https://www.gov.uk/government/publications/nhs-health-check-programme-review/preventing-illness-and-improving-health-for-all-a-review-of-the-nhs-health-check-programme-and-recommendations

21. Heart UK. (2021). The future of CVD care in an evolving system. https://www.heartuk.org.uk/downloads/heart-uk---future-of-cvd-care-report.pdf

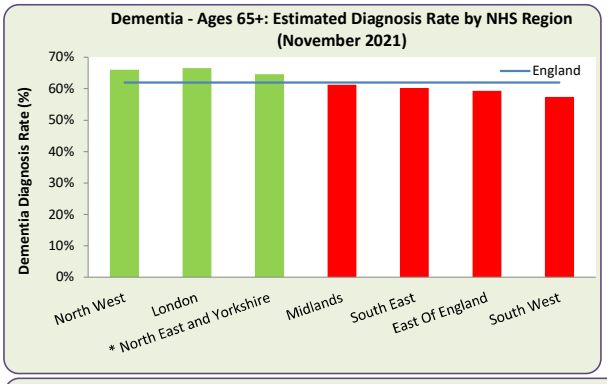
22. NHS England. (2021). Thousands of lives to be saved by health MOTs at NHS vaccination services. https://www.england.nhs.uk/2021/06/thousands-of-lives-to-be-saved-by-health-mots-at-nhs-vaccination-services/

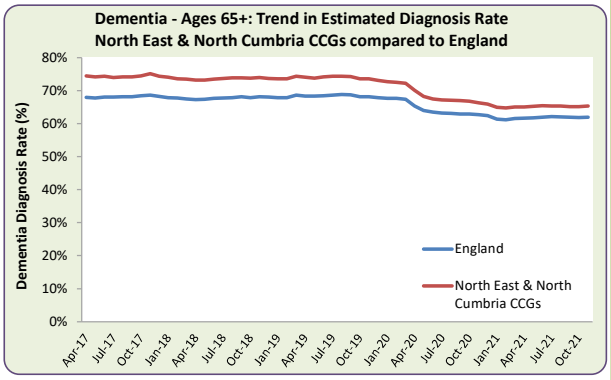
Compared with England Significantly Better Similar Significantly Worse

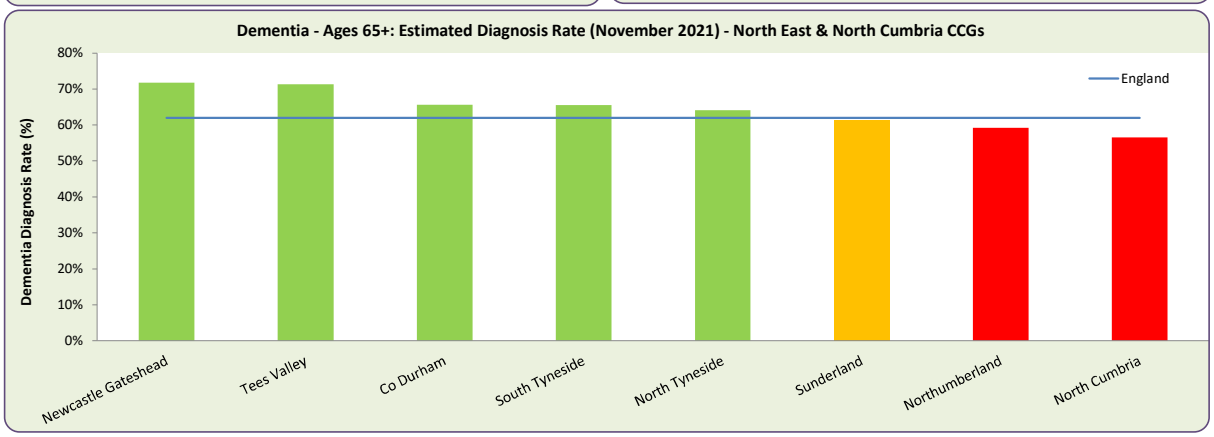
40. Estimated Diagnosis Rate for People 65+ years old with Dementia (November 2021)

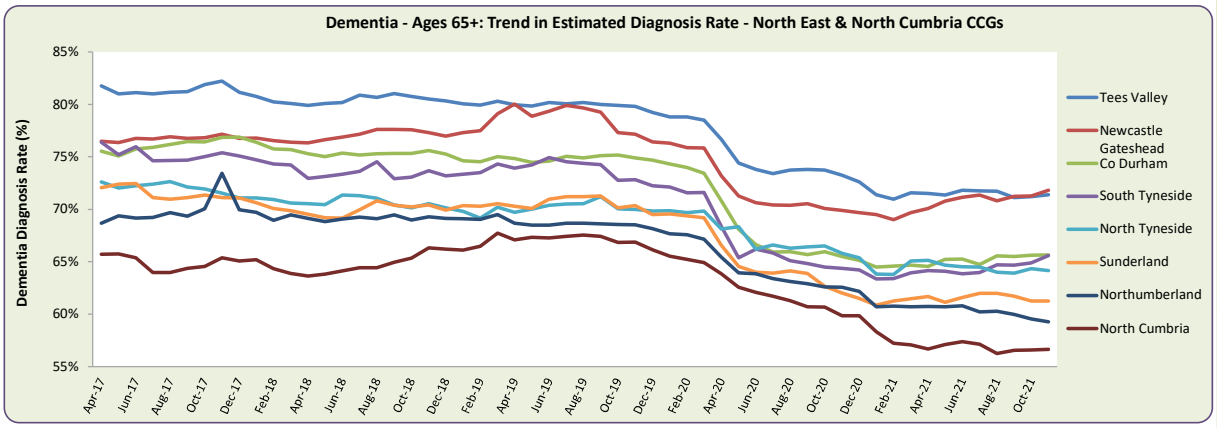
The rate of those aged 65+ with a recorded diagnosis of dementia in the general practice record per person estimated to have dementia based on the CFAS II model.

North East & North Cumbria CCGs	England
65.3%	62.0%









Data source: NHS Digital (https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses) Copyright © 2022 Health and Social Care Information Centre

Definitions / Notes

Not everyone with dementia has a formal diagnosis. This indicator reports the rate of persons aged 65 years and over with a recorded diagnosis of dementia per person estimated to have dementia (given the characteristics of the population and the age and sex specific prevalence rates derived from the Cognitive Function and Ageing Study II[23]) expressed as a percentage. Dementia has been identified as a priority area for improvement in the NHS Long Term Plan[24].

What is the data telling us?

The dementia diagnosis rate (of those estimated to have dementia) for the NENC CCGs combined is consistently higher than the England rate, although, since April 2020 there has been a marked drop in the dementia diagnosis rate across England and this decline is noticeable in the NENC from Q3 2019/20. However, since March 2021 the diagnosis rate has been quite steady with no notable improvements or declines.

At CCG level there is significant variation, with estimated dementia diagnoses rates in November 2021 ranging from 56.6% in North Cumbria CCG to 71.8% in Newcastle Gateshead CCG.

Due to the impact of COVID-19 on the work and behaviour of general practices, caution is urged in drawing any conclusions from these data.

23. Cognitive Function & Ageing Study. CFAS II. http://www.cfas.ac.uk/cfas-ii/

24. NHS. (2019). The NHS Long Term Plan. https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/