NHS screening programme data summary for England, 1 April 2021 to 31 March 2022

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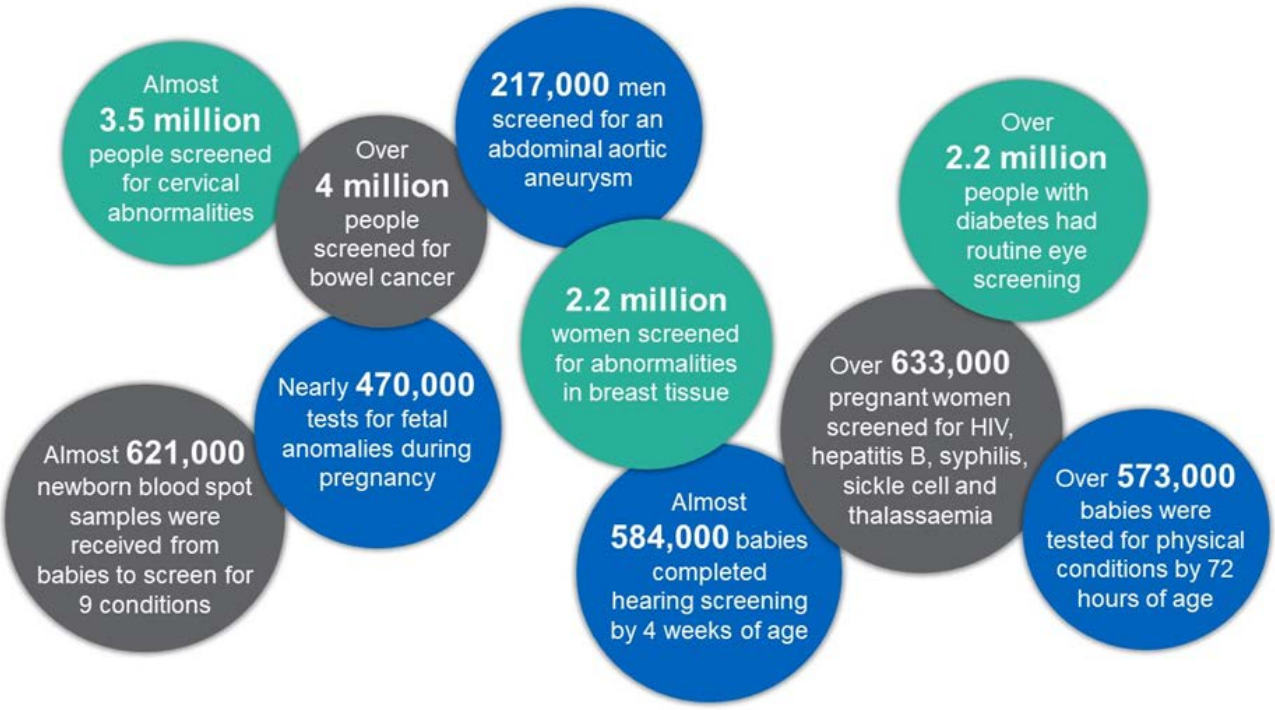
2. The big picture

This data report covers the screening year from 1 April 2021 to 31 March 2022. Data was provided by NHS England (NHS E).

From 1 April 2021 to 31 March 2022 there were more than 15 million screening tests carried out for all conditions.

Figure 1: screening activity in England from April 2021 to March 2022



The 15 newborn conditions screened for are:

- congenital cataracts
- congenital critical heart defects
- developmental dysplasia of the hip
- cryptorchidism (undescended testes)
- permanent childhood hearing impairment
- sickle cell disease
- cystic fibrosis (CF)
- congenital hypothyroidism (CHT)
- phenylketonuria (PKU)
- medium-chain acyl-CoA dehydrogenase deficiency (MCADD)
- maple syrup urine disease (MSUD)
- isovaleric acidaemia (IVA)
- glutaric aciduria type 1 (GA1)
- homocystinuria (HCU)

3. What do we screen for?

NHS Abdominal Aortic Aneurysm (AAA) Screening Programme

The NHS AAA Screening Programme reduces premature deaths from ruptured AAAs among men aged 65 and over by up to 50% through early detection, appropriate follow-on tests and referral for potential treatment. It offers all men an ultrasound scan of the abdomen during the year they turn 65 while men over 65 who have not previously been tested can self-refer for screening.

NHS Bowel Cancer Screening Programme

The NHS Bowel Cancer Screening Programme detects bowel cancer at an early stage when treatment is more likely to be effective. Bowel cancer screening also detects polyps, which are not cancers but may develop into cancers over time. Removing polyps reduces the risk of bowel cancer developing. Bowel cancer screening is initially carried out using a home testing kit. The kit is designed to look for small amounts of blood in participant's poo (faeces) that would not normally be noticeable by eye. Finding blood does not mean cancer has been detected, but means further tests, such as colonoscopy, are usually advised. In August 2018, ministers agreed that in the future bowel cancer screening in England will start at the age of 50. The NHS is starting to reduce the age range for bowel cancer screening from April 2021.

NHS Breast Screening Programme

The NHS Breast Screening Programme reduces the number of deaths from breast cancer by finding signs of disease at a stage where treatment is more likely to be effective. Breast screening uses mammography (X-rays) to look for abnormalities in breast tissue. Women in England and Wales aged 50 to 70 are invited for breast screening every 3 years. Women over 70 can continue to have breast screening by making an appointment at their local screening unit every 3 years.

NHS Cervical Screening Programme

The NHS Cervical Screening Programme prevents cancer by detecting abnormalities of the cervix and referring for potential treatment. The programme uses liquid-based cytology – still sometimes called a smear – to collect samples of cells from the cervix. These samples are examined in a laboratory to look for any abnormal changes in the cells, or in some cases the high-risk strains of human papillomavirus (HPV) that cause the cells to change. Screening is offered every 3 years to all women aged 25 to 49 and every 5 years to those aged 50 to 64.

NHS Diabetic Eye Screening Programme

The NHS Diabetic Eye Screening Programme reduces the risk of sight loss in people with diabetes through the early detection, appropriate monitoring and referral for treatment of

diabetic retinopathy, which is one the biggest causes of blindness among people of working age. All people with diabetes aged 12 and over are offered screening every year.

NHS Fetal Anomaly Screening Programme

The NHS Fetal Anomaly Screening Programme offers the choice of screening for Down's syndrome, Edwards' syndrome, Patau's syndrome and a number of structural anomalies to all eligible women in England. The screening tests offered for Down's syndrome, Edwards' syndrome and Patau's syndrome vary depending on gestational age, but screening can be offered up to 20 weeks of pregnancy. A fetal anomaly scan can be offered between 18 and 23 weeks of pregnancy. Screening is a choice and women may choose to end the screening pathway at any stage.

NHS Infectious Diseases in Pregnancy Screening Programme

The NHS Infectious Diseases in Pregnancy Screening Programme recommends screening for all pregnant women for hepatitis B, HIV and syphilis. The programme identifies women with hepatitis B, HIV or syphilis so they can be offered appropriate follow-on tests and treatments, substantially reducing the risk of passing on the infection to their babies.

NHS Newborn and Infant Physical Examination Programme

The NHS Newborn and Infant Physical Examination Programme uses a detailed physical examination to screen newborn babies and infants for problems with their eyes, heart, hips or testes. Screening helps ensure early detection and diagnosis of several conditions. This enables early intervention and treatment to reduce the chance of long-term disability.

NHS Newborn Blood Spot Screening Programme

The NHS Newborn Blood Spot Screening Programme screens newborn babies for 9 rare but serious conditions: phenylketonuria (PKU), congenital hypothyroidism (CH), sickle cell disease (SCD), cystic fibrosis (CF), medium-chain acyl-CoA dehydrogenase deficiency (MCADD), maple syrup urine disease (MSUD), isovaleric acidaemia (IVA), glutaric aciduria type 1 (GA1) and homocystinuria (HCU). The programme uses a heel prick test to collect spots of blood which are tested to find babies who have any of the conditions. Babies who test positive can then be treated early, improving their health and, in some cases, preventing severe disability or even death.

NHS Newborn Hearing Screening Programme

The NHS Newborn Hearing Screening Programme offers a hearing screening test for babies during the first few weeks of their lives to find those who are born with hearing impairment. These children and their families can then be offered the right support, treatment and information as early as possible, helping them reach their full educational and social potential.

NHS Sickle Cell and Thalassaemia Screening Programme

The NHS Sickle Cell and Thalassaemia (SCT) Screening Programme uses a questionnaire about family origin and, if necessary, offers blood tests to screen pregnant women for 2 serious inherited blood conditions – sickle cell disease and thalassaemia major. People who have these conditions need specialist care throughout their lives. The SCT programme helps find those at risk and gives parents time to consider the options available. It also means babies who have either condition can be given the best support and treatment from the very start.

4. NHS Abdominal Aortic Aneurysm (AAA) Screening Programme

AAA screening is offered to men when they turn 65 (cohort). Men aged 65 and over are most at risk of AAAs, and screening can help spot a swelling in the aorta at an early stage. Men aged over 65 who have not had AAA screening can contact their local service to arrange a test (self-referrals).

70.2% coverage of 2021 to 2022 screening cohort

Table 1. AAA screening summary, England: 2021 to 2022

Measure	Value
Eligible for screening (2021 to 2022 cohort)	309,439
Offered screening	274,816
Tested (cohort)	217,117
Tested (cohort men living in deciles 1 to 3)	51,763
Coverage (cohort men living in deciles 1 to 3)	62.7%
Tested (self-referrals)	2,590
Coverage (self-referrals)	95.3%
AAAs detected (cohort)	1,794
Incidence (cohort)	0.83%
AAAs detected (self-referrals)	125
Incidence (self-referrals)	4.83%
Men on surveillance at end of year	14,597
Referrals to surgery	1,000
Elective AAA repairs	509
Deaths from elective repairs	7
Ruptures	39
Deaths from ruptures	27

Data source: AAA SMaRT
Date extracted: August 2022

For more information about AAA screening, see the AAA screening standards report for 2021 to 2022.

5. NHS Bowel Cancer Screening Programme (BCSP)

Bowel cancer screening is offered to men and women aged 60 to 74 (cohort), every 2 years. People over the invitation range are not invited but can request screening every 2 years (self-refer). Bowel cancer screening looks for polyps and early-stage cancer. Removing polyps reduces the risk of bowel cancer developing. Note that this data relates to FOBt testing[1].

68.92% of people invited to participate were adequately screened (uptake)

Table 2: BCSP screening summary, England: 2021 to 2022

Measure	Value
Number of people invited [2]	5,924,232
Number of people adequately screened [3]	4,083,100
Number of people requiring further tests following FOBt [4]	80,822
Positivity in 2021 to 2022 [5]	1.98%
Number of people diagnosed with cancer [6]	6,500
Number of people placed into surveillance [6]	12,034
Number of people diagnosed with intermediate risk adenomas [6]	12,060
Number of people with a 'non-normal' result (returned to routine recall) [6]	34,763
Number of people with a 'normal' result [6,7]	6,231

Data source: Bowel Cancer Screening IT System (BCSS), screening year 2021 to 2022. Date extracted: June 2022

These data relate to the invited population only. Episodes originating from requests for screening or surveillance episodes are excluded from these counts.

[1] NHS Bowel Cancer Screening is initially carried out using a home testing kit called a faecal occult blood test kit, or 'FOBt kit' for short. The kit is designed to look for small amounts of blood in participant's poo, that wouldn't normally be noticeable by eye. Finding blood doesn't mean cancer has been detected, but means further tests, such as a colonoscopy, are usually advised.

[2] One invite per screening subject episode. A screening subject can have multiple episodes during their 'bowel cancer screening lifetime'. Note: the number of people invited does not include requests for screening, such as over-age self-referrals, late responders or opt back in episodes.

[3] Of those invited, the number of people who were adequately screened, meaning they adequately participated in FOBt bowel cancer screening. Note: some screening subjects will need more than one test kit within an episode to achieve a definitive FOBt outcome (for example: due to spoilt test kits or technical failures).

[4] Of those invited and adequately screened, the number with a FOBt episode outcome of 'further tests are needed'. Note: all people with the outcome 'further tests are needed', are booked (referred for) an appointment with a specialist screening practitioner (SSP) to discuss their test kit episode result and assess their fitness for further diagnostic tests, such as a colonoscopy.

[5] The proportion of invited people with an FOBt result of 'further tests are needed', out of those who adequately participated in FOBt bowel cancer screening, within the invited screening episode (at time of reporting). Note: no adjustment is made for undelivered letters and/or test kits.

[6] The episode outcomes presented are for the invited population only, for the specified fiscal year. Note: episode outcomes are calculated from the findings of potentially multiple tests performed within the screening episode.

[7] The total number of people requiring further tests, such as colonoscopy, following a FOBt kit outcome is greater than the total number of further test outcomes because not all people requiring further tests are fit for further tests, and some people who are fit choose not to have further tests. Categories are discreet; 1 person cannot be in more than one category at the same time.

6. NHS Breast Screening Programme (BSP)

Breast screening is offered to women between the ages of 50 up to their 71st birthday (cohort), every 3 years. Women over the invitation age range are not invited but can request screening every 3 years by contacting their local screening service (self-referrals). Breast screening detects cancers at an early stage when effective treatment is more likely.

65.3% of women aged 53 to <71 years old were invited within 36 months of their previous screening, or previous invitation is they did not attend (coverage)

62.3% of eligible women invited attended for screening (uptake)

Table 3. BSP screening summary, England: 2021 to 2022

Measure	Value
Number of women screened (aged 45 and over)	2,202,248
Number of women screened (50 to <71)	2,060,729
Number of women referred to assessment (50 to <71)	71,152
Number of women diagnosed with cancer (aged 45 and over)	20,152
Number of women diagnosed with cancer (50 to <71)	17,949
Number of women diagnosed with small invasive cancer (50 to <71)	6,735

Data source: NBSS and BS Select
Data collected: July 2023

As women should receive their first invitation to screening before the age of 53, accurate coverage data (the proportion of eligible women invited and screened within the preceding 36 months) can only be generated for the age cohort 53 to <71 years.

NHS Digital is responsible for publishing official statistics for the NHS Breast Screening Programme.

7. NHS Cervical Screening Programme (CSP)

Cervical screening is available to women and people with a cervix from the ages of 25 to 64 (cohort). People registered as female with their GP aged 25 to 49 are invited every 3 years, and people registered as female aged 50 to 64 are invited every 5 years. Cervical screening detects types of human papillomavirus (HPV) that can cause abnormal cells in the cervix. Removing these abnormal cells can prevent cervical cancer developing.

67.6% of women and people with a cervix aged 25 to 49 years were screened adequately within the previous 3.5 years (coverage)

74.6% of women and people with a cervix aged 50 to 64 years were screened adequately within the previous 5.5 years (coverage)

Table 4. CSP screening summary, England: 2021 to 2022

Measure	Value
Number of eligible women [8]	15,949,645
Number of women invited for screening	5,119,921
Number of women tested [9]	3,496,846
Number of screen positive women [10]	168,780
Referrals to colposcopy or gynaecology [11]	235,210†

† Of which 48,821 were clinical referrals.
Data source: Cervical Screening Programme, England – 2021-22. Data collected: July 2023

Only a portion of the eligible population for cervical screening is invited every year as women receive routine invitations every 3 or 5 years. The figure for referrals to colposcopy or gynaecology differs from the published figure in the NHS Cervical Screening Programme statistics due to some errors identified with two providers.

NHS Digital is responsible for publishing official statistics for the NHS Cervical Screening Programme.

[8] Registered female population for ages 25 to 64 minus any women ceased for clinical reasons.
[9] Only a portion of the eligible population for cervical screening is invited every year as women receive routine invitations every 3 or 5 years.
[10] Number of adequate tests minus the number of negative samples.
[11] The figure for referrals to colposcopy or gynaecology differs from the published figure in the NHS England Cervical Screening Programme statistics due to some errors identified with two providers.

8. NHS Diabetic Eye Screening (DES) Programme

Diabetic eye screening is offered yearly to people aged 12 or over who have diabetes (cohort). Screening detects diabetic retinopathy, which can cause sight loss if left undiagnosed and untreated.

78.4% of people with diabetes who were offered screening completed testing (uptake)

Table 5. DES screening summary, England: 2021 to 2022

Measure	Value
Eligible people with diabetes known to programme	3,711,979
Offered screening (routine digital screening)	2,863,056
Tested (routine digital screening)	2,245,339
New registrations to programme	338,683
Urgent referrals (R3A)	10,504
Routine referrals to HES and DS (R2M1, R2M0, R1M1)	89,655

R1 = Background retinopathy; R2 = Pre-proliferative retinopathy; R3A = Active proliferative retinopathy; R3S = stable treated proliferative retinopathy; M0 = No maculopathy; M1 = Maculopathy

Data source: Programme performance reports, 2021 to 2022 annual submission.
Data collected: September 2023

9. NHS Fetal Anomaly Screening Programme (FASP)

Fetal anomaly screening is offered to eligible pregnant women at various points during the pregnancy (cohort). The tests are to detect the presence or chance of a range of conditions (see 'Conditions screened for' in the FASP programme overview).

During the COVID-19 pandemic, the FASP encouraged maternity services to continue screening where safe to do so.

86.2% screening coverage for Down's syndrome, Edwards syndrome and Patau's syndrome (T21/T18/T13)

99.1% screening coverage for fetal anomaly ultrasound

Table 6. FASP screening summary, England: 2021 to 2022

Measure	Value
Number of tests performed	469,356
Number of women at higher chance	15,061
Number of sonographers going through DQASS	2,508

Data source: Annual standards data and Down's syndrome Screening Quality Assurance Support Service (DQASS)
Data collected: July 2023

The Down's syndrome Screening Quality Assurance Support Service (DQASS) monitors and supports the quality and effectiveness of Down's syndrome (T21), Edwards' syndrome (T18) and Patau's syndrome (T13) screening in England.

For more information on FASP standards data, see the FASP screening report for 2021 to 2022.

10. NHS Infectious Diseases in Pregnancy Screening (IDPS) Programme

Infectious diseases in pregnancy screening is offered to pregnant women (cohort), to detect HIV, hepatitis B and syphilis. Detection and treatment reduces the chance of passing on an infection to the baby, a partner or other family members.

During the COVID-19 pandemic, the IDPS programme encouraged maternity services to continue screening where safe to do so.

HIV: 99.8% screening coverage for HIV

Table 7. HIV screening summary, England: 2021 to 2022

Measure	Value
Eligible population[12]	634,700
Number of women tested	633,307
Results reported within 8 working days[13]	99.6%
Number of positive results[13]	585
Screen positive women attending screening assessment within 10 working days[14]	95.4%

[12] Figures based on KPI data. Exclusions were made where completed data was not submitted for all 4 quarters.

[13] Figures based on annual standards data. Exclusions made where data was incomplete or missing, not where trusts could not account for their whole cohort.

[14] During the COVID-19 pandemic, guidance was changed to include virtual as well as face to face appointments for women with a screen positive result.

Hepatitis B: 99.8% screening coverage for hepatitis B

Table 8. Hepatitis B screening summary, England: 2021/22

Measure	Value
Eligible population [12]	634,397
Number of women tested [12]	633,331
Results reported within 8 working days[13]	99.6%
Number of positive results[13]	2,148
Women with hepatitis B (new positive or high infectivity) seen for specialist assessment within 6 weeks [12]	84.2%
Screen positive women attending screening assessment within 10 working days [13, 14]	91.9%
Babies born to hepatitis B positive women receiving first dose of vaccination < 24 hours [13]	98.8%
Babies born to hepatitis B positive women receiving immunoglobulin (if required) < 24 hours [13]	96.9%

Syphilis: 99.8% screening coverage for syphilis

Table 9. Syphilis screening summary, England: 2021/22

Measure	Value
Eligible population [12]	634,682
Number of women tested [12]	633,310
Results reported within 8 working days[13]	99.5%
Number of positive results[13]	1,038
Screen positive women attending screening assessment within 10 working days[13,14]	90.6%

Data source: maternity services (England), specialist services and screening laboratories Data collected: August 2023

For more information on IDPS standards data, see the IDPS programme screening report for 2021 to 2022.

11. NHS Sickle Cell and Thalassaemia (SCT) Screening Programme

Sickle cell and thalassaemia screening includes antenatal screening for pregnant women (ideally at 10 weeks' gestation) and screening for fathers (if the baby's mother is a genetic carrier). Sickle cell screening via newborn blood spot screening for babies takes place one week after birth (cohort). Antenatal SCT screening means parents can find out if they are carriers of the sickle cell or thalassaemia gene and may therefore have passed it on to their baby.

There is no routine screening for babies at risk of inheriting beta thalassaemia major. However, most cases of beta thalassaemia major should be detected during newborn screening, but thalassaemia carriers are not.

Antenatal screening

99.7% screening coverage

Table 20. SCT antenatal screening summary, England: 2021 to 2022

Measure	Value
Women tested [15]	634,564
Percentage of women tested by 10 weeks [14]	57.9%
Screen positive pregnant women [16]	13,826
Rate of screen positive women[14,15]	2.14%
Percentage of fathers tested [15]	72.0%
At risk couples detected [15]	1,068

[15] Figures based on KPI data. Exclusions made where completed data was not submitted for all 4 quarters.

[16] Based on antenatal laboratory data (136 of 140 expected returns). Figures may differ to those published in the programme-specific data report for screening year 2021 to 2022.

Prenatal diagnostic (PND) testing

Table 21. SCT PND screening summary, England: 2021 to 2022

Measure	Value
PNDs performed [17]	392
Affected fetal results[17]	72

Newborn screening

Table 22. SCT NB screening summary, England: 2021 to 2022

Measure	Value
Newborn babies screened [18]	603,335
Screen positive results[18,19]	218
Rate of screen positive results[18]	0.36 per 1,000 babies tested
Carrier results[18]	8,301

Data source: Maternity services, antenatal laboratories, newborn screening laboratories and PND laboratories
Data collected: July 2023

For more information on SCT standards data, see the SCT screening report for 2021 to 2022.

[17] Based on data submitted by PND laboratories and compiled by the National Congenital Anomaly and Rare Disease Registration Service (NCARDRS).
[18] Based on newborn laboratory data. Figures may differ to those published in the programme-specific data report for screening year 2021 to 2022.
[19] Screen positive results include babies identified with FS, FSC, FS-other and FE.

12. NHS Newborn and Infant Physical Examination (NIPE) Screening Programme

Newborn and infant physical examination screening is offered to babies at 72 hours, and again between 6 and 8 weeks of age (cohort). The examination looks for problems with the baby's eyes, heart, hips and testes.

96.6% screening coverage by 72 hours

Table 10. NIPE screening summary, England: 2021/22

Screening	Measure	Value
All	Eligible babies	593,449
All	Eligible babies tested by 72 hours	573,032
Eyes	Number of babies with positive eye screening test	972
Eyes	Timely assessment of eye referrals	69.5%
Hips	Number of babies with hip abnormalities suspected or hip risk factors recorded	54,791
Hips	Timely assessment by hip ultrasound	65.8%
Hips	Proportion of babies with a screen positive newborn hip result for whom an outcome decision was made within the designated timescale	72.6%
Testes	Number of male babies identified with suspected bilateral undescended testes	1,110
Testes	Proportion of male babies identified with bilateral undescended testes and seen by a specialist within 24 hours of newborn examination	72.6%

Data source: NIPE National IT System (S4N)
Data extracted: 18 August 2022

There is data missing for the NIPE screening programme as data for some measures are not routinely extracted as part of the screening standards data and has not routinely been published. Due to potential discrepancies with dates for data extraction, this data cannot be provided. More detailed data will be extracted and published in future reports.

13. NHS Newborn Blood Spot (NBS) Screening Programme

Newborn blood spot screening is offered for babies up until their first birthday, with the exception of testing for cystic fibrosis which is only offered up until 8 weeks of age (cohort).

Screening takes place for 9 conditions (see tables in this section and data for sickle cell disease in the NHS Sickle Cell and Thalassaemia Screening Programme section below). Newborn blood spot screening identifies conditions which can be treated to improve a baby's health, and can help prevent severe disability or even death.

97.4% of babies tested and recorded on the Child Health Information System (CHIS) at 17 days

A total of 620,976 first blood spot samples in screening year 2021 to 2022

638 babies who tested positive for a NBS-screened condition, and a further 4 babies were clinically diagnosed before screening

Cystic fibrosis (CF)

Table 11. CF screening summary, England: 2021/22

Measure	Value
Total screened positive (including babies clinically diagnosed before screening)	228
Screened positive first sample (excludes 23 babies clinically diagnosed before screening)	141
Babies who screened positive at first sample for whom age at appointment is recorded	117
Screened positive first sample and first appointment within 28 days	94
Screened positive second sample (excludes 1 baby clinically diagnosed before screening)	64
Babies who screened positive at second sample for whom age at appointment is recorded	40
Screened positive second sample and first appointment within 35 days	29

Congenital hypothyroidism (CHT)

Table 12. CHT screening summary, England: 2021/22

Measure	Value
Total screened positive (including babies clinically diagnosed before screening)†	434
Screened positive first sample (excludes 3 babies clinically diagnosed before screening)	233
Babies who screened positive at first sample for whom age at appointment is recorded	215
Screened positive first sample and first appointment within 14 days	205
Screened positive second sample (excludes 1 baby clinically diagnosed before screening	53
Babies who screened positive at second sample for whom age at appointment is recorded	49
Screened positive second sample and first appointment within 21 days	43

† Excludes 23 pre-term babies.

Phenylketonuria (PKU)

Table 13. PKU screening summary, England: 2021/22

Measure	Value
Babies screened positive (excludes 9 babies clinically diagnosed before screening)	60
Babies for whom age at appointment is recorded	51
Screened positive and first appointment within 14 days	49

Medium-chain-acyl-CoA-dehydrogenase deficiency (MCADD)

Table 14. MCADD screening summary, England: 2021/22

Measure	Value
Babies screened positive (excludes 8 babies clinically diagnosed before screening)	48
Babies for whom age at appointment is recorded	39
Screened positive and first appointment within 14 days	38

Isovaleric acidaemia (IVA)

Table 15. IVA screening summary, England: 2021/22

Measure	Value
Babies screened positive (excludes 1 baby clinically diagnosed before screening)	23
Babies for whom age at appointment is recorded	20
Screened positive and first appointment within 14 days	20

Glutaric aciduria type 1 (GA1)

Table 16. GA1 screening summary, England: 2021/22

Measure	Value
Babies screened positive (excludes 1 baby clinically diagnosed before screening)	4
Babies for whom age at appointment is recorded	4
Screened positive and first appointment within 14 days	4

Homocystinuria – pyridoxine unresponsive (HCU)

Table 17. HCU screening summary, England: 2021/22

Measure	Value
Babies screened positive (no babies clinically diagnosed before screening)	5
Babies for whom age at appointment is recorded	5
Screened positive and first appointment within 14 days	4

Maple syrup urine disease (MSUD)

Table 18. MSUD screening summary, England: 2021/22

Measure	Value
Babies screened positive (no babies clinically diagnosed before screening)	7
Babies for whom age at appointment is recorded	5
Screened positive and first appointment within 14 days	5

Data source: Newborn screening laboratories and Child Health
Data collected: July 2022

14. NHS Newborn Hearing Screening Programme (NHSP)

Newborn hearing screening is offered to babies ideally within the first 4 to 5 weeks after birth (cohort). The test can be carried out up to the age of 3 months. Screening identifies permanent moderate, severe and profound deafness, and hearing impairment. Early detection enables interventions to improve language, speech and communication skills as the baby develops.

98.3% of babies with completed screening process by 4 weeks corrected age (hospital programmes – well babies, NICU babies) or by 5 weeks corrected age (community programme – well babies)

Table 19. NHSP screening summary, England: 2021/22

Measure	Value
Number of eligible babies	593,967
Number of babies for the whom screening process was completed by 3 months corrected age	590,076
Proportion of babies for whom screening process was completed by 3 months corrected age	99.3%
Proportion of babies for whom the screen is declined	0.11%
Proportion of well babies who do not show a clear response in both ears at AOAE1 (hospital model)	20.4%
Proportion of well babies who do not show a clear response in both ears at AOAE1 (community model)	12.0%
Number of babies referred for diagnostic audiological assessment	13,981
Proportion referred for diagnostic audiological assessment from hospital model	2.4%
Proportion referred for diagnostic audiological assessment from community model	1.2%
Proportion of babies with a no clear response result in one or both ears or other result that requires an immediate onward referral for audiological assessment who are offered audiological assessment within the required timescale	97.0%
Proportion of babies with a no clear response result in one or both ears or other result that requires an immediate onward referral for audiological assessment who receive audiological assessment within the required timescale	88.7%

Data source: NHSP National IT System (S4H) / PMS
Data extracted: 31 October 2023

AOAE1 means the first automatic otoacoustic emissions test.

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Data provided by NHS England

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