



Accounting Officer Memorandum, Digital Transformation of Screening Programme

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It is normal practice for accounting officers to scrutinise significant policy proposals or plans to start or vary major projects, and then assess whether they measure up to the standards set out in [Managing public money](#).

From April 2017, the government has committed to make a summary of the main points from these assessments available to Parliament when an accounting officer has agreed an assessment of projects within the Government Major Projects Portfolio (GMPP).

The accounting officer assessment for the Digital Transformation of Screening (DToS) programme was carried out in November 2025.

Background and Context

Over 11 million people are screened in England each year, across 11 national screening programmes.

People are screened:

- before birth
- as newborns
- as adults

As an example of success, thanks to improved screening and awareness, bowel cancer survival is improving and has more than doubled in the last 40 years in the UK. If diagnosed early, more than 90% of bowel cancer cases can be treated successfully. In total, it is estimated that over 10,000 lives are saved through screening each year.

The DToS programme was established to:

- modernise the technology supporting national screening programmes

- address critical patient safety vulnerabilities associated with the current, obsolete technology and approach, as set out by Professor Sir Mike Richards' [Review of national cancer screening programmes in England](#) (2019) and the National Audit Office (NAO)'s 2019 [Investigation into the management of health screening](#)

The new digital services and the data they would make more readily available and usable would also:

- improve participation in screening programmes
- reduce administrative burdens for NHS screening staff
- enable more flexible and rapid responses to UK National Screening Committee recommendations
- enable innovative research, pilots and trials in England, encouraging more investment into the country

The programme has several ambitions, set out below.

Improve safety and effectiveness

By transforming outdated systems, the DToS programme will be able to:

- better identify and invite eligible people through a single national screening service
- build capability to support targeted screening
- reduce clinical incidents

By improving data processes, we can invite everyone who is eligible for screening at the right time.

Improve uptake and coverage, improve experience

By introducing new digital services and improving existing ones, such as digital invitations and appointment reminders, we will:

- improve awareness of and access to screening
- make it easier for people to take up their screening invitation
- make it easier for people to know what to expect about the screening process

Improve effectiveness of screening services

Through automating processes, we can:

- reduce duplication of effort
- provide screening programmes with more capacity to screen more people

Follow the science

Existing technology inhibits change and development of screening. Existing technology also restricts the ability to run innovative research, pilots and trials in England aimed at improving screening and population health.

Modernise screening technology

Existing technology supporting several screening programmes is obsolete and a clinical and operational risk. Breast, bowel and cervical are the highest priority screening programmes to have existing technology replaced.

Achievements to date

The programme team was mobilised following HM Treasury's approval of the initial programme business case (PBC) in July 2023. Following the change of government in July 2024, it was decided to produce a PBC addendum to extend the programme's approval to spend from 31 March 2025 to 31 March 2026. The PBC addendum provided spend approval for the financial year 2025 to 2026 of £34.9 million (made up of £29.4 million in capital and £5.5 million in revenue). Combined with the previous business case, this makes total spend on the programme for the financial years from 2022/23 to 2025/26 £69.6 million (made up of £45.7 million in capital and £23.9 million in revenue).

In the period since 2024 the programme has developed and deployed:

- the new digital service for cohorting (identifying groups of people with shared characteristics) for routine breast screening
- the new digital communication services for the adult screening programmes, replacing the use of paper letters

Two other new services started private beta testing in early 2026:

- manage breast screening
- human papillomavirus (HPV) self-sampling

With the products provided to date, the DToS programme is expected to:

- achieve NHS productivity savings of £67 million over 5 years, which is 3.8 times the cost of the products provided
- improve population health, worth £398 million in economic benefits over 5 years
- keep people in work and out of hospital

The end point of the DToS programme is building the technical foundations of accessible and high-quality screening programmes.

Ongoing activity will be included as part of a much larger transforming patient, public and staff-facing services (TPPSFS) programme from 1 April 2026.

Assessment against the Accounting Officer standards

Propriety

It is our assessment that the use of public funds is proper and meets the high standards of public conduct and parliamentary expectations, and that the programme has been designed and is being delivered in line with Managing public money.

The implementation approach was decided based on the assessment of viable options in the PBC. This assessment of these options against our spend objectives and critical success factors using HM Treasury's [Green Book](#) is set out in the PBC and identifies a preferred implementation option. It is considered that this preferred option is the optimum approach that meets our value for money criteria (see 'Regularity' below).

We have an established approach to managing programme risks and issues. The preferred option meets our standards around acceptable levels of implementation and reputational risk, based on the NHS England Risk Management Framework and risk appetite statements. There is also no known impact on any other government policy or damage to any lawful private sector business in an unwarranted way.

Regularity

The Government Legal Department was consulted as part of the design phase and before drafting the PBC. Their advice was that the 'preferred option' was legally compliant with the inherent (common law) powers as they apply to both:

- the Department of Health and Social Care (DHSC) as commissioner
- NHS England as our implementation organisation

DHSC has a clear remit in screening, while NHS England has a specific remit in the implementation of screening services.

The programme is legally compliant with the inherent (common law) powers of its commissioning organisations and the organisations responsible for implementing it.

From a funding perspective, the programme has operated within the spend limits set out and approved in the original PBC and subsequent addendum and remained within the budget allocations made by NHS England's Transformation Directorate.

Value for Money

Within the original PBC, the shortlist of options for meeting our programme objectives was assessed against the programme's spend objectives and critical success factors using HM Treasury's Green Book guidance.

The preferred option identified is to develop shared screening services by default that can be used across screening in England. This is a modern, modular 'buy or build and re-use' digital architecture and implementation approach that will build on established health and care digital services.

This analysis was refreshed in the PBC addendum, which DHSC reviewed and approved in 2025, and which confirms that the preferred option continues to be the best option for implementation.

It is our assessment that the programme offers good value for money, and this is reflected in our full cost model, which has been developed following Green Book guidance. The anticipated benefit to cost ratio for the programme is 3.8:1.

Feasibility

An Infrastructure and Projects Authority (IPA) Gate 0, 2 and 4 (combined) Assurance Review was carried out in February 2025. The DToS programme received an amber rating and there were no significant feasibility issues identified as part of this review. The IPA review team recognised the scale of the challenge and noted that objectives of the programme were achievable within the timeframes.

A National Infrastructure and Services Transformation Authority Gate 5 review was carried out in January 2026, as part of the assurance activity for the transition of implementation arrangements to the new TPPSFS programme. The programme received an amber rating with recommendations to ensure that:

- the programme continues its work
- its strategic objectives are included in the new programme scope and PBC

Conclusion

Professor Sir Mike Richards' Review (2019) and the NAO report on screening (2019) set out a clear direction of travel for the screening services and DToS programme is essential to this.

We have reviewed the programme objectives and implementation plans against the needs subsequently set out in:

- [Lord Darzi's independent investigation of the NHS in England](#)
- the government's 5 missions for a better Britain
- the NHS [10 Year Health Plan for England](#)

We have concluded that the case for change and business requirements not only remain relevant but have become more important.

The PBC and subsequent addendum both confirm the justification for investment in the preferred option.

I am clear that the 'preferred option' that is set out is proper, regular, feasible and offers good value for money. This summary sets out the main points which informed my approval decision.

The programme has already started to quantify realised benefits reflecting the cash-releasing savings of reduced paper letters.

The largest benefit of the DToS programme is the societal benefit of increasing uptake for screening. Leading indicators are on track and quantified benefits will increase once the impact on screening due to digital communications has been validated at financial year end.

Benefits have been aligned to the DToS programme's spending review submission, which includes scope beyond the current approved business case. This includes projected benefits for the whole programme life which is up until the end of March 2033. These benefits include the full societal benefit of early treatment of additional cancers to be detected. The programme is therefore

forecasting significantly higher benefits than the original DToS programme business case, due to inclusion of the further societal benefits up to 2033.

Copies of this summary will be deposited in the library of the House of Commons and sent to the Chair of the Public Accounts Committee, Comptroller and Auditor General and Treasury Officer of Accounts.

A handwritten signature in blue ink, appearing to read 'Samantha Jones', followed by a horizontal line.

Samantha Jones, Accounting Officer

DHSC