

Data Provision Notice

Sexual and Reproductive Health Activity Dataset 2020

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Version: 1.0

Published: 10 December 2020



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Contents

Background	3
Purpose of the collection	3
Benefits of the collection	3
Legal basis for the collection, analysis, publication and dissemination	3
Persons consulted	4
Scope of the collection	5
Form of the collection	5
Manner of the collection	5
Period of the collection	5
Data quality	5
Burden of the collection	6
Steps taken by NHS Digital to minimise the burden of collection	6
Assessed costs	6

Background

The Health and Social Care Act 2012 (the Act) gives the Health and Social Care Information Centre, now known as [NHS Digital](#) and hereafter referred to by this name, statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS Digital. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose of the collection

Public Health England (PHE), acting on behalf of the Department of Health and Social Care (DHSC) in relation to public health matters, requested a one-off data collection of the Sexual and Reproductive Health Activity Dataset (SRHAD) for the period 1 April 2020 – 30 September 2020. The purpose of this collection is to provide timely insight into the effect of the COVID-19 pandemic on the provision of sexual and reproductive health services during the first six months of 2020-21.

Available data on NHS prescriptions demonstrates the enormous impact that COVID-19 has had on access to contraception. The purpose of this additional request would be to provide a fuller picture of the impact that the pandemic has had on access to contraception within specialist sexual health services. By providing a clearer picture at a national and local level of the impact of the pandemic on contraception provision, PHE can ensure that appropriate and targeted actions are put in place to maximise recovery.

The aggregated data will be published on the NHS Digital website and the record level dataset will be disseminated to PHE.

Benefits of the collection

PHE will use the data to monitor the implementation of key national sexual health policy objectives such as: increasing access to all methods of contraception, including long acting reversible contraception and emergency contraception, and reducing inequalities in access to services; reducing teenage conceptions; and reducing unintended pregnancies.

By providing a clearer early picture at a national and local level of the impact of the Covid pandemic on contraception provision, they can ensure that appropriate and targeted actions are put in place to maximise recovery.

Legal basis for the collection, analysis, publication and dissemination

NHS Digital has been directed by Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act 2012; to establish and operate systems to collect and analyse data in connection with COVID-19 and develop and operate information

and communication systems to deliver services in connection with COVID-19. A copy of the Direction is published here <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/secretary-of-state-directions/covid-19-public-health-directions-2020>

This additional data collection is in accordance with the purposes set out in Covid-19 Public Health Directions 2020 paragraph 2.2.3 understanding information about patient access to health services and adult social care services as a direct or indirect result of Covid-19 and the availability and capacity of those services.

This information is required by NHS Digital under section 259(1)(a) of the Health and Social Care Act 2012. In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of NHS Digital duty under section 259(8).

Persons consulted

Following receipt of a direction to establish a system to collect Sexual and Reproductive Health Activity Dataset, NHS Digital has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- the Standardisation Committee for Care Information¹ (SCCI), which included representatives from the UK Data Standards Panel, the Department of Health and Social Care (DHSC), the Medicines and Healthcare products Regulatory Agency (MHRA), the National Institute for Health and Care Excellence (NICE), NHS Employers, NHS England, NHS Improvement, NHS Northern Ireland, the Professional Records Standards Body (PRSB), techUK and NHS Digital
- the Department of Health and Social Care (DHSC)
- Public Health England (PHE)
- Faculty of Sexual and Reproductive Healthcare.

In relation to the one-off six-month data collection of the Sexual and Reproductive Health Activity Dataset (SRHAD) 2020 the following persons were consulted with:

- Public Health England (PHE) (on behalf of DHSC)
- Faculty of Sexual and Reproductive Healthcare
- NHS Trust providing Sexual and Reproductive Health Services representative

¹ SCCI closed on 31 March 2017. The Data Coordination Board (DCB) took over responsibility from SCCI in assuring all data collections, extractions and standards; these new national governance arrangements came into effect from 01 April 2017.

Scope of the collection

Under section 259(1)(a) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS Digital duty under section 259(8) on the following persons:

- Providers of Sexual and Reproductive Health Services funded by local authorities

Under section 259(5) of the Health and Social Care Act 2012 the organisation types specified in the above Scope must comply with the Form, Manner and Period requirements below:

Form of the collection

The collection requires a row of data for each contact with a SRH service. No directly identifiable information is collected.

The exact same data items are being collected as for the annual collection, the only change is the period the data relates to, namely 1 April 2020 to 30 September 2020.

Information is collected for each contact on where the contact took place, demographic and geographic details of the patient and a summary description of the activity which occurred. A full list of the data items is available in the guidance for the data collection which is available from <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/sexual-and-reproductive-health-activity-data-set-srhac-collection>

The Information Standards Notice (ISN) for this collection can be seen at: <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci1518-sexual-and-reproductive-health-activity-dataset>

Manner of the collection

Electronic CSV files of data must be submitted using NHS Digital's Strategic Data Collection Service (SDCS). This system validates the data. Guidance is available at <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/sexual-and-reproductive-health-activity-data-set-srhac-collection>

Period of the collection

This collection is a one-off collection of data relating to the period 1 April 2020 to 30 September 2020.

The collection dates can be found at <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/sexual-and-reproductive-health-activity-data-set-srhac-collection>

The data is expected to be published by early March 2021.

Data quality

Data quality is ultimately the responsibility of data providers; however, NHS Digital strives to improve data quality at all times. The on-line collection system includes a variety of in-built validation tools to assist data providers in identifying unexpected values and responses, and where such are identified the data provider is required to either amend or accept as correct, with the system keeping a record of the individual in the case of the latter. On receipt of complete data NHS Digital undertakes additional validation checks to search for unexpected values and refers these back to data providers for further investigation/amendment.

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

In discharging its statutory duty to seek to minimise the burden it imposes on others NHS Digital has:

- sought to minimise the burden on data providers by continually reviewing the collection's content, removing data items where possible, amending data descriptions to aid understanding and completion and exploiting technology to provide a modern web-based collection.

In seeking to minimise the burden it imposes on others, in line with sections 253 (2a) and 265(3) of the Health and Social Care Act 2012, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching Data Coordination Board (DCB) approval process. The DCB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

Assessed costs

A burden assessment has not taken place for this one-off data collection of the Sexual and Reproductive Health Activity Dataset (SRHAD) for the period 1 April 2020 – 30 September 2020. The urgent requirement for the data for the purpose of responding to COVID-19 outweighs the requirement for a burden assessment to take place.

The associated burden of the existing annual data collection is:

Burden on providers	£42k	
Set up costs for the data collection	£0k	Includes NHS Digital and supplier costs, representing a maximum estimate.
Other costs of the data collection	£0k	
Total burden	£42k	

For further information

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