



Public Health
England

Protecting and improving the nation's health

How does PHE use SRHAD data?

Presented by Ben Windsor-Shellard

Sexual and Reproductive Health Activity Data Set (SRHAD) – background

SRHAD data are collected/analysed

- to **monitor contraception uptake** of people attending specialist contraceptive services
- to **understand community sexual health services** provided to patients both nationally and locally
- to **support commissioning of community sexual health services**
- to **reflect and standardise current local data collection practices**
- to **develop over time indicators** of quality and outcome in sexual health delivery
- to **benchmark services**
- to **support the delivery of public health** and **inform sexual health policy development**

Main uses of SRHAD data

- Local Authority HIV, sexual and reproductive health epidemiology reports (LASERs)
- Sexual and reproductive health profiles (fingertips)
- Ad hoc reports & analysis

LASERs

- Bring together a range of HIV, sexual and reproductive health intelligence in one document
- Tailored to individual local authorities (LAs)
- Not publically available – they're produced for LAs to identify burden, trends, population subgroups and geographical areas of greater need
- Includes data on LARC prescribed in SRH services (SRHAD)

Sexual and reproductive health profiles (fingertips)

- Fingertips: source of indicators designed to support JSNA¹ and commissioning to improve health and wellbeing, and reduce inequalities
- Several indicators based on SRHAD data

¹ Joint Strategic Needs Assessment (JSNA)

SRHAD indicators: rationale

- Designed to support the Department of Health's Framework for Sexual Health Improvement in England (2013)
- Support key public health programmes e.g., The National Chlamydia Screening Programme
- Provide commissioners and local authorities with an overview of key reproductive health measures and how they compare to the national average and other local areas

SRHAD fingertips indicators

- Footfall (new!): unique visits by males and females to SRH services, under 25 years
- LARC prescribed in SRH services (exc. Injections) among females aged 15 to 44 years
- Proportion (%) of women using LARC (exc. Injections): under 25 years & 25 years+
- Proportion (%) of women choosing injections at SRH services
- Proportion (%) of women using user dependent methods
- Proportion (%) of women using hormonal short-acting contraception

Sexual and Reproductive Health Profiles

Indicator keywords

Key Indicators

HIV & STI

Reproductive Health

Teenage Pregnancy

Wider Determinants
of Health

All Indicators

Overview Compare indicators Map Trends Compare areas Area profiles Inequalities England Population Box Plots Definitions Download

Area type: County & UA Areas grouped by: Region Benchmark: England

Area: Bath and North East Somerset Region: South West

[Search for an area](#) [CIPFA nearest neighbours to Bath and North East Somerset](#)

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared * a note is attached to the value, hover over to see more details

Recent trends: - Could not be calculated ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better → No significant change ↑ Increasing ↓ Decreasing

Display: Values Trends Values & Trends [Export table as image](#)

<https://fingertips.phe.org.uk/profile/sexualhealth/>

Indicator	Period	England	South West region	Bath and North East Somerset	Bournemouth	Bristol	Cornwall	Devon	Dorset	Gloucestershire	Isles of Scilly	North Somerset	Plymouth	Poole	Somerset	South Gloucestershire	Swindon	Torbay	Wiltshire
Total abortion rate / 1000	2016	16.7	13.9	11.5	17.3	15.1	13.3*	11.5	13.7	12.2	*	13.1	16.2	16.7	14.1	13.4	16.9	21.6	13.0
Under 25s repeat abortions (%)	2016	26.7	23.4	22.4	26.0	24.3	23.1*	19.9	25.6	20.2	*	20.3	20.8	27.7	21.8	22.1	31.6	29.9	24.5
Under 25s abortion after a birth (%)	2016	27.4	26.3	18.9	20.8	20.5	29.2*	23.8	29.3	20.8	*	19.2	26.9	34.3	29.5	24.2	33.3	40.2	30.7
Over 25s abortion rate / 1000	2016	14.5	11.8	11.0	15.2	14.4	10.6*	9.5	11.5	10.5	*	11.3	13.1	14.7	11.4	11.2	14.1	15.3	11.0
Abortions under 10 weeks (%)	2016	80.8	80.9	81.4	85.9	83.1	80.3*	73.4	84.6	78.0	*	78.7	83.0	85.9	82.7	81.4	84.6	72.0	81.9
Abortions under 10 weeks that are medical (%)	2016	71.3	60.5	54.8	58.3	59.6	75.7*	47.8	64.2	52.0	*	57.1	49.2	66.8	63.0	56.2	71.2	72.4	66.6
Total prescribed LARC excluding injections rate / 1,000	2016	46.4	62.2	57.7	22.7	67.1	80.4	67.1	38.2	72.5	60.3	67.2	64.0	27.0	67.2	55.5	45.9	61.5	69.9
GP prescribed LARC excluding injections rate / 1,000	2016	28.8	44.1	50.7	10.9	50.9	56.7	42.3	15.2	51.0	60.3	59.3	39.2	12.1	53.6	44.1	27.1	35.5	57.7
SRH Services prescribed LARC excluding injections rate / 1,000	2016	17.6	18.1	7.0	11.8	16.2	23.8	24.8	23.0	21.4	0.0	7.8	24.9	14.8	13.6	11.5	18.8	26.0	12.3
Under 25s choose LARC excluding injections at SRH Services (%)	2016	20.6	27.5	11.7	20.6	24.1	30.8	28.6	32.5	36.2	0.0	16.1	28.6	32.6	27.2	24.2	21.5	28.8	33.1
Over 25s choose LARC excluding injections at SRH Services (%)	2016	35.7	46.0	33.6	48.1	41.4	54.8	47.5	48.5	46.6	0.0	32.3	56.7	49.7	45.8	45.6	41.7	42.8	43.5
Women choose injections at SRH Services (%)	2016	9.8	7.7	9.0	7.2	8.7	3.4	5.4	6.7	9.2	0.0	12.9	8.6	6.4	7.5	10.4	13.8	6.2	5.8
Women choose user-dependent methods at SRH Services (%)	2016	62.1	56.4	72.4	65.2	60.1	56.0	57.5	52.9	49.3	100	63.7	50.5	52.5	55.5	57.0	54.5	58.9	55.3
Women choose hormonal short-acting contraceptives at SRH Services (%)	2016	46.9	44.6	56.8	55.8	47.0	44.4	42.4	40.8	40.2	80.0	58.2	39.7	40.7	43.5	45.1	49.1	44.7	40.2
Pelvic inflammatory disease (PID) admissions rate / 100,000	2015/16	237.0	233.1	131.2	223.8	248.9	237.8*	240.5	211.5	192.1	*	361.7	179.2	226.0	267.5	226.8	292.3	366.0	202.7
Ectopic pregnancy admissions rate / 100,000	2015/16	90.9	82.3	45.5	87.6	104.8	83.4*	73.3	78.3	87.7	*	72.3	49.0	84.3	94.5	64.5	84.2	106.0	92.1

How two indicators relate to each other

Look at how the indicator has changed over time

Look at how local area deprivation impacts the indicator

Visualise data on a map

The dashboard features a top navigation bar with the following tabs: Overview (highlighted), Compare indicators, Map, Trends, Compare areas, Area profiles, Inequalities, England, Population, Box Plots, Definitions, and Download. Below the navigation bar are three filter sections: 'Area type' set to 'County & UA', 'Areas grouped by' set to 'Region', and 'Benchmark' set to 'England'. A second filter section shows 'Area' set to 'Bath and North East Somer' with a search prompt, and 'Region' set to 'South West' with a note 'CIPFA nearest neighbours to Bath and North East Somerset'.

National
Local authorities
Regions
Counties
Public Health England Centres

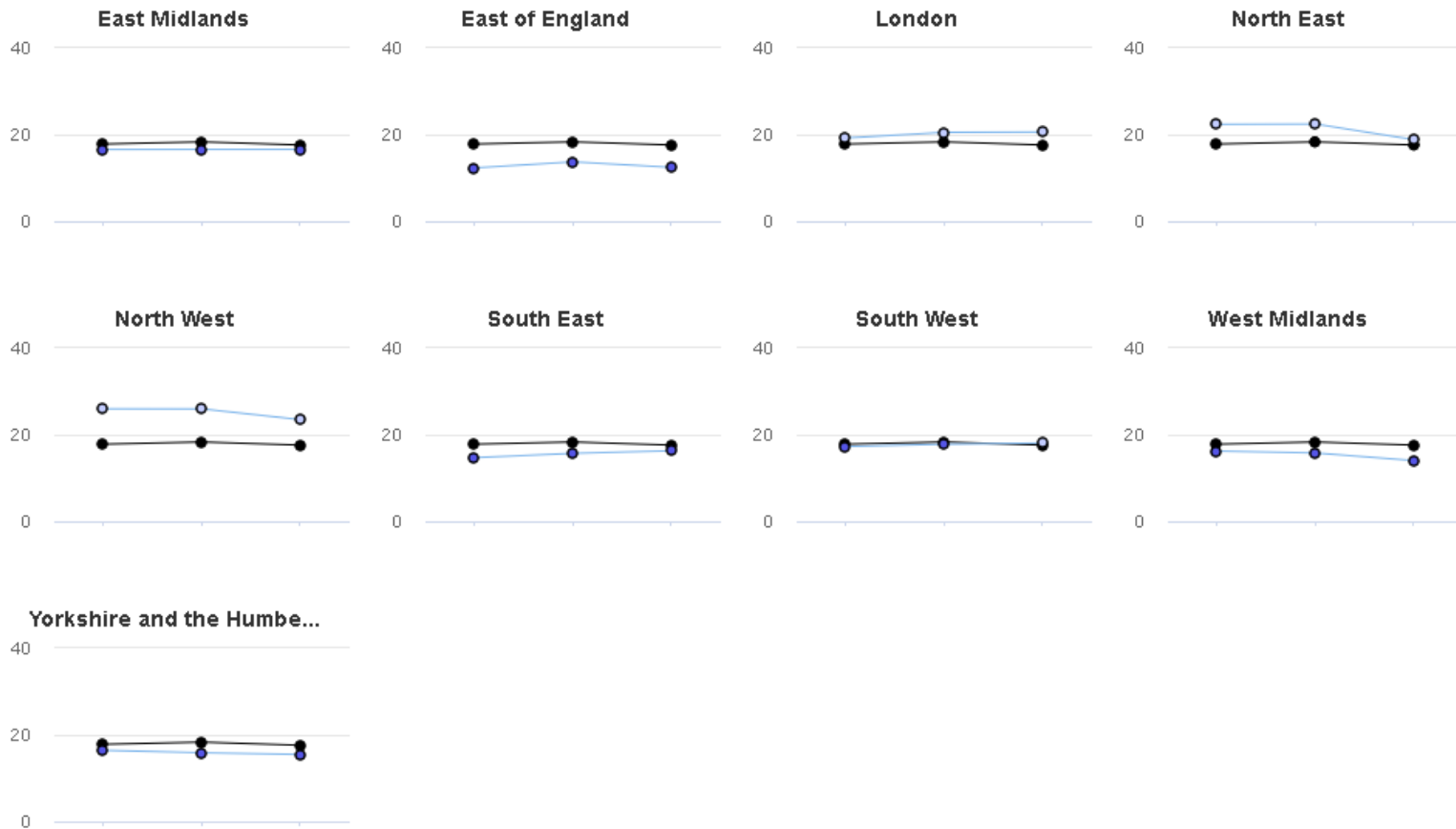
How the indicator has been defined and produced, meta-data

Download the indicator data, including quality measures

How the indicator has changed over time

SRH Services prescribed LARC excluding injections rate / 1,000

Crude rate - per 1000



Ad hoc reports & analysis

- SRHAD data used to support various reports and analyses, e.g. Reproductive Health Data Report which feeds into the reproductive health action plan:
- Examples of analyses include:
 - Indicator of psychosexual problems
 - LARC insertions and removals
 - Complex contraception
 - Emergency contraception
 - Attendances by ethnicity

Question and Answer session

Structure of the question and answer session:

- We will firstly answer the remaining questions that have already be submitted via email and instant message
- We will then take additional questions from those on the call

Pre-webinar questions

Integration of SRHAD and GUMCAD (1/3)

- PHE recognises that in many integrated GUM/SRH services, clinic patient management software systems require use of separate data entry screens during a single consultation for information related to GUMCAD and SRHAD returns; separate data extractions are also required for submissions to PHE and NHS Digital
- This has primarily arisen due to historic differences between both datasets in development schedules and governance, and technical issues associated with differing episode definitions; it is further compounded by recent changes in dataset submission schedules which are incongruent

Pre-webinar questions

Integration of SRHAD and GUMCAD (2/3)

- GUMCAD and SRHAD are reported separately to PHE and NHS Digital, respectively, as they have different primary purposes:
 - GUMCAD is an STI surveillance system managed by PHE which supports national and local STI surveillance, the public health response to outbreaks, and the evaluation of interventions (e.g. PrEP Impact Trial); consequently data are more timely and require more extensive epidemiological analysis compared to SRHAD (Monthly/quarterly for GUMCAD and annually for SRHAD)
 - SRHAD is managed by NHS Digital and primarily supports statistical analysis for secondary purposes; amongst other things, it helps us to monitor contraception uptake, to understand the patterns of service provision by community sexual health services, to develop indicators of quality and outcome, and to inform sexual health policy development

Pre-webinar questions

Integration of SRHAD and GUMCAD (3/3)

- However, there are ICT solutions that will facilitate simultaneous data entry of GUMCAD and SRHAD into clinic patient management systems; at least one software company currently provides this facility
- To reduce the burden associated with separate data entry into clinic patient management systems, services and/or their service commissioners are advised to contact their software providers to seek a more user-friendly ICT solution that permits simultaneous data entry for these data returns
- The BASHH/FSRH Joint Information Group is working with software providers to better understand which can provide more user-friendly ICT solutions, such as auto-coding of GUMCAD and SRHAD; this group can be contacted for further details by emailing externalaffairsassistant@fsrh.org.

Pre-webinar questions

How important is the first financial year attendance to National Statistics?

- All of our statistics are based on *calendar year*, however, we do use *first date of attendance* as part of the process to identify unique individuals and visits to SRH services.

How can you use all of the data sources to get a complete overview of all sexual and reproductive health services, including those provided in primary care?

- The [Sexual and Reproductive health in England: local and national data guide](#) is designed to help health professionals understand the sexual health data available across England and how to access it.

We have received further questions on data flow from providers and how this fits with other datasets, and system compatibility – we will follow these up via correspondence.

Question and Answer session

1. Additional questions from instant message.
2. Any additional questions from those on the call?

Thank you

Thank you for joining the webinar, we hope that you found it useful.

If you have any further questions, you can contact PHE via SRHAD@phe.gov.uk and NHS Digital via enquiries@nhsdigital.nhs.uk



Public Health
England

