



Sexual and Reproductive Health Activity Dataset (SRHAD)

Webinar for data providers – March 2018

Thank you for joining the webinar.

The session will start at 10am.

Sound check

Are you able to hear us? If you can't it is likely that you are having problems with audio.

To fix:

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When prompted, enter the ID: 8577016

We will wait on this slide for a few moments. If you are still unable to hear the audio, we will be distributing a recording of the webinar.

Housekeeping rules

- Please put all phones on MUTE
- Please note that this session will be recorded
- This is an interactive session and questions can be asked via the messaging system. If you are joining by phone you can email questions to SRHAD@phe.gov.uk
- Everyone can see your questions; we will aim to answer all questions during the question and answer session at the end of the presentation
- We will circulate the Q&A and the presentation



Contributors

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Aim of the webinar

- Focus on data quality and how to improve coding
- Explain how the data are used
- Improve experience of uploading SRHAD to NHS Digital
- Respond to provider queries

Sexual and Reproductive Health Activity Dataset (SRHAD)

Webinar for data providers – March 2018

NHS Digital's role in SRHAD

- NHS Digital responsible for collection and dissemination of SRHAD data.
 - Data collections team – responsible for collecting data including working with providers to help them submit data.
 - Lifestyles team – responsible for national report and dissemination of SRHAD dataset.
- PHE responsible for coverage and what is collected within the dataset.
- Presentation in two parts.
 - Collection – Sarah Freeman
 - Dissemination and reporting – Graham Swinton

Collection

Creating the SRHAD Return

- SRHAD data is submitted on SDCS (Strategic Data Collection Service) which is accessed using a Single Sign-On account
- The SRHAD data must be in the specified format. Template available to download from the NHS Digital Website: <http://content.digital.nhs.uk/datacollections/srhad>
- Once populated with data (often a system generated report) the template is uploaded in csv format to SDCS
- Validations are performed on the data. If the data passes all the validation criteria it will be recorded as 'Complete'
- If the data fails validation criteria these are displayed on screen as errors / warnings and can be downloaded in a spreadsheet.
- Warnings will not invalidate the data but in the interests of data quality would be better if corrected
- Errors need to be corrected in order for the return to be successful and recorded as 'Complete'
- Support to collate your data is available on the NHS Digital website. The Summary Guidance document contains all the coding options and the validation requirements: [SRHAD Summary Guidance](#)
- Organisation / Clinic and GP Practice codes are available via the ODS Search tool: <https://odsportal.hscic.gov.uk/Organisation/Search>
- LSOA/LA should be generated from the postcode. The latest postcode mapping file is available from the Office for National Statistics at <https://data.gov.uk/dataset/national-statistics-postcode-lookupuk>

ODS Search Tool

<https://odsportal.hscic.gov.uk/Organisation/Search>

Organisation / Practitioner Search

Search for an organisation or practitioner using their code, type, name, address or postcode.

You must enter at least one search value, although partial matching is possible.

GP Practice search criteria – please note GP Practice information is held as Prescribing Cost Centre in the Type drop down menu.

Search Criteria:

Code:

Code, use * for wildcard.

Address:

Address or part of address e.g. north west

Type:

The type of organisation or practitioner



Postcode:

Postcode, full or partial e.g. EX1

Name:

Name or part of name e.g. smith

Reset

Search

Common Errors

Invalid GP Practice Codes

SDCS Error message: GP Practice Code does not exist. Please revise and re-submit

- Some GP Practice codes return an **error** – this is when the code inserted has never been an actual code. **Its wrong**
- Some GP practice codes return a **warning** – this is when the code has been a valid code in the past but is no longer in use.

Codes are often retired when a clinic closes or is taken over by an other provider

We recommend that you search for the new code on ODS and replace the out of date codes. This can often mean contacting system suppliers to ask them to refresh their reference data

<https://odsportal.hscic.gov.uk/Organisation/Search>

Common Errors

Initial Contact

- Dates of attendance are used in the validation for this field.
- Identifies patient's first ever contact at this service.
- Any subsequent visits (regardless of time gap) should be coded as N. Dates of attendance are used in the validation for this field.

SDCS Error message: Initial contact is recorded as Yes on second or subsequent record for patient within the year. Please revise and resubmit

- Initial Contact can only be 'Yes' on an individual patient's first record. All subsequent records must be recorded as 'No'.

SDCS Error message: Initial Contact is recorded as Yes more than once for the same patient. Please revise and resubmit.

Common Errors

Contraception Method Status

- This field can be left blank if there is no contraception activity
- If leaving blank then data must be recorded in Contraception Method Post Coital 1 & 2 OR in the SRH Care Activity.
- If entering 1,2, or 3 then data must be entered in Contraception Main Method.
- If entering 4 or left blank, the Contraception Main Method and Other Contraception Method 1 & 2 must be blank.
- Code 4 should be used if contraception advice is given but no contraception main method is given at this consultation AND the patient is not using any contraception at the time of the consultation.

SRH Care Activity entered 19/20/21 (Implant/IUD/IUS removal) therefore Contraception Method Status should not be 1. Please review and revise if necessary

Common Errors

Contraception Main Method

- This field can be left blank if there is no contraception activity
- Only complete if Contraception Method Status is 1,2 or 3

SDCS Error message: Contraception Main Method entered is not blank, so Contraception Method Status must be 1, 2 or 3. Please revise and resubmit.

- If entering 03 IUD or 04 IUS then SRH Care Activity must not be 22 or 23 as these codes are for *non-contraception* only.
- 22 Insertion is not recorded when used for contraception purposes as it is implied by codes 01, 02 and 03 in Contraception Method Status.
- 23 Check does not need to be recorded when used for contraception purposes as it is implied by using code 02 or 03 in Contraception Method Status.

SDCS Error message: Contraception Main or Other Method (1 & 2) is 3 or 4, then SRH Activity Codes cannot be 22 or 23. Please revise and resubmit

- If entering codes 01 to 09 then gender must not be coded as Male (1)

Common Errors

Age of patient

- The age of the patient is generated from their date of birth
- Age at attendance date in years.

SDCS Error message: Age has decreased, or increased by more than one year between attendances in the reporting period

Pre-webinar questions

- When submitting a Method Status as Pre-Contraception Consultation or Contraception Advice, it is not possible to submit a New Method Status when the patient next attends. The Method Status needs to be either Maintain or Change which is not always applicable if the patient is not using any form of contraception. **We would expect the subsequent record always to have 'New' recorded in the CMS, Maintain or change would not be appropriate. Advice to contact your system supplier and request that they reconfigure your system as it is preventing the submission of a valid record.**
- Do you expect male patients to be coded under SRHAD ? If so, what is the purpose of this data ? **Yes, in order to capture the SRH Activity**
- Should men accessing condoms for contraception be recorded in SRHAD? **Yes if men are given condoms where it has been established that a purpose is for the prevention of pregnancy, then it should be recorded in SRHAD. We acknowledge the reason for questioning this however as condoms are freely available and would probably be offered to everyone as a routine activity as well as for STI prevention.**
- Is this SRHAD a capture of contraception that an individual is using or a capture of care initiated within your service. **The SRHAD data collection is to capture the use of contraception. Its focus is on the patient rather than the service.** e.g., a woman comes to clinic who has been prescribed COC by her GP and is happy with this method. Do we state that she is maintaining or that there has been no contraceptive intervention (we may have taken a history and discussed LARC but not issued a prescription?). **For the purposes of SRHAD, a contraception intervention includes a discussion of the current method (beyond just a statement of fact about the method in use). If this is the case, then the correct way to record the activity would be CMS Maintain (3).**
- In an integrated SH service whilst we do a GUMCAD for every patient, we do SRHAD for only those who had a new/ change/ or were given contraception to maintain ongoing contraception. Quite a few services do SRHAD too for all the patient...what is the right practice? which patients should have the SRHAD, I think we should do it if we have assessed their contraceptive needs and ensured their safety even if we did not supply the contraception at that visit. **Wherever a contraception is prescribed / given to a patient, whether it be for contraception or other medical purposes, or if contraception has been discussed but not given then the record should be included in the SRHAD report.**

Pre-webinar questions continued

- When a patient attends for sexual health screening and has contraception discussion in an integrated sexual health service for example side effect discussion is this SRHAD coded. More clarity about SRHAD coding in an integrated sexual health service needs more discussion. **All discussions regarding contraception regardless of whether its delivered in a contraception or integrated service should be included in the SRHAD report**
- We have HIV and CASH services in the same site, if a patient attends a HIV appointment which we HARS and we provide contraception and or a sexual health screen do we SRHAD that as well. **If there is an contraception intervention (including providing advice - see earlier), regardless of whether the consultation was for sexual health screening / HIV or contraception, then this should be included in the SRHAD report.**
- Will you be incorporating the new vulnerability codes for DA, FGM, CSE **Not in the next collection period SRHAD 2017-18**
- Will incorrect LSOA as this still causes warnings? e.g. LSOA code entered Exxxxxxx is an old code (2001 based). Where possible, please use the latest version of the LSOA codes (2011 based). **Yes, these will continue to generate warnings. Current LSOA codes should be used wherever possible as the use of old LSOA codes reduces the analytical value of the data. This may require consultation with your system supplier to update their reference data – otherwise all the correct codes can be found on the ODS search tool.**
- If we providing full GUM screen along with contraceptive methods ,what would be best way to code. **Apply both GUMCAD and SRHAD codes to the patients record**
- We have women who are stopping contraception and trying to conceive. **These are of no interest to the SRHAD data collection and should not be included in the report.**
- Women who are using the pill on top of the implant for irregular bleeding - **There is more than one field in the SRHAD report to code Contraception methods, In this instance 02 implant would be recorded in the CMM field and 08 Pop In one of the Contraception Other fields**

Dissemination and Reporting

SRHAD data publication and reporting

Annual reporting by NHS Digital includes:

- Summary Sexual and Reproductive Health (SRH) services report, includes key facts and visualisations.
- Excel tables showing selected data aggregated to national, regional, provider and Local Authority level.

2016/17 publication available at:

<http://digital.nhs.uk/pubs/sexrepseroct17>

Sexual and Reproductive Health (SRH) Services publication page

Summary and key facts

Home / Data and information / Find data and publications / Public health / Sexual and Reproductive Health Services, England - 2016-17

Sexual and Reproductive Health Services, England - 2016-17

Publication date: 09/30 October 05, 2017



Summary

This publication covers activity taking place in the community at dedicated Sexual and Reproductive Health (SRH) services, including activity at non NHS service providers where available.

SRH services include family planning services, community contraception clinics, integrated GUM and SRH services and young people's services e.g. Brook advisory centres. They provide a range of services including, but not exclusively, contraception provision and advice, sexual health treatment and advice, pregnancy related care, abortion related care, cervical screening, psychosexual therapy, PMS treatment, colposcopy services, fertility treatment and care and gynaecological treatment and care.

A contact within this report may be a clinic attendance, or a contact with the service at a non-clinic venue such as home visits / outreach, or a non-face to face contact such as by telephone or e-mail.

The data includes non-English residents using services based in England.

This report excludes services provided in out-patient clinics, at community pharmacies and those provided by General Practitioners, unless otherwise stated.

Key Facts

- There were 1.89 million contacts with dedicated SRH services made by 1.19 million individuals. This represented a decrease of 7 per cent on the number of contacts in 2015/16 (2.03 million), and 24 per cent less than in 2006/07 (2.48 million).
- 7 per cent of the resident female population between the ages of 13 and 54 had at least one contact with an SRH service. For males in the same age group, 1 per cent of the resident population had at least one contact.
- Females aged 18 to 19 were most likely to use an SRH service, with 18 per cent having at least one contact.
- 44 per cent of women contacting SRH services for reasons of contraception had a main method of oral contraceptives in use, the most common method recorded. However the proportion using long acting reversible contraceptives has been increasing over the last ten years, and is now at 39 per cent.
- The number of emergency contraception items provided to females by both SRH services and at other locations in the community has fallen by 42 per cent¹ over the last ten years, from 457 thousand in 2006/07 to 264 thousand in 2016/17.

Resources and links

recorded. However the proportion using long acting reversible contraceptives has been increasing over the last ten years, and is now at 39 per cent.
¹The number of emergency contraception items provided to females by both SRH services and at other locations in the community has fallen by 42 per cent¹ over the last ten years, from 457 thousand in 2006/07 to 264 thousand in 2016/17.

1) Please note, these figures do not represent the full volume of emergency contraceptives provided. Since 2001, the reclassification of emergency hormonal contraception (EHC), meant that it could also be purchased over the counter at a pharmacy without a prescription (by women aged 16 and over).

Coverage

Date Range: 01 April 2016 to 31 March 2017

Geographical coverage: England

Geographical granularity: Country, Hospital Trusts, Local Authorities, Independent Sector Health Care Providers, Regions

Resources

[Sexual and Reproductive Health Services, England - 2016-17: Main report \(553.87KB\)](#)

[Sexual and Reproductive Health Services, England - 2016-17: Appendices \(127.95KB\)](#)

[Sexual and Reproductive Health Services, England - 2016-17: Data quality statement \(127.91KB\)](#)

[Sexual and Reproductive Health Services, England - 2016-17: Data tables \(1014.22KB\)](#)

[Sexual and Reproductive Health Services, England - 2016-17: Non-disclosive dataset \(4.37MB\)](#)

[Sexual and Reproductive Health Services, England - 2016-17: Pre-release access list \(149.21KB\)](#)

Related Links

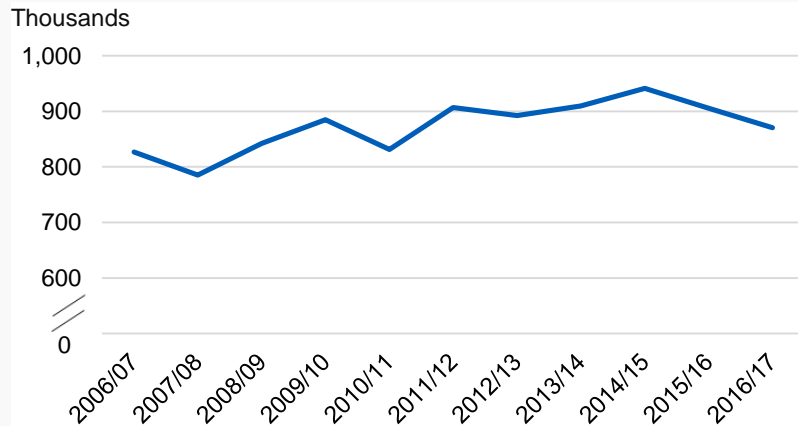
→ [A guide to data on sexual and reproductive health](#)

→ [Public Health England Sexual and Reproductive Health Profiles](#)

Extract from 2016/17 SRH services report: Contacts for reasons of contraception

Females contacting SRH services for reasons of contraception, by year¹

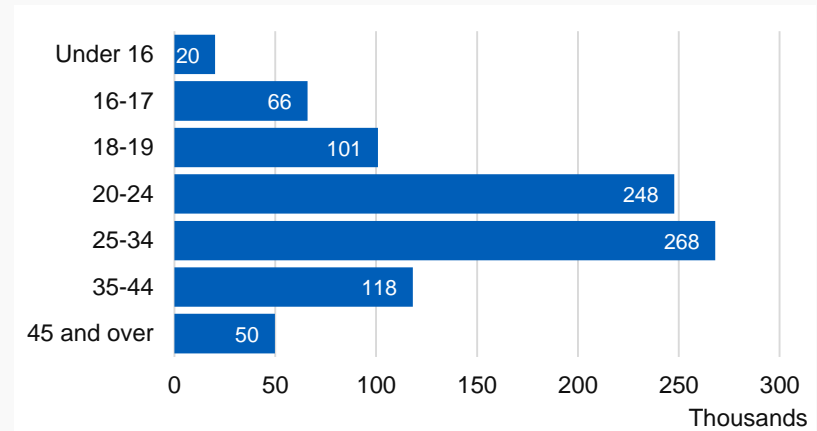
During 2016/17, 871 thousand females contacted SRH services on one or more occasions for reasons of contraception. This number had been rising up until 2014/15, despite an overall fall in contacts (see page 8), but has since fallen for 2 consecutive years.



Females contacting SRH services for reasons of contraception, by age¹

59% of females (515,812) were aged between 20 and 34.

2% (20,144) were aged under 16.



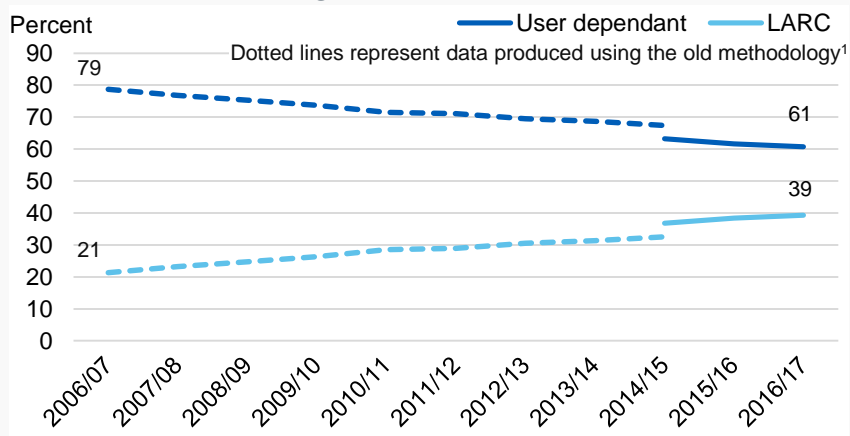
1) Excluding where only advice was given.

Extract from 2016/17 SRH services report: User dependent contraceptive v's LARC¹ uptake

User dependent / LARC uptake by year

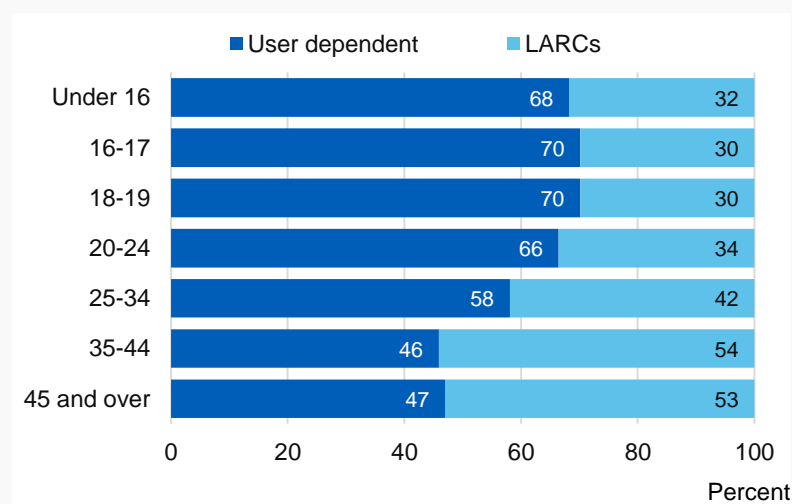
61% of females in contact with SRH services for reasons of contraception, had a user dependent main method, and 39% were using a LARC.

Over the last ten years, LARC uptake has been increasing and uptake of user dependent methods has been decreasing².



User dependent / LARC uptake by age

The proportion of females who choose LARCs as a main method of contraception generally increases with age, from around 30% of those aged under 20, to over half of those aged 35 and over.



1) Long Acting Reversible Contraceptives 2) In 2014/15 there was change to the methodology for identifying the main method of contraception. Although this means there is no directly comparable time series before 2014/15, the general trends over time are not affected. See appendix C for more details of the change in methodology.

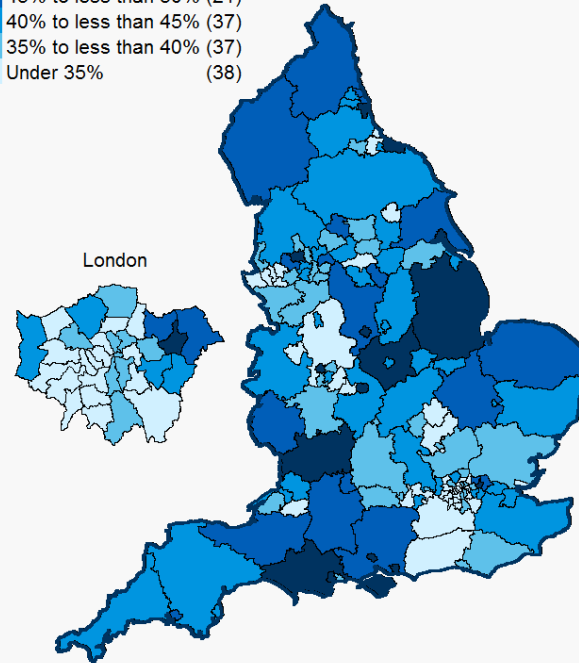
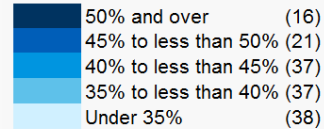
Extract from 2016/17 SRH services report: LARC uptake by LA

LARC uptake¹ by Local Authority (LA)

The LAs with the lowest proportions of women with a main contraception method of LARC in use² were Solihull (24%) and Birmingham (25%). 38 LAs had a LARC uptake rate of below 35%, 8 of which had a rate below 30%.

16 LAs recorded LARC uptake rates of 50% and over. The highest rates were in Sunderland (56%), Southampton, Isle of Wight, Coventry, Lincolnshire, and Bolton (all 55%).

Percentage with LARC



1) Based on percentage data that has been rounded to the nearest whole number. 2) Of women contacting SRH services for reasons of contraception.

Local level data tables – Example 1: Main methods of contraception

Table 17: Women¹ using Sexual and Reproductive Health Services, by Local Authority of patient residence and main method of contraception

Services in England, 2016/17

Data also published by service provider

Thousands / percentages

Local Authority of residence	Total women (with a main method in use)	Percent with main method...										
		Long acting reversible contraceptives					User dependent					
		Total	IU device	IU system	Implant	Injectable	Total	Oral (pill)	Male condom	Female condom	Patch	Other ²
Total³	870.7	39	6	8	15	9	61	44	14	-	2	1
North East	46.5	45	5	9	16	15	55	42	11	-	1	1
County Durham	1.0	40	5	7	14	14	60	43	16	-	-	1
Darlington	0.1	37	5	8	17	6	63	44	*	-	-	*
Gateshead	5.2	44	4	8	13	19	56	44	10	-	1	1
Hartlepool	2.8	33	1	3	13	15	67	44	21	-	1	2
Middlesbrough	2.0	42	5	6	17	14	58	38	17	-	1	1
Newcastle upon Tyne	7.6	42	8	10	16	9	58	43	13	-	1	1
North Tyneside	6.1	47	6	12	16	12	53	42	9	-	1	1

Benchmarking against data for England, the region and other LA's

Comparing uptake rates across key contraceptive methods

Local level data tables – Example 2: Cross boundary use of services

Table 20: Contacts with Sexual and Reproductive Health Services, by Local Authority of service (clinic) location and patient residence (cross boundary use of services)

England, 2016/17

Data also published by clinic

Local Authority of service location	Contacts by Local Authority of patient residence - summary					Contacts by Local Authority of patient residence								
	Total ³	Number		Percent ¹		Barnet	Barnsley	Bath and North East Somerset	Bedford	Bexley	Birmingham	Blackburn with Darwen	Blackpool	Bolton
		Within Local Authority boundary	Outside Local Authority boundary	Within Local Authority boundary	Outside Local Authority boundary									
Barnet	11.5	8.6	2.3	79	21	8.6	-	-	-	-	0.0	-	-	-
Barnsley	9.4	8.6	0.7	92	8	-	8.0	-	-	-	-	-	-	-
Bath and North East Somerset	4.9	4.0	0.7	86	14	-	-	4.0	-	-	-	-	-	-
Bedford	6.4	4.2	2.0	68	32	-	-	-	4.2	-	-	-	-	-
Bexley	1.0	0.8	0.2	79	21	-	-	-	-	0.8	-	-	-	-
Birmingham	30.4	25.7	4.0	86	14	0.0	-	-	0.0	0.0	25.7	-	-	0.0
Blackburn with Darwen	14.2	11.6	2.6	82	18	-	-	-	-	-	-	11.6	0.0	0.0
Blackpool	16.4	9.1	7.2	56	44	-	-	-	-	-	0.0	-	9.1	-
Bolton	8.6	6.6	1.9	77	23	-	-	-	-	-	-	0.1	-	6.6

Monitoring residence of patients – within or outside commissioning LA

Other LA / provider breakdowns

- Contacts by location and consultation medium (face to face / non-face to face).
- Persons using services by gender and age group.
- Emergency contraceptives provided by age group.
- Breakdown of all non-contraception related activity at SRH clinics.
- Data quality measures.


See Excel tables for more information.

SRH services data in the media

THE TIMES

Fewer vasectomies as NHS halts funding

October 6 2017, 12:01am, The Times



Vasectomies are available on the NHS but some regions have restricted access to them to save money. CHRISTOPHER FURLONG/GITTY IMAGES

The number of vasectomies performed in NHS hospitals and sexual health clinics has fallen by nearly two thirds in a decade.

Data from NHS Digital reveal that 10,880 of the operations were carried out in 2015-16, compared with 29,344 in 2005-6, a fall of 63 per cent.

Vasectomies are available on the NHS but some regions have restricted access to them to save money. Natika Halil, chief executive of the Family Planning Association, said: "Some commissioners in England, in areas including Essex, are no longer offering vasectomies on the NHS, which means men may have to pay up to about £500.

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Fewer people using sexual health clinics despite rise in STIs like syphilis and gonorrhoea

- 1.26 million people from England used family planning clinics in 2015
- Rise in long-term contraception and over-the-counter services blamed
- 4 per cent drop has caused concerns over people's access to clinics

By KATE PICKLES FOR MAILONLINE
PUBLISHED: 16:24, 19 October 2016 | UPDATED: 16:55, 19 October 2016

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Fewer people are seeking help from dedicated sexual health clinics, new figures show.

Last year, 1.26 million people in England sought help from family planning services, community contraception clinics and some young people's advisory centres - down four per cent on the previous year.

This is despite big rises in cases of syphilis and gonorrhoea and continuing high levels of other sexually transmitted infections (STIs).

The NHS Digital data also shows a rise in people using long-term contraception,

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One in 20 girls aged 13-15 are seeking emergency contraception

St Helens leads the table for children using the morning after pill

By David Ottwell
15:03 OCT 16

NEWS

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Hundreds of underage girls needed emergency contraception in Greater Manchester last year

The figures show that underage girls sought emergency contraception a total of 1,305 times last year

www.digital.nhs.uk



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