

1. Where do I find the annual NHS Digital SRHAD publication and data tables?

The latest report, including LA and provider level data tables, can be found at the following link: <http://digital.nhs.uk/pubs/sexreproct17>

2. 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. The guide is available here:

<https://www.gov.uk/government/publications/sexual-and-reproductive-health-in-england-local-and-national-data>

3. Is there any dataset on GP sexual health activity?

No. However, prescribing data for contraception can be acquired from the NHS Business Services Authority.

4. Can LAs get access to full record level SRHAD data?

A record level file is produced each year to allow users to carry out their own analysis of the SRHAD data. This file undergoes some transformation to ensure the data is anonymised. The latest is available as part of the 2016/17 publication:

<http://digital.nhs.uk/pubs/sexreproct17>

5. Is ePACT2 going to provide age breakdowns?

Age breakdowns are available on the ePACT2 system.

6. Do we only record contraception when we've issued contraception, not if for example, the patient had an IUD fitted at their GP?

Can you confirm that if someone attends an integrated clinic for an STI check only, do we still record the contraception method even if we do not do anything to do with contraception except record it on the notes.

As part of our STI assessment we always ask about method of contraception and adherence, and any problems. Do we record the method?

If contraception is discussed in a GUM appointment, does a SRHAD record need to be created as well?

Do all GUM records require a SRHAD record?

Only record contraception in SRHAD if the purpose (or part of the purpose) of the visit was to receive contraception or advice on a current method of contraception (e.g. is it still appropriate / possible alternative methods).

Contraception is not required to be recorded in SRHAD if the only discussion is a statement of fact about a current method in use, as part of a non-contraception related consultation.

From the SRHAD guidance:

Record contraception data only at the attendance where the contraception intervention occurs. An intervention is where the patient attended the clinic (or was attended to in the home/other location) for the purpose of changing, maintaining, supporting, receiving advice on or initiating their method of contraception.

7. Where we have a transgender patient identifying as male, but receives female specific contraception. How should this be recorded?

SRHAD will not allow a combination of male gender with female contraception. The gender should be recorded as indeterminate (9). Though this will produce a warning at point of submission, the record will still be accepted.

8. Will SRHAD and GUMCAD be merged?

- 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 a 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
- 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
- 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 .

9. If a patient with an expired device (greater than say one year) comes in for replacement device, how should this be recorded?

This should be recorded as a new device.

From the SRHAD guidance:

New is where the patient is not currently using a main method of contraception and who receives a method following the consultation for the first time or receives a method for the first time after a time lapse of one month or greater.

10. Why when submitting SRHAD data only 1,000 data validation errors are highlighted? This can be exceeded quite easily.

SRHAD returns take a long time to process in SDCS due to the large number of patient records and complex validations performed on the data. The validation process stops after the first 1000 errors are found for the following reasons:

- To reduce processing time which slows down the processing of other SRHAD returns.
- When 1000 errors are present in one return they are usually largely made up of one error repeated in multiple rows. If the same error is present in 1000 rows, then it's very likely the same error is present in all the remaining rows.

A test collection period is open throughout the year to submit test data for the purpose of identifying and correcting errors in advance of the live collection in May. If you are worried about errors in your data, then you are advised to take advantage of this test period prior to live submission.

11. If a patient comes for contraception advice, who is already using existing contraception, but decides to now stop using contraception shall we record this in SRHAD?

If a patient with an existing method decides to stop using contraception completely, this does not require a SRHAD record.

12. When changing an existing implant, what do we record?

As this is a continuation of the same method, this should be recorded with a main method of implant, and a method status of maintain. The SRH code of 19 should also be recorded to indicate the removal of an existing implant.

13. If a new patient with an existing implant (fitted elsewhere) comes to us for a change, is that new or maintain?

If the patient decided to move to another main method of contraception, then the new method should be recorded with a method status of change. The SRH code of 19 should also be recorded to indicate the removal of an existing implant.

See the response to question 12 if the patient requires the existing implant to be replaced (with another implant).

14. Where condoms are issued for STI prevention, should this be recorded on SRHAD?

This does not need to be recorded as a contraception method in SRHAD, if this was not considered to be the purpose.

If condoms are supplied to prevent both unintended pregnancy and STIs, record as a method in SRHAD.

15. Where a patient had discontinued a previous method (for more than 1 month) but is using condoms whilst awaiting a further appointment, how should this be recorded.

As the condoms are the current method of contraception, they should be recorded in SRHAD, with a method status of new (if use began as a result of this consultation), or maintain (if already in use).