



Public Health
England

Protecting and improving the nation's health

Sexual and Reproductive Health Activity Data Set (SRHAD) Change Specification

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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This information standard (SCCI1518) has been approved for publication by the Department of Health under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board.

This information standard comprises the following documents

- Requirements Specification
- Change Specification
- Implementation Guidance.

An Information Standards Notice (SCCI1518 Amd 92/2015) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [NHS Digital Website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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Glossary of Terms:

Term	Acronym	Definition
British Association for Sexual Health and HIV	BASHH	A professional organisation representing those working in specialist services addressing sexually transmitted infections, HIV and other sexual health problems – see further details here: www.bashh.org/about-bashh/about-bashh/
Faculty of Sexual and Reproductive Healthcare	FSRH	A professional organisation representing those working in SRH services– see further details here: www.fsrh.org/home/
Previous annual aggregated return from SRH services	KT31	Returned to HSCIC (now NHS Digital) annually and known as the KT31 Family Planning (Contraception) Activities Collection Form. DSCN 30/2003
Long Acting Reversible Contraception	LARC	This includes implants, injections and intra-uterine devices used by women as a long term reversible method of contraception.
Lower Layer Super Output Area	LSOA	A geographic area with an average population of 1,500 that can be mapped from postcodes and is useful for reporting small area statistics.
The National Institute for Health and Care Excellence	NICE	Provides national guidance and advice to improve health and social care, such as guidance on LARC: www.nice.org.uk/guidance/cg30?unlid=3413043052015121192257
Standardisation Committee for Care Information	SCCI	The Committee oversees the development, assurance and acceptance of information standards, data collections and data extractions. However, SCCI will be replaced by the new Data Coordination Board from 1 April 2017. Further details are available here: http://digital.nhs.uk/isce and here: http://content.digital.nhs.uk/isce/process
Sexual and Reproductive Health	SRH	Sexual and reproductive health services were formerly known as family planning clinics or contraception and sexual health services (CASH)

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1 Overview

1.1 Summary

Standard	
Standard Number	SCCI1518
Standard Title	Sexual and Reproductive Health Activity Data Set (SRHAD)
Description	<p>The Sexual and Reproductive Health Activity Data Set (SRHAD) mandates the collection of contraceptive activity data from sexual and reproductive health (SRH) services in a standardised data return. Additional SRH activities are also recorded. SRHAD came into effect on 1 April 2010 and replaced the aggregate KT31 Central Return which was discontinued in March 2014.</p> <p>The purpose of SRHAD is to:</p> <ul style="list-style-type: none">• Ensure more relevant and timely collection of electronic data to support local service development• Support monitoring of key policy initiatives such as: increasing access to all methods of contraception, including Long Acting Reversible Contraception (LARC) methods and emergency contraception for women of all ages and their partners; reducing teenage conceptions; reducing rate of unintended pregnancies and modernisation of SRH services• Provide appropriate definitions and guidance material to enable a standardised data set to be supplied by SRH services• Support commissioners in understanding which population groups are accessing SRH services and which services they are receiving, including uptake of LARC methods as recommended by the National Institute for Health and Care Excellence (NICE), and thus allow for improved long-term commissioning of services• Develop, over time, indicators of quality and outcome in service delivery (especially in

	<p>comparative reports). For instance, the removal and length of use for LARC devices, provision of emergency contraception, the provision of contraception post abortion and referrals to secondary care. Further to this, the data set can compare attendance rates for selected care and the diversity of young person provision by SRH services including social care referrals</p> <ul style="list-style-type: none"> • Aid in the development of benchmark measures that indicate how services compare in delivering the most appropriate and effective care to patients • Reflect current data collection practices and requirements at SRH Services.
Applies to	<ul style="list-style-type: none"> • All patients attending SRH services in England • Providers (SRH services - formerly known as family planning clinics) and their IT systems. <p>Exclusions / exceptions General practice activity is excluded, except in the following cases:</p> <ul style="list-style-type: none"> • Specialist SRH services that undertake activity on GP practice premises • Specialist SRH services that sub-contract with GPs to undertake some of these services • GP activity that is already being recorded through SRHAD as part of a network of open-access services. <p>It will be used by:</p> <ul style="list-style-type: none"> • Staff working in SRH services • Public Health England and NHS Digital for the purpose of monitoring and reporting incidence and trends in contraception and related services • Local authorities, commissioners and Department of Health staff concerned with planning services and managing performance.
Release	
Release Number	92/2015
Release Title	Data submission frequency and coverage and Data Dictionary changes

Description	<p>This information standard has been revised to confirm data submission changes introduced in 2015/16, to include amendments to existing NHS Data Dictionary options and to clarify coverage as outlined below:</p> <p>Data submission changes introduced in 2015/16:</p> <ul style="list-style-type: none"> • Change from quarterly to annual data submissions • Clarified and extended validation rules <p>NHS Data Dictionary amendments to data elements:</p> <ul style="list-style-type: none"> • ORGANISATION CODE (CODE OF PROVIDER) change to ORGANISATION IDENTIFIER (CODE OF PROVIDER) • SITE CODE (OF TREATMENT) change to ORGANISATION SITE IDENTIFIER (OF TREATMENT) • ONS LOCAL GOVERNMENT GEOGRAPHY CODE (LOCAL AUTHORITY DISTRICT) change to ONS LOCAL GOVERNMENT GEOGRAPHY AREA CODE (LOCAL AUTHORITY DISTRICT) • LOWER LAYER SUPER OUTPUT AREA (RESIDENCE) change to LOWER LAYER SUPER OUTPUT AREA (PERSON RESIDENCE) • ACTIVITY LOCATION TYPE CODE addition of permitted national code: N01 - Street or other public open place. <p>Clarification of SRHAD coverage for:</p> <ul style="list-style-type: none"> • Services in GP Practice settings
Implementation Completion Date	<p>To be implemented from 1 April 2017 for existing SRHAD collections and from 1 October 2017 for new SRHAD collections.</p> <p>Changes to enable collection of new organisation codes to be completed by 1 April 2020. Remaining changes to be completed by 1 April 2017 for existing SRHAD collections and 1 April 2018 for new SRHAD collections.</p>

1.2 Supporting Documents

Reference	Title
http://www.content.digital.nhs.uk/isce/publication/scci1518	Requirements Specification
http://www.content.digital.nhs.uk/isce/publication/scci1518	Implementation Guidance
http://content.digital.nhs.uk/datacollections/srhad	SRHAD General Guidance
http://content.digital.nhs.uk/datacollections/srhad	SRHAD Summary Guidance
http://www.content.digital.nhs.uk/isce/publication/scci1518	Data Dictionary Change Request – SRHAD Changes

1.3 Related Standards

Reference	Title
ISB 1518 Amd 30/2013	SRHAD Information Standards Notice – PCT amendments & additional & amended codes, November 2014
SCCI0090 Amd 24/2015	Health and Social Care Organisation Reference Data, August 2016

2 Change Specification

2.1 Data submission changes introduced in 2015/16

2.1.1 Change from quarterly to annual data submissions

SRHAD data extract submissions to NHS Digital previously covered one financial quarter and were run quarterly, 6 weeks after the end of the quarter. SRHAD data extracts now cover one financial year and are run 6 weeks after the end of the financial year. This was first introduced for 2015/16 data submissions.

This change was introduced because:

- annual data is sufficient for the purposes outlined for SRHAD collection
- the intention was to also reduce data collection and processing burden and costs for service providers, NHS Digital and Public Health England.

2.1.2 Clarified and extended validation rules

NHS Digital's data validation rules are now explicitly described in the SRHAD guidance and include additional validation rules introduced for 2015/16 submissions onwards. These rules are also shown in Appendices 1 and 2 of the Requirements Specification. These were introduced to help address problems with data quality and to provide further guidance on coding.

Data quality problems flagged include: incorrect format; non recognised or out-of-date codes; and illogical content such as content being outside of an accepted range (e.g. for age) or combinations of field entries that are not logical or helpful (e.g. if the contraception method status variable indicates a new or changed contraception method, then the contraception main method variable cannot be blank).

Records that break validation rules are identified to service providers with the relevant fields marked as either 'errors' or 'warnings'. Those marked as errors must be corrected to be accepted. Those marked as 'warning' will be accepted but providers should review these to consider how the data quality can be improved.

Service providers are able to run test submissions to NHS Digital at any time of the year to help address any data format and quality issues, and avoid last minute problems.

Validation rules may evolve over time. For example a rule 'warning' may be changed to an 'error' once it has been decided that system suppliers and/or service providers have had enough time to address a particular data quality issue. Alternatively, an 'error' rule

may be changed to a 'warning' if it is considered that it is better to accept the full relevant records rather than impose a strict quality control on one data item where it appears difficult for providers to achieve 100% compliance.

For example, one rule will be changed on a temporary basis for the 2016/17 submission – problems with out-of-date/closed registered GP practice codes, where these would have been previously valid, will be flagged as a warning rather than error to allow further time for system suppliers to update lookup files and service providers to ensure that details will be checked and updated in future.

The SRHAD guidance will be updated in future to reflect any important changes that will affect provider submissions.

2.2 NHS Data Dictionary Amendments

The text below highlights the changes to existing SRHAD data items in relation to NHS Data Dictionary coding.

2.2.1 Organisation ID

The Data Dictionary has a number of format length options for this variable, but only an3 is currently accepted for the SRHAD extract. This was clarified in SRHAD guidance issued March 2016.

However, *Information Standards Notice SCCI0090 Amd 24/2015 - Health and Social Care Organisation Reference Data* published 17 August 2016 provides advance notice of a new organisation code structure to be introduced on 1 April 2020.

Codes for new organisations, including new clinics, will have a single unified standard structure of 5 alternating alphabetic and numeric characters (ANANA). These will have no inherent meaning. For example, new clinic codes will no longer incorporate the code of their operating organisation. The concepts previously indicated through identifier structure will be addressed with new meta-data.

No legacy identifiers will be re-coded at any point. Instead, existing identifiers will simply persist indefinitely until naturally closed. Only new codes allocated on or after 1 April 2020 will have the new unified structure, meaning users will not be required to replace any in-use identifiers.

The impact of these changes on SRHAD data extracts is that the Organisation ID field maximum will be increased to an(5) to allow for the introduction of new codes from 1 April 2020. System suppliers will need to ensure that the new codes can be recorded.

2.2.2 Clinic ID

The Data Dictionary has a number of format length options for this variable, but only an5 is accepted for the SRHAD extract. This was clarified in SRHAD guidance issued March 2016.

Although the Data Dictionary outlines an amendment for this data element, there will be no requirement to change the clinic ID format now or as a result of the introduction of the new organisation code structure from 1 April 2020.

2.2.3 LSOA and local authority of residence

Scotland, Northern Ireland, the Channel Islands and Isle of Man each now have their own coding structure, as reflected in the postcode directories available here: <https://digital.nhs.uk/organisation-data-service/data-downloads> and here: <https://data.gov.uk/dataset/national-statistics-postcode-lookup-uk>

Service providers should seek to use these area specific codes rather than the historic single default code.

Further clarification regarding LSOA coding has been included in the guidance for clinic staff:

- Scotland: 'data zone' codes begin with S01
- Northern Ireland: (**SOA) codes begin with 95
- Channel Islands code*: L99999999
- Isle of Man code*: M99999999

* It is possible that a range of more detailed codes may be developed for the Channel Islands and Isle of Man in future. Any updates would be reflected in the postcode directories.

2.2.4 Location Type

The Data Dictionary has added permitted national code: N01 - Street or other public open place. However, this code option was actually included in the last change specification issued 7 November 2014 and subsequent SRHAD guidance issued early 2015, but was omitted in the Data Dictionary due to error.

2.3 Clarification regarding GP practice settings

Following a number of queries regarding when SRHAD should be collected in the case of GP practice settings, this has been clarified as follows and essentially supports existing practice. General practice activity is excluded, except in the following cases:

- Specialist SRH services that undertake activity on GP practice premises
- Specialist SRH services that sub-contract with GPs to undertake some of these services
- GP activity that is already being recorded through SRHAD as part of a network of open-access services.

3 Consultation

PHE acts on behalf of the Department of Health who sponsors the collection. NHS Digital is responsible for the SRHAD collection and oversees data collection standards. Email queries received from service providers, system suppliers and data users are regularly reviewed. The SRHAD changes have been introduced following collaborative review by PHE and NHS Digital. Other SRHAD changes were considered but rejected for this current change to the Standard.

Members of PHE's Contraceptive and Reproductive Health Data Activity Advisory Group were consulted on the change in submission frequency; guidance on SRHAD coverage and validation rules. This group meets twice a year and includes representation from service providers/lead clinicians, the Faculty of Sexual and Reproductive Healthcare (FSRH), the British Association for Sexual Health and HIV (BASHH), local authorities, the Department of Health, NHS Digital and PHE (including PHE regional sexual health facilitators who work with local commissioners and providers). Members have also undertaken wider consultations through their networks.

For example, following various external queries, members of the Advisory Group and PHE's regional sexual health facilitators' team were asked in autumn 2016 about whether there was a need to tighten up guidance on the coverage of SRHAD. The clarification regarding GP settings was arrived at following feedback on current local recording practices.

Regarding validation rules (as outlined in the Requirement Specification and SRHAD guidance), members were also asked in autumn 2016 about the following two issues:

- i) Should the current rule which rejects out-of-date GP practice codes be temporarily relaxed from an error to a warning for 2016/17 submissions to allow system suppliers and service providers time to update their lookups and implement these? This was agreed as noted earlier. However, it was also noted that the GP code could support exploration of the relationship between GP and SRH service provision so it will be important for the data quality to improve in future.
- ii) Should 'rule 22' be relaxed? This flags an error if 'Contraception Main Method' is recorded as either 'Intrauterine Device (IUD)' or 'Intrauterine System (IUS)', and 'SRH Care Activity' is also recorded as either 'IUS Insertion (non contraception)' or 'IUS Check (non contraception)'. There is the potential for this to occur in the case of IUS used to control heavy bleeding and this was raised as an issue by one system supplier. There was some strong feedback from surveyed local commissioners who felt that this rule was required to support contraception

commissioning requirements. They commented that this rule should only be relaxed if a new code could be introduced to separately record heavy bleeding as the reason for choice of LARC as a contraception method (rather than LARC use for purely gynaecological purposes). This may be considered again in future changes to the standard with more lead in time to allow for additional coding items if required.

The group will continue to be consulted regarding any untoward outcomes from the data submission changes, guidance changes, validation rules and any further changes deemed necessary.

It was not considered necessary to consult on the Data Dictionary amendments. The change to the health and social care organisation codes structure for new organisations from 2020 has already been approved by SCCI for national implementation. The other changes are minor issues.