



Public Health
England

Protecting and improving the nation's health

GUMCAD STI Surveillance System (DCB0139) Implementation Guidance

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-leading 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 Social Care, and 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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Amendment history

Version	Date	Amendment History
0.1	19/02/2018	Draft for PHE internal review
0.2	27/03/2018	Amendments after initial review by the Data Standards Assurance Service of NHS Digital
0.3	04/05/2018	Included information on implementation of SNOMED CT
1.0	24/05/2018	Final version

Approval

Name	Organisation	Version	Date
Hamish Mohammed	Public Health England	0.1	19/02/2018
Gwenda Hughes	Public Health England	0.2	11/04/2018
Hamish Mohammed	Public Health England	1.0	24/05/2018

Glossary of terms

Term	Acronym	Definition
British Association for Sexual Health and HIV	BASHH	Professional membership organisation working in sexual health and HIV www.bashh.org/about-bashh/about-bashh
Faculty of Sexual and Reproductive Healthcare	FSRH	Professional membership organisation working in sexual and reproductive health www.fsrh.org/about-us/what-we-do
Genitourinary Medicine Clinic Activity Dataset: GUMCADv2	GUMCADv2	An electronic data collection from GUM clinics to support STI surveillance at a local and national level. This collection is managed by Public Health England (ISB 0139): www.isb.nhs.uk/library/standard/118 . GUMCADv2 refers to the existing version of GUMCAD that is currently in operation prior to the changes highlighted in this report. The new revised version of the dataset incorporating the amendments listed in this report will be known as the GUMCAD STI Surveillance System and will supersede GUMCADv2.
Genitourinary Medicine services (Level 3)	GUM	These are specialised services, where the primary function of the specialist clinical multidisciplinary team is concerned with the provision of screening, diagnosis and management of sexually transmissible infections and related genital medical conditions. In line with the national strategy for sexual health and HIV, GUM services would be represented as level three providers.
Human Immunodeficiency Virus Pre-Exposure Prophylaxis	HIV PrEP	PrEP is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected. PrEP can stop HIV from taking hold and spreading throughout your body.
Level 2 Sexual Health Service	N/A	Local Authority commissioned Level 2 Sexual Health Services. All Level 2 sexual health services should

		provide STI management at Level 1 and 2 as recommended by the British Association for Sexual Health and HIV (BASHH). Please see the BASHH Standards for the Management of STIs for full details on the levels of STI management. www.bashh.org/about-bashh/publications/standards-for-the-management-of-stis
Partner Notification	PN	Partner notification is the action of contacting the partner(s) of an (STI) index case to advise the partner(s) of possible (STI) exposure and therefore access sexual health services. Partner notification may be carried out by the index patient and/or the diagnosing sexual health service.
Sexual Health and HIV Activity Property Type Code	SHHAPT	Codes used to define a sexual health service or diagnosis used in GUMCAD.
Sexual and Reproductive Health services	SRH	Formally known as family planning clinics or contraception and sexual health services (CASH).
Sexually Transmitted Infection	STI	Infections acquired through sexual contact.
SNOMED CT	SNOMED CT	A comprehensive, multilingual clinical healthcare terminology.

1. Contacts

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2. Purpose

While the previous version of GUMCAD (GUMCADv2) has proven to be a timely source of public health intelligence, it was limited by the lack of data on sexual behaviours. Under regulation 3 of the Health Service (Control of Patient Information) Regulations 2002, PHE is required to recognise trends in the risks of communicable diseases and other risks to public health. Therefore, PHE is required to enhance GUMCADv2, through modification of existing clinic software systems, to collect clinically relevant behavioural data on the risks of STIs. The revised version of the dataset, which supersedes GUMCADv2, will be known as the GUMCAD STI Surveillance System.

The new data items and changes that will be made to GUMCAD are detailed in the GUMCAD STI Surveillance System Change Specification document.

The purpose of this document is to provide users with support on how these changes should be implemented.

2.1. Related documents

This document should be read in conjunction with the below documents which provide full details of the changes and requirements for implementation of the GUMCAD STI Surveillance System.

Ref #	Reference	Title
1	GUMCAD.1	GUMCAD STI Surveillance System Technical Guidance and Data Specification
2	GUMCAD.2	GUMCAD STI Surveillance System Requirement Specification
3	GUMCAD.3	GUMCAD STI Surveillance System Change Specification

3. Scope of the information standard

This information standard applies to the following:

1. All patients using GUM (Level 3¹, includes integrated GUM/Sexual and Reproductive Health (SRH) clinics) and Level 2¹ Sexual Health Services in England (definitions of level of STI management are summarised in Box 1).
 - a. Patients at GUM clinics include those attending for:
 - specialised infection management, including co-ordination of partner notification
 - specialised HIV treatment and care
 - outreach for STI prevention
 - outreach contraception services
 - highly specialised contraception
 - b. Patients at Level 2 Services include those attending for STI management at Level 1 and 2 (Box 1). These services can be sub-categorised into the following groups:
 - Enhanced General Practices
 - SRH Services
 - Voluntary Young People's Clinics ie Brook clinics
 - other services (eg community hospitals, outreach programmes, and General Practitioners with Specialist Interests (GPwSIs) if commissioned to provide an enhanced sexual health service)
2. Providers (GUM clinics and Level 2 Sexual Health Services) who collect GUMCAD data and report it to PHE
3. System suppliers providing information on sexual health systems for use in Local Authority funded GUM and Level 2 Sexual Health services

It will be used by:

- staff working in GUM and Level 2 Sexual Health services, especially those using clinical software/information systems
- PHE for the purpose of monitoring and reporting trends of STIs
- local authorities, commissioners and DHSC staff concerned with commissioning and planning of sexual health services and performance managing

¹ Level of STI management as specified by the British Association for Sexual Health and HIV (BASHH).

This information standard does not apply to the following:

- any community contraceptive (SRH) service, or General Practices that are not commissioned to provide enhanced STI care are not within the scope of this submission
- private services are also not included

Box 1. BASHH definitions for elements of STI management at Levels 1, 2 and 3.

LEVEL 1 - Asymptomatic	LEVEL 2 - Symptomatic	LEVEL 3 – Complex/Specialist
<ul style="list-style-type: none"> • Sexual history-taking and risk assessment Including assessment of need for safeguarding issues in under 18s and vulnerable adults with referral as appropriate, emergency contraception, HIV post-exposure prophylaxis following sexual exposure (PEPSE) and sexual assault with referral as appropriate • Signposting to appropriate sexual health services • Chlamydia screening Opportunistic screening for genital chlamydia in asymptomatic males and females under the age of 25 • STI screening and treatment of asymptomatic infections (except treatment for gonorrhoea and syphilis) in women and men (excluding MSM) • Partner notification of STIs or onward referral for partner notification • HIV testing Including pre-test discussion and giving results • Point of care HIV testing Rapid HIV testing using a validated test (with confirmation of positive results or referral for confirmation) • Screening for hepatitis B and hepatitis C and vaccination for hepatitis B Appropriate screening and vaccination in at-risk groups • Sexual health promotion Provision of verbal and written sexual health promotion information • Condom distribution Provision of condoms for safer sex • Assessment and referral for psychosexual problems Assessment and referral for psychosexual problems 	<p>Incorporates Level 1 plus: STI testing and treatment of symptomatic but uncomplicated infections in men (except MSM) and women including:</p> <ul style="list-style-type: none"> • gonorrhoea if able to perform gonorrhoea cultures with rapid transport to the laboratory <p>The following should be referred to Level 3:</p> <ul style="list-style-type: none"> • men with dysuria and/or genital discharge • symptoms at extra-genital sites, eg rectal or pharyngeal • pregnant women • genital ulceration other than uncomplicated genital herpes • gonorrhoea if unable to perform gonorrhoea cultures with rapid transport to the laboratory 	<p>Incorporates Level 1 and 2 plus:</p> <ul style="list-style-type: none"> • STI testing and treatment of MSM • STI testing and treatment of men with dysuria and genital discharge • Testing and treatment of STIs at extra-genital sites • STIs with complications • STIs in pregnant women • Gonorrhoea cultures and treatment of gonorrhoea • Recurrent conditions Recurrent or recalcitrant STIs and related conditions • Management of syphilis and blood borne viruses Including the management of syphilis at all stages of infection • Tropical STIs • Specialist HIV treatment and care • Provision and follow up of HIV post exposure prophylaxis (PEP) • STI service co-ordination across a network including: <ul style="list-style-type: none"> • Clinical leadership of STI management • Co-ordination of clinical governance • Co-ordination of STI training • Co-ordination of partner notification

3.1. System suppliers

Proposed amendments were developed by the GUMCADv3 Steering Group, which included representatives from system suppliers and BASHH. The majority of GUM and SRH system suppliers were represented on this group and have not raised any major issues with implementing these changes.

During the pilot, the system suppliers of the most commonly used software by sexual health services successfully modified their clinics' information systems and recorded, extracted and submitted these data securely to PHE. Having already built the software to accommodate most of the proposed enhancements to GUMCAD, these software companies have already performed the majority of the required modifications to facilitate the collection and reporting of the new GUMCAD dataset. The pilot showed that the proposed changes to GUMCAD were acceptable and feasible.

A 6 month implementation period has been requested to accommodate the changes. The implementation date is 1 April 2019.

3.2. Sexual health services

There will be little change to operations by sexual health services submitting GUMCAD data extracts.

New data items are based on national clinical guidelines. Therefore, the data are already routinely collected and impact on staff should be minimal.

An alcohol and recreational drug use history is recommended at sexual health clinics, and the inclusion of these data items will have a minimal impact, based on feedback received from the clinics in the pilot. This is because responses to the detailed questions regarding the drugs used will only be requested for the relative minority of attendees reporting these behaviours. Similarly, data items on PrEP provision are only collected for those patients eligible for PrEP.

Coding for consultation medium and type will need to be updated in software systems to accommodate the separate requirements for medium and type. The amended requirement is expected to have little impact as the software system data default should be set to 'Face-to-Face' (medium) and 'New' (type). Therefore, data entry will not be required for a vast majority of sexual health service attendees.

Gender identity coding will continue to be managed in software systems via existing gender drop down menus (that will include expanded definitions). The amended requirement for 'Gender at birth' is expected to have little impact as the software

system data default should be set to ‘Yes, gender identity is the same as gender assigned at birth’ – therefore data entry will not be required for a vast majority of sexual health service attendees.

Clinical staff will be unaffected by the change to SNOMED CT coding. Episode activity coding will continue to be managed via existing software system coding infrastructure - transition from SHHAPT diagnostic/procedure terminology to SNOMED equivalents will happen seamlessly in the background.

3.3. Public Health England

PHE will update the following systems in order to accommodate the new GUMCAD data items:

- data infrastructure (storage)
- data processing (submission)
- data support (guidance)
- data management (analysis)
- data reporting (outputs)

PHE will maintain all previous GUMCAD functionality simultaneously to facilitate the ongoing submission of existing GUMCAD data whilst implementation of the new dataset is carried out.

3.4. SNOMED CT

The current GUMCADv2 standard uses SHHAPT codes (in specialist sexual health services) and READ codes (in non-specialist sexual health services) to record diagnostic and testing activity. PHE is committed to the national programme of moving to a single terminology system, SNOMED CT, across all care settings in England. Therefore, migration of SNOMED CT will be included as part of this development to GUMCAD. There will be a period of overlap where dual flow of SHHAPT/READ codes and SNOMED CT will be supported.

The SNOMED CT reference sets published for this standard are the first iteration and therefore subject to ongoing review and updates. System suppliers and end users should refer to the NHS Digital Terminologies Service which provides twice yearly updates to reference sets (April and October) for the most up to date information: isd.digital.nhs.uk/trud3/user/guest/group/0/home

Request for changes to the reference sets can be made to: gumcad@phe.gov.uk.

4. Behavioural and technical guidance

The amendments to GUMCAD will be updated into the existing GUMCAD Guidance to Clinic Staff for use by sexual health service providers. Full details of what to record against each data item, how the data should be submitted and the frequency of submission are all provided in the aforementioned guidance document.

Detailed technical guidance can be found in the GUMCAD STI Surveillance System Data Specification and Technical Guidance document. This document is intended for system suppliers of sexual health services and provides a comprehensive specification for producing the GUMCAD STI Surveillance System data extract.

Both guidance documents along with a condensed summary document for frontline staff collecting and submitting GUMCAD (GUMCAD Starter Pack) will be published on the GUMCAD page on the [PHE website](#).

5. Organisation guidance

5.1. Resources/costs

GUMCAD is an approved Information Standard (DCB0139). The dataset was implemented at relevant services in 2008, with approved amendments made in 2014 and 2018. The latest amendments proposed in this Information Standard (the GUMCAD STI Surveillance System which supersedes previous versions) apply to an existing working model. Therefore, as demonstrated by successful implementation of previous versions of the dataset and the findings of the pilot of the amended dataset (section 7.1.3), they can be feasibly implemented.

This latest amendment includes an essential behavioural enhancement to GUMCAD, which is based on national clinical guidelines and, therefore, only includes routinely collected clinical data. During the pilot of this enhanced version of GUMCAD, the system suppliers providing the most commonly used information systems at sexual health services successfully modified their clinics' EPR and recorded, extracted and submitted these data securely to PHE.

Having already built the software to accommodate most of the proposed enhancements to GUMCAD, these system suppliers have already performed the majority of the required modifications to facilitate the collection and reporting of the new GUMCAD dataset. Although there appear to be a large number of new data items, all are already collected for clinical purpose and should not create additional burden for clinicians. In addition, the majority of codes such as for PrEP and drug use are only relevant to a small percentage of patients and do not need to be recorded for every patient attendance.

5.2. Data quality

Data quality is ensured by following NHS Data Model and Dictionary formatting and definitions. This will be further standardised with adoption of SNOMED CT coding. Data for GUMCAD can only be submitted in the defined format as approved by the Data Co-ordination Board (DCB) (see GUMCAD STI Surveillance System Technical Guidance and Data Specification). PHE apply automated data integrity rules at the point of submission to ensure data compliance and quality – data that do not comply with the specified format are rejected.

5.3. Conformance

Application of the information standard will be measured against the following conformance criteria:

- data completeness – reporting of mandatory data items
- data type and format – adherence to specified coding
- data accuracy – adherence to specified coding
- data are timely – adherence to submissions schedule
- data are secure – data extraction and transfer only via approved data gateways

6. Further information

Guidance for sexual health service providers and system suppliers is available on [the GUMCAD page of the PHE website](#) alongside the other GUMCAD guidance documents.

7. Support mechanisms

Support and advice is available by contacting the following email: gumcad@phe.gov.uk

7.1. Useful webpages

7.1.1. GUMCAD Guidance Documents (current)

www.gov.uk/guidance/genitourinary-medicine-clinic-activity-dataset-gumcadv2

7.1.2. GUMCAD Outputs

www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables

www.gov.uk/government/collections/sexually-transmitted-infections-stis-surveillance-data-screening-and-management

7.1.3. GUMCAD STI Surveillance System Pilot (formerly known as GUMCADv3)

www.gov.uk/guidance/genitourinary-medicine-clinic-activity-dataset-gumcadv3-pilot

Data Coordination Board

This information standard (DCB0139) has been approved for publication by the Department of Health and Social Care 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 Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance
- Change Specification.

An Information Standards Notice (DCB0139 Amd 21/2017) 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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