Sexual and Reproductive Health Services, 2016-17

Appendices

Published 5 October 2017
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Appendix A – Data sources

The data sources used in this report are described below. Any issues with data quality are included in the Data Quality Statement which accompanies this report.

**SRH Services Data**

The annual Sexual and Reproductive Health (SRH) services report primarily presents information on community based SRH services in England. It includes national and regional tables as well as tables by local authority and provider organisation.

Data on Sexual and Reproductive (SRH) services has been collected since 1988/89 through the KT31 return, and since 2010/11 via the Sexual and Reproductive Health Activity Dataset (SRHAD). Between 2010/11 and 2013/14 providers were able to submit either a KT31 return or SRHAD.

SRHAD is an activity based collection with each contact being a record within the dataset. An updated version (SRHAD version 2) was introduced on 1st January 2015, which includes additional fields and extends the remit of the collection to include non-face to face contacts. All providers submitted this new version for 2016/17.

Further details of the SRHAD collection can be found at the following link: [http://digital.nhs.uk/datacollections/srhad](http://digital.nhs.uk/datacollections/srhad)

A record level file has been published to allow users to carry out their own analysis of the SRHAD data. This file has undergone some transformation to ensure the data is anonymised, and further information is available in the guidance document which is within the zip file on the publication webpage.

If users find this extract is not suitable for their needs then they can apply for access to additional data fields. More information on how to apply along with the relevant application forms is available from the Data Access Request Service:

[http://digital.nhs.uk/DARS](http://digital.nhs.uk/DARS)

**Prescriptions Data**

Prescription items dispensed in the community are sourced from the Prescribing team at NHS Digital. Information is taken from the Prescription Cost Analysis System (PCA), supplied by the Prescription Services Division of the NHS Business Services Authority (NHS BSA) and is based on the full analysis of all prescriptions dispensed in the community (i.e. by community pharmacists and appliance contractors, dispensing doctors, and prescriptions submitted by prescribing doctors for items personally administered in England). Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man but dispensed in England. The data do not cover drugs
dispensed in hospitals, including mental health trusts, or private prescriptions. Prescribers are GPs, nurses, dentists and hospital doctors. Prescriptions are written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item.

**Hospital Data**

Information on sterilisations and vasectomies is sourced from Hospital Episode Statistics (HES) hosted by NHS Digital. HES is a data warehouse containing details of all admissions to NHS hospitals in England. It includes private patients treated in NHS hospitals, patients who were resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS. HES also contains details of all NHS outpatient appointments in England as well as detailed records of attendances at major A&E departments, single specialty A&E departments, minor injury units and walk-in centres in England.

The unit of measurement used in this report for sterilisations and vasectomies is a finished consultant episode (FCE). An FCE is a period of care under one consultant within one healthcare provider and a patient may experience more than one FCE in a single admission. FCEs are counted against the year in which the episode finishes.

The procedure codes used for identifying sterilisations and vasectomies are contained within Appendix C.
Appendix B – Definitions

A contact is defined as a contact with the service (including external contacts, i.e. where an individual patient receives care outside the clinic setting i.e. in his or her own home or other location). Non-face to face contacts were added to the scope in version 2 of the Sexual and Reproductive Activity Dataset (SRHAD) from 2015/16.

Modernisation of services and the multidisciplinary team approach means this professional contact may include a nurse working under a Patient Group Direction (PGD) to supply and administer contraceptives and provide advice, with health advisers, youth workers, and reception staff. Additionally, individuals attending for 'other' services such as cervical cytology, pregnancy testing and menopause advice are recorded.

The main method of contraception for new clients is that chosen after counselling; for existing clients it is the main method in use unless a change is advised. In cases where a person contacts a service on more than one occasion during the reporting year, the methodology for determining which main method to report is shown in Appendix C.

Vasectomies and occasionally sterilisation procedures, can take place at SRH service clinics and are recorded as an SRH care activity in SRHAD. However, they are not considered as a main method of contraception for the purpose of this analysis.

Where a couple are seen together only one contact is recorded; if the male condom is the main method chosen by the couple it is recorded as a male contact and if any other method is chosen it is recorded as a female contact.

Long Acting Reversible Contraceptives (LARCs) are defined by NICE as contraceptive methods that require administration less than once per cycle or month. Their effectiveness does not depend on daily concordance. In this publication they consist of Inter-Uterine Devices (IUD), Intra Uterine System (IUS) injectable contraceptive and implants.

Index of Multiple Deprivation (IMD) is a Lower Super Output Area (LSOA) level measure of deprivation, and is made up of seven LSOA level domain indices. These relate to income deprivation, employment deprivation, health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation, and crime which reflect the broad range of deprivation that people can experience. IMD data presented in this publication is based on the 2015 index. Further details can be found at the following link: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015
Appendix C – Methodologies

Count of persons

Where ‘persons’ are referred to in the report, a person is only counted once during the year, even if they had multiple contacts with the same service provider. If the same person attends clinics run by different service providers then they will be counted more than once. Analysis of persons is always based on the first contact in the year, except when analysing main contraception methods (see the following section).

Main method of contraception

Where a person contacts a service on multiple occasions during the year, it is necessary to select only one of these contacts as their main contraception method. Prior to 2014/15, this was based on a person’s first contact in the year.

From 2014/15 the methodology was updated, to be based on:

- a person’s final visit to a service in the year where a main method of contraception was identified i.e. if a person’s final visit during the year related to advice or non-contraception related activity only, then this has been discounted from the analysis in favour of an earlier visit, IF in that earlier visit a main method of contraception was recorded.

This method ensures that it reflects the most current main method of a person, and that contacts where a main method of contraception was recorded, are prioritised over non-contraception related contacts.

Refer to paragraph 5.3 of the Data Quality Statement for details of the impact of this methodological change.

Compilation of sterilisation and vasectomy data

The following OPCS-4.7 codes classify vasectomy, vasectomy reversal, female sterilisation and female sterilisation reversal:

**Procedure codes identifying vasectomies**

N17.1 Bilateral vasectomy
N17.2 Ligation of vas deferens NEC
N17.8 Other specified excision of vas deferens
N17.9 Unspecified excision of vas deferens

**Procedure codes identifying vasectomy reversals**

N18.1 Reversal of bilateral vasectomy
N18.2 Suture of vas deferens NEC
N18.8 Other specified repair of spermatic cord
N18.9 Unspecified repair of spermatic cord

**Procedure codes identifying female sterilisations**

Q27.1 Open bilateral ligation of fallopian tubes
Q27.2 Open bilateral clipping of fallopian tubes
Q27.8 Other specified open bilateral occlusion of fallopian tubes
Q27.9 Unspecified open bilateral occlusion of fallopian tubes
Q28.1 Open ligation of remaining solitary fallopian tube
Q28.2 Open ligation of fallopian tube NEC
Q28.3 Open clipping of remaining solitary fallopian tube
Q28.4 Open clipping of fallopian tube NEC
Q28.8 Other specified other open occlusion of fallopian tube
Q28.9 Unspecified other open occlusion of fallopian tube
Q35.1 Endoscopic bilateral cauterisation of fallopian tubes
Q35.2 Endoscopic bilateral clipping of fallopian tubes
Q35.3 Endoscopic bilateral ringing of fallopian tubes
Q35.4 Endoscopic bilateral placement of intrafallopian implants
Q35.8 Other specified endoscopic bilateral occlusion of fallopian tubes
Q35.9 Unspecified endoscopic bilateral occlusion of fallopian tubes
Q36.1 Endoscopic occlusion of remaining solitary fallopian tube
Q36.2 Endoscopic placement of intrafallopian implant into remaining solitary fallopian tube
Q36.8 Other specified other endoscopic occlusion of fallopian tube
Q36.9 Unspecified other endoscopic occlusion of fallopian tube

**Procedure codes to identify female sterilisation reversals**

Q29.1 Reanastomosis of fallopian tube NEC
Q29.2 Open removal of clip from fallopian tube NEC
Q29.8 Other specified open reversal of female sterilisation
Q29.9 Unspecified open reversal of female sterilisation
Q37.1 Endoscopic removal of clip from fallopian tube
Q37.8 Other specified endoscopic reversal of female sterilisation
Q37.9 Unspecified endoscopic reversal of female sterilisation
Appendix D – Users and uses of the statistics

Department of Health (DH) and Public Health England (PHE) use these statistics to inform policy and planning.

The Secretary of State for Health has a statutory duty to protect health and address inequalities, and promote the health and wellbeing of the nation. DH and PHE will use SRHAD data to support these public health functions with regard to sexual and reproductive health.

The data supports the Government’s Sexual Health Strategy objective to reduce unintended pregnancies. It also feeds into the Sexual and Reproductive Health Profiles produced by PHE which provide a suite of nationally agreed indicators at local authority level (http://fingertips.phe.org.uk/profile/sexualhealth), and into their local authority sexual health epidemiology reports (LASERs) which describe STIs, HIV and reproductive health in the local area.

Local authorities use these statistics to support their legal duty to improve the public’s health. Specifically they are used in the planning and management of service delivery (commissioning) and for performance management of sexual health services. They can help forecast the demand for services and assist in planning how services will be delivered. Statistics and findings have been used to support Joint Strategic Needs Assessments of the health and wellbeing of local communities.

The information supports NHS trusts by providing a key source of sexual health information for public health and performance management. As set out in the 2009/10 NHS Operating Framework, services to reduce teenage pregnancy rates, including provision of a full range of contraceptive services, have a key role in keeping children well, improving their health and reducing health inequalities.

National Institute for Health and Clinical Excellence (NICE) used the data in cost effectiveness studies of Long Acting Reversible Contraceptives.

The statistics are used by the HSCIC to answer Parliamentary questions, freedom of information requests, and ad-hoc queries.

The statistics are used by the media to underpin various articles/journals etc. on matters of public interest. Examples of articles published using data from the 2015/16 report are:
Daily Mail

Liverpool Echo
http://www.liverpoolecho.co.uk/news/liverpool-news/one-20-girls-aged-13-12047820

Guardian

Telegraph

The report is free to access via the NHS Digital website and therefore the majority of users will access the report without being known to NHS Digital. In the 2 weeks after publication, there were 525 unique downloads of the 2015/16 report, and 372 unique file downloads.

On the webpage where the report is surfaced there is a link to a feedback webform which NHS Digital uses for all its reports (http://www.hscic.gov.uk/haveyoursay). Responses received are passed onto the team responsible for this report, which are then considered during the design stage for the following year’s publication.
Appendix E – Useful links

For detail on the SRHAD collection please see:

http://digital.nhs.uk/datacollections/srhad

General NICE guidance:


NICE LARC advice for main method of contraception:

https://www.nice.org.uk/guidance/cg30/chapter/1-Recommendations

Department of Health’s Sexual Health Improvement Framework 2013:


Governments Public Health Outcomes Framework, which includes three sexual health outcomes:


Public Health England’s Sexual and Reproductive Health Profiles:

http://fingertips.phe.org.uk/profile/sexualhealth

Public Health England’s guide to data on sexual and reproductive health:


Governments Teenage Pregnancy Strategy 2010:


Advisory Group on Contraception (AGC) recommendations to NHS England 2014:
