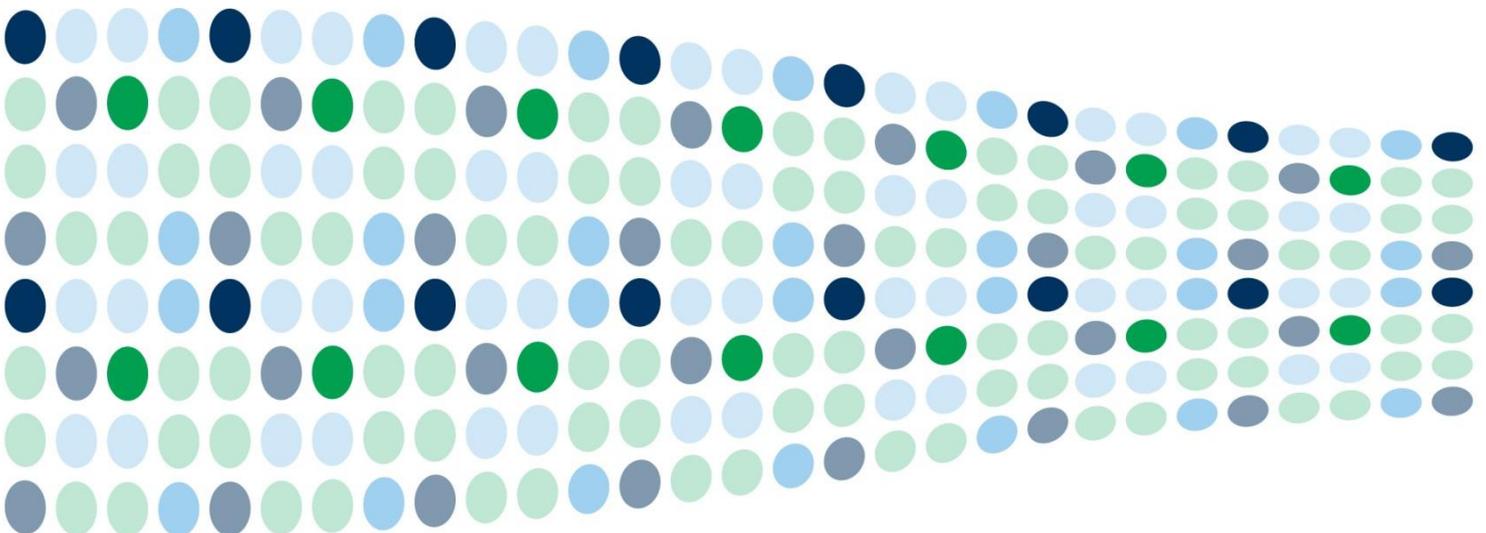




Health & Social Care
Information Centre

Female Genital Mutilation (FGM)

September 2014, experimental statistics



Published 16 October 2014

**We are the trusted
national provider of
high-quality information,
data and IT systems for
health and social care.**

www.hscic.gov.uk

enquiries@hscic.gov.uk

 **[@hscic](https://twitter.com/hscic)**

This report is of particular interest to the Department of Health in support of the FGM Prevention Programme. It may also be of interest to healthcare providers and commissioners to monitor the quality and effectiveness of services, researchers and charities working on this subject and to members of the public.

Author: **Audit Support Unit,
Health and Social Care Information Centre**

Responsible statistician: **Peter Knighton, Principal Information
Analyst**

Version: **V1.0**

Date of publication: **16 October 2014**

Contents

Executive Summary	4
Introduction	5
FGM Prevalence Dataset	5
Understanding the Data	6
Hospital only dataset	6
What is published?	6
What is collected and not published?	6
When will this data be published?	6
Comparability across regions	6
Potential for duplicate counting	7
Further Information	7
Results	8

Executive Summary

The Female Genital Mutilation Prevalence Dataset (ISB 1610) is a monthly return of data from acute hospital providers in England. It is an aggregated return of the incidence of FGM including women who have been previously identified and are currently being treated (for FGM related or non FGM related conditions as at the end of the month) and newly identified women within the reporting period. It has been a mandated collection from 1 September 2014.

For the month of September 2014:

- 125 of the 160 eligible acute trusts in England submitted signed off data.
- 1,279 active casesⁱ and 467 newly identifiedⁱⁱ cases of FGM were reported nationally.

Definitions

- i. Patients identified as having a history of any FGM type prior to the reporting period and still being actively seen/treated for FGM-related conditions or any other non-related condition at the end of the month. Note: does not include those patients within NUMBER OF PATIENTS WITH FGM NEWLY IDENTIFIED IN REPORTING PERIOD (i.e. identified within this reporting period)
- ii. Patients first identified during the reporting period as having undergone FGM. This will include those diagnosed/identified within the provider within the month.

Introduction

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons¹.

Procedures are mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women. The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among migrants from these areas². In Africa, more than three million girls have been estimated to be at risk for FGM annually².

More than 125 million girls and women alive today have undergone FGM in the 29 countries in Africa and Middle East where it is concentrated².

FGM Prevalence Dataset

The Female Genital Mutilation Prevalence Dataset (ISB 1610³) is a monthly return of data from acute hospital providers in England. It is an aggregated return of the incidence of FGM including women who have been previously identified and are currently being treated (for FGM related or non FGM related conditions as at the end of the month) and newly identified women within the reporting period. It has been a mandated collection from 1 September 2014.

This information is being collected to begin to gain a national picture of the prevalence of FGM to support the Department of Health's (DH) FGM Prevention Programme. It may also be of interest to healthcare providers and commissioners to monitor the quality and effectiveness of services, researchers and charities working on this subject and to members of the public.

1. World Health Organization <http://www.who.int/mediacentre/factsheets/fs241/en/>

2. UNICEF. Female Genital Mutilation/Cutting: a statistical overview and exploration of the dynamics of change, 2013. http://www.unicef.org/media/files/FGCM_Lo_res.pdf

3. Information Standards Board (now known as Standardisation Committee for Care Information (SCCI)) Technical Standard (ISB1610) <http://www.isb.nhs.uk/documents/isb-1610/amd-01-2014/index.html>

Understanding the Data

Hospital only dataset

Under the ISB 1610 Standard clinical staff must record in patient healthcare records when it is identified that a patient has had FGM. This applies to all NHS clinicians and healthcare professionals across the NHS. However, the requirement to submit the FGM Prevalence Dataset is only mandatory for all acute (Foundation and non-Foundation) trusts, including A&E departments.

The information reported here is needed to inform the next stages of the FGM Prevention Programme, including the possible expansion of the coverage of the dataset.

What is published?

Initially the data in these reports will be limited to Active Caseload and Newly Identified patients for England and for the four commissioning regions of England.

What is collected and not published?

In addition to that being published data is collected on:

- Broad age category (under/over 18 years old, or not known or recorded)
- Type of FGM^{1,3}
- The specialised service within which the patient is being treated or has been referred to
- Total number of care contacts within the collection period
- Number of patients undergoing a 'deinfibulation' or 'repeat deinfibulation' procedure. (Deinfibulation is a surgical technique to reverse the closure of the vaginal opening after infibulation (one type^{1,3} of FGM)).

As the data is collected at hospital trust level further disaggregation, to report at this level, may be possible in the future.

When will this data be published?

We are planning to publish data broken down by these factors during 2015. The quality and completeness of these factors in the data collection are not yet known for the mandated collection. Provisional data would suggest that there may be issues that will require further investigation before the full data can be published. This analysis is planned during spring 2015, with publication of the additional elements as soon afterwards as possible.

Comparability across regions

Data is presented for the four commissioning regions of England. However, no figure is presented for the population (children and women) at risk of FGM. These numbers may vary between regions so this limitation needs to be considered when comparing regional data.

Potential for duplicate counting

The data is collected and submitted as counts of patients from hospital trusts, before being centrally aggregated and presented here. An individual seen by more than one trust will be counted more than once, so there is the possibility for duplicate counting.

The guidance to hospitals in collecting this data is that if in doubt as to whether the patient has been included during previous reporting periods, they should be included again. This allows for the possibility of duplicate recording over time.

Further Information

The Data Quality Note accompanying this report provides further information on the publication. The technical standard for the dataset provides further information on the collection³.

Results

Table 1: Active Caseload and newly identified cases of FGM in England and its four Commissioning Regions, September 2014

		Active caseload ⁱ	Newly identified ⁱⁱ
National	England	1,279	467
Commissioning Region ⁱⁱⁱ	London	740	252
	Midlands and East of England	200	66
	North of England	177	75
	South of England	162	74

Notes:

- i. Patients identified as having a history of any FGM type prior to the reporting period and still being actively seen/treated for FGM-related conditions or any other non-related condition at the end of the month. Note: does not include those patients within NUMBER OF PATIENTS WITH FGM NEWLY IDENTIFIED IN REPORTING PERIOD (i.e. identified within this reporting period)
- ii. Patients first identified during the reporting period as having undergone FGM. This will include those diagnosed/identified within the provider within the month.
- iii. For information on geographical coverage of commissioning regions please see the NHS England website: <http://www.england.nhs.uk/about/regional-area-teams/>
- iv. Data was submitted by trusts between the first and the tenth of October inclusive.
- v. Only data that was submitted and signed off by each trust has been included.
- vi. 125 of the 160 eligible acute trusts in England submitted signed off data

**Published by the Health and Social Care Information Centre
Part of the Government Statistical Service**

Responsible Statistician

Peter Knighton, Principal Information Analyst

ISBN 978-1-78386-231-3

This publication may be requested in large print or other formats.

For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk

Copyright © 2014 Health and Social Care Information Centre. All rights reserved.

This work remains the sole and exclusive property of the Health and Social Care Information Centre and may only be reproduced where there is explicit reference to the ownership of the Health and Social Care Information Centre.

This work may be re-used by NHS and government organisations without permission.