

Sponsoring Organisation:		Implementation Date:	April 2010		
Department of Health		Subject: Sexual and Reproductive Health Activity Dataset (SRHAD)			
DATA SET CHANGE NOTICE					
<p>This DSCN informs users of the approval of changes to an information standard by the Information Standards Board for Health and Social Care (ISB). This was approved by ISB on 25 February 2010.</p> <p>The burden of collection has been agreed by the Review of Central Returns Steering Committee (ROCR) - ROCR No: ROCR/OR/0032/FT6/004</p>					
<p>Summary: This DSCN introduces changes to the KT31 central return providing the summary of sexual and reproductive health service activity.</p> <p>This data standard consists of:</p> <ul style="list-style-type: none"> ▪ The disaggregate central return for sexual and reproductive health service activity. ▪ The data items needed to generate the disaggregate central return dataset. <p>The standard affects:</p> <ul style="list-style-type: none"> ▪ Providers (Sexual and Reproductive Health (SRH) services - formerly known as family planning clinics) who collect the KT31 data and report it to the NHS Information Centre. ▪ IT system suppliers who will need to adjust or develop their systems and work with Providers to modify the software and validate that the new reports are accurate. ▪ Commissioners of SRH services. <p>The Sexual and Reproductive Health Activity Dataset (SRHAD) will require electronic recording and extraction of anonymised patient-level data.</p> <ul style="list-style-type: none"> ▪ Clinics without an IT system to record and extract SRHAD data items will continue to submit a KT31 until they are able to do so. ▪ Clinics with IT systems capable of recording SRHAD are required to do so as soon as possible from 01 April 2010 with the first submission scheduled for 01 July 2010. ▪ It is anticipated that all sexual and reproductive health services will be able to submit SRHAD returns by 2012/13, at which point the KT31 will be retired. 					
<p>Other data sets / return affected: This is a change to the established KT31 central return. It also necessitates changes to the NHS Data Dictionary.</p>					
<p>Related DSCNs: None</p>					
<p>Impact of Change:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">Service: Major - Dependent on current systems and practice.</td> <td style="width: 50%; vertical-align: top;">System Suppliers: Major - Dependent on current systems and practice.</td> </tr> </table>				Service: Major - Dependent on current systems and practice.	System Suppliers: Major - Dependent on current systems and practice.
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<p>The Information Standards Board for Health and Social Care (ISB) is responsible for approving information standards.</p>					

DATA SET CHANGE NOTICE

Reference No:	DSCN 14/2010
Version No:	1.0
Subject:	Sexual and Reproductive Health Activity Dataset (SRHAD)
Type of Change:	Introduction of a Change to an Approved Information Standard
Implementation Date:	01 April 2010
Business Justification:	<p>The KT31 central return is an established data set that supports the Government's Sexual Health Strategy objective to reduce unintended pregnancies. It also supports the Teenage Pregnancy Strategy target to reduce teenage conceptions by 50% by 2010.</p> <p>The introduction of SRHAD is necessary to modernise the collection of data relating to sexual and reproductive health (SRH) activity. It seeks to make the data more relevant and useful for stakeholders, as well as rationalising certain data items.</p> <p>Improving the quality of commissioning is a key feature of the Government health reform agenda; it has been highlighted that effective commissioning will have extensive information requirements.</p> <p>The purpose of this revised collection is to enable monitoring of activity at PCT level to enable commissioners to understand which of their population groups are accessing SRH services and the services they are receiving.</p>

Introduction

The overall aim of the proposed change is to revise the current KT31 central return, which currently provides limited aggregate information on contraception from sexual and reproductive health (SRH) services. The new Sexual and Reproductive Health Activity Dataset (SRHAD) will provide more comprehensive data from these services to:

- (1) Support commissioners in understanding their local populations and services to allow for improved long-term commissioning of services.
- (2) Ensure more relevant and timely electronic data to support local service development and the monitoring the effectiveness of sexual health policies.
- (3) Develop, over time, indicators of quality and outcome in service delivery, such as, removal and length of use for Long Acting Reproductive Contraception (LARC) devices, provision of emergency contraception and provision of contraception post abortion.
- (4) Develop benchmark measures to indicate how services compare in delivering the most appropriate and effective care to patients.
- (5) Provide definitions and guidance material to enable standardisation of data.
- (6) Better reflect current data collection practices and requirements at SRH services.

To achieve this, the main changes proposed are to:

- Replace the current KT31 return with disaggregated patient-level reporting.
- Incorporate new items within the SRHAD.
- Ensure all data items are standardised to the NHS Data Dictionary.

- Change from annual to quarterly reporting.

Background

There are approximately 200 SRH services in England seeing over two million attendances in 2008. Each of these services is currently required to complete a KT31 central return which is used to monitor the uptake of contraception and attendance at SRH services. The KT31 central return provides limited information; there is a growing need for more comprehensive and timely data from SRH services in order to address delivery of policy, commissioning and service drivers.

The KT31 is a paper-based system recording the number of main methods of contraception chosen for first contacts in the financial year by gender and age group. Data tables and national trends on contraception are published by the NHS Information Centre. The current system does not provide any information on a patient, in respect of residence, ethnicity, changes in contraception methods throughout the year, other contraception methods chosen or data on other services provided within the clinic.

Details of Change

The new elements of the revised KT31 return, SRHAD, are:

- Transfer the current KT31 return to a disaggregate anonymised patient-level reporting system, recording activities from every patient attendance.
- Inclusion of basic demographic data (age, gender, ethnicity, PCT of residence).
- Inclusion of other SRH care activities provided by the service not just contraception.
- Standardise all data items to NHS Data Model and Dictionary terminology and coding.
- Annual reporting of first attendance in financial year changed to quarterly reporting of patient attendances to SRH services.

The following table provides an overview of the new return:

Position*	Data item	Description	NHS Data Dictionary name	Variable Length [#]
1	Organisation ID	Organisation provider code.	ORGANISATION CODE (CODE OF PROVIDER)	AN(6)
2	Clinic ID	Clinic ID or site code.	SITE CODE (OF TREATMENT)	AN(5)
3	Patient ID	Local patient ID used to uniquely identify a patient within a SRH service.	LOCAL PATIENT IDENTIFIER	AN(10)
4	Gender	A self-defined classification of the current sex of a person.	PERSON GENDER CURRENT	N(1)
5	Age	Age at attendance, in years.	AGE AT ATTENDANCE DATE	N(3)
6	Ethnicity	Patient's ethnic category.	ETHNIC CATEGORY	AN(2)
7	Responsible PCT	PCT of responsible commissioner code.	ORGANISATION CODE (RESPONSIBLE PCT)	AN(3)
8	PCT of Residence	PCT of patient's residence code.	ORGANISATION CODE (PCT OF RESIDENCE)	AN(3)
9	Date of Attendance	Date patient attended the service.	ATTENDANCE DATE	N(10) – ccyymm-dd
10	Initial Contact	Identifies patient's first ever contact with the service.	INITIAL CONTACT	N(1)
11	Location Type	Identifies the physical location	LOCATION TYPE CODE	AN(3)

Position*	Data item	Description	NHS Data Dictionary name	Variable Length [#]
		where patients are seen or where services are provided.		
12	Contraception Method Status	Denotes the type of contraception service provided to patient	CONTRACEPTION METHOD STATUS	N(1)
13	Contraception Main Method	Records the main type of contraception given to the patient.	CONTRACEPTION PRINCIPAL METHOD	N(2)
14	Contraception Other Method 1 and 2	Records additional methods of contraception given to patient.	CONTRACEPTION OTHER METHOD	N(2)
15				
16	Contraception Method Post Coital 1 and 2	Records all emergency contraception administered to the patient.	CONTRACEPTION METHOD POST COITAL	N(1)
17				
18	SRH Care Activity	Records other services received by patient at clinic.	SRH CARE ACTIVITY	N(2)
19				
20				
21				
22				
23				

*Refers to the horizontal position of the data item within the CSV format

[#]AN = Alphanumeric, N = Numeric. Number in brackets denotes the string length.

Timelines

Parallel running of KT31 and SRHAD will only be required by the SRHAD pilot sites to allow validation testing of the new data set.

It is recognised that data systems within SRH services will need to be developed and/or reconfigured to enable SRHAD to be collected and reported as required.

Providers are encouraged to submit SRHAD returns as soon as possible starting from 01 April 2010. However, for sites requiring time to develop IT systems to collect SRHAD they will continue to submit an annual KT31. KT31 will be retired once all SRH sites are able to submit SRHAD, which is anticipated to be achieved by the end of the year 2011/2012.

Responsibilities:

SRHAD is to be provided by each SRH service to the NHS Information Centre on a quarterly basis.

Suppliers and clinics will need to work together to:

- Develop, install, or upgrade software to enable collecting and reporting.
- Train users, where applicable, in the new or updated software to ensure high quality collection and reporting.

Data will be returned to the NHS Information Centre through their Data Depot. This gateway enables organisations to upload SRHAD comma-separated value files to identified users in a secure manner across the Internet. The NHS Information Centre, in conjunction with the Department of Health, will distribute an implementation letter plus user guidance documentation to all clinics within 2 weeks of this DSCN being published.

Timescales for Implementation / Change

FRAMEWORK		Health and Social Care Personnel	Organisation ¹		IT Suppliers ²	
			For those enabled now	For those requiring system development	For those enabled now	For those requiring system development
Effective Date³ "may use"		Immediate	Immediate		Immediate	
Implementation Date⁴ "must use"	Collection Start Date⁵	As for organisation	01 April 2010*	As soon as possible, and no later than 01 April 2012	01 April 2010*	As soon as possible, and no later than 01 April 2012
	First Submission Date⁶	As for organisation	Q1 due 01 July 2010* (deadline 6 weeks from this date)	As soon as system development allows and no later than 01 July 2012	Q1 due 01 July 2010* (deadline 6 weeks from this date)	As soon as system development allows and no later than 01 July 2012
	Reporting Period / Submission Cycle⁷	As for organisation	Quarterly reporting following financial quarters		Quarterly reporting following financial quarters	
Conformance Date⁸ "must be used effectively and assessed for use"			01 April 2012*		01 April 2012*	
Superseded Date (of prior standard)⁹ "stop using prior standard"			01 April 2012 (retirement of KT31)		01 April 2012 (retirement of KT31)	

*Collection/Submission/Conformance Dates for SRH services (Organisation) are subject to availability of IT systems. Services without IT systems by Collection/Submission/Conformance dates will continue to submit a KT31 until they are able to collect and submit SRHAD.

Effects on Other Information Standards

This standard is compliant with data definitions as used within the Genitourinary Medicine Access Monthly Monitoring Standard (GUMAMM) DSCN 39/2007 and the Genitourinary Medicine Clinic Activity Dataset (GUMCAD) DSCN 04/2008.

Sponsor Details

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Health, Science and Bioethics Division
Department of Health
Wellington House
133-155 Waterloo Road
London, SE1 8UB

Further Information and Support

Further guidance on collecting, recording and reporting data for the KT31 return is available from:

Omnibus Survey & Development Team
The NHS Information Centre for health and social care
1 Trevelyan Square
Boar Lane
Leeds, LS1 6AE
Tel: 0845 300 6016 Email: surveyteam@ic.nhs.uk

Notes:

1. Relevant organisations are those organisations as defined in the standard who must take direct action to implement the standard
2. IT Suppliers are all suppliers to the organisations listed at ¹ who supply functionality pertinent to that standard
3. **Effective Date** is the date from which a new standard can be used but may not be mandatory. This might facilitate piloting, for example, or enable time for system functionality development. At this point, **you “may use” the standard.**
4. **Implementation Date** is the point from which the new standard becomes mandatory. Ideally, it inherently implies organisations use appropriate systems i.e. the date is the same for organisations and suppliers. However, there may be circumstances where interim workarounds are required i.e. the date is different for organisations and suppliers. At this date, **you “must use” the standard.** Where the standard demands data is submitted centrally, sub components of implementation date (and possibly ‘effective date’) are:
 5. **Collection Start Date** – this is the date collection of data must begin
 6. **First Submission Date** – this is the date of first submission of data centrally
 7. **Reporting Period / Submission Cycle** – If the standard calls for further collection and submission at defined intervals, this cell provides text of the reporting period (e.g. calendar month, financial year) and the submission cycle (e.g. submit data monthly on the 10th working day of the subsequent month).
8. **Conformance Date** is the date from which the service and IT system suppliers must use the standard as envisaged i.e. using appropriate IT solutions rather than interim workarounds and, if the standard requires it, an independent, authoritative body or legitimate internal audit would conduct a conformity assessment with the expectation of full conformance by all relevant parties. It is the **“must use standard effectively and assessed for use”** date
9. **Superseded Date** of the prior standard sets the date at which the prior standard is replaced by the new standard i.e. the prior standard must no longer be used. This date will apply only where there was a pre-existing standard made redundant by the new standard. It might be different from preceding dates in the framework if, for example, a new and old standard run in parallel for a period. It is the date from which you **“stop using the prior standard”**.

NHS Connecting for Health

NHS Data Model and Dictionary Service

Reference: Change Request 1013
Version No: 1.0
Subject: Sexual and Reproductive Health Activity Data Set
Effective Date: 1 April 2010
Reason for Change: Change to Data Standards
Publication Date: 24 February 2010

Background:

The Department of Health requires the collection of information on the services provided by the Sexual and Reproductive Health Services (formerly Family Planning Clinics) in order to monitor the implementation of the Government strategy to reduce the number of teenage pregnancies.

Improving Reproductive and Sexual Health Services and encouraging young people to seek advice are important aspects of the Teenage Pregnancy Strategy. The under 18 conception rate for England is 41.7 per 1000 and has fallen by 10.7 per cent since the launch of the Teenage Pregnancy strategy. The under 16 rate is 8.3 per 1000 and has fallen by 6.4 per cent over the same period. Statistics published in February 2009 by the Office of National Statistics show that in 2007 the under 18 conception rate rose by 2.6 per cent. Despite the rise in national figures in 2007, the long-term trend is still downward.

The success of the Teenage Pregnancy strategy relies on all local areas applying it effectively. However, there is still significant variation at a local level, with some areas achieving reductions of over 30 per cent, whereas in other areas, rates have increased.

Monitoring of the Teenage Pregnancy strategy is being undertaken partly through a National Indicator Set, which was issued in November 2001. This includes indicators on the provision of services in accordance with Best Practice Guidance and the uptake of services by under 18 year olds. The Reproductive and Sexual Health Services Activities Central Return will provide data needed for these indicators.

The Best Practice Guidance on service provision is concerned with the services for young people under the age of 25, and this is reflected in this return. The guidance, to be published in 2009, will highlight access to the full range of contraception services as key to good service provision as a means of reducing unplanned conceptions and repeat abortions.

The introduction of the mandatory requirements in this Data Set replaces the existing KT31 return and are necessary to modernise this collection, make the data more relevant and rationalise certain data items. Improving the quality of commissioning is a key feature of the Government health reform agenda and it has been highlighted that effective commissioning will have extensive information requirements. The purpose of this revised collection is to enable monitoring of activity at PCT level to enable commissioners to understand which of their population groups are accessing Reproductive and Sexual Health Services and the services they are receiving.

Summary of changes:

Diagrams

[PERSON AND PERSON PROPERTY](#)

Changed Diagram

Data Set

[SEXUAL AND REPRODUCTIVE HEALTH ACTIVITY DATA SET](#)

New Data Set

Supporting Information

[CLINICAL DATA SETS MENU](#)

Changed Description

[SEXUAL AND REPRODUCTIVE HEALTH ACTIVITY DATA SET OVERVIEW](#)

New Supporting Information

[SEXUAL AND REPRODUCTIVE HEALTH SERVICE](#)

New Supporting Information

Class Definitions

[CARE ACTIVITY](#)

Changed Attributes

CARE CONTACT	Changed Attributes
CATEGORY VALUED PERSON OBSERVATION	Changed Description
CLINICAL INTERVENTION	Changed Attributes
CONTRACEPTION	New Class
SERVICE	Changed Description

Attribute Definitions

CATEGORY VALUED PERSON OBSERVATION TYPE	Changed Description
CONTRACEPTION METHOD	New Attribute
CONTRACEPTION METHOD MAIN	Changed Description
CONTRACEPTION METHOD POST COITAL	Changed Description
CONTRACEPTION METHOD STATUS	New Attribute
CONTRACEPTIVE ADVICE GIVEN	Changed Description
INITIAL CONTACT	New Attribute
SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY	New Attribute

Data Elements

CONTRACEPTION METHOD POST COITAL	New Data Element
CONTRACEPTION METHOD STATUS	New Data Element
CONTRACEPTION OTHER METHOD	New Data Element
CONTRACEPTION PRINCIPAL METHOD	New Data Element
INITIAL CONTACT	New Data Element
SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY	New Data Element

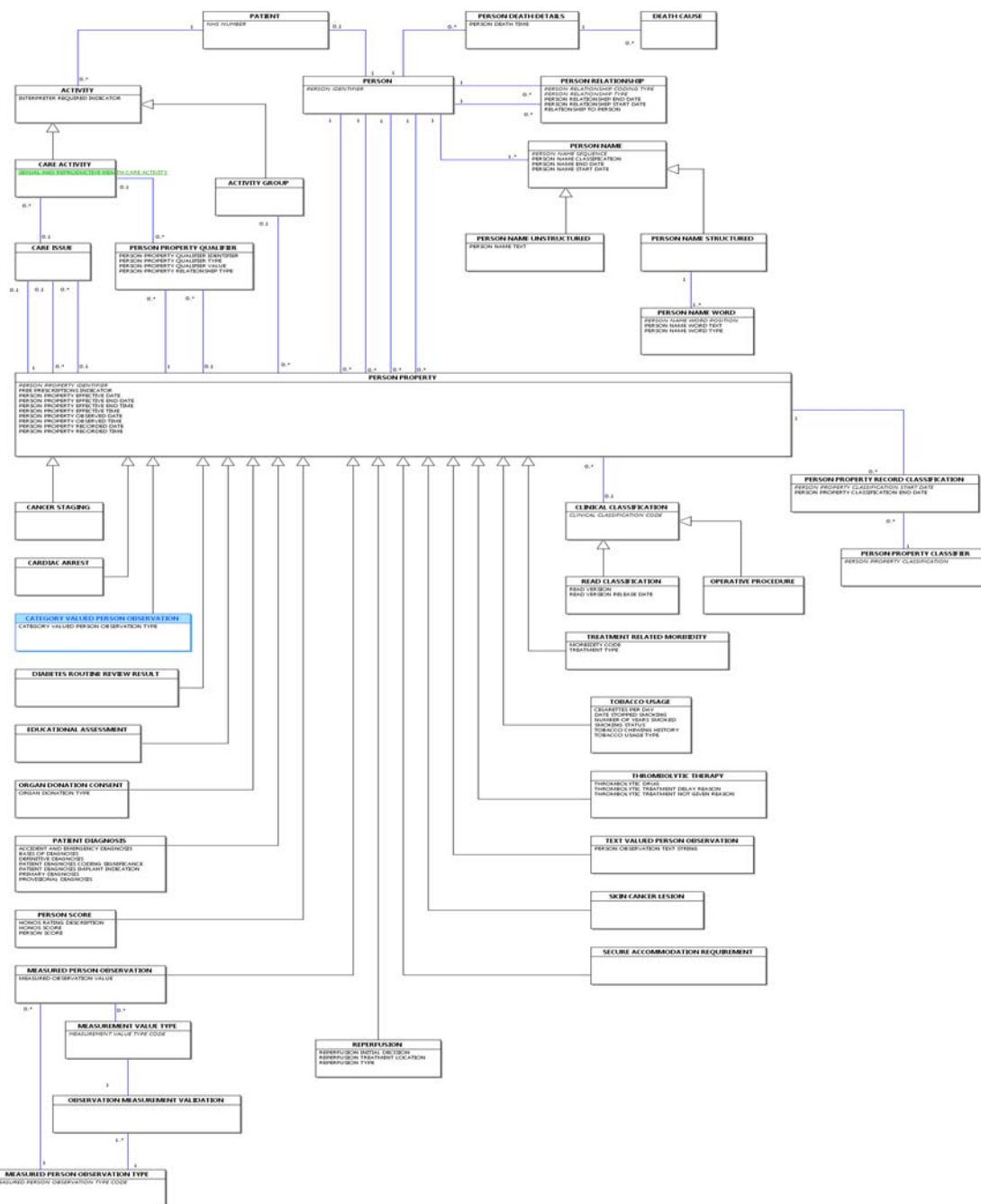
Date: 24 February 2010

Sponsor: Andrea Duncan, Programme Manager for Sexual Health and HIV, Department of Health

Note: New text is shown with a blue background. Deleted text is crossed out. Retired text is shown in grey. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

PERSON AND PERSON PROPERTY

Change to Diagram: Changed Diagram



SEXUAL AND REPRODUCTIVE HEALTH ACTIVITY DATA SET

Change to Data Set: New Data Set

[Sexual and Reproductive Health Activity Data Set Overview](#)

Sexual and Reproductive Health Activity Data Set
ORGANISATION DETAILS: To carry the details of the reporting period and the organisation providing Sexual and Reproductive Health Services. One occurrence of this group is required.
REPORTING PERIOD START DATE
REPORTING PERIOD END DATE
ORGANISATION CODE (CODE OF PROVIDER)

PERSON DEMOGRAPHICS: To carry the demographic details of the person attending the appointment. One occurrence of this group is permitted.
LOCAL PATIENT IDENTIFIER
PERSON GENDER CURRENT
ETHNIC CATEGORY
ORGANISATION CODE (RESPONSIBLE PCT)
ORGANISATION CODE (PCT OF RESIDENCE)
AGE AT ATTENDANCE DATE
PERSON ATTENDANCE: To carry the details of the attendance. One occurrence of this group is permitted.
ATTENDANCE DATE
SITE CODE (OF TREATMENT)
INITIAL CONTACT
LOCATION TYPE
CONTRACEPTION SERVICES PROVIDED: To carry the details of Contraception Services provided at the attendance.
CONTRACEPTION METHOD STATUS
CONTRACEPTION PRINCIPAL METHOD
CONTRACEPTION OTHER METHOD (Two occurrences may be recorded for each attendance)
CONTRACEPTION METHOD POST COITAL (Two occurrences may be recorded for each attendance)
SEXUAL AND REPRODUCTIVE HEALTH - OTHER CARE ACTIVITY: To carry the details of other Sexual and Reproductive Health Care Activity provided at attendance. Up to six instances of this group are permitted.
SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY

CLINICAL DATA SETS MENU

Change to Supporting Information: Changed Description

- [Acute Myocardial Infarction Data Set](#)
- [Cancer Registration Data Set](#)
- [Diabetes Data Set \(Summary Core\)](#)
- [Genitourinary Medicine Clinic Activity Data Set](#)
- [Mental Health Minimum Data Set](#)
- [National Cancer Data Set](#)
- [National Cancer Waiting Times Monitoring Data Set](#)
- [National Joint Registry Data Set](#)
- [Radiotherapy Data Set](#)
- [Sexual and Reproductive Health Activity Data Set](#)

Clinical Message Schema

- [Mental Health Minimum Data Set Message Schema Versions](#)

SEXUAL AND REPRODUCTIVE HEALTH ACTIVITY DATA SET OVERVIEW

Change to Supporting Information: New Supporting Information

The Department of Health requires the mandatory collection of information on the SERVICES provided by Sexual And Reproductive Health Services (formerly Family Planning Clinics) in order to monitor the implementation of the Government's strategy to reduce the number of teenage pregnancies.

The Sexual and Reproductive Health Activity Data Set will provide essential data to support and monitor the delivery of a

number of key Government National Strategies aimed at reducing teenage pregnancies in England and improving sexual health. These strategies include:

- National Strategy for Sexual Health and HIV
- Department for Children Schools and Families PSA target to reduce under 18 conceptions by 50 per cent by 2010
- Improved access to Contraception Services as undertaken in the Healthcare Commission in 2006/07 and 2007/08
- The National Teenage Pregnancy Strategy
- The National Standards, Local Action: Health and Social Care Standards and Planning Framework (2004)

Improving Sexual And Reproductive Health Services and encouraging young people to seek advice are important aspects of the Teenage Pregnancy Strategy. England's under 18 conception rate is 41.7 per 1000 and has fallen by 10.7 per cent since the launch of the Teenage Pregnancy strategy. The under 16 rate is 8.3 per 1000 and has fallen by 6.4 per cent over the same period. Statistics published in February 2009 by the Office of National Statistics show that in 2007 the under 18 conception rate rose by 2.6 per cent. Despite the rise in national figures in 2007, the long-term trend is still downward.

The success of the Teenage Pregnancy strategy relies on all local areas applying it effectively. However, there is still significant variation at a local level, with some areas achieving reductions of over 30 per cent, whereas in other areas, rates have increased.

Monitoring of the Teenage Pregnancy strategy is being undertaken partly through a National Indicator Set, which was issued in November 2001. This includes indicators on the provision of Sexual And Reproductive Health Service in accordance with Best Practice Guidance and the uptake of these by under 18 year olds. The Sexual and Reproductive Health Activity Data Set will provide data needed for these indicators.

The Best Practice Guidance on Sexual And Reproductive Health Service provision is concerned with the Sexual And Reproductive Health Services for young people under the age of 25, and this is reflected in this return. The guidance, to be published in 2009, will highlight the access to the full range of CONTRACEPTION as key to good Sexual And Reproductive Health Service provision as a means of reducing unplanned conceptions and repeat abortions.

The introduction of the requirements in this Data Set will replace the existing KT31 return and are necessary to modernise this collection, make the data more relevant and rationalise certain data items. Improving the quality of commissioning is a key feature of the Government's health reform agenda and it has been highlighted that effective commissioning will have extensive information requirements. The purpose of this revised collection is to enable monitoring of activity at PRIMARY CARE TRUST LEVEL to enable commissioners to understand which of their population groups are accessing Sexual And Reproductive Health Services and the SERVICES they are receiving. The Sexual and Reproductive Health Activity Data Set covers only face to face contacts with the Sexual And Reproductive Health Service whether in a clinic setting, in the PATIENT's home or an alternative location.

DATA EXTRACT SPECIFICATION

Description: The Sexual and Reproductive Health Activity Data Set return includes individual face to face PATIENT Activity provided by Sexual And Reproductive Health Services in clinics and non-clinic venues (e.g. outreach facilities or domiciliary visits). Also included are Sexual And Reproductive Health Services provided by non - NHS clinics funded wholly or in part by the NHS (e.g. Brook). It does not include those provided by CONSULTANTS in Outpatient Clinics or those provided by GENERAL MEDICAL PRACTITIONERS.

Data collected will be used by the NHS, Care Quality Commission, Department of Health and other appropriate Organisations to support the monitoring of the National Strategies on Sexual And Reproductive Health Services, service provision, benchmarking and develop commissioning. The existing KT31 Central Return Form will remain in operation alongside the Sexual and Reproductive Health Activity Data Set until such time as the Department of Health notify Organisations that it will be discontinued.

Time period: The extract will cover one financial quarter.

Frequency: Extracts will run quarterly, 6 weeks after the end of the quarter.

Format: Data returned should be formatted to a comma separated variable (CSV) or in a MS Excel file. The data variables should be transmitted in the order specified in the Sexual and Reproductive Health Activity Data Set.

Transmission: Data collated by the Primary Care Trust will be submitted via an on-line process to the Health and Social Care Information Centre.

SEXUAL AND REPRODUCTIVE HEALTH SERVICE

Change to Supporting Information: New Supporting Information

The Sexual And Reproductive Health Service (formerly referred to as Family Planning Services/Family Planning Clinics) provides a range of CONTRACEPTION and sexual health services. These may include:

- CONTRACEPTION
- Screening for cervical abnormalities
- Colposcopy
- Abortion
- Menopause care
- Menstrual dysfunction
- Sexually transmitted infection management
- Psychosexual medicine

CARE ACTIVITY

Change to Class: Changed Attributes

Attributes of this Class are:

SERVICE TYPE (ITEM OF SERVICE DELIVERY)
SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY

CARE CONTACT

Change to Class: Changed Attributes

Attributes of this Class are:

A and E ARRIVAL MODE
A and E ATTENDANCE CATEGORY
A and E ATTENDANCE DISPOSAL
A and E INITIAL ASSESSMENT TRIAGE CATEGORY
A and E STREAM
ACUTE HOME-BASED TELEPHONE CONTACT
ANTENATAL OR POSTNATAL INDICATOR
BREAST CANCER NURSE SEEN
CARE ACTIVITY INFORMATION
CARE CONTACT TYPE
COLPOSCOPY PRIME PROCEDURE TYPE
CONSULTATION MEDIA USED
CONSULTATION MEDIUM USED
~~CONTRACEPTION METHOD MAIN~~
~~CONTRACEPTION METHOD POST COITAL~~
~~CONTRACEPTIVE ADVICE GIVEN~~
CONTRACEPTIVE SERVICE TYPE
CPA REVIEW OUTCOME
DENTAL HAEMORRHAGE SERVICE TYPE
DENTAL REFERRAL INDICATOR
ELIGIBILITY OUTCOME
EMERGENCY TREATMENT FEE
EMERGENCY TREATMENT TYPE
FIRST ATTENDANCE

GENITOURINARY CONTACT TYPE CODE
HEALTH PROMOTION STAFF GROUP
HOME HELP USE
INITIAL CONTACT
INITIAL CONTACT WITHIN FIVE DAYS
IUD APPLICATION DATE
MARKER RESPONSE STATUS
MATERNITY MEDICAL SERVICE TYPE
MATERNITY VISIT CALL REASON
MEDICAL STAFF TYPE SEEING PATIENT
METASTATIC STATUS
NODAL STATUS
NON-NHS COMMUNITY BED USE
NON-NHS DAY CARE FACILITY USE
OUTCOME OF ATTENDANCE
PATIENT INFORMED OF OUTCOME DATE
PATIENT REPORTED SYMPTOMS INDICATOR
PATIENT REPORTED WAIT
PATIENT TRIAL STATUS
PAYMENT FROM PATIENT RECEIVED
POSTNATAL CARE INDICATOR
PRIMARY TUMOUR STATUS
SETTLED ACCOMMODATION INDICATOR
SHELTERED WORK FACILITY USE
SIGHT TEST DOMICILIARY VISIT TYPE
SIGHT TEST FORM COMPLETED
SIGHT TEST PERSON SUBSIDY TYPE
SKIN TUMOUR STATUS
STATUTORY ASSESSMENT TYPE
SURVEILLANCE RESULT

CATEGORY VALUED PERSON OBSERVATION

Change to Class: Changed Description

~~This item is being updated for development purposes and the changes have not yet been assured by the Information Standards Board for Health and Social Care.~~

A type of [PERSON PROPERTY](#).

Observations made regarding a [PERSON](#). These observations do not include information about a treatment or intervention.

[CATEGORY VALUED PERSON OBSERVATION](#) allows coded classifications of observations about a [PERSON](#) and includes:

- [ACCOMMODATION](#)
- [ALCOHOL STATUS](#)
- [ASPIRIN THERAPY LOCATION](#)
- [BLEED COMPLICATION](#)
- [CONTRACEPTION](#)
- [DISABILITY](#)
- [DISABILITY SEVERITY](#)
- [ETHNIC CATEGORY](#)
- [JOINT REPLACEMENT REVISION CLASSIFICATION](#)
- [LANGUAGE CLASSIFICATION](#)
- [LANGUAGE FLUENCY](#)
- [LEGAL STATUS CLASSIFICATION](#)
- [PATIENT CLINICAL GROUP](#)
- [PERFORMANCE STATUS](#)

- [PERSON GENDER](#)
- [PERSON MARITAL STATUS](#)
- [REFUGEE OR ASYLUM SEEKER](#)
- [RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION](#)
- [RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION GROUP](#)
- [SARCOMA PREDISPOSING CONDITION](#)
- [SEXUAL ORIENTATION](#)
- [SKIN LYMPHOMA MORPHOLOGY](#)

Note: [MEASURED PERSON OBSERVATION](#) allows for recording of measurements about a [PERSON](#) and [OTHER PERSON OBSERVATION](#) is where the [PERSON](#) states, for example, when they first experienced symptoms, the number of days on which alcohol has been consumed etc.

CLINICAL INTERVENTION

Change to Class: Changed Attributes

Attributes of this Class are:

ACCIDENT AND EMERGENCY INVESTIGATION
 ACCIDENT AND EMERGENCY TREATMENT
 ANATOMICAL EXAMINATION SITE
 BODY IRRADIATION
 BRACHYTHERAPY ACTUAL FRACTION
 BRACHYTHERAPY DELIVERY TYPE
 BRACHYTHERAPY DOSE RATE
 BRACHYTHERAPY ISOTOPE TYPE
 BRACHYTHERAPY PRESCRIBED FRACTIONS
 BRACHYTHERAPY TYPE
 BREAST ASSESSMENT / TEST OUTCOME
 CANCER IMAGING MODALITY
 CANCER TREATMENT MODALITY
 CLINICAL EXAMINATION FINDINGS
 CLINICAL INTERVENTION TYPE
 COLONOSCOPY INCOMPLETE REASON
[CONTRACEPTION METHOD STATUS](#)
 CORONARY INTERVENTION PERFORMED
 CYTOLOGY SCREENING ACTION TYPE
 DENTAL TREATMENT CLASSIFICATION
 DISCHARGE THERAPY TYPE
 DRUG ADMINISTRATION DURATION
 DRUG ADMINISTRATION STATUS
 DRUG DAYS SUPPLY
 DRUG DOSAGE AND ADMIN SPECIFICATION
 DRUG IDENTIFICATION
 DRUG INFORMATION COMMENT
 DRUG INFORMATION TYPE
 DRUG PROGRAMME RESPONSE
 DRUG QUANTITY SUPPLIED
 DRUG REGIMEN ACRONYM
 DRUG ROUTE OF ADMINISTRATION
 DRUG THERAPY TYPE
 DRUG TREATMENT COST
 DRUG TREATMENT INTENT
 ENDOCRINE THERAPY TYPE
 FIRST DEFINITIVE TREATMENT PROVIDED
 FIRST DIAGNOSTIC TEST
 FRACTION NUMBER

GESTATION LENGTH (LABOUR ONSET)
HIP REPLACEMENT BONEGRAFT
HIP SURGERY INCISION TYPE
HIP SURGERY PATIENT POSITION
HIP SURGERY TROCHANTER INDICATOR
IMAGE GUIDED SURGERY INDICATOR
IMAGING EVENT NUMBER
IMAGING INTERVENTION INDICATOR
IMAGING MODALITY
IMMUNITY TEST RESULT
INTERVENTION SESSION TYPE
INTERVENTION SETTING
JOINT REPLACEMENT PRIMARY OR REVISION
JOINT REPLACEMENT REVISION NUMBER
KNEE REPLACEMENT CEMENT INDICATOR
KNEE SURGERY FAT PAD REMOVED
KNEE SURGERY SKIN INCISION METHOD
KNEE SURGERY SURGICAL APPROACH
KNEE SURGERY TOURNIQUET USED
LABOUR FIRST STAGE LENGTH
LABOUR OR DELIVERY ONSET METHOD
LABOUR PROFESSIONAL PRIOR INVOLVEMENT
LABOUR SECOND STAGE LENGTH
MINIMALLY INVASIVE SURGERY INDICATOR
MINOR SURGERY TYPE
NATURE OF RISK AREA CODE
NEW LESIONS TREATED NUMBER
NUMBER OF TELETHERAPY FIELDS
OPERATIVE PATIENT PROCEDURE INDICATOR
OPPORTUNISTIC SCREENING TYPE
PATHOLOGY INVESTIGATION PRIORITY
PATHOLOGY RESULT REPORTED DATE
PATHOLOGY SPECIMEN TYPE
PATIENT PHYSICAL STATUS
PATIENT PROCEDURE IMPLANT INDICATION
PATIENT PROCEDURE RESULT
PLANNED TREATMENT CHANGE REASON
POST MORTEM TYPE
PRIMARY OR SUBSEQUENT COURSE
PRIMARY SCREENING
RADIOTHERAPY ACTUAL DOSE
RADIOTHERAPY ANAESTHETIC
RADIOTHERAPY ANATOMICAL TREATMENT SITE
RADIOTHERAPY PRESCRIBED DOSE
RADIOTHERAPY PRESCRIBED DURATION
RADIOTHERAPY TREATMENT COURSE STATUS
RADIOTHERAPY TREATMENT MODALITY
RATE OF GMP PAYMENT
RECURRENT LESIONS TREATED NUMBER
RESULT SENT DIRECT
ROUTINE OR EMERGENCY
SARCOMA SURGICAL MARGIN
SARCOMA SURGICAL PROCEDURE TYPE
SCHEDULED SESSION DURING OR OUTSIDE
SURGICAL DEFAULT TECHNIQUE INDICATOR
SURGICAL URGENCY
TELETHERAPY ACTUAL FRACTIONS
TELETHERAPY BEAM TYPE

TELETHERAPY COMPLEXITY GROUP
TELETHERAPY ELECTRON ENERGY
TELETHERAPY FIELDS
TELETHERAPY MULTIPLE PLANNING
TELETHERAPY PHOTON ENERGY
TELETHERAPY PRESCRIBED FRACTIONS
THROMBO PROPHYLAXIS REGIME TYPE
TREATMENT EXPOSURE TYPE
TYPE OF ANAESTHETIC
UNSEALED SOURCE ISOTOPE TYPE
UNSEALED SOURCE PATIENT TYPE
VACCINATION REASON INDICATOR

CONTRACEPTION

Change to Class: New Class

This records details of a PERSONS's CONTRACEPTION.

CONTRACEPTION

Change to Class: New Class

Attributes of this Class are:

CONTRACEPTION METHOD
CONTRACEPTION METHOD MAIN
CONTRACEPTION METHOD POST COITAL
CONTRACEPTIVE ADVICE GIVEN

CONTRACEPTION

Change to Class: New Class

Each CONTRACEPTION

may be the category for one or more CATEGORY VALUED PERSON OBSERVATION

SERVICE

Change to Class: Changed Description

An episode of care, treatment or other service provided by an [ORGANISATION](#) which may be chargeable to one or more [NHS SERVICE AGREEMENTS](#). In most cases, the service will be for the direct benefit of a [PATIENT](#). For example a [SERVICE](#) may be one or more of the following:

- a [Consultant Episode \(Hospital Provider\)](#)
- b [Consultant Out-Patient Episode](#)
- c [HEALTHY PERSON STAY](#)
- d [Accident And Emergency Episode](#)
- e [Radiotherapy Treatment Course](#)
- f [DIAGNOSTIC TEST REQUEST](#)
- g [Regular Attender Episode](#)
- h [Professional Staff Group Episode](#)

- i [Genitourinary Episode](#)
- j [TRANSPORT REQUEST](#)
- ✦ [Stop Smoking Service](#)
- k [Stop Smoking Service](#)
- l [Sexual And Reproductive Health Service](#)

A [SERVICE](#) associated with a [Care Spell](#) may be treatment carried out by the [ORGANISATION](#) acting as the [Health Care Provider](#) as part of a [Care Spell](#) for which the lead responsibility is with another [ORGANISATION](#).

CATEGORY VALUED PERSON OBSERVATION TYPE

Change to Attribute: Changed Description

~~This item is being updated for development purposes and the changes have not yet been assured by the Information Standards Board for Health and Social Care.~~

A classification of a [CATEGORY VALUED PERSON OBSERVATION](#).

National Codes:

- 01 [ALCOHOL STATUS](#)
- 02 [ASPIRIN THERAPY LOCATION](#)
- 03 [BLEED COMPLICATION](#)
- 04 [ETHNIC CATEGORY](#)
- 05 [JOINT REPLACEMENT REVISION CLASSIFICATION](#)
- 06 [LANGUAGE CLASSIFICATION](#)
- 07 [LEGAL STATUS CLASSIFICATION](#)
- 08 [PATIENT CLINICAL GROUP](#)
- 09 [PERFORMANCE STATUS](#)
- 10 [PERSON GENDER](#)
- 11 [PERSON MARITAL STATUS](#)
- 12 [SARCOMA PREDISPOSING CONDITION](#)
- 13 [SKIN LYMPHOMA MORPHOLOGY](#)
- 14 [ACCOMMODATION](#)
- 15 [SEXUAL ORIENTATION](#)
- 16 [RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION](#)
- 17 [RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION GROUP](#)
- 18 [DISABILITY](#)
- 19 [DISABILITY SEVERITY](#)
- 20 [LANGUAGE FLUENCY](#)
- 21 [REFUGEE OR ASYLUM SEEKER](#)
- 22 [CONTRACEPTION](#)

CONTRACEPTION METHOD

Change to Attribute: New Attribute

The [CONTRACEPTION METHOD](#) refers to the method of [CONTRACEPTION](#) used by a [PATIENT](#).

National Codes:

- 01 [Injectable Contraception](#)
- 02 [Implant](#)
- 03 [Intrauterine Device \(IUD\)](#)
- 04 [Intrauterine System \(IUS\)](#)
- 05 [Vaginal Ring](#)
- 06 [Contraception Patch](#)

- 07 Combined Pill
- 08 Progesterone Only Pill
- 09 Cap/Diaphragm
- 10 Spermicides
- 11 Natural Family Planning
- 12 Condom (Male)
- 13 Condom (Female)

CONTRACEPTION METHOD

Change to Attribute: New Attribute

CONTRACEPTION METHOD

Data Elements:

CONTRACEPTION OTHER METHOD
CONTRACEPTION PRINCIPAL METHOD

CONTRACEPTION METHOD MAIN

Change to Attribute: Changed Description

~~This will be recorded for PATIENTS attending a CLINIC OR FACILITY or receiving a domiciliary visit from a family planning advisor, for the purposes of contraception.~~ For purposes of the KT31 Return this will be recorded for PATIENTS attending a CLINIC OR FACILITY or receiving a domiciliary visit from a family planning advisor, for the purposes of CONTRACEPTION.

The CONTRACEPTION METHOD MAIN should be the main method chosen, or for existing PATIENTS should be the main method in use. It should be recorded for the first care contact at a Family Planning Clinic.

Where a definite choice of vasectomy or female sterilisation is made, and arrangements for this are put in hand, this should be the main method recorded, even though an alternative method may be advised for temporary use.

~~PATIENTS who make contact for emergency post coital contraception and have no other main method of contraception should be recorded as 'Other'.~~ PATIENTS who make contact for emergency post coital contraception and have no other main method of CONTRACEPTION should be recorded as 'Other' on the KT31 Return.

In the following list; Vasectomy, Male condom, Other methods or No methods, are the only valid classification for male PATIENTS.

Classification:

- a. combined preparation - oral contraceptive
- b. progestogen only - oral contraceptive
- ~~c. Intra-uterine device (IUD)~~
- c. Intrauterine Device (IUD)
- d. Cap or diaphragm
- e. Injectable contraceptive
- f. Other Chemicals (including spermicides etc, but only when used on their own)
- g. Male condom
- h. Female condom (e.g. FEMIDOM)
- i. Fertility indicators (singular or combined) - natural family planning/fertility awareness (rhythm method)
- j. Fertility devices (including Persona) - natural family planning/fertility awareness (rhythm method)
- k. Female sterilisation
- l. Implant
- ~~m. IU system (IUS) (Including Mirena)~~
- m. Intrauterine System (IUS) (Including Mirena)
- n. Contraceptive patch
- o. Vasectomy

- p. Other method
- q. No method provided

CONTRACEPTION METHOD POST COITAL

Change to Attribute: Changed Description

This will be recorded for PATIENTS attending a Family Planning Clinic or receiving a domiciliary visit from a family planning advisor, for the purposes of contraception. This will be recorded for PATIENTS attending a Family Planning Clinic or receiving a domiciliary visit from a family planning advisor, for the purposes of CONTRACEPTION.

The ~~CONTRACEPTION METHODS POST COITAL~~ should be recorded for each contact involving emergency post coital contraception. The CONTRACEPTION METHOD POST COITAL should be recorded for each contact involving emergency post coital contraception.

~~Classification:~~ Classification: (used in KT31)

- a. hormonal
- b. IUD
- a hormonal
- b Intrauterine Device (IUD)

National Codes (introduced for the Sexual and Reproductive Health Activity Data Set)

- 1 Emergency Oral
- 2 Emergency Intrauterine Device (IUD)

CONTRACEPTION METHOD STATUS

Change to Attribute: New Attribute

This refers to the status of the CONTRACEPTION PRINCIPAL METHOD where the Sexual And Reproductive Health Service issues the PATIENT at the point of contact with either a new method, a changed method, or where the current method is maintained, or where an initial consultation /advice on CONTRACEPTION is given prior to receiving the CONTRACEPTION.

National Codes:

- 1 New - The PATIENT receives CONTRACEPTION for the first time
- 2 Change - The PATIENT changes from one CONTRACEPTION METHOD to another
- 3 Maintain - Continues with current CONTRACEPTION METHOD
- 4 Pre CONTRACEPTION Consultation/CONTRACEPTION Advice Only - The PATIENT receives initial consultation on CONTRACEPTION METHOD only and no CONTRACEPTION is issued

CONTRACEPTION METHOD STATUS

Change to Attribute: New Attribute

CONTRACEPTION METHOD STATUS

Data Elements:

CONTRACEPTION METHOD STATUS

CONTRACEPTIVE ADVICE GIVEN

Change to Attribute: Changed Description

~~Indicates whether a Family Planning Domiciliary Visit or an attendance at a Family Planning Clinic resulted in contraception or contraceptive advice being given.~~ Indicates whether a Family Planning Domiciliary Visit or an attendance at a Family Planning Clinic resulted in CONTRACEPTION or contraceptive advice being given.

Classification:

- a. Contraception or contraceptive advice given
- b. No contraception and/or contraceptive advice sought or given

INITIAL CONTACT

Change to Attribute: New Attribute

This indicates whether this is the PATIENT's first ever contact with a SERVICE.

National Codes:

Y	Yes
N	No

INITIAL CONTACT

Change to Attribute: New Attribute

INITIAL CONTACT

Data Elements:

INITIAL CONTACT

SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY

Change to Attribute: New Attribute

This indicates care activity provided and carried out by the Sexual And Reproductive Health Service.

National codes:

- 01 Sexual Health Advice (e.g. covers all other advice that is not an inherent part of an activity listed under Sexual and Reproductive Health Service Activities)
- 02 Pregnancy Test (record all instances where pregnancy testing is part of the clinic's activity)
- 03 Pregnancy Advice and/or Options (where the patient is confirmed as pregnant and requires advice and detailed discussion or options available)
- 04 Abortion Assessment (includes assessment of gestation, medical history and social circumstances, a detailed discussion of the options available, their appropriateness and usually obtaining consent for any chosen procedure)
- 05 Pre Abortion Counselling (includes counselling given by a trained counsellor)
- 06 Abortion Medical Procedure
- 07 Abortion Surgical Procedure
- 08 Abortion Aftercare
- 09 Abortion Referral (with advice)

- 10 Post Abortion Counselling (includes counselling given by a trained counsellor)
- 11 Cervical Screening (includes smear tests and cytology)
- 12 Psychosexual Therapy (where psychosexual therapy is provided by a trained counsellor)
- 13 Psychosexual Referral (with advice)
- 14 Sterilisation/Vasectomy Assessment
- 15 Sterilisation/Vasectomy Treatment (including procedure)
- 16 Sterilisation/Vasectomy Aftercare
- 17 Sterilisation/Vasectomy Referral (with advice)
- 18 Premenstrual Syndrome (PMS) Treatment (includes consultation, clinical care and all therapies)
- 19 Implant Removal
- 20 Intrauterine System (IUS) Removal
- 21 Intrauterine Device (IUD) Removal
- 22 Intrauterine System (IUS) Insertion (non contraception)
- 23 Intrauterine System (IUS) Check (non contraception)
- 24 Menopause Management and Treatment (excluding IUS insertion/check)
- 25 Colposcopy Treatment
- 26 Colposcopy Referral (with advice)
- 27 Ultra Sound Scan
- 28 Sub Fertility Treatment and Care (including consultation, blood test for sub fertility purposes and semen analysis)
- 29 Other Gynaecology Treatment and Care (includes all gynaecology treatment not covered under cervical screening, colposcopy and sub fertility care. Includes gynaecology consultation, investigation (vaginal or pelvic examination) and treatment)
- 30 Alcohol Brief Intervention (see Alcohol Learning Centre)
- 31 Safeguarding Children Referral (see Every Child Matters)
- 32 Common Assessment Framework (CAF) Referral (see Every Child Matters)
- 33 Other Referrals (include referrals to Genitourinary Medicine clinics, Primary Care, Gynaecology Departments and other Outpatient Services)

SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY

Change to Attribute: New Attribute

SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY

Data Elements:

SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY
--

CONTRACEPTION METHOD POST COITAL

Change to Data Element: New Data Element

Format/Length:	n2
HES Item:	
National Codes:	See CONTRACEPTION METHOD POST COITAL
Default Codes:	

Notes:

This is the same as attribute CONTRACEPTION METHOD POST COITAL.

This allows for the recording of emergency CONTRACEPTION provided to the PATIENT.

Validation Rules:

- If CONTRACEPTION METHOD POST COITAL is recorded as a value 1 or 2 and CONTRACEPTION PRINCIPAL METHOD is blank then CONTRACEPTION METHOD STATUS must be blank.
- If the PATIENT is in receipt of emergency CONTRACEPTION only and it is not in support of a CONTRACEPTION

PRINCIPAL METHOD from the Sexual And Reproductive Health Service or emergency CONTRACEPTION is the CONTRACEPTION PRINCIPAL METHOD then this is recorded only in the CONTRACEPTION METHOD POST COITAL field.

- If the emergency CONTRACEPTION is in support of a CONTRACEPTION PRINCIPAL METHOD issued by the Sexual And Reproductive Health Service then CONTRACEPTION PRINCIPAL METHOD and CONTRACEPTION METHOD POST COITAL must be recorded.

CONTRACEPTION METHOD POST COITAL

Change to Data Element: New Data Element

CONTRACEPTION METHOD POST COITAL

Attribute:

CONTRACEPTION METHOD POST COITAL

CONTRACEPTION METHOD STATUS

Change to Data Element: New Data Element

Format/Length:	n1
HES Item:	
National Codes:	See CONTRACEPTION METHOD STATUS
Default Codes:	

This records the status of a PATIENT's CONTRACEPTION PRINCIPAL METHOD at the point of intervention. An intervention is where the PATIENT had to attend the Sexual And Reproductive Health Service (or was attended in the home/other location) for the purpose of changing, maintaining, supporting and initiating their method of CONTRACEPTION.

Notes:

This is the same as attribute CONTRACEPTION METHOD STATUS.

Validation Rules:

- If CONTRACEPTION METHOD STATUS is recorded as a value 1, 2 or 3 then CONTRACEPTION PRINCIPAL METHOD must also record a value between 1 and 13. If the PATIENT is receiving, maintaining or changing a CONTRACEPTION PRINCIPAL METHOD then this must always be recorded at every attendance and conversely if CONTRACEPTION PRINCIPAL METHOD is recorded then CONTRACEPTION METHOD STATUS must be either 1, 2 or 3 at every attendance.
- If CONTRACEPTION METHOD STATUS is recorded as a value 4 then CONTRACEPTION PRINCIPAL METHOD must be left blank. If the PATIENT is consulting on CONTRACEPTION METHODS or is obtaining advice on methods but has not yet received their method from the Sexual And Reproductive Health Service then CONTRACEPTION PRINCIPAL METHOD should not be recorded.
- If CONTRACEPTION METHOD POST COITAL is recorded as a value 1 or 2 and CONTRACEPTION PRINCIPAL METHOD is blank then CONTRACEPTION METHOD STATUS must be blank. If the PATIENT is in receipt of emergency CONTRACEPTION only and it is not in support of a CONTRACEPTION PRINCIPAL METHOD from the Sexual And Reproductive Health Service or emergency CONTRACEPTION is the CONTRACEPTION PRINCIPAL METHOD then this is recorded only in the CONTRACEPTION METHOD POST COITAL field. If the emergency CONTRACEPTION is in support of a CONTRACEPTION PRINCIPAL METHOD issued by the Sexual And Reproductive Health Service then CONTRACEPTION PRINCIPAL METHOD and CONTRACEPTION METHOD POST COITAL must be recorded.

CONTRACEPTION METHOD STATUS

Change to Data Element: New Data Element

CONTRACEPTION METHOD STATUS

Attribute:

CONTRACEPTION METHOD STATUS

CONTRACEPTION OTHER METHOD

Change to Data Element: New Data Element

Format/Length:	n2
HES Item:	
National Codes:	See CONTRACEPTION METHOD
Default Codes:	

Notes:

This is the same as attribute CONTRACEPTION METHOD. This refers to a supporting method of CONTRACEPTION provided to the PATIENT in addition to the main method. For example oral pills may be provided with an Intrauterine Device (IUD) device and condoms.

Validation Rules:

- If CONTRACEPTION OTHER METHOD is recorded as a value between **1 and 13** then CONTRACEPTION PRINCIPAL METHOD must also record a value between **1 and 13** or CONTRACEPTION METHOD POST COITAL must also record a value **1 or 2**.
- *If a PATIENT is receiving an auxiliary CONTRACEPTION METHOD to support their CONTRACEPTION PRINCIPAL METHOD therefore the CONTRACEPTION PRINCIPAL METHOD and CONTRACEPTION METHOD STATUS must be recorded or the auxiliary is to support emergency CONTRACEPTION then the CONTRACEPTION METHOD POST COITAL must be recorded.*

CONTRACEPTION OTHER METHOD

Change to Data Element: New Data Element

CONTRACEPTION OTHER METHOD

Attribute:

CONTRACEPTION METHOD

CONTRACEPTION PRINCIPAL METHOD

Change to Data Element: New Data Element

Format/Length:	n2
HES Item:	
National Codes:	See CONTRACEPTION METHOD
Default Codes:	

Notes:

This is the same as attribute CONTRACEPTION METHOD.

This refers to the Principal Method of CONTRACEPTION provided to a PATIENT at every attendance (or the PATIENT is maintaining under the service's care) where an intervention to the Principal Method of CONTRACEPTION occurs.

CONTRACEPTION PRINCIPAL METHOD

Change to Data Element: New Data Element

CONTRACEPTION PRINCIPAL METHOD

Attribute:

CONTRACEPTION METHOD

INITIAL CONTACT

Change to Data Element: New Data Element

Format/Length:	a1
HES Item:	
National Codes:	See INITIAL CONTACT
Default Codes:	

Notes:

This indicates whether this is the PATIENT's first ever contact with the Sexual And Reproductive Health Service within a Health Care Provider

This is the same as attribute INITIAL CONTACT.

INITIAL CONTACT

Change to Data Element: New Data Element

INITIAL CONTACT

Attribute:

INITIAL CONTACT

SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY

Change to Data Element: New Data Element

Format/Length:	n2
HES Item:	
National Codes:	See SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY
Default Codes:	

Notes:

This is the same as attribute SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY. This indicates all other ACTIVITY provided and carried out by the Sexual And Reproductive Health Services at the point of contact/attendance.

SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY

Change to Data Element: New Data Element

SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY

Attribute:

SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY

For enquiries about this Data Set Change Notice, please contact either the Information Centre for Health and Social Care at Surveyteam@ic.nhs.uk or Department Of Health, Science and Bioethics Directorate, Wellington House, London