

Sexual Orientation Monitoring: Full Specification

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| Description | This is the specification for the Information Standard for Sexual Orientation Monitoring; the fundamental standard provides the mechanism for recording the sexual orientation of all patients/service users aged 16 years and over across all health services and Local Authorities with responsibilities for Adult social care in England where it may be relevant to record this information |
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Sexual Orientation Monitoring:

Full Specification

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Data Coordination Board

This information standard (DCB2094) has been approved for publication by the Department of Health under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

- Specification
- Implementation Guidance.

An Information Standards Notice (DCB2094 Amd 51/2015) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

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

Date of publication: 5 October 2017

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1 Overview

1.1 Background and Context

1.1.1 Context

This is a fundamental information standard that provides the mechanism for recording the sexual orientation of all patients/service users aged 16 years and over across all health services and Local Authorities with responsibilities for Adult social care in England in all service areas where it may be relevant to record this data. In settings and circumstances where dataset owners and health and social care organisations decide to record patient/service user sexual orientation, the data should be recorded as per this standard. If the record does not capture in this way, it must be able to be matched to produce the outputs required. The scope applies to Local Authorities with responsibilities for Adult social care but may be used more widely by local authorities. This standard provides the categories for recording sexual orientation but does not mandate a collection.

Sexual orientation is one of the nine protected characteristics defined by the [Equality Act 2010](#).¹ The Act and the corresponding [Public Sector Equality Duty \(PSED\)](#) (section 149 of the Act) contain a legal obligation for all public sector bodies to pay due regard to the needs of lesbian, gay and bisexual (LGB) people in the design and delivery of services and ensure (and be able to demonstrate) that people are not discriminated against based upon their sexual orientation.² Sexual orientation is already collected in certain data sets but is not consistently collected across the health and social care system.

Collecting and analysing data on sexual orientation allows public sector bodies to better understand, respond to and improve LGB patients' service access, outcomes and experience. It is evidence of an organisation's compliance with the PSED. The standard will enable a consistent method of monitoring sexual orientation for organisations.

In 2014, NHS England convened a national task and finish group with representatives from the NHS, the Department of Health, Public Health England and NHS Digital³ to drive forward Sexual Orientation Monitoring (SOM) in the health and social care system. These organisations support this fundamental standard.

Monitoring sexual orientation will help to ensure that:

- all health and social care organisations are able to demonstrate the provision of equitable access for LGB individuals;
- care providers have an improved understanding of the impact of inequalities on health and care outcomes for LGB populations in England;
- policy makers, service commissioners and providers can better identify health risks at a population level. This would support targeted preventative and early

¹ <http://www.legislation.gov.uk/ukpga/2010/15/contents>

² <http://www.legislation.gov.uk/ukpga/2010/15/contents>

³ Formerly the Health & Social Care Information Centre prior to 1st August 2016.

intervention work to address health inequalities for LGB populations, which is shown to reduce expenditure linked to treatment costs further down the line.

Use of the standard by organisations will support the delivery of benefits across a number of areas:

- Support health and social care bodies to be compliant with the Equality Act with regard to sexual orientation.
- There is a strong evidence base that LGB people are disproportionately affected by a range of health inequalities, including poor mental health, higher risk of self-harm and suicide, increased prevalence of sexually transmitted infections (STI) including HIV, increased use of alcohol, drugs and tobacco with a higher likelihood of dependency; increased social isolation and vulnerability in old age.⁴ However, a lack of patient SOM means that these inequalities and related specific patient needs are often not acknowledged or addressed in mainstream service provision.
- Recording sexual orientation across health and social care would allow policy makers, service commissioners and providers to better identify health risks at a population level. This would support targeted preventative and early intervention work to address health inequalities, which is shown to reduce expenditure linked to treatment costs further down the line.⁵
- Health and social care organisations will be able to utilise the collected information to contribute to the improvement of health and social care providers' understanding of the impact of inequalities on health and social care outcomes for different populations in England and thereby take steps to ensure the provision of equitable access for LGB individuals.

This fundamental standard with additional operational benefits is further supported by the [NHS Constitution](#) and the [Equality Delivery System](#) (EDS2). The Constitution asks NHS commissioners and providers to ensure that the NHS provides a comprehensive service to all irrespective of their backgrounds and circumstances, including the protected characteristics they have or do not have. EDS2 is a facilitative equality tool including a set of outcomes covering patient care, access and experience. NHS providers analyse their performance against these outcomes for each group afforded protection under the Equality Act 2010.

1.2 Supporting Documents

| Ref | Reference | Title |
|-----|---|---|
| 1 | http://www.legislation.gov.uk/ukpga/2010/15/contents | <i>Equality Act 2010</i> |
| 2 | http://www.legislation.gov.uk/ukpga/2010/15/part/11/chapter/1 | <i>Equality Act 2010: public sector Equality Duty</i> |

⁴ Williams, H. et al. *LGB&T Public Health Outcomes Framework Companion Document*. National LGB&T Partnership 2014. www.lgbt.foundation.org.uk/phof

⁵ Cox, J. and Morris, D. *Greater Manchester Building Health Partnerships Summary Report*. New Economy and The Lesbian & Gay Foundation. 2014. www.lgbt.foundation.org.uk/bhp

| | | |
|---|---|-------------------------------------|
| 3 | https://www.gov.uk/government/publications/the-nhs-constitution-for-england | <i>The NHS Constitution</i> |
| 4 | http://www.england.nhs.uk/ourwork/gov/equality-hub/eds/ | <i>The Equality Delivery System</i> |

1.3 Scope

The Information Standards development team has consulted with the national SNOMED CT team and the NHS Data Model & Dictionary Service at NHS Digital to ensure that SNOMED CT codes are compatible with the question set for this Standard. The mapping table between SNOMED CT codes and this standard's codes is included in the Implementation Guidance. We note that SNOMED CT will be mandatory for the health services and that this is not the same for social care as a whole.

We recommend that this standard is used to record sexual orientation at every face to face contact with the patient, where no record of this data already exists. Demographic data will be periodically reviewed by the organisation collecting it, i.e. once recorded, entries will need to be verified with the patient (similar to periodic reviews of data such as address). The patient will retain the right not to disclose this information, but this response will become part of the record (similar to that which is done with recording ethnicity).

The scope is all health services and Local Authorities with responsibilities for Adult social care in England. This includes all services commissioned by health and social care. The scope is limited to monitoring sexual orientation. The scope is limited to the collection of this data and does not cover its use.

The scope does not include monitoring of gender or gender identity as these are separate protected characteristics, although it is recognised that these characteristics are related.

In this standard, sexual orientation is defined as follows:

The stated physical and emotional attraction a person feels towards one sex or another (or both).

The proposed question for health care professionals to use is as follows:

Sexual orientation:

Which of the following options best describes how you think of yourself?

1. Heterosexual or Straight
2. Gay or Lesbian
3. Bisexual
4. Other sexual orientation not listed
- U. Person asked and does not know or is not sure
- Z. Not stated (person asked but declined to provide a response)
9. Not known (not recorded)

The question has been worded so as to encompass more fully sexual orientation, sexual attraction and sexual behaviour, and to reinforce the fact that sexual orientation is about identity rather than sexual partners. The question set is based on research into monitoring sexual orientation conducted by the Office for National Statistics (ONS) and the Equality and Human Rights Commission (EHRC), and on current practice by organisations which monitor sexual orientation.

Classifications 1-3 are those which people are most likely to be familiar with, and are intended to simplify the question and answer. Classification 2 is 'gay or lesbian' as this category will include some women who identify as gay rather than lesbian. We have considered the implications of this for both recording and reporting data with the NHS Data Model & Dictionary team and the SNOMED CT team within NHS Digital. The mapping table between SNOMED CT codes and this standard's codes is included in the Implementation Guidance. Please note that this fundamental standard is intended to outline how users will map data rather than how it is recorded; it describes the output rather than the input.

Classification 4 allows patients to identify as other than heterosexual/straight or lesbian, gay or bisexual (LGB), including but not limited to asexual or queer⁶ (estimated to be a small minority of non-heterosexuals).⁷

Classification U allows recording where a patient does not know or is not sure, consistent with terminology in the Data Dictionary.

Classification Z allows for the patient choosing not to disclose this information, as is their right.

Classification 9 is not intended to be visible to the patient or health and social care professional but is needed to account for missing data in analysis, i.e. where there is no record of sexual orientation.

This definition, question and classifications differ to those currently in the NHS Data Model & Dictionary.⁸ As part of the process of developing this standard we have consulted with the NHS Data Model & Dictionary Service and a set of values has been agreed which is consistent with the NHS Data Dictionary.

1.3.1 Future Standards

NHS England is working with the Department of Health and other partners on a scoping exercise which is evaluating options for the development of a unified information standard. The initial scoping exercise is due to be completed by the end of winter 2017 when an options paper will be considered by NHS England and the Department of Health. This standard for SOM acts as the pilot for any future wider standard and the intention is that the SOM will become part of any unified information standard.

⁶ Queer is an umbrella term, used in the LGB community. As a sexual orientation it can be used to describe a complex set of sexual behaviours and desires, or to make a statement against categories such as lesbian, gay, bisexual or straight. Queer is an in-group term, and can be considered offensive in certain contexts and settings.

⁷ Office for National Statistics. 'Sexual identity in the UK' *Part of Integrated Household Survey, January to December 2012 Release*. ONS, 2014. <http://www.ons.gov.uk/ons/rel/integrated-household-survey/integrated-household-survey/january-to-december-2012/info-sexual-identity.html>

⁸ http://www.datadictionary.nhs.uk/data_dictionary/attributes/s/ses/sexual_orientation_code_de.asp?sh_ownav=1

1.3.2 Compliance

Organisations which must have regard to this standard are defined within the Health and Social Care Act, 2012 and can be found here:

<http://www.legislation.gov.uk/ukpga/2012/7/contents>.

This standard is approved under section 250 of the Health and Social Care Act 2012.

1.4 Related Standards

We have consulted with the owners of the three data sets which already collect data on sexual orientation:

- Improving Access to Psychological Therapies Data Set - Version 1.5
- Genitourinary Medicine Clinic Activity Data set (GUMCADv2)
- Deprivation of Liberty Safeguards (DoLS), under the Mental Capacity Act 2005, Data Collection

The data set owners have all confirmed that the proposed definition and question set are mostly compatible with existing data sets, and that a phased approach would be taken to any necessary changes, e.g. made as part of broader system updates. As the DoLS data set is a national return, our consultation with the data set owners has assisted in demonstrating that users should be able to collect sexual orientation in other social care data sets in a similar way.

2 Requirements

| # | Requirement ⁹ |
|---|---|
| 1 | IT systems: where this data is recorded, IT systems MUST be adapted to use the question and response codes as set out in section 1.3 |
| 2 | Health and social care organisations: where this data is recorded, health and social care organisations SHOULD provide adequate training for all staff involved in collection and recording of this data. |
| 3 | Health and social care organisations: where this data is recorded, health and social care organisations MAY wish to create briefing documents for staff and patients/service users explaining why this collection is necessary. |
| 4 | NHS Digital MUST be receptive to changes to data sets that may be impacted by this fundamental standard. |
| 5 | NHS Digital MAY wish to consider publishing data where it exists. |

2.1.1 Conformance Criteria

| # | Criteria |
|---|---|
| 1 | IT systems: where this data is recorded, IT systems are using the question and response codes as set out in section 1.3 |
| 2 | Health and social care organisations: where this data is recorded, health and social care organisations provide adequate training for all staff involved in |

⁹ The key words MUST, SHOULD and MAY are defined here: <http://www.rfc-base.org/rfc-2119.html>

| | |
|---|---|
| | collection and recording of this data; where they do not provide training, organisations have considered and carefully weighed the full implications of choosing a different course. |
| 3 | Health and social care organisations: where this data is recorded, health and social care organisations have considered creating briefing documents for staff and patients/service users explaining why this collection is necessary. |
| 4 | NHS Digital MUST be receptive to changes to data sets that may be impacted by this fundamental standard. |
| 5 | NHS Digital has considered publishing data where it exists. |
| 6 | Health and social care organisations: where this data is recorded, health and social care organisations SHOULD review their role-based access arrangements in light of collecting this personally-identifiable sensitive data in the relevant settings. |

3 Data Quality

We would expect data sets and organisations implementing this standard to be consistent, and so Implementation Guidance has been produced as part of the suite of documentation to support this specification. The Implementation Guidance sets out how the standard should be implemented, to help recording and support data quality. Recording of this data will be similar to current recording of Ethnicity data, which is bedded in. The cross-system implementation task and finish group (see Section 7) has included the development of this guidance as part of its action plan.

4 Funding

A solution has been chosen that is simple and fits with the research conducted to make implementation of the standard as easy as possible. We consulted with the owners of the three data sets which already collect this data (see 1.4 above) and with organisations in the health and social care system which routinely monitor sexual orientation. This found that they had taken a phased approach to implementation. Dataset owners and organisations had incorporated the cost of implementation into existing data collection requirements, for example making any necessary changes to IT systems when other systems updates were due. The costs of implementation were therefore absorbed into other costs and funded by the organisation themselves rather than any other body. We therefore anticipate that any implementation costs for organisations adopting this standard will be absorbed in the same way when data sets are routinely uplifted.

5 Consultation and Stakeholder Engagement

5.1 Stakeholder Engagement

Development of this standard from the initial stages has been undertaken in consultation with a number of key stakeholders from across the health and social care system which are represented on a national task and finish group. The NHS Equality & Diversity Council (EDC) also supported the development of this fundamental standard. NHS England's publication, *Monitoring Equality & Health*

Inequalities Position Paper (2015), outlines the importance of collecting equality and health inequalities data in health and social care, including sexual orientation.¹⁰

These high-level stakeholders were keen to facilitate better sexual orientation monitoring across the system as it was felt that while monitoring had been identified as a key way to address LGB inequalities, it was often not implemented comprehensively or consistently across the system. This view was supported by LGBT Foundation's own experience as an LGBT service delivery organisation working with health and social care providers, and that of other organisations in the National LGB&T Partnership.¹¹

5.2 Consultation

Three data sets currently collect data on sexual orientation: IAPT (NHS Digital), GUMCAD (Public Health England) and DoLS (NHS Digital). All three data set owners offered their support for the standard and confirmed that the proposed definition and question set are mostly compatible with existing data sets. Based on this consultation we are recommending that a phased approach should be taken to any necessary changes to ensure compatibility with the proposed standard (for example, any changes to IT systems could be made as part of broader system updates).

Organisations across the health and social care system that would be affected by this standard were further consulted to seek their views on implementation.

LGBT Foundation has previously conducted research with LGB and heterosexual people to assess the acceptability of SOM. This indicates that 90-95% of people, both LGB and heterosexual, would be comfortable disclosing their sexual orientation as part of demographic monitoring if they understood why it was being collected.¹² Our engagement suggests that SOM is largely acceptable among LGB people providing that confidentiality policies are adhered to and that the data is used appropriately. Furthermore, our engagement with the trans community and our work with trans organisations on equalities monitoring shows that gender identity and trans status should be kept separate from sexual orientation. Outside of our work on this standard we are supporting NHS England's work into the feasibility of a unified standard for all protected characteristics.

The proposed question set is based on research into monitoring sexual orientation conducted by the ONS and the EHRC (both including user testing) and on current practice by organisations which monitor sexual orientation.

An Implementation Task and Finish group has been set up to oversee an 'early adopters' programme for implementation of the standard in both health and social care. This programme will engage with those working in all aspects of data collection for this standard (including clinicians and other health and social care professionals)

¹⁰ NHS England (2015) <https://www.england.nhs.uk/wp-content/uploads/2015/03/monitrg-ehi-pos-paper.pdf>.

¹¹ A partnership of twelve LGBT organisations across England aiming to reduce health inequalities and challenge homophobia, biphobia and transphobia within public services. The National LGB&T Partnership is a Sector Strategic Partner of the Department of Health, Public Health England and NHS England.

¹² The Lesbian & Gay Foundation, *Lesbian, gay and bisexual patients' experiences of their GP: Greater Manchester findings*. Building Health Partnerships, The Lesbian & Gay Foundation: 2014. The Lesbian & Gay Foundation, unpublished research with GP practice, 2014.

to support them through the process of implementation, gathering feedback and developing practice support, which will then be used to generate case studies to be shared throughout the health and social care system.

5.3 Communication Strategy

A high level Communications Plan has been produced as part of the suite of documentation to support this specification. A more detailed communications strategy will be developed by the Implementation Task and Finish group (see Implementation Guidance).

6 Test Strategy

The cross-system task and finish group's action plan (see Implementation Guidance) includes developing an early adopters programme for implementation of the standard in both health and social care, which will test that it works well in practice. The early adopters programme will engage with those working in all aspects of data collection for this standard (including clinicians and other health and social care professionals) to support them through the process of implementation and generate case studies which can be shared throughout the health and social care system. At publication, all implementers of the standard will be urged to test collection, extraction and analysis as far as possible before it goes live.

7 Implementation

We would expect data sets and organisations implementing this standard to be consistent, and Implementation Guidance has been produced as part of the suite of documentation to support this specification.

8 Outline Benefits

This standard does not mandate implementation and will not monitor conformance. We have estimated the Expected Impact in order to gauge the potential benefits of the standard.

| Benefit | Avoided Risk | Type ⁺ | Metric | Baseline | Expected impact (see note above) |
|---|---|-------------------|---|-------------------------|---|
| All health and social care bodies can implement patient sexual orientation monitoring and so will be compliant with the Equality Act with regard to monitoring of the protected characteristic of sexual orientation. | Reduced risk of legal challenge on the basis of non-compliance with the Equality Act and corresponding Public Sector Equality Duty. | Societal | Number of health and social care bodies that have implemented sexual orientation monitoring | Assume 0% at April 2017 | 50% compliant by April 2018, 100% compliant by April 2019 |
| All health and social care organisations will be able to demonstrate the provision of equitable access for LGB individuals. Use of the data can contribute to the improvement of care providers' understanding of the impact of inequalities on health and care outcomes for different populations in England | <p>Reduced risk of legal challenge on the basis of non-compliance with the Equality Act and corresponding Public Sector Equality Duty.</p> <p>Use of the data will provide reduced risk of poor understanding among health and social care professionals of population health inequalities.</p> | Societal | Case studies | Assume 0% at April 2017 | 10 case studies by April 2018 |

| Benefit | Avoided Risk | Type ⁺ | Metric | Baseline | Expected impact (see note above) |
|--|--|-------------------|---------------------|--------------------------------|--------------------------------------|
| <p>Policy makers, service commissioners and providers across health and social care can use the data collected to identify health risks at a population level. This would support targeted preventative and early intervention work to address health inequalities, which is shown to reduce expenditure linked to treatment costs further down the line.</p> | <p>Reduced risk of health inequalities negatively impacting on the life chances of LGB people, and the associated treatment cost to public services.</p> | <p>Societal</p> | <p>Case studies</p> | <p>Assume 0% at April 2017</p> | <p>10 case studies by April 2018</p> |
| <p>Benefit Types <i>Quality</i> : Benefits that are qualitative in nature and not easily measurable or quantifiable; for example user confidence or from a case study <i>Societal</i> : Benefits that are associated with patient, carer or public; i.e. not NHS or Provider related <i>Opportunity</i> : Benefits that arise from a 'knock-on' effect of the solution or project; e.g. reducing the burden of error correction to a data set <i>Cash-releasing</i> : Benefits to which a £value could be attributed, either directly (e.g. reduced overheads for IT systems) or indirectly (e.g. avoided risk of a £fine in the event of data loss or untoward incident) <i>* cash releasing benefits are regarded in isolation from implementation and service delivery costs as these form a part of the full business case</i></p> | | | | | |

9 Burden Assessment

An assessment of the estimated burden has been undertaken with the Burden Advice and Assessment Service (BAAS) within NHS Digital. BAAS has determined that this fundamental standard does not require a burden assessment.

10 Information Governance Initial Assessment

An assessment of the implications for Information Governance has been undertaken with the relevant team. An assessment of the IG implications of this fundamental standard has determined that there are no IG issues. The application of this standard locally should be supported by a local review of privacy impact assessments.

11 Patient Safety Initial Assessment

The Patient Safety Assessment team have considered the implications of this standard and its assessment is quoted below:

“Implementation and use of this fundamental standard has potential to have an impact on Clinical Safety. System suppliers and organisations implementing and adhering to this standard must ensure that they update their clinical safety case reports to accept this potential impact and set out steps to manage it”.

12 Maintenance Strategy

As this is a standard which provides the mechanism for organisations to monitor sexual orientation, it is unlikely that there will be changes to the standard after publication in the foreseeable future. NHS England has confirmed its overall responsibility for this standard and committed to provide analytical resource in the event of required changes.

12.1 Change Process

This standard will be reviewed 12 months after implementation and any changes needed will be identified as part of that review.

12.2 Contacts

Project Manager: Michail Sanidas, Project co-ordinator for Equality and Health msanidas@nhs.net

Owner: Ruth Passman, Head of Equality and Health Inequalities, NHS England ruth.passman@nhs.net

Appendix 1: Glossary of terms

| Term | Acronym | Definition |
|---|---------|---|
| Department of Health | DH | The Ministerial Department of the United Kingdom Government responsible for government policy on health and adult social care matters. |
| Deprivation of Liberty Safeguards data set | DoLS | The data set that collects information from Local Authorities with Social Services Responsibilities on DoLS at a case level. |
| NHS Equality & Diversity Council | EDC | The EDC provides leadership on equality issues across the health care system. |
| Gay and Lesbian Association of Doctors and Dentists | GLADD | A membership organisation that represents lesbian, gay, bisexual and trans doctors and dentists from across the UK. |
| Genitourinary medicine clinic activity data set | GUMCAD | The data set that collects STI information from GUM clinics and other commissioned non-GUM sexual health services. |
| Government Equalities Office | GEO | The United Kingdom Government office responsible for equality strategy and legislation across government. |
| Health and Care Strategic Partnership Programme | N/A | A programme enabling Voluntary and Community Sector (VCS) organisations to work in equal partnership with the Department of Health, NHS England and Public Health England. |
| Health Education England | HEE | An executive non-departmental public body, sponsored by the Department of Health. HEE is a national leadership organisation for education, training and workforce development in the health sector. |
| Improved Access to Psychological Therapies data set | IAPT | The data set that collects information on access to IAPT services from providers of NHS-funded care. |
| Lesbian, gay, bisexual | LGB | LGB is a collective term to describe a group of people. Lesbian: a woman who is attracted to other women Gay: a man or a woman who is attracted to people of the same gender Bisexual: someone who is attracted to people of the same and/or opposite gender |

Classification: Official

| Term | Acronym | Definition |
|------------------------------|-------------|---|
| Lesbian, gay bisexual, trans | LGBT | <p>LGBT is a collective term to describe a group of people:</p> <p>Lesbian: a woman who is attracted to other women</p> <p>Gay: a man or a woman who is attracted to people of the same gender</p> <p>Bisexual: someone who is attracted to people of the same and/or opposite gender</p> <p>Trans: an umbrella and inclusive term used to describe people whose gender identity differs in some way from that which they were assigned at birth; including non-binary people, cross dressers and those who partially or incompletely identify with their sex assigned at birth.</p> |
| National LGB&T Partnership | N/A | <p>A Partnership of twelve LGBT organisations across England aiming to reduce health inequalities and challenge homophobia, biphobia and transphobia within public services. The Partnership is a Sector Strategic Partner of the Department of Health, Public Health England and NHS England.</p> |
| NHS Digital | NHSD | <p>An executive non-departmental public body of the Department of Health, this is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.</p> |
| NHS England | NHS England | <p>An executive non-departmental public body, sponsored by the Department of Health. NHS England leads the National Health Service (NHS) in England and set the priorities and direction of the NHS and encourages and informs the national debate to improve health and care. It shares out more than £100 billion in funds and holds organisations to account for spending this money effectively for patients and efficiently for the tax payer. NHS England commissions the contracts for GPs, pharmacists, and dentists and supports local health services that are led by groups of GPs called Clinical Commissioning Groups (CCGs). CCGs plan and pay for local services such as hospitals and ambulance services.</p> |
| Public Health England | PHE | <p>An executive agency of the Department of Health with responsibility for protecting and improving the nation's health and wellbeing, and reducing</p> |

Classification: Official

| Term | Acronym | Definition |
|-------------------------------|-----------|---|
| | | health inequalities. |
| Sexual orientation monitoring | SOM | The monitoring of the protected characteristic of sexual orientation; in the context of this fundamental standard, monitoring of patients /service users. |
| SNOMED CT | SNOMED CT | International clinical health terminology product, owned and distributed by SNOMED International |

Appendix 2: Related standards

Section 5.2 above summarises our consultation with the owners of the three data sets which already collect data on sexual orientation. The table below sets out how this data is currently collected, what changes are necessary to comply with the proposed collection, and the anticipated date for these changes.

| Data set | Proposed terminology | Current terminology | Estimated date for change implementation |
|-----------|--|--|--|
| IAPT V1.5 | 1 - Heterosexual or Straight | 1 - Heterosexual | April 2019 (incorporation into MHSDS V2.0) (date subject to change) |
| | 2 - Gay or Lesbian | 2 - Gay/Lesbian | |
| | 3 - Bisexual | 3 - Bi-sexual | |
| | 4 - Other sexual orientation not listed | 4 - Person asked and does not know or is not sure | |
| | U - Person asked and does not know or is not sure | <i>No equivalent value</i> | |
| | Z - Not stated (person asked but declined to provide a response) | 6 - Not stated (Person asked but declined to provide a response) | |
| | 9 - Not known (not recorded) | 5 - Unknown | |
| GUMCAD v2 | 1 - Heterosexual or Straight | 1 - Heterosexual | May be incorporated in GUMCADv2, due for April 2018 (date subject to change) |
| | 2 - Gay or Lesbian | 2 - Homosexual | |
| | 3 - Bisexual | 3 - Bisexual | |
| | 4 - Other sexual orientation not listed | - | |
| | U - Person asked and does not know or is not sure | - | |
| | Z - Not stated (person asked but declined to provide a response) | - | |

Classification: Official

| Data set | Proposed terminology | Current terminology | Estimated date for change implementation |
|----------|--|-------------------------------|--|
| | 9 - Not known (not recorded) | 9 - Not known / Not specified | |
| DoLS | 1 - Heterosexual or Straight | 1 - Heterosexual/Straight | April 2018 |
| | 2 - Gay or Lesbian | 2 - Gay/Lesbian | |
| | 3 - Bisexual | 3 - Bisexual | |
| | 4 - Other sexual orientation not listed | - | |
| | U - Person asked and does not know or is not sure | 5 - Prefer not to say | |
| | Z - Not stated (person asked but declined to provide a response) | 4 - Other | |
| | 9 - Not known (not recorded) | 0 - Not Known | |