

Health Improvement Action in Hospital Settings: Action 18.6: Sexual Health

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CEL (1) 2012 Annual Report Summary Briefings – Year 1

This paper is part of a series of briefing papers summarising national health improvement action within the hospital and community hospital setting, reported to Scottish Government as part of the formal governance requirements for delivery of CEL (1) 2012. Information within these reports has been extracted from Year 1 Annual Reports submitted on 30 April 2013 and, therefore, reflects reported health improvement action from January 2012–April 2013.

NHS Boards received individual feedback on their annual report submissions and these can be read alongside the briefings series in order to support local-level discussion.

Briefing papers within this series include: **1** Context for Delivery (Core Actions 1–5); **2** Tobacco; **3** Alcohol (covering selected performance measures not reported through the ADP Governance Framework); **4** Breastfeeding; **5** Healthy Working Lives; **6** Sexual Health; **7** Physical Activity; and **8** Active Travel.

NHS Boards received feedback on Action 18.4 Food and Health within their individual feedback.

To view the entire briefing series, and for all other secondary care health improvement support, please visit our NES Knowledge Network Portal at:

www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs.aspx

CEL (1) 2012 Action 18.7: i) Prior to discharge from maternity services, all women aged 16–50 are advised of their contraception options. In particular, vulnerable women at risk of poor sexual health outcomes should be offered effective methods of contraception, including long-acting reversible contraception (LARC); ii) Prior to discharge from termination services, all women are provided with an effective method of contraception, including LARC, where appropriate.

Performance measures:

1. The number of women who have contraception methods recorded.
2. The number of vulnerable women who are provided with longer-lasting contraception prior to discharge.
3. The number of terminations and repeat terminations.
4. The number of unintended pregnancies, particularly amongst teenagers and others at risk of poor sexual health.

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Outcome:

An increase in the number of women using LARC methods; and a decrease in the number of unintended pregnancies, terminations and repeat terminations, particularly amongst vulnerable women who are at risk of poor sexual health outcomes.

Background

Sexual health improvement action is a new area of delivery within the health improvement national policy requirements for hospital settings. However, the provision of contraception is not a new area of practice within maternity and termination services.

Implementation guidance (CEL (1) 2012 Appendix A) disseminated with the finalised *Year 1 Monitoring and Evaluation Framework* advised NHS Boards to consider all appropriate sexual health improvement interventions in maternity and termination clinics within hospitals. This should include information and advice of preventing transmission of sexually transmitted infections (STIs) as well as unintended pregnancies through the provision of LARC, where appropriate.

Consultation on implementing and evaluating Action 18.6 highlighted several key issues in relation to both delivery and evidencing delivery. The policy has facilitated Board-level collaborative working between the sexual health leads, HPHS leads and maternity/termination services, which generally seems to have been quite poor prior to CEL (1) 2012 and indeed remains challenging and inconsistent.

In respect of services targeting 'vulnerable' women suggestions of those at the highest risk of poor sexual health outcomes were those who were experiencing gender-based violence and/or sexual abuse, those at risk of suicide and/or self harm, and those with drug and alcohol addictions. However, due to the existing data mechanisms in place it was agreed with the sexual health clinical leads that 'vulnerable' women would be represented as those i) under 20 years of age (i.e. up to 19 years and 364 days) and ii) from Scottish Index of Multiple Deprivation (SIMD) groups 1 and 2.

Summary of data provision

Annual reports submissions were received from all 14 delivery NHS Board areas and the Golden Jubilee Hospital Trust.

No local delivery NHS Boards are exempt from maternity services sexual health improvement action detailed within CEL (1) 2012 as all NHS Boards provide maternity services.

NHS Orkney, NHS Shetland and NHS Western Isles have non-surgical termination services, which may or may not be provided in hospital settings. These three NHS Boards do not provide surgical terminations. The Golden Jubilee Hospital Trust is exempt from all sexual health improvement action as they do not provide maternity or termination services.

Therefore, for data discussed within this report, which considers the overarching national evidence submitted by NHS Boards in response of CEL (1) 2012, for maternity services n=14 and termination services n=11.

Data submissions for sexual health improvement action was overall very poor in terms of the gaps in data provided and format in which submitted data was supplied. Details of these issues and a summary of the data that was provided are described below. NHS Board data, meeting the required evidence format, is available from ISD Scotland. However, current data is for 2011/12 and is, therefore, not representative of sexual health improvement action following CEL (1) 2012 (published in January 2012), and so has not been considered within this briefing. Data within this report is only from the CEL (1) 2012 Annual Report submissions.

Summary of findings

Contraceptive method recording

Performance measure 1: The number of women who have contraception methods recorded.

Required evidence: Submit the percentage of all women aged 16–50 admitted to maternity and termination services who have contraceptive method recorded.

One NHS Board combined maternity and termination services data in their annual reports that could not be extracted for analysis.

Maternity services

One NHS Board submitted evidence of maternity services recording contraceptive method in the format requested, which was at 65.9%. Three NHS Boards reported that women admitted to their maternity services 'routinely' have contraceptive method recorded, and one NHS Board conducted a one-week audit indicating 100% recording. One NHS Board submitted evidence for a locality within the NHS Board, but not Board-wide data and, therefore, has not been included in this report. Six NHS Boards did not provide any data.

Termination services

Two NHS Boards reported 100% of patients have a method recorded, and one NHS Board reported 50% recording. Three NHS Boards reported that a contraceptive method is recorded in termination services on a 'routine' basis. Six NHS Boards did not provide any data, however, these were not all the same NHS Boards that did not provide data for maternity services.

Health improvement interventions

Performance measure 2: The number of women (aged 16–50 years) who are provided with longer lasting contraception prior to discharge.

Required evidence: Submit the percentage of women offered effective contraceptive methods prior to discharge from maternity AND termination services. NHS Boards were also required to submit i) proportion of women using LARC ii) percentage of women offered effective contraceptive methods under 20 years and in SIMD groups 1 and 2.

Three NHS Boards reported contraception is 'routinely' offered to women following discharge from maternity services but did not provide proportionate data. Ten NHS Boards did not submit data on the number of women in maternity services who are offered effective contraception.

Termination services

One NHS Board reported that 92% of women were offered contraception prior to discharge from termination services. This was the only NHS Board who submitted evidence in the requested format. Four NHS Boards reported contraception is 'routinely' offered to women following discharge from termination services. One NHS Board conducted a three-month audit, reporting that 80.6% of women had been offered contraception.

Five NHS Boards did not submit data on the number of women in termination services offered effective contraception prior to discharge.

Contraceptive provision

Three NHS Boards submitted their LARC rates in the requested format. These were 62.2, 71.2 and 24.1 per 1,000 women. The rate of 24.1 per 1,000 is not consistent with the ISD national database for this NHS Board, and rationalising how this figure has been obtained has not been possible.

Eleven NHS Boards submitted no data on the proportion of women using LARC. One of these did comment LARC provision had increased by 20% but did not provide baseline or new data in support of this.

One NHS Board submitted data on the percentage of women under 20 years offered effective contraceptive methods as 91%. No other NHS Boards submitted data for women under the age of 20 years. No NHS Boards submitted data on the percentage of women from SIMD groups 1 and 2 who were offered effective contraceptive.

Sexual health outcomes

Performance measure 3: The number of terminations and repeat terminations.

Performance measure 4: The number of unintended pregnancies, particularly amongst teenagers and others at risk of poor sexual health.

Required evidence: Submit i) rate of terminations of pregnancy and ii) rate of repeat terminations of pregnancy.

Two NHS Boards submitted data in the requested format of termination rates per 1,000 women. One NHS Board submitted data for rate of terminations broken-down by locality area but did not provide Board-wide data as required and therefore could not be used within the analysis.

Two NHS Boards submitted evidence broken down by either locality or by type of intervention (e.g. medical under 10 weeks, surgical at 10–13 weeks) that could not be extracted for analysis.

Four NHS Boards submitted evidence in the format requested on rate of repeat terminations at 30.3, 25, 29.7 and 31.5 per 1,000 women. Two of these NHS Boards highlighted that the data they provided was from 2011/12.

Six NHS Boards did not provide any data on the number of terminations or repeat terminations in their area.

Four NHS Boards were exempt for the provision of data on terminations within their area.

Summary of reported action

Data provided within the CEL (1) 2012 Annual Reports for maternity and termination services is not consistent with some of the duplicate data submitted to ISD from NHS Boards, which is not a full reflection of sexual health improvement action in hospitals.

Some progress in partnership working within hospital settings between HPHS/sexual health improvement lead and clinical services has been reported as a result of CEL (1) 2012.

However, data provided within the CEL (1) 2012 Annual Reports is indicative of ongoing disparate working to progress this agenda, particularly in maternity services.

Data submitted in an incomplete, inaccurate or unclear format was a consistent challenge in analysis of this review. Feedback on annual report submission will be provided to NHS Boards on an individual basis, and increased guidance on evidence submission and/or changes to the evidence requirements may be made once identification of reasoning for data gaps is resolved.

The incomplete data representing 'vulnerable' women requires action in order to support intended targeting of those at most risk of poor sexual health outcomes. Considering risk factors reported by NHS Boards routinely seen within termination and maternity services, such as gender-based violence and those with drug and alcohol addictions, and how to record these should be considered at local level.

As a new programme of work within health improvement requirements for hospital settings, ongoing infrastructure creation and development support is required to facilitate and foster collaborative working. Sharing good practice examples of this and tighter data recording mechanisms are required for year 2 delivery and beyond.

For all support on implementation of CEL (1) 2012, please contact the HPHS national support programme at NHS Health Scotland by emailing:
nhs.HealthScotland-hphsadmin@nhs.net