



Residence-based STI surveillance: Revision to form KC60

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Overview

- Background – why revise the KC60 return?
- Description of the new dataset
- Pilot
- Approvals process
- Implementation

Background to KC60



- Mandatory return from all GUM clinics in England
- Paper-based
- Aggregated data
- Data collated and analysed by the Health Protection Agency
- Data are used to:
 - identify emerging public health problems
 - monitor trends in STI diagnoses and other sexual health problems
 - determine which specific population groups are at particular risk of STI



Why revise the KC60 return?

- Collects no information on patient area of residence
 - PCTs cannot identify sexual health priorities in their residents
 - Limits epidemiological analysis e.g. geography, deprivation
- Limited patient risk factor information
 - No ethnic group, country of birth
 - Sexual orientation/acquisition for selected conditions only
- Aggregated data
 - Counts diagnoses, not patients
 - Cannot identify groups at greatest risk of re-infection, concurrent infections

The genitourinary medicine clinic activity dataset: GUMCAD



- Phased approach to the Common Data-Set for Sexual Health
- Developed by Steering Group with representation from BASHH, DH, APHOs, academia and HPA
- Project overseen by the BASHH Information Group
- Pilot of data collection
 - Process
 - Data quality
- Approvals process
 - ROCR (Review of Central Returns)
 - ISB (Information Standards Board)



GUMCAD: Key features

- Electronic rather than paper-based
- Collects disaggregated data on:
 - Area of residence
 - Age
 - Sexual orientation
 - Ethnic group
 - Country of birth
- Each patient has a unique ID number allowing individual patients' records to be linked

GUMCAD: data collected

Field Name	Description	NHS Data Dictionary Data Element
ClinicID	Clinic ID code	<u>SITE CODE (OF TREATMENT)</u>
PatientID	Local patient identifier number	<u>LOCAL PATIENT IDENTIFIER</u>
KC60	KC60 code	<u>GENITOURINARY EPISODE TYPE</u>
Gender	Gender	<u>PERSON GENDER CURRENT</u>
Age	Age at attendance date in years	<u>AGE AT ATTENDANCE DATE</u>
Sex_Ori	Sexual orientation	<u>SEXUAL ORIENTATION (CURRENT)</u>
Ethnicity	Patient's ethnic category	<u>ETHNIC CATEGORY</u>
Country_Birth	Patient's country of birth	<u>COUNTRY CODE (BIRTH)</u>
PCT	PCT of residence code	<u>ORGANISATION CODE (PCT OF RESIDENCE)</u>
LSOA	Lower Super Output Area of residence code	<u>LOWER LAYER SUPER OUTPUT AREA (RESIDENCE)</u>
First_Attendance	Attendance type	<u>FIRST ATTENDANCE</u>
AttendanceDate	Date of attendance	<u>ATTENDANCE DATE</u>



Example of CSV format for the GUMCAD extract (for one row of data)

**ClinicID, PatientID, KC60, Gender, Age, Sex_Ori, Ethnicity, Country_Birth, PCT, LSOA,
First_Attendance, AttendanceDate**

RCC25, PAT123, C10A, 1, 16, 1, A0, GBR, 5K9, E01000001, 1, 2007-10-31

Aim of GUMCAD pilot



- Demonstrate that collection of GUMCAD is desirable, achievable and could be implemented with minimal impact
- Specific objectives:
 - Demonstrate that clinics can collect and record GUMCAD to high standard
 - Demonstrate that clinic software suppliers could produce GUMCAD to specification
 - Demonstrate effectiveness of data transmission and validation at HPA
 - Demonstrate added public health utility of the data
 - Identify, log and resolve problems

Methodology



- Clinics selected to ensure 3 main software providers included
- Software providers/clinic IT staff asked to amend systems to allow recording and transmission of GUMCAD
- Clinic staff recorded data and completed questionnaire
- Extracts transmitted across HPA secure document gateway (usually!) – login and password required
- Data tested, validated and analysed at HPA
- Pilot report written

GUMCAD pilot sites



Clinic name	Region	Software provider
Warrington & District General Hospital	North West	Blithe
King's Mill Hospital	East Midlands	Blithe
Royal Bolton Hospital	North West	Blithe
Stanhope Parade Health Centre	North East	Blithe
Gaol Street Sexual Health Services	West Midlands	Blithe
Gloucester Royal Hospital	South West	Mill Systems
Royal Liverpool University Hospital	North West	Mill Systems
Royal Hallamshire Hospital	Yorkshire & the Humber	Independent
St Bartholomew's Hospital	London	CIS Healthcare/ Independent
The Royal London Hospital	London	CIS Healthcare/ Independent

Results



- **9/10 (90%) sites provided GUMCAD extract**
 - Only 2/9 (22%) sent valid extract at first attempt
- **Minor discrepancies between STI counts in KC60 and GUMCAD**
- **Overall data quality was good**

Data quality: record completion



Variable	Patient records with known information for each GUM clinic (%)								
	1	2	3	4	5	6	7	8	9
Gender	100	100	100	100	100	100	100	100	100
Age	100	100	100	100	100	100	99	100	100
Sexual orientation	61	69	80	1	88	7	67	100	100
Ethnicity	90	99	13	93	93	98	97	63	78
Country of birth	88	58	86	31	11	96	96	88	93
PCT of residence	98	99	99	99	99	96	97	90	89
LSOA of residence	98	99	99	99	99	96	71	90	89
OVERALL	91	91	81	75	84	85	88	90	93

Data quality: $\geq 90\%$ completion



Variable	Patient records with known information for each GUM clinic (%)								
	1	2	3	4	5	6	7	8	9
Gender	100	100	100	100	100	100	100	100	100
Age	100	100	100	100	100	100	99	100	100
Sexual orientation	61	69	80	1	88	7	67	100	100
Ethnicity	90	99	13	93	93	98	97	63	78
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LSOA of residence	98	99	99	99	99	96	71	90	89
OVERALL	91	91	81	75	84	85	88	90	93

Data quality: $\geq 70\%$ completion



Variable	Patient records with known information for each GUM clinic (%)								
	1	2	3	4	5	6	7	8	9
Gender	100	100	100	100	100	100	100	100	100
Age	100	100	100	100	100	100	99	100	100
Sexual orientation	61	69	80	1	88	7	67	100	100
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LSOA of residence	98	99	99	99	99	96	71	90	89
OVERALL	91	91	81	75	84	85	88	90	93

Data quality: poor completion



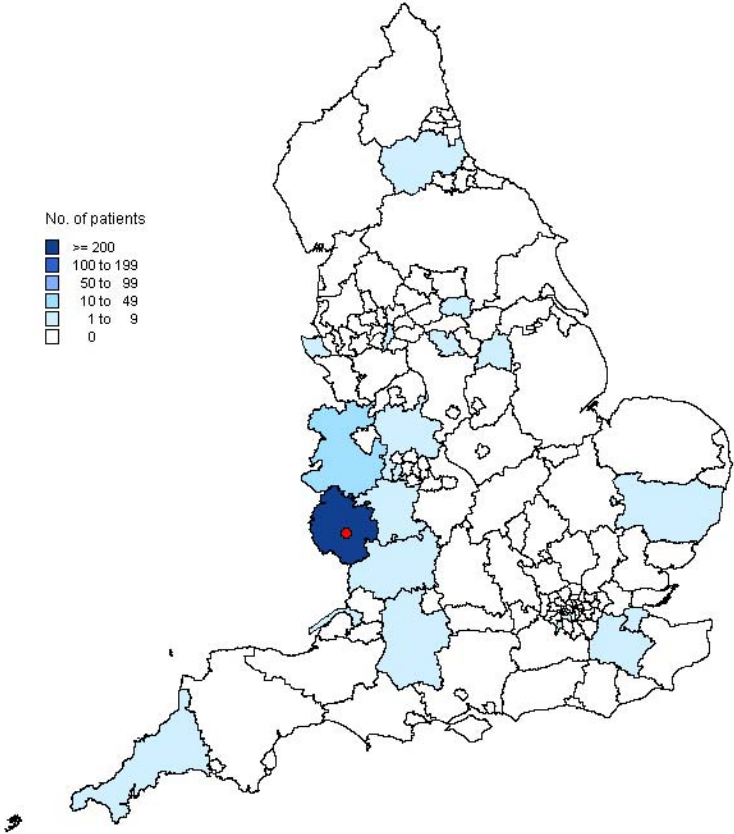
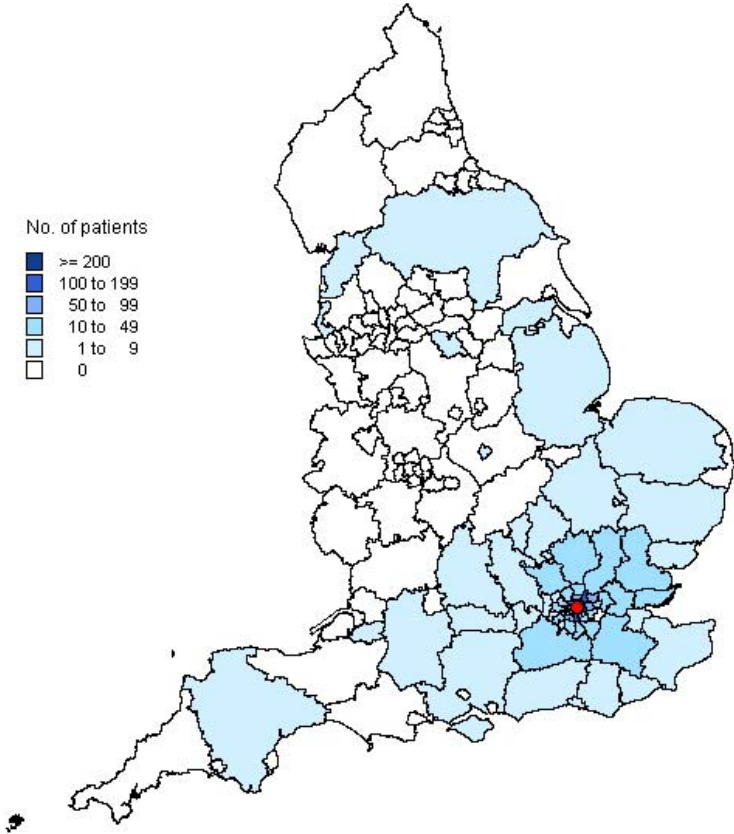
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Questionnaire: issues raised

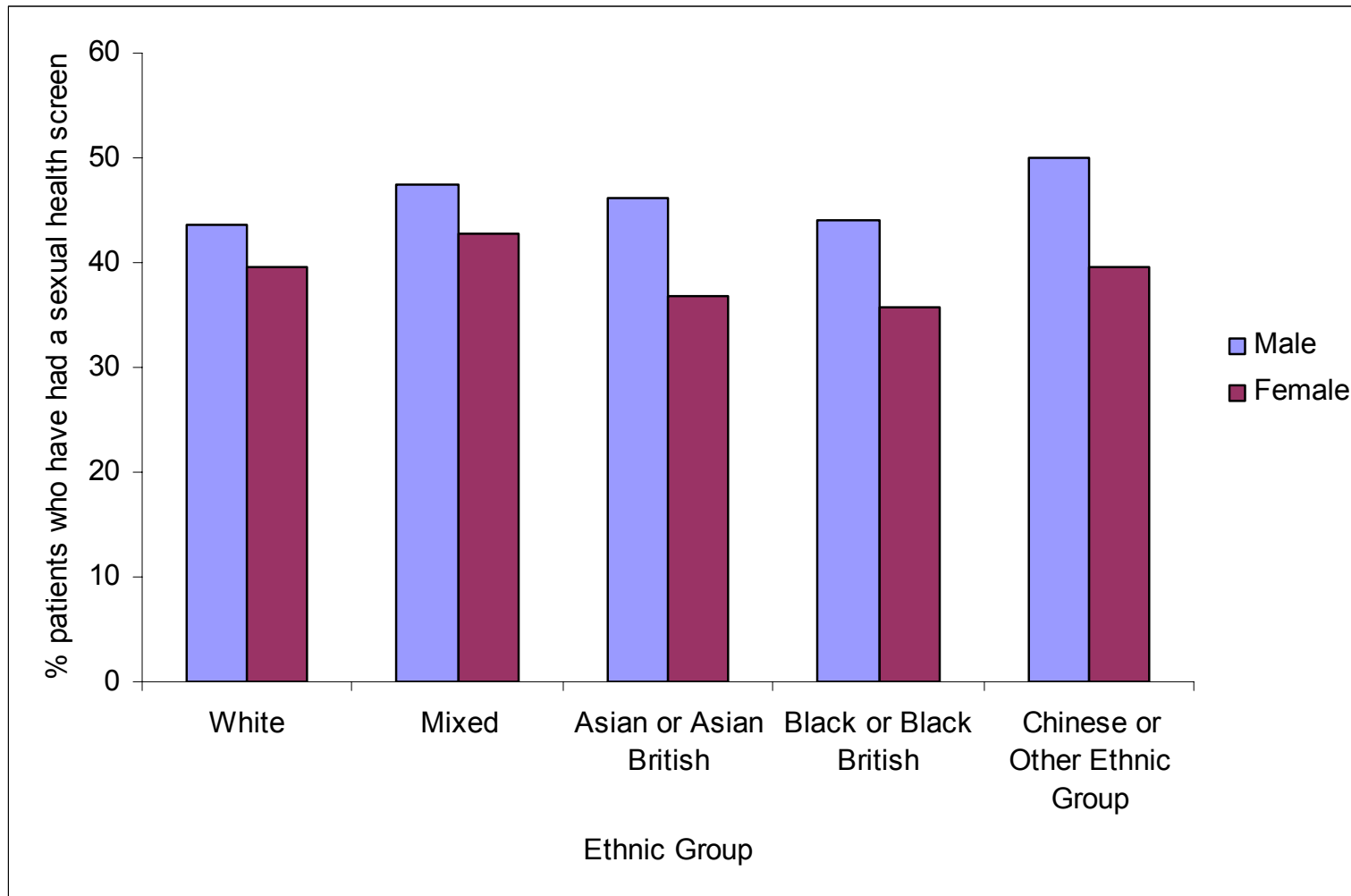


- 7/10 (70%) sites completed questionnaire
- 4/7 (57%) sites said patients raised concerns about disclosing personal information
- 5/7 (71%) sites had already been recording all data items in GUMCAD
- Average time to generate GUMCAD less than for KC60 return
- Need better communication between HPA, software providers and clinics during roll out
 - Single point of contact at HPA
- Software training materials need updating

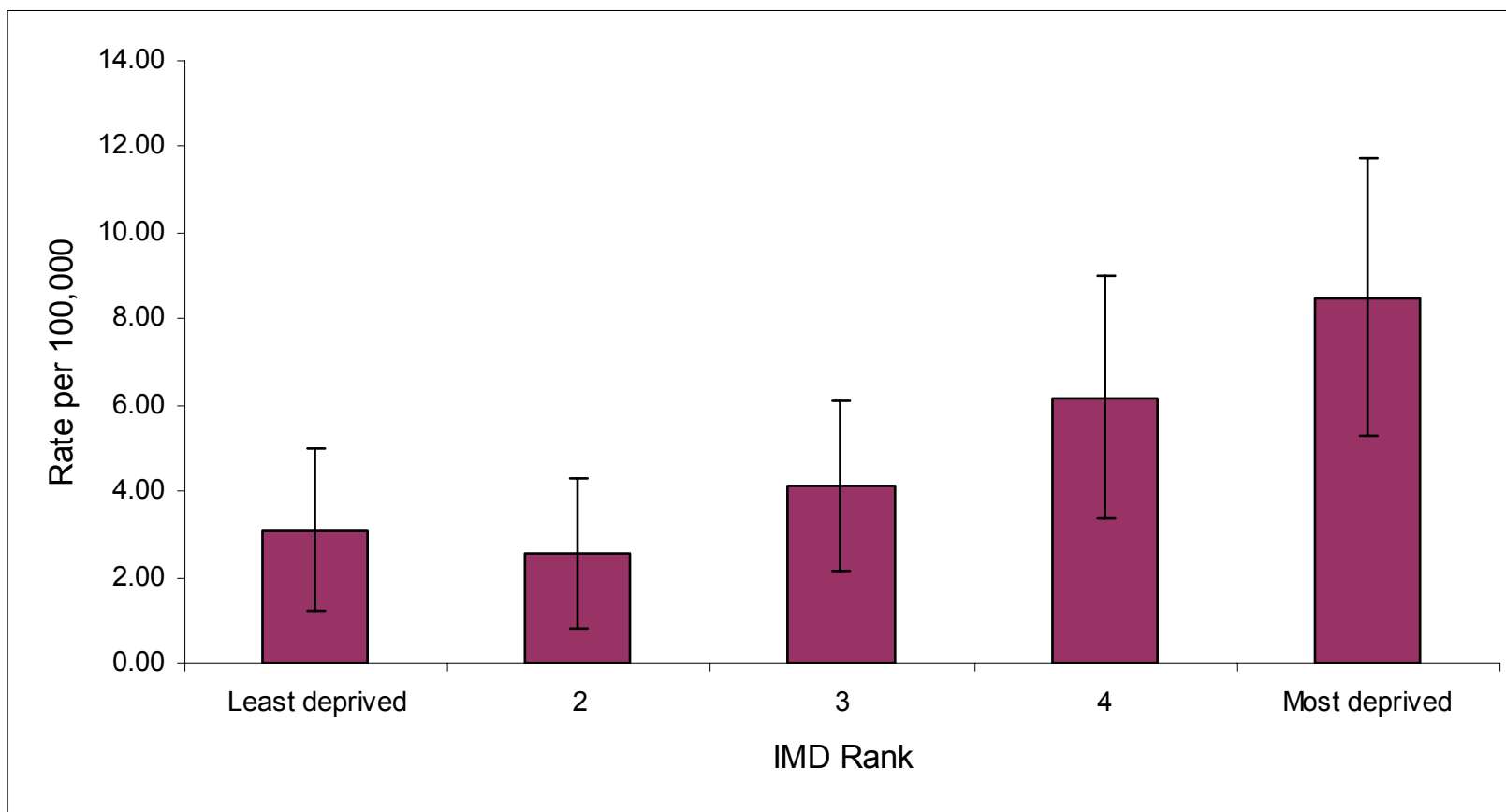
GUMCAD pilot: Location of GUM clinic and geographic distribution of patients by PCT of residence



GUMCAD pilot: Proportion of patients who had a sexual health screen at first attendance by ethnic group



GUMCAD pilot: Prevalence of gonorrhoea by level of deprivation



Approvals process



- GUMCAD was approved by the Review of Central returns (ROCR) in October 2007
- GUMCAD has just gained formal approval from the NHS Information Standards Board
- Data-Set Change Notice has been issued

Implementation



- Implementation in all GUM clinics in England within 6 months of DSCN
- BASHH/HPA letter sent to all GUM clinics advising them of the changes and including the new guidance material
- HPA and software providers will work closely with clinics to facilitate implementation
 - Lessons learned from pilot
- Parallel running of GUMCAD and KC60 for 1-2 quarters
- KC60 return will cease on 1st April 2009



Genitourinary Medicine Clinic Activity Dataset: GUMCAD (previously known as KC60 central return)

Guidance to clinic staff

Health Protection Agency Centre for Infections

British Association for Sexual Health and HIV

Authors	: Dr. Gwenda Hughes, Dr. Immy Ahmed, Ms. Geraldine Leong
Date	: 19 th March 2008
Version	: V9 – Release 1

Reporting requirements



- Quarterly reporting
- Clinics should run reports within six weeks after the end of the calendar quarter
- HPA will send reminder 2 weeks before deadline
- HPA will distribute output reports ten weeks after the end of the calendar quarter

Review and revision



- GUMCAD will be reviewed by the Steering Group within 12 months of implementation
 - Transmission and data processing
 - Data quality
 - Reporting
 - Guidance material
 - KC60 coding
- Problems/issues reported by providers and users may result in revision to GUMCAD processes and related documentation

Acknowledgements



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- All the GUM clinic staff involved in the pilot for their time, effort and patience!
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