

# Key Metrics for Sexual Health Services - The 'Hot' Six

January 2018

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## Introduction

Sexual health services are facing increasing pressures with record levels of sexually transmitted infections (STIs), service users with high levels of complexity, coupled with high demand for contraception provision and HIV testing, all within limited financial resources.

These metrics have been produced to help services identify pressure points and trends within their services.

There are six key metrics - the 'hot' six - which we suggest all services monitor. There may be other metrics that services may also wish to measure and track, including those that are included in their local Key Performance Indicators (KPIs).

## Key metrics - the 'hot' six

The use of key metrics should support standardised data collection. They will act as sensitive primary markers of trends within services and the impact of changes, as well as being useful for wider analysis.

Wider analysis will help to determine the position across the United Kingdom and support benchmarking, if providers are willing to share data.

1. **Turnaways from walk-in services** - defined as anyone who is not seen on the day they have attempted to attend and measured by absolute numbers. If, in addition, it is possible to collect demographic data (age, gender, sexuality, ethnicity) and reason for attendance, then the quality of data would be extended.
2. **Appointment availability for booked services** - measured as the percentage of those requesting an appointment that are offered an appointment within 48 hrs, by the time to the First Free Appointment (FFA), and by the time to the next Long Acting Reversible Contraception (LARC) (IUD/S) appointment.
3. **Partner notification rates (verified)** - measured for gonorrhoea and chlamydia.
4. **Postcode data of clinic attendees** - measured by the percentage of service users attending from a postcode outside the service's commissioned area, compared to the financial year 2013/14.
5. **Reduction/increase in clinic activity** - measured by absolute numbers seen by the service, compared to the financial year 2013/14.
6. **Reduction/increase in budget** - measured by the percentage change in the service budget, compared to the financial year 2013/14.

## The rationale behind the metrics

Metric	Rationale
1. Turnaways from walk-in services	<p>The number of individuals turned away on the day is a sensitive marker of walk-in capacity and demand.</p> <p>If information can also be collected on demographics and reason for attendance this is a bonus, as it will help identify those who are particularly affected.</p>
2. Appointment availability for booked services	<p>Services are already used to collecting 48 hour access data.</p> <p>Collecting the time to the FFA adds more revealing information on the service user experience of booking appointments whether in person, over the phone, or online.</p> <p>LARC (IUD/S) appointment availability is measured separately to monitor procedure capacity and access.</p>
3. Partner notification rates	<p>Verified partner notification rates for gonorrhoea and chlamydia are a measure of skilled actions to reduce individual re-infection rates, as well as the community pool of infection.</p>
4. Postcode data of clinic attendees (from 2013/14 baseline)	<p>Data on out of area attenders are captured by most services already. It may reflect service demand in other areas either because there is no local service or its capacity is insufficient.</p> <p>Measuring the percentage of service users attending from a postcode outside the service's commissioned area, compared to the financial year 2013/14, together with ongoing data allows trends to be identified.</p>
5. Reduction/increase in clinic activity (from 2013/14 baseline)	<p>The changes in the number of people we see can be used to identify capacity changes. Comparing to the financial year 2013/14, together with ongoing data allows trends to be identified.</p>
6. Reduction/increase in budget (from 2013/14 baseline)	<p>The percentage reduction or increase in the service budget, compared to the financial year 2013/14, together with ongoing data allows trends to be identified.</p>

## Other potential metrics for consideration

Other metrics may be used within individual services to identify local trends, including those detailed in their service specific KPIs.

Listed below are some options, which services may wish to consider in addition to the recommended 'hot' six metrics. This is not an exhaustive list and suggestions should be considered in line with local circumstances.

### Capacity

- Number of premises/sites that are insufficient for service user footfall or new sites opened
- Time to next available LARC (implant) appointment (different to 'hot' six metric, which is for IUD/S appointments)
- Unmet demand for online appointments
- Time to answer telephone calls to the service, number/percentage missed

### Quality

- Time to treatment of identified infections, e.g. number/percentage of chlamydia infections treated within one month
- Number of complaints/verbal concerns from service users
- Number of incidents related to reduced clinical capacity
- Results of service user surveys

### Staffing Levels

- Reduction/increase in service workforce (from 2013/14 baseline)
- Number/percentage of clinic sessions that are cancelled due to lack of staff
- Number/percentage of Level 3 clinic sessions running without a health advisor in the hub

### Training

- Number of consultants per specialist trainee
- Percentage of nurse/health advisor/medical workforce attending external specialist training courses
- Availability of study leave for continued professional development of workforce

## Analysis and benchmarking

BASHH realises the sensitivity in providing individual service data for analysis to obtain a country-wide picture and for benchmarking. Therefore, we are aiming to provide a shared drive for the six 'hot' metrics where services can submit their data, which will then be aggregated by region. We advise that Trust / Organisation agreement is obtained prior to submitting individual service data.

## Acknowledgments

Thank you to the BASHH Board, BASHH Clinical Governance Committee and the London Sexual Health Providers Forum for their comments and contributions to this work.

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**10 January 2018**