

FSRH Combined Hormonal Contraception National Benchmarking Audit: Final Report (March 2020)

1. Background

The aim of the FSRH National Benchmarking Audit is to provide an electronic tool, as a members' benefit, to support individual members to audit the sexual and reproductive services they offer. It is primarily focused on primary care but is also reproducible in specialist services and voluntary agencies. Once the audit has been undertaken, the participant receives a score which ranks them compared to others for the different standards.

The 2019 Combined Hormonal Contraception (CHC) National Benchmarking Audit was administered by the FSRH Clinical Effectiveness Unit (CEU).

2. The Four National Benchmarking Standards

Four Standards were selected from FSRH [Clinical Guideline Combined hormonal Contraception \(2019\)](#) for services providing CHC to benchmark their practice against other services in the UK. These are:

In women prescribed CHC, what percentage of women...

1. **had their body mass index (BMI) documented?**
2. **had their blood pressure (BP) documented?**
3. **was informed about the effectiveness (with both typical and perfect use) of CHC and other contraceptive methods, including the superior effectiveness of LARC?**
4. **was informed about the health risks associated with use of CHC?**

3. Audit Tools

A simple recording sheet for data collection was developed and made available to participants to ensure that the national benchmarking audit was widely accessible. Completed recording sheets were submitted to the CEU.

4. Data collection

FSRH members were invited to participate in the National Audit which opened from August-November 2019. Participants were asked to audit their service retrospectively between July and December 2018, this being the six month period prior to the publication of FSRH Clinical Guideline Combined Hormonal Contraception (January 2019). Completed datasets were received for 58 services, including 47 specialist services (e.g. SRH/ CASH/ GUM/ Hospital) and 11 General Practice. The majority of participating services were based in England (n= 52) with a small number based in Wales (n=5) and Scotland (n=1) and none from Northern Ireland.

5. Participant's report

Each audit participant was provided with an individualised report providing an analysis of how their service compared to other participants. For each of the standards, participants were provided with their rank relative to all participants (out of 58) and relative to other participants in their service type group (Specialist Services, out of 47; GP, out of 11).

The findings presented in the following section provide a cross-sectional analysis of the 2019 data from the 58 participants.

6. Audit Findings

Analysis of 2019 data, by type of service

The distribution of the scores for each standard by the type of service – Specialist Services (Specialist) or General Practice (GP) – is presented in Tables 6a and 6b.

Key findings

- ▶ The average score in the Specialist group was higher than the GP group for all 4 Standards.
- ▶ Standard 2 (documented BP) had the highest overall average score of 95.9%; 11 participants (23.4%) from the Specialist group and 3 participants (27.3%) from the GP group achieved 100%.
- ▶ Standard 3 (women informed about CHC typical and perfect use failure rate and superior effectiveness of LARC) had the lowest overall average score of 54.2%; 7 participants (14.9%) from the Specialist group and 2 participants (18.2%) from the GP group achieved 100%.
- ▶ The largest difference in average score between the Specialist group and the GP group was for Standard 4 with 80.8% and 36% respectively.

Table 6a: Minimum, maximum, median and average score of participants for each of the five standards (by service type)

Standard	Services	Score (%) achieved by services			
		Min	Max	Median	Average
1. What percentage of women had their body mass index (BMI) documented?	All	29	100	94.1	88.4
	Specialist	30	100	94.3	90.7
	GP	29	100	85.4	78.3
2. What percentage of women had their blood pressure (BP) documented?	All	51	100	95.4	95.9
	Specialist	51	100	99	96
	GP	85	100	96.2	95
3. What percentage of women was informed about the effectiveness (with both typical and perfect use) of CHC and other contraceptive methods, including the superior effectiveness of LARC?	All	0	100	61.75	54.2
	Specialist	0	100	62	55.4
	GP	0	100	59.5	49.4
4. What percentage of women was informed about the health risks associated with use of CHC?	All	12.3	100	79.9	72.33
	Specialist	35.4	100	82	80.8
	GP	12.3	87.4	35.4	36

Table 6b: Frequency of scores for each of the five standards (by service type)

Standard	Services	No. of services achieving this score					Total (100%)
		0	1-69	70-89	90-99	100	
1. What percentage of women had their body mass index (BMI) documented?	All	0	6 (10.4)	15 (25.9)	23 (39.6)	14 (24.1)	58 (100)
	Specialist	0	3 (6.4)	12 (25.5)	21 (44.7)	11 (23.4)	47 (100)
	GP	0	3 (27.3)	3 (27.3)	2 (18.2)	3 (27.3)	11 (100)
2. What percentage of women had their blood pressure (BP) documented?	All	0	1 (1.7)	7 (12.1)	28 (48.3)	22 (37.9)	58 (100)
	Specialist	0	1 (2.1)	5 (10.6)	23 (48.9)	18 (38.3)	47 (100)
	GP	0	0	2 (18.2)	5 (45.5)	4 (36.4)	11 (100)
3. What percentage of women was informed about the effectiveness (with both typical and perfect use) of CHC and other contraceptive methods, including the superior effectiveness of LARC?	All	5 (8.6)	29 (50)	14 (24.1)	1 (1.7)	9 (15.5)	58 (100)
	Specialist	3 (6.4)	23 (48.9)	13 (27.7)	1 (2.1)	7 (14.9)	47 (100)
	GP	2 (18.2)	6 (54.5)	1 (9.1)	0	2 (18.2)	11 (100)
4. What percentage of women was informed about the health risks associated with use of CHC?	All	0	22 (37.9)	17 (29.3)	10 (17.2)	9 (15.5)	58 (100)
	Specialist	0	12 (25.5)	16 (34)	10 (21.3)	9 (19.1)	47 (100)
	GP	0	10 (90.9)	1 (9.1)	0	0	11 (100)

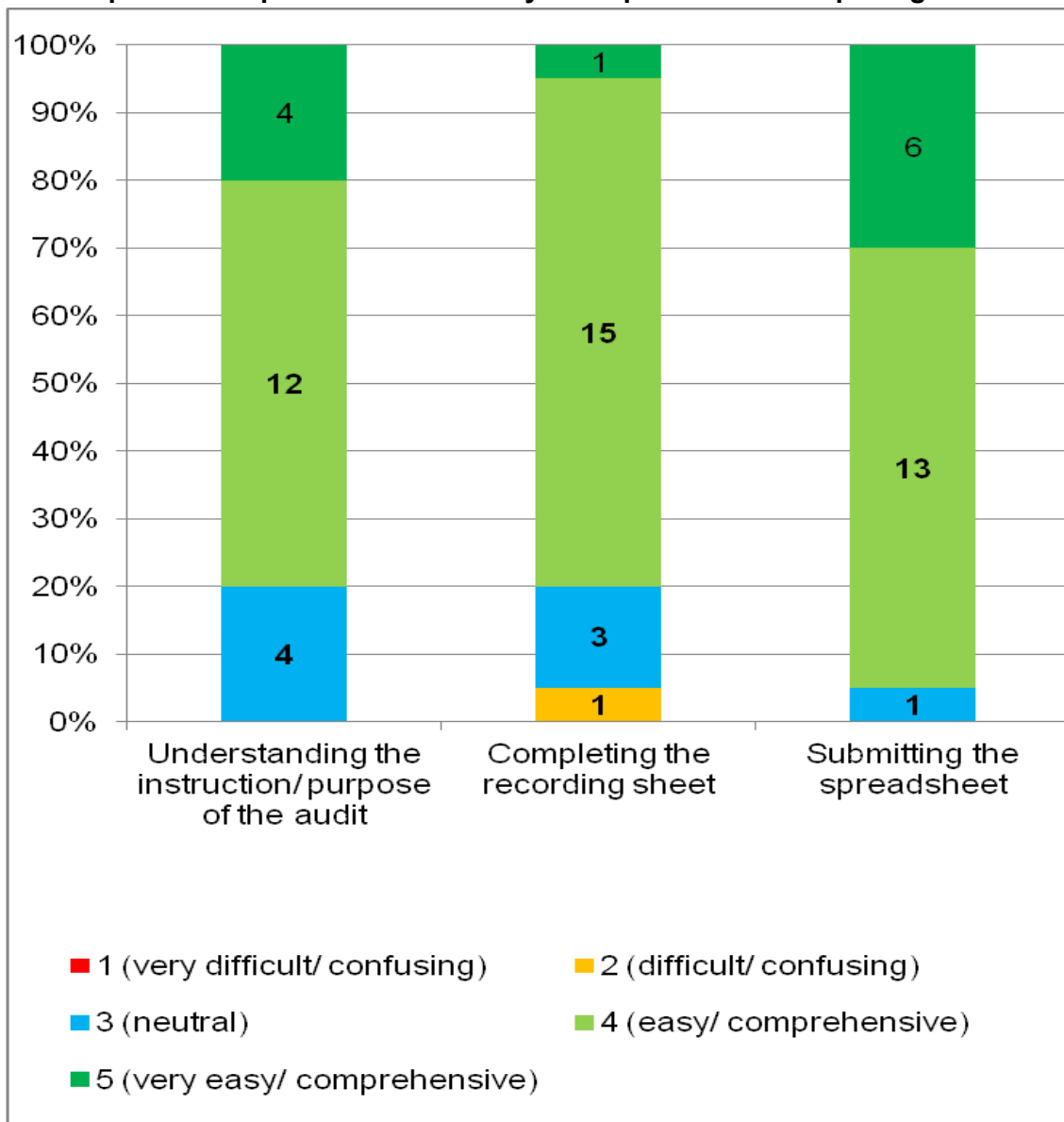
7. Participant's Feedback

Participants were invited to complete an online survey to provide their feedback regarding their experience of participating in the National Audit. The online survey consisting of 7 questions with a mix of tick boxes and free-text comment boxes. The survey ran from 5th to 19th February 2020. Twenty responses were received. A summary of the findings is presented in this section with brief commentary.

Ease of completing the National Audit

- ▶ The majority of participants reported an overall positive experience completing the National Audit. (Figure 7a)
- ▶ Almost 80% indicated that the purpose of the study and the instructions were comprehensive.
- ▶ One respondent indicated that they felt completing the recording sheet was difficult/ confusing; this feedback was reflected in the small number of emails that were received over the course of the National Audit requesting support for completing the recording sheet.

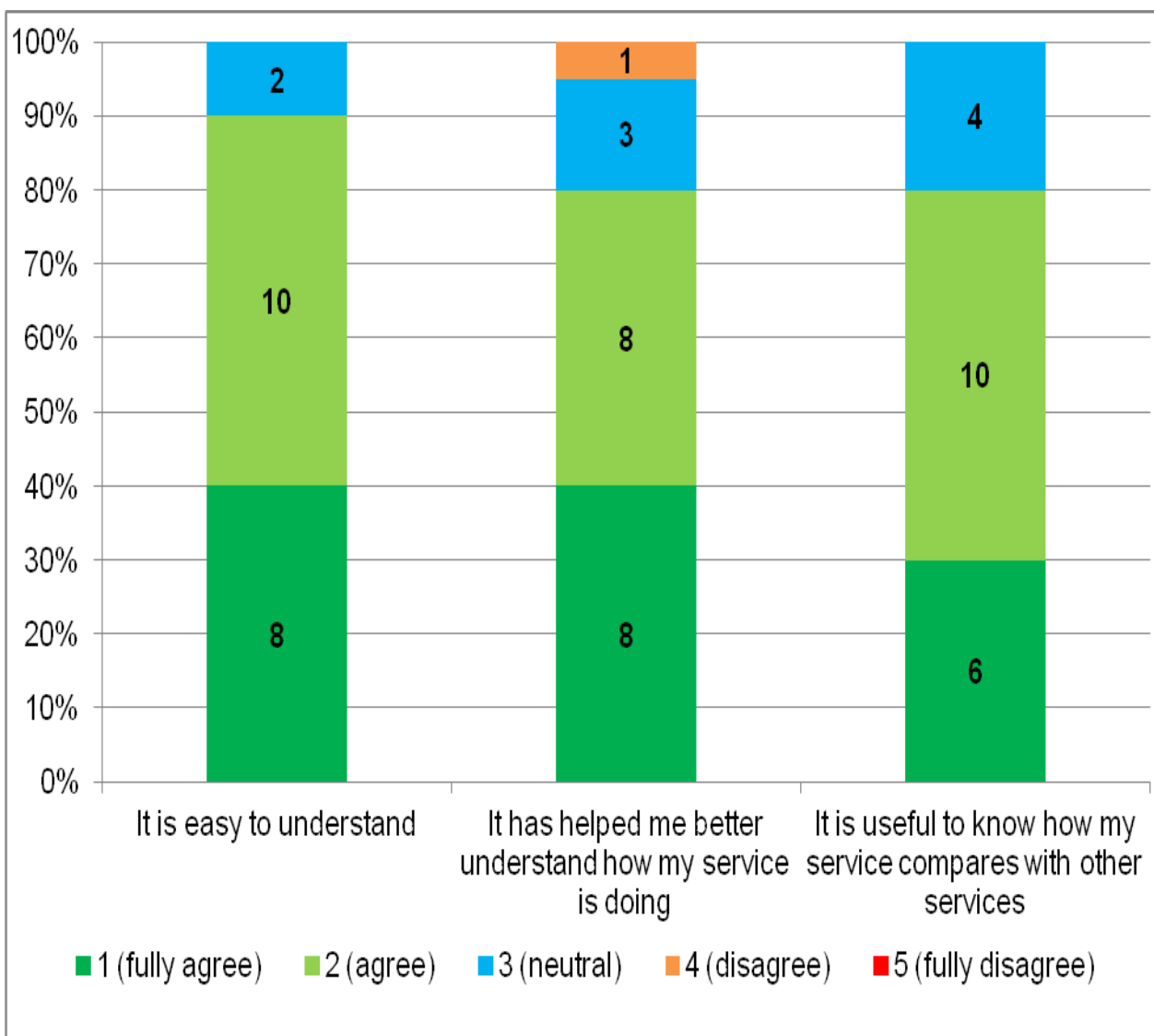
Figure 7a: Responses to “please tell us about your experience of completing the audit” (n=20)



Usefulness of the participant's report

- ▶ Participants were asked to respond (strongly agree, agree, neutral, disagree or fully disagree) to the following statements: "The report was easy to understand", "The report helped me better understand how my service is doing" and "It is useful to know how my service compares with other services". (Figure 7b)
- ▶ 18 (90%) of the respondent agreed that the report was easy to understand and 16 (80%) agreed that it helped them better understand how their service is doing and that it was useful to know how their service compared with other services.
- ▶ One respondent disagreed with the statements "the report helped me better understand how my service is doing"; no comment was given in the free text space to help understand the experience of this respondent.

Figure 7b: Response to "an individualised report was sent to you which provided comparisons of your figures with other services. Please tell us whether you agree or disagree with the following statements" (n=20).



Motivation to participate

Participants were asked to give their reasons for participating in the National Audit. Comments are presented below.

“To support the work of FSRH/CEU since we have been asking for coordinated national audits of a long time, and to provide a service wide audit that all my clinicians can help with, and then include in their appraisals.”

“Useful to understand where we can make improvements in care and to work in line with guidance and national colleagues.”

“I already undertake a similar audit. It was helpful to have one where I could compare with others.”

“We need to audit our performance regularly so this provided the opportunity with added benefits. I also did some extra audits questions for our service at the same time.”

“To assess if staff are following standards of care mentioned in the Faculty Guidance.”

“To see if any changes needed to be made to our current practice/ templates.”

“I am interested in family planning, and this provided a good structure to complete a relevant audit.”

“Being a specialists service wanted to know how well we were doing.”

“To benchmark our current practice.”

“To see our service compares to others. How the service needs to improve and the areas we needed improvement in. For quality improvement activity for appraisal.”

Benefits

Participants were asked what they felt were the benefits of participating in the National Audit. Comments are presented below.

“Greater understanding of our own proformas and how they are being used by the workforce.”

“Good to have comparison between us and other services.”

“Useful data about things being missed.”

“The interactive spread sheet was very useful. It gave a perspective of the gaps in our record keeping standards and history templates. Also felt positive that we are not as bad as we thought about our record keeping standards! Very good support from the CEU team. It gave a perspective how our service compared with the other services nationally”

“Ideas about how to improve our EPR encouraged more HCP to inform patients about tailored regime.”

“It is interesting to see the range of response and the comparisons.”

“Audit showed as we have to improve our EPR to capture the information”

“Being able to compare with others gives more weight to requests for changes in practice”

“It was interesting to see who was doing the most pill prescribing and also to see how badly it was done by some. The request for pills was often an add-on at the end of a long Doctor’s consultation and the pills were issued without completing the checks.”

“It made me more aware of the deficits in documentation and improved my practice in this area.” We will feed the results back to our clinic staff.”

“Benchmarking which helped to persuade others in the dept to change their practice (hopefully)!”

Learn our practise and compare others in the country. Apply changes to new guidelines. How we can make things better. Easy format.”

“At times, in patients who were slim, BMI was not recorded.”

Difficulties or challenges

Participants were asked to indicate what had been aspects of completing the National Audit which they felt were difficult or challenging. Comments presented below.

“We had to manually identify relevant clinical records (because there is no R&D dept in our service or help in the IT team), and then agree what we accepted as adequate documentation.”

“Assessing efficacy of typical and perfect use of COC was difficult, as this was not added as 2 separate items on our electronic record sheet.”

“We do not think that for every single COC check patients should be informed of the risks. Those who have come to us for years understand the score well and we feel they would be "put off " the service if we lectured them at every pill check.”

“There were a lot of patients to review and the spreadsheet asked for a lot of detail, much of which was not actually required for the audit.!”

“It was very time consuming to complete, particularly as our practice population has a lot of students. When I looked into the students notes some of them had been given their pills by previous GP prior to coming to university. Others had been given by us but had moved on so we couldn't access their notes anymore.”

“Initially had queries on whether I should include new CHC only or repeat CHCs were suitable. Our current records do not capture all the information in the format requested in the audit questionnaire so subject to errors/bias. All my questions were promptly answered by the CEU.”

“Sometimes the reason behind the questions were hard to determine”

“At the time of starting found difficult to understand the instructions.”

“Non-specific instructions such as timeframe within the BP has been done. Would have been helpful if timeframes were pre-defined.”

“I wondered whether everyone was using the same standard, e.g. if an FPA PIL was given, did each participant count this as advice about the risks of the COC failure rates etc.”

“Wording of standard 3. All other standards were basically yes/no responses, but S3 was in my view not answerable at all as it has 'sub-levels' e.g. typical vs perfect use, CHC vs other, and superiority of LARC. We offer LARC to all women (mandatory in our proforma), but don't record this level of info.”

“Data gathering, lack of time.”

“Some frustration that people weren't doing what they should! normal I assume!!”

“Finding the data in the ERP.”

“The result of this Audit should be available more clearly to our departments to improve the services and documentation.”

“Tailoring the pills is not as yet popular as for nurses they need their PGD's in place so needs further training”

Using the findings/ impact on service improvement

Participants were asked to indicate how they intend to use the findings from their individualised report and what, if any, changes to clinical practice that has resulted from their participation in the National Audit. Comments are presented below.

“We will share and discuss the findings to create an action plan for improvement, and discuss the challenges of using our EPR/ individual clinician’s documentation.”

“Distribute to team and discuss learning points.”

“Share with our GU colleagues who completed the same audit and look at lessons learnt.”

“To feedback to colleagues about recording BMI.”

“Shared the findings with the team and discussed action plans and recommendations with the service manager.”

“We will look at the consultation templates to see what sections need adding/ improving.”

“Share the info & use it to improve proformas and thus care for women.”

“We are reviewing our current patient records to reflect the FSRH recommendations on CHC guidance e.g. we have now made BMI and BP a mandatory field for all first CHC issuing/PX, also added that we have informed women a. both the typical and perfect user failure rate and LARCs are more effective than CHC b. both traditional and tailored regimes.”

“We have developed an in-house patient leaflet about non standard pill taking to give to patients.”

“There will be changes to the data collection tools in our proformas.”

“Improved uptake of tailored regime. Better record keeping.”

“We amended question on LARC to include has client been shown chart of efficacy rates, maximum BP for UKMEC 2 included on checklist after 3 BP recorded with no comment over the suggested limit.”

“Audit showed as we have to improve our EPR to capture the information.”

“To make sure offer LARC routinely as well as to offer tailored regime.”

“We have agreed that it is better to tell patients to rebook with the nurse for their pill prescription rather than giving it without due care and attention at the end of a consultation about something else! We are trying to give a year’s supply of pills.”

Key successes and challenges

Key successes

The National Audit has been a worthwhile project with the following key successes:

- ▶ Increased engagement with FSRH members and provision of members' benefit.
- ▶ Identification of demand from members for audit tools to support their service improvement activities and for EPR templates to facilitate CHC consultations in accordance with FSRH guidance and standards.
- ▶ Facilitation of quality improvement activities relating to CHC provision across the UK.

Overcoming key challenges

Some of the key challenges and potential solutions to overcome them:

- ▶ **Finding the capacity to conduct the national audit.** Participants have noted that the national audit can be a labour- intensive process. A small number of members who did not manage to participate in the audit requested a copy of the audit template for their own service audit have commented that they were unable to find the time/capacity to conduct the audit within the given timeframe but would still like to use the tool to audit the quality of service delivery. In this national audit, several different strategies have been used to enable services to identify the necessary resources to complete the audit .
 - ▶ This included:
 - ▶ taking a team approach by asking clinicians to audit their own (or another colleague's) cases and then pulling their data together as a service rather than relying on 1 staff member to conduct the audit.
 - ▶ delegating the audit to a medical student as a service improvement project as part of their educational training.
 - ▶ getting support from the local service management/ audit team to support data retrieval from the IT system.
- ▶ **Data collection and interpreting the audit questions/ responses.** A few respondents commented on the challenge of identifying the relevant information from their clinical notes. The rationale for some of the audit questions being asked was not always clear to participants. Some participants commented that the multiple parts to Standard 3, and use of terms such as 'recent' (standard 2 - documentation of blood pressure taken recently) without providing a set timeframe made an objective assessment of the response challenging. These challenges have arisen as the audit questions are worded to reflect the recommendations from FSRH Guidance on CHC which can present as multi-parts or do not provide a clear definition. The audit question and responses can therefore be open to slightly different interpretation by the auditor; this slight variability is acknowledge but cannot be fully controlled for given that services, EPR templates, record keeping practices vary and that identification of relevant information and the subsequent assessment of the information is dependent on the auditor's experiences and interpretation of the data. To support participants in completing the recording sheet, several support elements were put in place, which included:
 - ▶ encouraging participants to get in touch with the CEU if they had any questions relating to the template.
 - ▶ Including additional notes in the recording sheet to help clarify the question, define terms or note that auditor's discretion is required.

- ▶ **Low uptake of the National Audit.** Feedback via email correspondence with member who did not manage to participate suggested the lack of capacity to conduct the audit as a key barrier. There is a recognition of the value of the national audit and several non-participants have requested the template for self-audit. It is likely that there are other members who have accessed the template for their own audits without informing the CEU (there is no requirement to do this). To encourage greater participation in future CHC national audits, the CEU plan to:
 - ▶ work with the FSRH Membership and Marketing Team to better promote the National Audits, highlighting particularly the value to service improvement and in supporting application for additional funding to affect change (e.g. development of new EPR template, increase audit capacity).
 - ▶ ensure the national audit is open for a longer period of time to allow more services to plan and to feel better able to participate.
 - ▶ provide ongoing support to members with their analysis of audit data. Members who did not manage to participate in the national audit will still be able to use the template for a self-audit. Additional analytic support can be provided as required.

Next steps

The CEU will continue to review the findings from the national audits and feedback from members (participants and non-participants) and seek advice from the FSRH Clinical Effectiveness Committee and the FSRH Clinical Standards Committee to:

- ▶ support the development of resources including a CHC consultation template which may be used to guide CHC consultations and to improve the quality of recording keeping.
- ▶ further develop the recording sheet to facilitate self-audit of CHC provision.
- ▶ plan for a re-run of the CHC National Audit in 2020.
- ▶ write up the findings from the CHC audit for publication in peer reviewed journal.
- ▶ discuss and plan another National Benchmarking Audit in 2020.

The CEU will continue to consult with the participants in this National Audit to ensure that their experiences inform future development of this and other National Audits.

Get in touch

If you would like to provide any feedback or have any queries relating to the CHC National Benchmarking Audit, please get in touch with the CEU via email to

CEU.Chalmers@nhslothian.scot.nhs.uk.

The Clinical Effectiveness Unit (CEU) was formed to support the Clinical Effectiveness Committee of the Faculty of Sexual and Reproductive Healthcare (FSRH), the largest UK professional membership organisation working at the heart of sexual and reproductive healthcare. The CEU promotes evidence based clinical practice and it is fully funded by the FSRH through membership fees. It is based in Edinburgh and it provides a member's evidence request service, evidence-based guidance, new SRH product reviews and clinical audit/research.

[Find out more here.](#)