

FSRH Emergency Contraception National Benchmarking Audit: Final Report (October 2018)

1. Background

Aim of the National Audit

The aim of the National 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 FSRH member receives a score which ranks them compared to others for the different standards.

The steering group

This National Audit was administered by the FSRH Clinical Effectiveness Unit (CEU) and overseen by a steering group. The steering group comprised representatives from FSRH Clinical Standards Committee (CSC), the CEU, Education and training, FSRH Officers and FSRH members from different types of services (primary care, specialist SRH services, community pharmacy etc) and with different professional roles (doctors, nurses, pharmacist and researcher).

Choosing the topic and Auditable Standards

The steering group held a face-face meeting in February 2017 to discuss the topic for the National Audit. The topic of Emergency Contraception (EC) was chosen because:

- ▶ EC is accessible from different types of services, thus the topic is relevant to a large proportion of the FSRH membership.
- ▶ EC is a topical and interesting subject with manageable scope.
- ▶ The updated FSRH Clinical Guideline Emergency Contraception (published May 2017) included changes to pre-existing; the National Audit therefore provided an opportunity to assess the impact of the Guideline on clinical practice.

2. The Four Auditable Standards

Four auditable standards were selected for services providing emergency contraception to benchmark their practice against other services in the UK. These are:

In women presenting for emergency contraception,

1. **What percentage of women suitable for a Cu-IUD were provided with information about copper intrauterine device (Cu-IUD) as a method of emergency contraception.**
2. **What percentage of women suitable for a Cu-IUD were offered the Cu-IUD as an option for emergency contraception.**
3. **What percentage of women were given contraceptive advice.**
4. **What percentage of women were given sexual health advice.**

These auditable standards were chosen on the basis that:

- ▶ they apply to all types of services that provide EC
- ▶ they can be expected from a typical EC consultation across services/ settings
- ▶ information required to complete the audit should be readily available in clinical notes

3. Audit Tools

To ensure that the national audit was widely accessible, a simple recording sheet for data collection and an online survey for the submission of the Auditable Standard figures were used.

Recording sheet

- ▶ A recording sheet (Microsoft® Excel spreadsheet) was developed by the CEU and piloted by the steering group to check for accuracy and comprehension.
- ▶ It consisted of 17 questions for each case of EC. Five questions were required for the completion of the National Audit. The other questions were optional – they were included to enable self-audit of other aspects of EC provision not covered in the National Audit.
- ▶ Participants were provided with an introduction to the national audit, instructions for use and information boxes to provide additional information about the questions being asked.
- ▶ The Excel functions were utilised to auto-calculate the Auditable Standard figures required.
- ▶ To support self-auditing of other aspects of EC provision not covered in the national audit, an auto-calculation of the breakdown of answers to each of the 17 question was also included.
- ▶ Finally, the recording sheet provided a print-friendly version of the data, allowing participants to generate a print-out for their own records if necessary.

Online submission

- ▶ Participants were instructed to submit their auditable standard figures to the CEU online via a SurveyMonkey® questionnaire.
- ▶ The online questionnaire asked participants to provide some basic information about them, their services, the figures for the four Auditable Standards and comments/ feedback they may have.

4. Data collection

FSRH members were invited to participate in the National Audit which ran from January-April 2018. Complete datasets were received for 146 services. A breakdown of the services by region and service setting is given below:

Region	No
East of England	21
South West England	20
North West England	19
Yorkshire and Humber	18
West Midlands	16
London	15
South East England	12
East Midlands	8
Wales	6
North East England	5
Scotland	5
Northern Ireland	1
Total	146

Service setting	No
Specialist Services (e.g. SRH/ CASH/ GUM/ Hospital)	93
General Practice	53
Total	146

5. Audit Findings

Analysis by type of service

The distribution of the scores for each Auditable Standard by the type of service – Specialist Services (Specialist) or General Practice (GP) – is presented in Tables 5a and 5b.

Key findings

- ▶ The average score in the Specialist group was higher than the GP group for all Auditable Standards.
- ▶ A higher proportion of participants in the Specialist group achieved at least 90% score for all four Auditable Standards compared to participants in the GP group. The difference between the 2 groups were statistically significant ($p < 0.01$)
- ▶ Auditable Standard 3 had the highest average score (94.5%); 87 participants (93.5%) from the Specialist group and 39 participants (73.6%) from the GP group achieved at least 90%.
- ▶ Auditable Standard 4 had the lowest average score (67.3%); only 3 participants in the GP group achieved 100% score while the other 50 participants scored 66.7% or less.

Table 5a: Minimum, Maximum, Median and Average Score of participants for each of the four Auditable Standards (by service type)

Standard	Services	Score (%) achieved by services			
		Min	Max	Median	Average
1. What percentage of women suitable for a Cu-IUD were provided with information about Cu-IUD as a method of emergency contraception.	All	0	100	99.6	88.7
	Specialist	47.4	100	98.3	93.4
	GP	0	100	100	80.6
2. What percentage of women suitable for a Cu-IUD were offered the Cu-IUD as an option for emergency contraception.	All	0	100	97.9	87.5
	Specialist	47.4	100	97.6	93.6
	GP	0	100	100	76.9
3. What percentage of women were given contraceptive advice.	All	29.0	100	99.7	94.5
	Specialist	50	100	99.0	96.2
	GP	29	100	100	91.6
4. What percentage of women were given sexual health advice.	All	0	100	86.5	67.3
	Specialist	25.0	100	96.1	89.4
	GP	0	100	22.2	28.7

Table 5b: Frequency of scores for each of the four Auditable 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 suitable for a Cu-IUD were provided with information about Cu-IUD as a method of emergency contraception.*	All	3 (2.1)	14 (9.6)	21 (14.4)	35 (24.0)	73 (50.0)	146
	Specialist	0	4 (4.3)	16 (17.2)	31 (33.3)	42 (45.2)	93
	GP	3 (5.7)	10 (18.9)	5 (9.4)	4 (7.5)	31 (58.5)	53
2. What percentage of women suitable for a Cu-IUD were offered the Cu-IUD as an option for emergency contraception.*	All	5 (3.4)	15 (10.3)	18 (12.3)	41 (28.1)	67 (45.9)	146
	Specialist	0	5 (5.4)	12 (12.9)	38 (40.9)	38 (40.9)	93
	GP	5 (9.4)	10 (18.9)	6 (11.3)	3 (5.7)	29 (54.7)	53
3. What percentage of women were given contraceptive advice.*	All	0	4 (2.7)	16 (11.0)	53 (36.6)	73 (50.0)	146
	Specialist	0	1 (1.1)	5 (5.4)	43 (46.2)	44 (47.3)	93
	GP	0	3 (5.7)	11 (20.8)	10 (18.9)	29 (54.7)	53
4. What percentage of women were given sexual health advice.*	All	6 (4.1)	53 (36.3)	19 (13.0)	33 (22.3)	35 (24.0)	146
	Specialist	0	9 (9.7)	19 (20.4)	33 (35.5)	32 (34.4)	93
	GP	6 (11.3)	44 (83.0)	0	0	3 (5.7)	53

* Chi-square test for trend performed for each Auditable Standard; Category '0' and '1-69' were combined for the analysis. The difference between the 2 groups for all four Auditable Standard were statistically significant at p<0.01.

6. Participant's Report

Individualised reports were sent to each participant, providing an analysis of how they compared to other participants. For each of the Auditable Standards, participants were provided with their rank relative to all participants (out of 146) and relative to other participants in their service type group (Specialist Services, out of 93; GP, out of 53). Examples of the results (ranking) presented in the participant's report is shown in Figure 6a.

A small number of participants emailed the CEU with feedback that the reports were appreciated and useful in reporting to staff team and management.

Figure 6a: Results table (ranking) from participant's reported (Specialist and GP)

How your service performed (Specialist services)

		Standard 1 What percentage of women suitable for a Cu-IUD were provided with information about copper intrauterine device Cu-IUD) as a method of emergency contraception.	Standard 2 What percentage of women suitable for a Cu-IUD were offered the Cu-IUD as an option for emergency contraception.
All services	Min	0	0
	Max	100	100
	Median	99.6	97.9
	Average	88.7	87.5
Your service	%	95	100
	Rank	93 / 146	1 / 146

		Standard 1 What percentage of women suitable for a Cu-IUD were provided with information about copper intrauterine device Cu-IUD) as a method of emergency contraception.	Standard 2 What percentage of women suitable for a Cu-IUD were offered the Cu-IUD as an option for emergency contraception.
ONLY Specialist Services	Min	47.4	47.4
	Max	100	100
	Median	98.3	97.6
	Average	93.4	93.6
Your service	%	95	100
	Rank	62 / 93	1 / 93

		Standard 3 What percentage of women were given contraceptive advice.	Standard 4 What percentage of women were given sexual health advice.
All services	Min	29.0	0
	Max	100	100
	Median	99.7	86.5
	Average	94.5	67.3
Your service	%	100	98
	Rank	1 / 146	40 / 146

		Standard 3 What percentage of women were given contraceptive advice.	Standard 4 What percentage of women were given sexual health advice.
ONLY Specialist Services	Min	50.0	25.0
	Max	100	100
	Median	99.0	96.1
	Average	96.2	89.4
Your service	%	100	98
	Rank	1 / 93	37 / 93

How your service performed (General Practice)

		Standard 1 What percentage of women suitable for a Cu-IUD were provided with information about copper intrauterine device Cu-IUD) as a method of emergency contraception.	Standard 2 What percentage of women suitable for a Cu-IUD were offered the Cu-IUD as an option for emergency contraception.
All services	Min	0	0
	Max	100	100
	Median	99.6	97.9
	Average	88.7	87.5
Your service	%	100	100
	Rank	1 / 146	1 / 146

		Standard 1 What percentage of women suitable for a Cu-IUD were provided with information about copper intrauterine device Cu-IUD) as a method of emergency contraception.	Standard 2 What percentage of women suitable for a Cu-IUD were offered the Cu-IUD as an option for emergency contraception.
ONLY General Practice	Min	0	0
	Max	100	100
	Median	100	100
	Average	80.6	76.9
Your service	%	100	100
	Rank	1 / 53	1 / 53

		Standard 3 What percentage of women were given contraceptive advice.	Standard 4 What percentage of women were given sexual health advice.
All services	Min	29.0	0
	Max	100	100
	Median	99.7	86.5
	Average	94.5	67.3
Your service	%	89.3	7.1
	Rank	127 / 146	138 / 146

		Standard 3 What percentage of women were given contraceptive advice.	Standard 4 What percentage of women were given sexual health advice.
ONLY General Practice	Min	29	0
	Max	100	100
	Median	100	22.2
	Average	89.3	38.5
Your service	%	89.3	7.1
	Rank	40 / 53	45 / 53

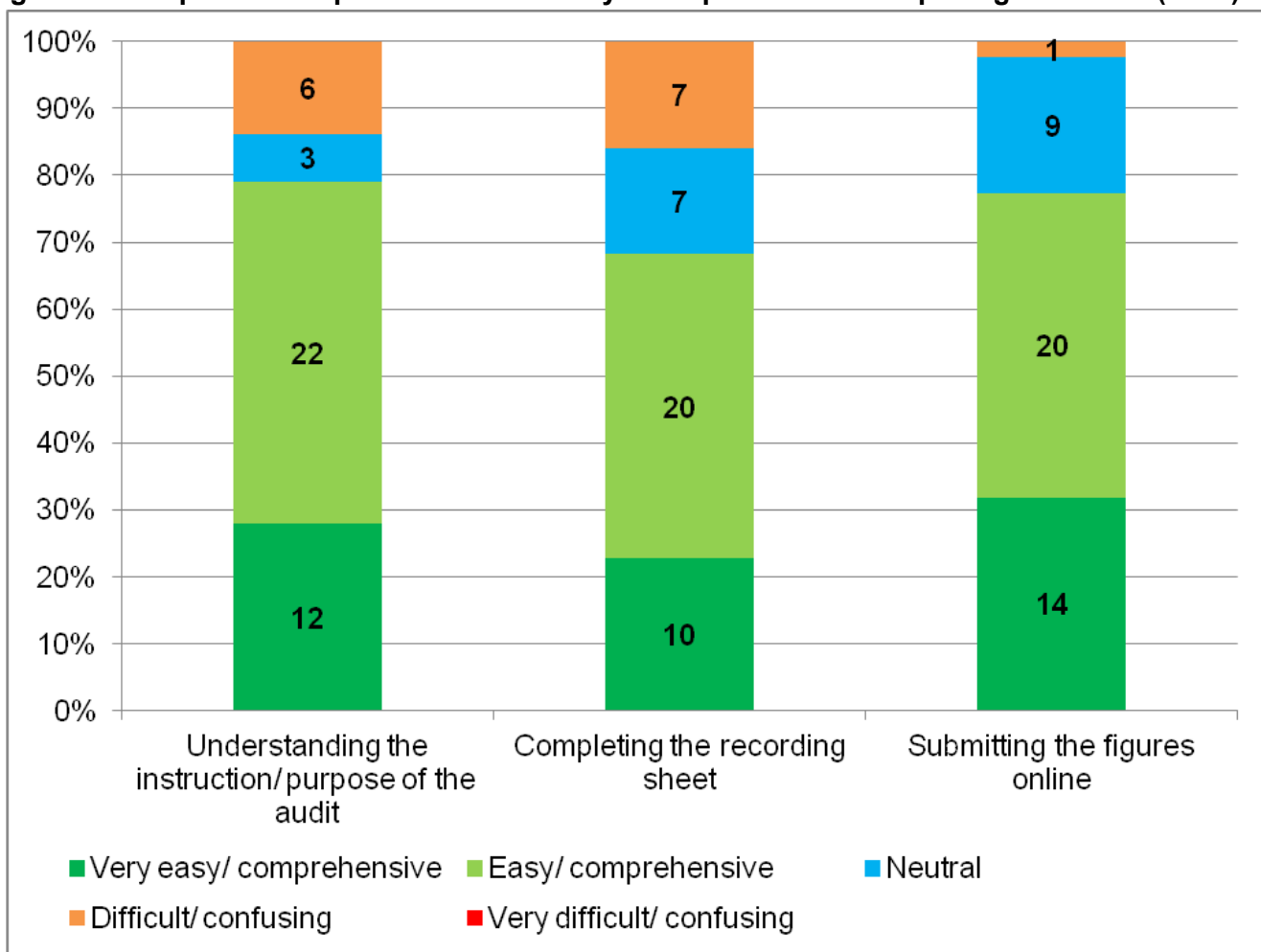
7. Participant's Feedback

Participants who had given permission to be contacted for their feedback were sent an email invitation to complete an online survey (Survey Monkey) to provide their feedback regarding their experience of participating in the National Audit. The online survey (SurveyMonkey) consisting of a mix of tick boxes (6 questions) and free-text comment boxes (7 questions). The survey ran from 9th to 30th July 2018. A total of 44 participants provided their feedback. 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.
- ▶ Almost 80% indicated that the purpose of the study and the instructions were comprehensive.
- ▶ Almost 70% and 80% of participants, respectively, indicated that the completing the recording sheet and submitting the figure online was easy/very easy.
- ▶ The instructions and the recording sheet was felt to be confusing for a minority of respondents (6% and 7%, respectively); this reflected the small number of emails that were received over the course of the National Audit requesting support for completing the recording sheet.
- ▶ No participants found the completion of the National Audit to be 'very difficult/ confusing'.

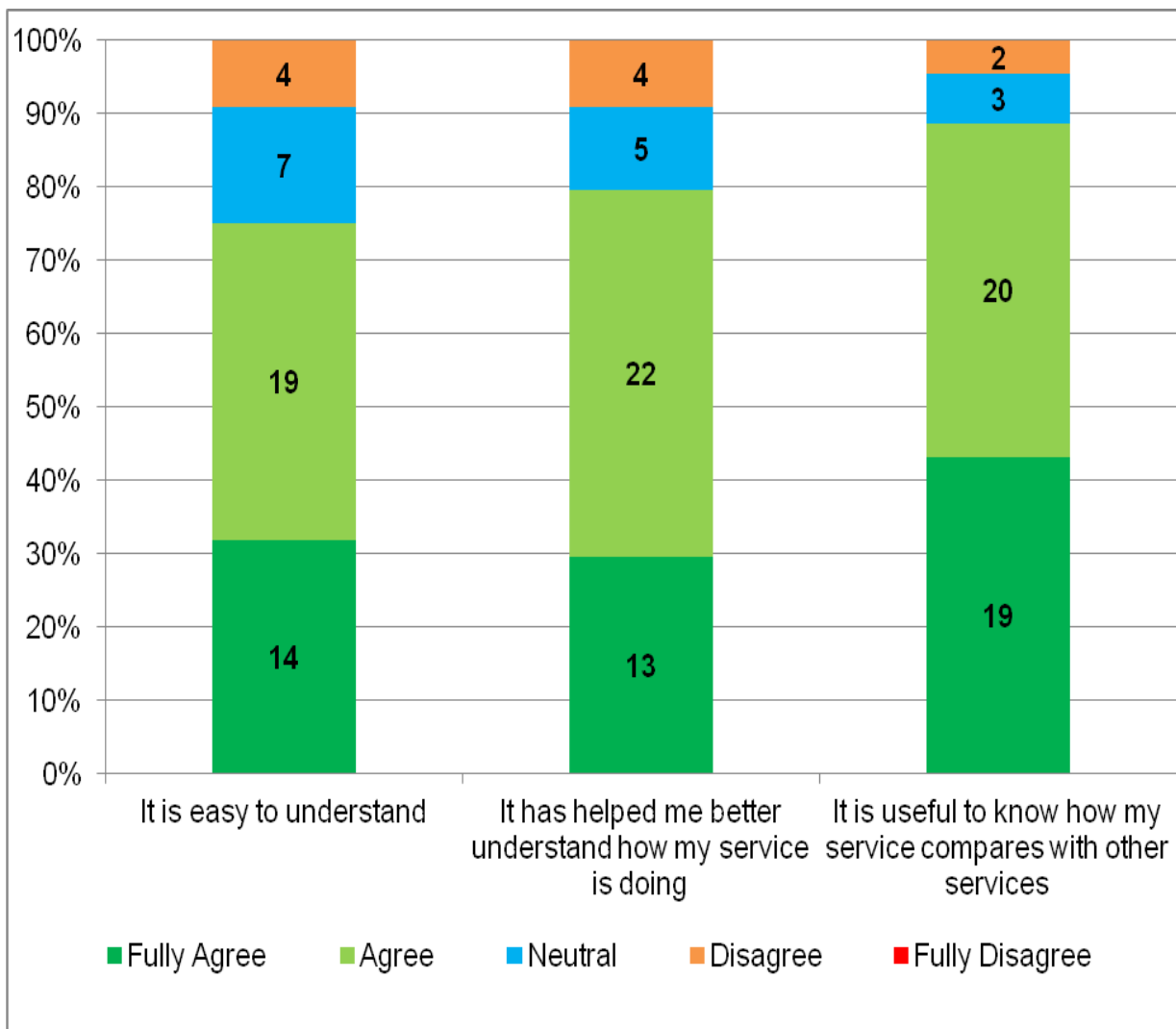
Figure 7a: Responses to “please tell us about your experience of completing the audit” (n=44)



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".
- ▶ The majority of respondents agreed that the report was easy to understand (75%) and helped them better understand how their service is doing (79.5%); 88.6% agreed that it was useful to know how their service compared with other services.
- ▶ A minority of participants (9.1%, 9.1% and 4.5%, respectively) disagreed with the three statements; no participant fully disagreed with any statement. Comments relating to the benefits of participating, how the report will be used and changes to clinical practice that have resulted from participation in the National Audit (see later) offer wider understanding of the value of the report to participants and their services.

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=44).



Motivation and benefits

Participants were asked to give their reasons for participating and what they felt were the benefits of participating in the National Audit. Categories and selected comments are presented below.

Reasons for deciding to participate

- ▶ Audit how well service is doing/ identify areas for improvement (29)
- ▶ Benchmarking with other services (19)
- ▶ Audit against standards/ guidelines (7)
- ▶ Personal development/ learning (5)
- ▶ Management/ supervisor decision (3)

Benefits of participating

- ▶ Understand strengths and gaps/ Informs service development (16)
- ▶ Provided comparison with other services (14)
- ▶ Opportunity for providing feedback to staff team/ staff development (11)
- ▶ Opportunity to utilise audit tool/ get feedback from FSRH CEU (7)
- ▶ Opportunity for professional development and learning (6)

“Interested in participating in a national audit and to compare my practice standard with national standards.”

“Using a well set up spreadsheet, fast feedback from the CEU and good experience to be part of a good standards national audit.”

“To gain knowledge of the subject and improve our service. Also to gain experience in audit procedures.”

“Gave great opportunity to feedback to staff and carry out note reviews.”

“To identify strengths/ weaknesses in our provision and to compare ourselves to other services.”

“Benchmarking data which can support CQC inspections.”

“We wanted to know whether an IUD was being offered regularly as per our service guidelines.”

“Finding out that we don’t record our consultation as well as we should.”

“We were told we had to undertake the audit by our commissioners.”

“Audit taking skills.”

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

“Feedback that we were performing well.”

Difficulties or challenges

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

Difficulties or challenges

- ▶ Issues relating to the recording sheet (14)
- ▶ Extracting information from Patient ERP and completing the recording sheet (11)
- ▶ Finding time/ staff to complete the audit (9)
- ▶ Audit does not reflect practice (7)
- ▶ Submitting figures online (3)
- ▶ Interpreting the results (1)

“Somehow the instructions were quite confusing and our outcomes do not reflect reality – for example we got 100% for offering PC-IUD whereas this is not right. So there was something confusing about the template and I will have to go through all the answers again to see what happened there.”

“There were some obvious glitches with the spreadsheet which were corrected.”

Finding the information in the ERP

“Time to do it.”

“The recording sheet was a bit onerous to complete as it required extracting information from several places in the patient’s notes.”

“Understanding which term to use when recording data. Whether something was ‘not discussed’ versus ‘not recorded’ was not clear.”

“I thought some of the questions were ambiguous and repetitive.”

“Paperwork was confusing and recording keeping, took a while to understand.”

“Finding someone to do the data submission.”

“Our excel or office not up to date for the spreadsheet and calculations which was subsequently corrected by CEU.”

“Collating and submitting the final data.”

“Interpreting the results.”

Using the findings

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. Categories and selected comments are presented below.

How they intend to use the findings

- ▶ Feedback to staff team (20)
- ▶ Inform update of protocols/ template/ ERP templates (18)
- ▶ Inform service development (17)
- ▶ Feedback to management (9)
- ▶ Inform staff education and training (7)
- ▶ Inform on-going/ repeat audit (7)

Impact on clinical practice

- ▶ Revise EC protocol/ template (19)
- ▶ Recording of clinical notes (13)
- ▶ Information giving to patient (4)
- ▶ Staff education/ training on Emergency Contraception Guideline (2)

“It has been fed back to our quarterly Clinical Governance meeting and to all clinicians who provide EC. There was a training issue identified as a result of how we record information and further resources were added to the EC proformas.”

“We need to ensure we document all offers of regular contraception and sexual health screen.”

“Considering improved patient information leaflet and update templates.”

“New EC proforma has been developed locally and is being used as a consequence of the audit feedback received.”

“Feedback to staff and emphasising the importance of offering Cu-IUD.”

“For educational purposes in the surgery – revisiting learning and changing templates.”

“Started offering/ ticking sexual health advice in SRHAD coding.”

“Changes to EC template; check that all practitioners know how EC works!”

“Positive impact on current practice with EC consultations.”

“Reassess the proformas and encourage staff to make sure they cover all aspects.”

“Submitted to commissioners as part of our quarterly report.”

“We are looking at making recommendations to alter ERP system questions. Then use it for rolling audit.”

8. 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 EC National Audit and national audits on other topics
- ▶ Facilitation of quality improvement activities relating to EC provision across the UK.

Overcoming key challenges

As the first FSRH National Benchmarking Audit, there was learning at all stages of the development process. Below are some of the key challenges and steps taken to overcome these challenges:

- ▶ Errors/ technical issues with the recording sheet; future versions of the recording sheet will be more rigorously tested to ensure errors are minimal.
- ▶ Unclear instructions for completing the National Audit; the CEU will consult with the FSRH Membership and Marketing team to develop instructional videos and other audio-visual resources to support FSRH members in completing the recording sheet.
- ▶ Limited reach of the National Audit – The CEU will consult with the FSRH Membership and Marketing team to consider strategies to support greater participation, especially from community pharmacy and voluntary agencies.

9. Next steps

The CEU will work with the Steering Group and the FSRH Membership and Marketing team to:

- ▶ Develop resources including an EC consultation template which may be used to guide EC consultations and to improve the quality of recording keeping.
- ▶ Further develop the recording sheet to facilitate self-audit of EC provision.
- ▶ Plan for a re-run of the EC National Audit in 2019.
- ▶ Discuss and plan another National Benchmarking Audit in 2019.

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

10. Get in touch

If you would like to provide any feedback or have any queries relating to the Emergency Contraception National Benchmarking Audit, please get in touch with the CEU (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.](#)