Has the accuracy of SHHAPT coding improved?

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Percentage consistency between respondents and PHEChart Title

2016 2013

Background

An audit in 2013 suggested that only 69% of attendances and 64% of Sexual Health and HIV Activity Property Type (SHHAPT) codes were correctly assigned. SHHAPT coding supports the monitoring and reporting of STIs, facilitating robust assessment of service needs, enabling informed planning and better allocation of limited resources at all levels to reduce the level of Sexually Transmitted Infections (STIs). To achieve this coding requires accuracy and consistency and so the audit was repeated in 2016 to assess whether SHHAPT coding in this region had improved.

Methodology

The methodology remained unchanged from that used in 2013, the scenarios however were rewritten taking into account areas which had raised the most discussion and questions from the 2013 audit. Six scenarios were circulated to clinics within the South West region requesting that up to five individuals that regularly participate in completing the SHHAPT codes, reflecting the multidisciplinary team if more than one team is involved eg. Doctors at different grades/nurses/health advisors, code each of them. The same scenarios were sent to Public Health England (PHE) and completed to provide the standard.

Results

Nine clinics in the South West region responded with a mix of Consultants, Staff Grade doctors, Specialist registrars, Nurses and Health Advisors.

The percentage consistency between respondents and PHE is dependent on the scenario and ranges between 59-100% for attendance type and 0-94% for SHHAPT codes. Overall The percentage of correctly assigned attendances is 86% and SHHAPT codes are 75%, respectively.

Mix of respondents by role

% Consistency between respondents and PHE	Attendance type	SHHAPT code
Case 1	100	68
Case 2	95	94
Case 3	92	63
Case 4	83	0
Case 5	59	69
Case 6	97	91

Discussion

Comparing the results from 2016 to 2013, recording of attendance type has improved to 86%, up by 17% and coding of the clinical scenarios to 78%, up by 14%.

Since 2013 new guidance and codes have been issued by PHE. To continue this improvement we suggest that at each regional meeting any new changes in the SHHAPT coding is highlighted and ask those clinicians attending to circulate to those within their department in a way that they believe to be most effective.

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