

Frequently Asked Questions

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1 What is female genital mutilation?

Female genital mutilation (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM has been illegal in the UK since 1985, with the law being strengthened in 2003 to prevent children travelling from the UK and undergoing FGM abroad. There have been no prosecutions since this date but the practice continues in the UK and girls are still taken abroad where FGM is performed. You can read about current estimates of FGM prevalence in the UK in the 2007 study from Forward.

2 What is the FGM Prevalence Dataset?

The FGM Prevalence Dataset is an Information Standard (ISB1610) that was published on 1 April 2014. To read more about the FGM Prevalence Dataset Information Standard, visit the archived <u>Information Standard Board website</u>. The standard requires acute trusts in England to submit a monthly return of the dataset. The FGM Prevalence Dataset collects non-identifiable aggregate data about the prevalence of FGM within the patient population as treated by the NHS in England.



3 Why was the FGM Prevalence Dataset developed?

There is a programme of work, led by the Department of Health, on FGM. The programme includes projects to improve awareness, provision of services, and safeguarding of girls at risk. However, to date, there has been no collection of the prevalence of FGM within the NHS, and no information available on the scale of the issue.

It was essential to introduce an information collection to begin to pull together a national picture, develop the response to FGM and ensure that appropriate services are offered to women. The Information Standard (1610 FGM Prevalence Dataset), was developed to support future development in this area.

From the data collected, it will be possible to ensure that the programme of improvements is both targeted at the areas of need, and that it is of an appropriate scale. This information will also be critical for the future development of any further standards and information requirements relating to FGM.

4 What data will be collected?

The FGM Prevalence Dataset Information Standard instructs all clinicians to record into clinical notes when a patient with FGM is identified, and what type it is.

The FGM Prevalence Dataset collects the following aggregated data:

- The number of patients identified with FGM for the first time by each acute trust within the monthly reporting period, including: the FGM type and whether the patient was a child or an adult.
- The number of active cases (excludes newly identified cases) of patients identified as having FGM by the acute trust at the end of the month.
- The number of care contacts (any care received by a patient with FGM), deinfibulations* and repeat deinfibulations identified by each department (eg Urology, Obstetrics, A&E) occurring during the monthly reporting period

The FGM Prevalence Dataset uses the World Health Organization's (WHO) definitions for the four types of FGM, plus a fifth option for 'Not known'. To read more about the four types of FGM, visit the WHO website.

More information about the dataset definitions can be found in the Standard Specification on the archived Information Standards Board website.



* Deinfibulation is a surgical technique to reverse the closure of the vaginal opening after infibulation.

5 Which organisations submit data?

The Information Standard (1610 FGM Prevalence Dataset) requires clinicians across all NHS healthcare settings to record in clinical notes when patients with FGM are identified, and what type it is. However, at present, it is only mandatory for acute trusts to submit a monthly FGM Prevalence Dataset return.

Other organisations (which may include GPs) may wish to support the standard and provide an FGM Prevalence Dataset centrally. It should be noted that the standard has not had additional development to ensure it is suitable for other healthcare settings, but those wishing to participate will not be precluded from doing so, and can contact the team at FGM@hscic.gov.uk to discuss further. It should be noted that any burden to do so must be met by the organisation concerned.

6 When did data collection begin?

The FGM Prevalence Dataset Information Standard (ISB1610) was published on 1 April 2014 with the first monthly return submitted in May 2014. It was mandated as a monthly return from 1 September 2014.

7 When does data collection end?

The FGM Prevalence Dataset is an initial aggregate dataset to be collected until the end of March 2015. An enhanced data set is planned for April 2015.

8 How will data be collected and recorded within acute trusts?

It is recognised that the quality of the data returned will be directly related to the clinical knowledge and capability in recognising and responding to FGM.

In many hospitals it has not been routine practice to record that a patient has undergone FGM in the clinical notes, and there are only a few known hospital clinical systems which have fields relating to FGM within their clinical diagnosis (or other) screens. With the provision of clinical terminology, the Information Standard ISB 1610 Female Genital Mutilation Prevalence Dataset now requires that when identified, FGM must be recorded on a patient's clinical notes. This change in practice may take some time to embed.

Trusts are encouraged to introduce methods of collection and issue clear instructions on how and where to record FGM within their own systems with immediate effect, and consider how best to support teams, through either additional professional training and/ or guidance. Trusts are encouraged to consider an implementation



plan across their organisation, which considers what steps, can be taken to monitor compliance with the standard.

Jon Rouse, Department of Health Director General of Social Care, Local Government and Care Partnerships, wrote to all Trust Chief Executives and Nursing Directors at acute trusts on 17 September 2014. The letter is available online.

9 How often must acute trusts submit?

Collection and submission of the dataset is monthly. Acute trusts have a minimum of five working days following the end of the month in which to submit their return for that month. The last day of the collection period is always a Friday.

10 How do acute trusts submit data?

Data is submitted through Unify2, the DH system for sharing and reporting NHS performance information.

11 How will the FGM Prevalence Dataset be reported?

The Health and Social Care Information Centre (HSCIC) is publishing monthly reports based on the monthly returns. The first report is due to be published on 16 October 2014. This report is based on the first month of mandated collection, the September 2014 return. The publications are comprised of national and subregional level aggregate level data of the prevalence of FGM and de-infibulation procedures to begin to identify the level of incidence across England.

12 What is the aim of the FGM publication?

This publication is the first step in the attempt to build up a picture of prevalence of FGM in England and share information across government. However:

- It does not present a whole picture of the numbers of women who experience FGM in England.
- It aims to empower healthcare professionals to take action, overcoming current barriers.
- It aims to develop a culture of reporting on FGM.

13 Who manages the FGM Prevalence Dataset?

The FGM Prevalence Dataset is part of the FGM Prevention Programme, which is led by the Department of Health (DH). The Health and Social Care Information Centre (HSCIC) works with DH to manage the data submissions and publish the information submitted in the monthly returns.



14 What if I have a question that is not answered here?

For further information please:

- visit the FGM Prevalence Dataset webpage at <u>www.hscic.gov.uk/FGM</u>
- contact the HSCIC contact centre on tel: 0300 303 5678, or
- email us at: enquiries@hscic.gov.uk (please put 'FGM' in the subject field of your email).