hscic Health & Social Care Information Centre

FGM Enhanced Dataset

GP Approach

FGM Prevention Programme

1 Introduction

It has been identified that GPs would benefit from additional support to submit data under the FGM Enhanced Dataset information standard, published 1 April 2015 and to which GP must ensure they have regard by 1 October 2015. This information standard is a requirement, and mandatory under the Health and Social Care Act 2012.

At the NHSE FGM Enhanced Dataset workshop on 18th March 2015, the following areas were agreed as needing improvements:

- the ability to record the FGM Enhanced Dataset items within existing GP systems, and,
- the ability to record the FGM Enhanced Dataset items within the Clinical Audit Platform (CAP), as outlined in the SCCI 2026 FGM Enhanced Dataset standard, published in April 2015

The main request was to consider the use of 'templates' from within GP systems.

It should be noted, that the creation of FGM templates can already be undertaken locally, although at the time of the release of the standard, there was a gap between what is required by the FGM Enhanced Dataset and what was available in the appropriate clinical terminologies, namely READv2 and CTV3 codes. This is due to be resolved on 1 October 2015.

By considering the reports published from the FGM Prevalence dataset[1], it is anticipated that the potential number of GP Practices who will need to submit information under the FGM Enhanced Dataset will be around 4900 General Practices.

1.1 About this Document

It is the intention of this document to:

- explain why the development of the FGM Enhanced dataset took the approach it initially did
- outline the recommended processes from which GPs can choose which best suits their individual needs and organisation

This document should be read in conjunction with the existing FGM Enhanced dataset published in April 2015 available from: (www.hscic.gov.uk/isce/publication/scci2026)

- SCCI 2026 FGM Enhanced Dataset – Requirements Specification
- SCCI 2026 FGM Enhanced Dataset – Implementation Guidance

1.2 Aims & Objectives

The improvements and benefits resulting from the information standard are expected to be:

- a greater understanding of the extent and issue of FGM in England;
- evidence to justify why the range of FGM support and care services need to be commissioned;
- the production of reports to inform quality and compliance checks to identify *when* and *where* patients with FGM are identified and treated, and subsequently support service development
- NHS England and Trusts will be able to use the information to highlight areas needing further investigation, therefore supporting service development

[1] FGM Prevalence Dataset reports:
http://www.hscic.gov.uk/searchcatalogue?q=%22female+genital+mutilation%22&area=&size=10&sort=Relevance

1.3 Background

The main focus on collecting FGM data from various clinical settings is to provide nationally consistent information on those women and girls who have had FGM, and to better inform the commissioning of services required.

This is the first time the Clinical Audit Platform has been used to collect information from GPs The reasons why this was the option progressed are briefly outlined below:

- Limited time and funding to provide a suitable collection tool
    - CAP is owned, developed, managed and supported by HSCIC and therefore provides the capability for rapid development at relative low cost
    - CAP is a web based product, does not require N3 connectivity and supports wide deployment, regardless of local capability
- The need to support a single collection platform which ALL clinical settings can use:
    - Improves data quality by avoiding mapping patients across multiple collection tools
    - Reduces support costs across various collection tools
- Limitations on using GPES to support this development within the timeframe available
- FGM Enhanced Dataset development was not aligned to the clinical terminology development (READ and SNOMED) and publication timescales, and therefore all codes were not available at the time of the release of the standard

2 Key Principles for Collecting FGM Enhanced Dataset

Outlined below is a reminder about the key principles for the collection of FGM information:

- Every clinician from within any clinical setting who encounters a woman or girl who confirms that they have FGM must record the FGM Enhanced dataset information when it is identified.
- It is NOT a requirement for every clinician to undertake an examination in order to fulfil the central return. A clinical examination should only be undertaken as part of a routine, usual or requested provision of care encounter, and if FGM is then identified, it must be recorded.
- When FGM is identified, all FGM information should be recorded if and when possible, with at least the mandatory items being recorded for each patient. The mandatory items are outlined below with the full list of data items, explored further in a later section:
    - NHS Number
    - Forename & Surname
    - Postcode of usual address
    - Care contact date

  Note1: FGM Identification (how FGM was identified) was initial a mandatory item, but this will be changed to “Optional” for the 1st October 2015

  Note2: the reason for the name and address of the patient is to verify that the NHS number provided for that patient is correct. CAP can validate an NHS number (i.e. the right format of the NHS number), but cannot verify that the NHS number entered is for the patient stated. Once an NHS number has been verified, all patient information is deleted, and no patient identifiable information is ever published
- If the risk of FGM occurring to a girl or woman is suspected or identified then existing local safeguarding protocols to protect the girl must be followed.

  DH guidance to assess the potential risk of FGM is available from the following: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf

3 Supplier Requirements

We have issued the following requirements to GP suppliers to ask them to support the ability to record, extract and provide the capability to upload the FGM Enhanced Dataset to CAP.

Whilst it is currently possibly for a member of a practice to submit information directly to CAP (once registered to do so), whom this will be from within the practice, will need to be decided locally, to best meet the needs of the practice. Whoever this person(s) is to be, will need to register to CAP in order to submit the information.

The requirements below have been sent to GP suppliers through the GP Supplier of Choice (GPSoC) process, to improve the process.

If and when templates are provided nationally, these templates do not have to be used by every general practice. Locally it may be decided to collect additional FGM-related information and therefore it is possible for organisations (GP or CCG level, dependent upon GP system of choice) to create an FGM template that still supports the recording of the FGM information, but has localisations to meet a need identified within organisations.

Recording	
1	The GP supplier must develop example FGM Templates, to allow the recording of the FGM Enhanced Dataset items. Currently the creation of templates can already be undertaken locally, but it is acknowledged that not all the FGM Enhanced Dataset items are currently available. It is anticipated that the new clinical codes to support the FGM Enhanced Dataset (READv2, CTV3 and SNOMEDCT) will be available from October 2015 through usual publication routes.
2	Additional development may be considered to support the creation of triggers or alerts that can be used to notify or remind GPs when to complete the FGM 'templates', or, when to ask a patient further questions about FGM, as it may not always be immediately obvious to the GP to do so. Any development of this work would need to be determined locally. The following list of potential triggers is not exhaustive, each example may be used in conjunction with another, and are only outlined here for example purposes: • When FGM is recorded, the FGM template is immediately displayed to the GP to complete • Where a woman or girl's country of birth is an FGM prevalent country, a reminder is displayed to the GP to ask further questions about FGM • When a smear test is undertaken, and the country of birth is an FGM prevalent country, a reminder is displayed to the GP to ask further questions about FGM • Where existing safeguarding templates are being used and the country of birth is an FGM prevalent country, a reminder is displayed to the GP to ask further questions about FGM • When travel vaccinations/ advice is given and the country of birth is an FGM prevalent country, a reminder is displayed to the GP to ask further questions about FGM.
Extracting	
3	The system must allow the user to produce extracts (or reports) locally from within each General Practice (by Oct 2015), which will then be used locally to upload the information to CAP, including all the necessary FGM Enhanced dataset items: • the production of the report should be in a csv format, aligned to the FGM Upload files (which are in a csv format) • the data items included, may be aligned to the Headers outlined within the FGM Upload files, to making it clear which dataset items have been recorded locally from within the template and what needs to populate CAP • the data items included, may be automatically mapped and translated to the required

	CAP Values as outlined within FGM Upload files (by December 2015) using the correct formats to enable a successful upload to CAP It is expected that this would require some development to ensure that the extracts (reports) produced are in the correct format, including the correct Values (as outlined within the Upload files) and can therefore be used to submit the relevant FGM information to CAP with minimal manual input, i.e. users save the extracts (reports) locally, then access CAP, then submit the relevant files to CAP at a click of a button in CAP.
Guidance	
4	The supplier must ensure that the FGM template is made available to all their users via existing capabilities (by October 2015). It is anticipated that this will be undertaken via existing channels, e.g. 'template libraries' held within each system.

The Upload File is available from the following link: http://www.hscic.gov.uk/fgm ("FGM Enhanced Dataset", under User Documents)

4 Submission Schedule and Publications

Collection and submission of the new dataset became mandatory for all Acute Trusts from 1 July 2015, and will be mandatory for all GPs and Mental Health Trusts to record and submit FGM information from 1 October 2015.

As the ability to record the FGM information via GP templates is reliant on the inclusion of the new FGM codes, it is anticipated that there may be a slight initial delay in being able issue these new templates to meet the 1 October date to start the collection from.

Suppliers are being asked to support the development of CAP formatted outputs by December, thus providing the capability to submit the data by the end of the first quarter of reporting, by 31 January 2016. It would still also be possible locally to extract the relevant information and populate this manually before 1 December if so chosen.

Reporting is quarterly and organisations also have a month between the end of the reporting period and needing to submit their data. After this period, an extract is taken from the CAP system and prepared for publication as a national statistic. For example, the deadline by which organisations must submit their data for the April-June quarter was 31 July.

The table below outlines the submission schedule and published report timetable. The highlighted section outlines when GPs should be recording information from and the final date of submitting this to HSCIC via the Clinical Audit Platform by 31 January 2016.

Reporting Period	Submission Deadline	Provisional Publication Date
April - June	31 July	September
July - September	31 October	December
October - December	31 January	March
January - March	30 April	June

5 Approach Options

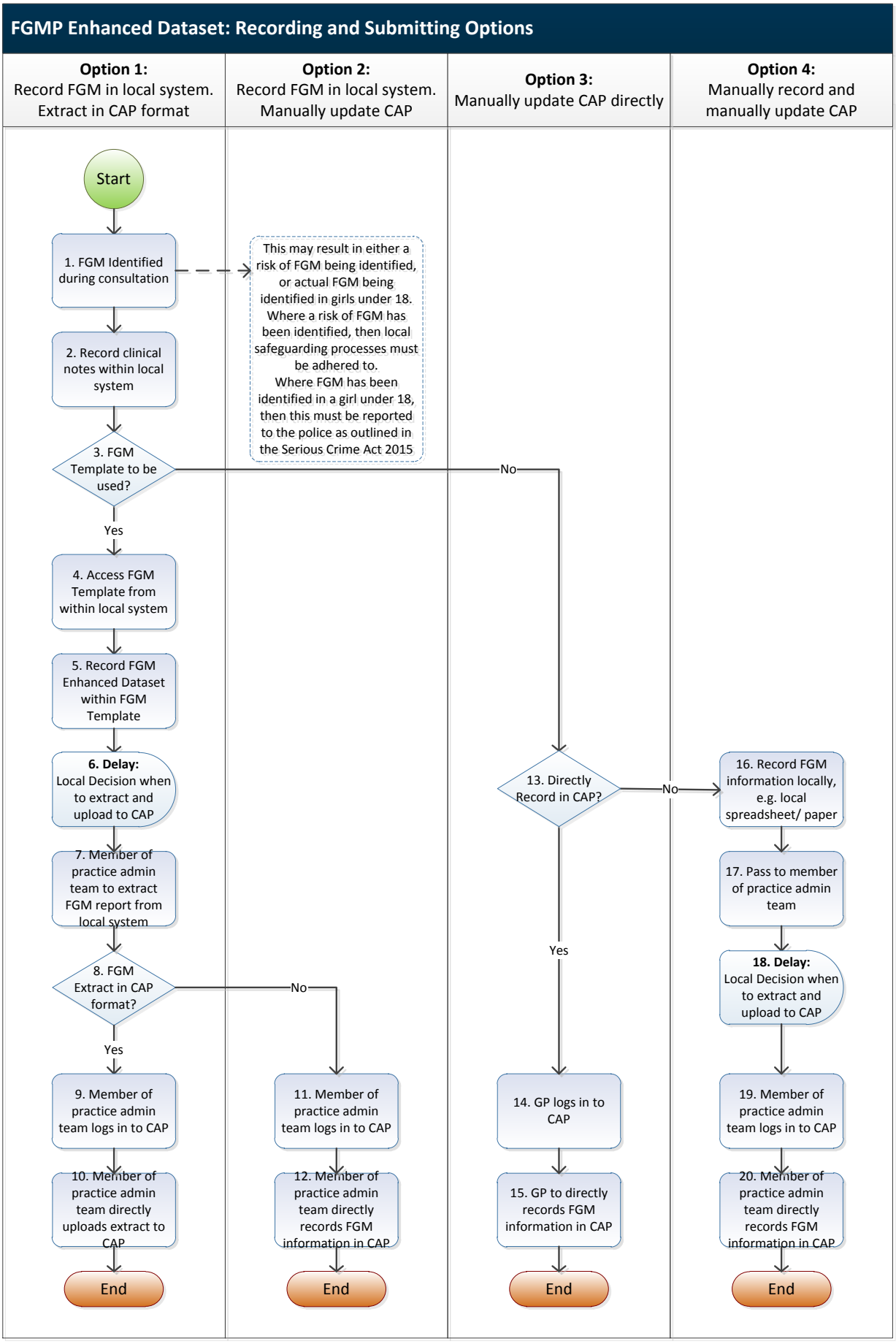
We have identified that there are four different approaches / processes which can be followed by GPs to record and then extract / submit information to the FGM Enhanced Dataset.

These four options range in complexity and in the amount of time required to administer the setup. The decision of which option is followed is likely to be determined by the number of patients seen within the practice who have FGM, and therefore the frequency with which practices need to return information.

Options	Description	Considerations
1	Record FGM information within existing GP system using an example template. A report is then extracted locally, and it is already in the format required to upload the file onto CAP. A member of the practice admin team submits directly to CAP.	This is the recommended approach for GP practices in areas with a known prevalence of FGM. This is the easiest option to record the FGM information within the existing GP systems and uses all opportunities to pre-populate items from the patients' records. An output from the system is directly uploaded into CAP. It does not include any re-typing of information. GPs can choose at what interval to submit information. For this approach, it is recommended that this is completed once a quarter. This option will be optimised for practices with a known prevalence of FGM within their patient population.
2	To record FGM information within existing GP system using an example template. A report is then extracted locally by a member of the practice team and used to manually record the relevant FGM information in to CAP.	This is the recommended approach for GP practices in areas with very low prevalence of FGM. This option has the same approach to record information in the existing GP system, therefore is equally the easiest option in this regard and uses all opportunities to pre-populate items from the patients' records. To submit the information, it is extracted from the system and then this data is used to manually record the information directly within CAP (for a patient), or, the extract can be used to manually populate the CAP upload file (see section 9.1) for multiple patients. GPs can choose at what interval to submit information. For this approach, there is no recommendation on interval but due regard should be given to the submissions timescales to ensure that what is recorded is included within the appropriate quarterly reports. This option will allow for accurate and timely recording of information, whilst allowing for flexibility and a low-tech approach to submit the information, avoiding regular file uploads or direct manual recording in CAP, if patients with FGM are identified infrequently.

3	No change to the existing approach, and GPs manually record FGM information directly into CAP	This approach is currently available. GPs are required to log on to the CAP system, outside of their existing records system, and record the FGM information directly, either following or during a consultation. This option may be preferred by small GP practices without additional administrative support, or in areas of very low prevalence where the practice does not wish to separate the process of asking for the information and submitting it. GPs that follow this approach also need to consider how to record the information about a patient's FGM within her main GP healthcare record.
4	To manually record FGM information, using non system based approach and passing to a member of the practice team to manually upload into CAP.	This approach is currently available. It is not anticipated this approach will be favoured in the majority of circumstances, as this is the option which includes the greatest administration time. Locally, practices would set up a template outside of the GP records system. This might be a paper form, a spreadsheet or other form as preferred. A member of the local admin team manually enters all the data into the CAP upload template (see section 9.1) and submitted to CAP. This option may be preferred in areas of very low prevalence where the practice chooses to separate the process of asking for the information and then uses a member of the administration team to submit it. GPs that follow this approach also need to consider how to record the information about a patient's FGM within her main GP healthcare record.

5.1 Approach Options: Process Overview



5.2 Approach Options: Process Steps

Step	Description
1	FGM is identified as part of the consultation with the patient. As part of the consultation the risk of FGM occurring to a girl or woman may be discovered or disclosed. • Where a risk is identified, then local safeguarding process must be adopted to protect the girl from potential harm. The DH FGM risk assessment tool can be used to help identify potential risk of FGM to girls or women: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf • If it is discovered that a girl under 18 has had FGM undertaken, then consideration must be given to referring the query to the police as outlined under the clinical responsibilities of the Serious Crime Act 2015
2	Clinician to record clinical notes within local system.
3	Is the FGM GP Template to be used locally to record the FGM Enhanced Dataset information? If Yes, go to Step 4 If No, go to Step 13
4	Access the FGM template from within existing system.
5	Clinician to record the FGM Enhanced Dataset items within the FGM template.
6	The information recorded within the Clinical Audit Platform (CAP) will be published on a quarterly basis. However, it will be a local decision as to when the FGM information is submitted to HSCIC via (CAP), within this quarterly period. E.g. FGM information may be submitted on a daily basis for each patient if so chosen, or alternatively the information may be submitted on a quarterly basis for all patients identified with FGM.
7	A member of the practice admin team extracts the FGM report from the local system.
8	Is the FGM extract in the CAP Upload file format? If Yes, go to Step 9 If No, go to Step 11
9	Member of practice admin team logs in to CAP.
10	Member of practice admin team uses the extracted FGM report, which is in the CAP Upload file format, and can be used to directly upload to CAP with minimal manual intervention, as it is produced in the right format.
11	Where the FGM extract is not in the CAP Upload file format, a member of the practice admin team will need to log into CAP, to record the FGM information directly within CAP.
12	A member of the practice admin team uses the extract produced, which includes the FGM Enhanced Dataset information, and uses this to record the information directly into CAP. Alternatively the report produced, could be used to populate the CAP Upload file, to submit multiple patient's details rather than individual patients.
13	Where an FGM template is not going to be used, it needs to be determined locally if the FGM information will be recorded directly within CAP by the GP. If Yes, go to Step 14

	If No, go to Step16
14	The GP logs on to CAP.
15	The GP records the FGM information directly within CAP for the relevant patient. It will need to be locally determined if this would be undertaken during the consultation with the patient, or immediately following the consultation with the patient.
16	Where it has been determined that the FGM information won't be directly recorded within CAP by the GP, the FGM information required for the FGM Enhanced Dataset will need to be recorded locally. This may be a local spreadsheet or a paper based process.
17	The FGM information recorded locally will need to be passed to a member of the practice admin team.
18	The information recorded within the Clinical Audit Platform (CAP) will be published on a quarterly basis. However, it will be a local decision as to when the FGM information is submitted to HSCIC via (CAP), within this quarterly period.
19	A member of the practice admin team logs in to CAP.
20	A member of the practice admin team uses the locally recorded FGM information (e.g. spreadsheet or paper based process), which includes the FGM Enhanced Dataset information, and uses this to directly record the information into CAP. Alternatively the local recorded information could be used to populate the CAP upload file, to submit multiple patient's details rather than individual patients.

6 FGM Enhanced Dataset Overview

The following table outlines the FGM Enhanced Dataset items. Further details of these items is available from the formal FGM Enhanced Dataset specifications, available from www.hscic.gov.uk/isce/publication/scci2026)

- SCCI 2026 FGM Enhanced Dataset – Requirements Specification
- SCCI 2026 FGM Enhanced Dataset – Implementation Guidance

M/R/O	DATA ITEM NAME
	HEADER
R	ORGANISATION CODE (CODE OF PROVIDER)
	PATIENT DETAILS
R	NHS NUMBER
O	LOCAL PATIENT IDENTIFIER
R	PERSON BIRTH DATE
M	POSTCODE OF USUAL ADDRESS
M	FORENAME
M	SURNAME
R	COUNTRY OF BIRTH
R	COUNTRY OF ORIGIN
O	REGION OF COUNTRY OF ORIGIN
R	GP PRACTICE REGISTRATION CODE
	ATTENDANCE DETAILS
M	CARE CONTACT DATE
R	REFERRING ORGANISATION TYPE
R	REFERRING ORGANISATION CODE
R	SITE CODE OF TREATMENT
R	TREATMENT FUNCTION AREA (Not Applicable for GPs)
R	PREGNANCY STATUS INDICATOR
O*	FEMALE GENITAL MUTILATION (IDENTIFICATION)
R	FGM FAMILY HISTORY
R	NUMBER OF DAUGHTERS UNDER 18
R	ADVISED ON THE HEALTH IMPLICATIONS OF FGM?
R	ADVISED ON THE ILLEGALITIES OF FGM?
R	DAUGHTER/S BORN AT THIS ATTENDANCE
O	COUNTRY OF BIRTH OF THE BABYS FATHER
O	COUNTRY OF ORIGIN OF THE BABYS FATHER
	FGM DETAILS
M	FGM ACTIVITY IDENTIFIED

O	FGM TYPE 4 QUALIFIER
R	DEINFIBULATION UNDERTAKEN
R	AGE RANGE WHEN FGM WAS UNDERTAKEN
R	COUNTRY WHERE FGM WAS UNDERTAKEN

- (M)andatory: These data items MUST be included. Failure to submit these items will result in the rejection of the submission
- (R)equired: These data items SHOULD be reported where they apply. Failure to submit these items will not result in the rejection of the submission but they may affect the derivation of national indicators or national analysis
- (O)ptional: These data items MAY be submitted on an optional basis at the submitter's discretion

* With regards to the data item highlighted, 'Female Genital Mutilation (Identification)', this was previously a Mandatory item, but will now be an Optional item.

7 FGM Enhanced Dataset & Clinical Terminology

The following tables outline the current (available now), new (Oct 2015) and potentially future FGM clinical terms and codes (April 2016).

These codes will be available to use by system suppliers and General Practices in the creation of the GP templates, to support the collection of the FGM information, and subsequently used to populate the Clinical Audit Platform Upload Files.

7.1 Current FGM Codes: Available Now

These were published in April 2014 and are currently available.

Current FGM Terms (Available since April 2014)	Read v2	CTV3	SNOMEDCT
Female Genital Mutilation	K578.	Xaad9	885761000000108
Family History of Female Genital Mutilation	12b..	Xab24	902961000000107
History of Female Genital Mutilation	15K..	Xab25	902981000000103
Female Genital Mutilation Type 1	K5780	Xab2E	903121000000105
Female Genital Mutilation Type 2	K5781	Xab2F	903141000000103
Female Genital Mutilation Type 3	K5782	Xab2G	903161000000102
Female Genital Mutilation Type 4	K5783	Xab2H	903181000000106
Deinfibulation of vulva	7D045	XaPs4	442290007
Deinfibulation of vulva to facilitate delivery	7F1B5	XaaoP	893721000000103

7.2 New FGM Codes: 1st October 2015

The following concepts have all been approved and will be included in the next release in Oct 2015

Whilst the values outlined below have all been confirmed, until they are formally published (via existing publication routes), they will still be subject to change until formal release in Oct 2015.

New FGM Terms (October 2015)	Readv2	CTV3	SNOMEDCT
No family history of female genital mutilation	122S.	Xacuf	977651000000105
Discussion about illegality of female genital mutilation	67DQ0	Xacyl	979461000000100
Discussion about health implications of female genital mutilation	67DQ1	XacyJ	979481000000109
Country in which patient underwent female genital mutilation	15L..	XadFY	988761000000109
H/O: female genital mutilation under 1 year of age	15K1.	XacuW	977471000000103
H/O: female genital mutilation between 1 and under 5 years of age	15K2.	XacuX	977491000000104
H/O: female genital mutilation between 5 and under 10 years of age	15K3.	XacuY	977511000000107
H/O: female genital mutilation between 10 and under 15 years of age	15K4.	Xacub	977571000000102
H/O: female genital mutilation between 15 and under 18 years of age	15K5.	Xacud	977611000000106
H/O: female genital mutilation at 18 years of age or over	15K6.	Xacue	977631000000103
H/O: female genital mutilation type 3	15K0.	Xabx2	941261000000104
Examination of external genitalia	26LA.	Xacf9	968771000000100

7.3 Possible Future FGM Codes: (tbc April 2016)

The following table outlines possible additional FGM codes. These will not be available in the October 2015 release, but have been requested again for further review.

It cannot be confirmed at this time, if these concepts will definitely be included in future or not, but if they are approved, they would be included in the April 2016 formal release.

Possible Future Terms
Female Genital Mutilation Type 4: Piercing
Female Genital Mutilation Type 4: Pricking
Female Genital Mutilation Type 4: Incising
Female Genital Mutilation Type 4: Scraping
Female Genital Mutilation Type 4: Cauterisation
Term Birth Female (Daughters Born at this Attendance)
Age when FGM was Undertaken: Not Stated
Pregnancy Status: Unknown
Family History of Female Genital Mutilation: Unknown

8 Information Governance & Consent

With regards to the collection of patient identifiable FGM information, in common law terms, an individual's explicit consent can provide the lawful basis to override confidentiality. For good reasons, that consent is not being sought in this case. A Direction has been issued to the Health & Social Care Information Centre (HSCIC) from Dept. of Health (DH) which outlines a formal legal requirement on the HSCIC to process data, and such requirements override the usual rules around common law and confidentiality, as long as;

- there is a clear explanation to a patient about what is happening to their data - what the Data Protection Act (DPA) terms as 'fair processing' and,
- a 'fair processing' route to handle any objections to the collection

Section 10 of the DPA gives individuals the right to send a formal notice to a data controller requesting they stop processing data because it will cause substantial damage or substantial distress and that this would be unwarranted. The obligation on the data controller (HSCIC) is not to automatically accept such a notice but to respond within 21 days saying that they will either accept the notice and stop the processing, or that the notice is unjustified and won't be accepted.

However, due to commitments made by the Secretary of State, patient objections for FGM collections are to be treated as an automatic stop processing request. This is a policy decision that goes beyond the law's requirements.

The Directions are an alternative to Section 251 support. The policy of the Clinical Assurance Group is that Section 251 is to be used where there is no alternative. The Directions under Section 254 provide that alternative. Furthermore, a Direction under Section 254 of the Health and Social Care Act 2012 provides a formal legal basis for the HSCIC to process data and this overrides the common law duty of confidence. It also provides the lawful basis required by the DPA. While consent is not required, transparency (fair processing) is.

8.1 Fair Processing

All NHS organisations are bound by a range of responsibilities to maintain patient confidentiality and respect the wishes of patients; under the Data Protection Act this is called 'fair processing'.

To meet the requirement to provide a '*fair processing'* notification to patients, clinicians should give the patient the FGM leaflet "*More information about FGM" (*2015). This is available to order online, free of charge in English and ten other languages. Organisations can also download copies from NHS Choices (http://www.nhs.uk/Conditions/female-genital-mutilation/Pages/Introduction.aspx)

Whilst a clinician may also choose to discuss eradicating FGM with their patient, it is agreed that giving the patient this leaflet fully meets the requirement for 'fair processing' and this action alone is sufficient. There is no requirement to discuss the FGM dataset in detail, or to ask a patient for explicit consent to collect their information.

Clinicians should always discuss, if they have not previously, the illegality of FGM in the UK, and the many negative health consequences of the practice with the patient.

8.2 Objections Route

There are two stages at which, if a patient raises an objection after having received the '*fair processing*' notification, their objection will be considered and acted upon. These together form the '*fair processing'* objection route.

1. If a patient raises an objection within the care delivery setting (i.e. within the GP surgery or the hospital), the local organisation must consider this objection within their own processes[2], and ensure they record within the healthcare record the outcome of this decision.

[2] GP Practices: Information Governance Toolkit Requirement 13-212: https://www.igt.hscic.gov.uk/RequirementQuestionNew.aspx?tk=422477393778945&lnv=2&cb=12e8a681-d0fe-42f3-86bb-77c7a1aa2336&sViewOrgType=4&reqid=2686

2. If the objection is *not* raised at this point, and the patient's information is submitted, she can still choose to contact HSCIC at a later date to raise an objection at the following website: http://www.hscic.gov.uk/media/14700/Preventing-the-use-of-your-information-for-health-andor-social-care-purposes-other-than-direct-care/pdf/Preventing_Use_of_Your_Information_Form.pdf

   The objection will be automatically enforced and the patient's data will be removed from being processed for inclusion within any future publications.

8.3 Patient Identifiable Data

The FGM information collected is sent to the HSCIC, where it is anonymised, analysed and published.

Personal information is *only* collected as part of the FGM Enhanced dataset for internal data quality assurance and to avoid duplicate counting.

A woman or child's personal details will *never* be published in the national aggregate reports and will *never* be passed to anyone outside HSCIC.

This work specifically will *not* pass any personal details to the police or social services - the collection of this data will not trigger individual criminal investigations.

Mental Health and Acute Trusts: Information Governance Toolkit Requirement 13-202: https://www.igt.hscic.gov.uk/RequirementQuestionNew.aspx?tk=422477393778945&lnv=2&cb=0d155ce9-5eed-4a36-8951-fab0649f5a6b&sViewOrgType=5&reqid=2678

9 Clinical Audit Platform

Where local data sources, e.g. GP Templates are used to populate CAP, the following steps provide an overview of the steps required ensuring that the file can be used to upload to CAP.

9.1 Creating CSV Files for CAP

1. Dependent on the development undertaken by a GP system supplier, following the local recording of FGM information within an FGM template, an extract or report from the GP system may be produced locally, which is either;
   - A report containing the FGM Enhanced Dataset items, but with no specific formatting aligned to the CAP Upload file headers (go to step 2, then 5)
   - A report aligned to the CAP Upload file headers, (go to step 3, then 5)
   - A report aligned to the CAP Upload file headers, including the relevant transformation to the required format and values within CAP (go to step 5)
2. Use the local report produced to enter the data in the order listed in the CAP Upload file. This is available from the following site: http://www.hscic.gov.uk/fgm (excel spreadsheet on the right of the page [FGM Enhanced Dataset].

   This will require each data item from within the locally produced report, to be appropriately:
   - aligned to the relevant Header item
   - is in the correct Format
   - and mapped to the correct Values, as outlined within the “REFERENCE DATA” worksheet within the CAP Upload file
3. Use the local report produced to map the relevant data to the appropriate Format and Values within the CAP Upload file.

   This will require each data item from within the locally produced report, to be:
   - in the correct Format
   - and mapped to the correct Values, as outlined within the “REFERENCE DATA” worksheet within the CAP Upload file

9.2 Saving CSV Files locally

4. Save each report locally using the correct name:
   a. Patient_abc.csv
   b. Attendance_abc.csv
   c. FGM_abc.csv

   (where abc can be anything to help identify the file locally, e.g. patient_July 2015.csv)

9.3 Uploading CSV Files to CAP

5. Access the “FILE SUBMISSION DASHBOARD” from within the FGM collection within CAP
6. Upload your file(s) by clicking “BROWSE”
7. Click the “UPLOAD” button
8. Wait until the pop-up box indicates that the file has been processed
9. On the FILE SUBMISSION DASHBOARD identify your file and click “VIEW JOB DETAILS” to see any associated issues and then click “VIEW DETAILS”
10. Check error messages and rectify where this is indicated

PLEASE NOTE: If you open a csv extract in Excel you may need to change the properties of some of the columns in order to display the data correctly. Please be aware that Excel sometimes removes leading zeroes, e.g. 0123 456 will be changed to 123456. Excel does not display double quotes.