



Public Health
England

Protecting and improving the nation's health

Audit report on turnaround times National Chlamydia Screening Programme

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
133-155 Waterloo Road
Wellington House
London SE1 8UG
Tel: 020 7654 8000
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Erna Buitendam
For queries relating to this document, contact: erna.buitendam@phe.gov.uk

© Crown Copyright 2014

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v2.0. To view this licence, visit OGL or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published November 2014
PHE gateway number: 2014462



Contents

Executive summary	4
Introduction	5
Methodology	6
Results	7
Discussion	14
Recommendations	15
Acknowledgements	16
Appendix 1. List of chlamydia screening providers taking part in the audit	17

Executive summary

This report presents the findings of the audit that measured to what extent providers of chlamydia screening meet the National Chlamydia Screening Programme's (NCSP) standards on turnaround times for result notification and, if found positive, time to treatment. The standards measured were:

- 90% of patients to be notified of their result within ten working days – 2013 indicator level
- 95% of patients to be notified of their result within ten working days – 2014 indicator level
- 95% of positive patients to receive treatment within six working weeks from the date of the test

Based on data collected on patients tested 1 to 31 October 2013, the audit found:

- the 2013 result notification standard has been met – 94% of people tested were notified of their result within ten working days, exceeding the 2013 standard by 4%. However, the updated 2014 standard indicator level of 95% has not been met
- the treatment turnaround time standard has not been met – of those who tested positive, 91% were treated within six working weeks of the test date, an underachievement of 4% against the standard of 95%
- in 84% of positive patients, both the notification and the treatment standard were met

Table 1. Audit outcome against the turnaround time standards at national level

Standard	Indicator	Actual	Difference
Those tested notified of result within ten working days	2013: at least 90%	94%	+4%
Those tested notified of result within ten working days	2014: at least 95%	94%	-1%
Those testing positive treated within six weeks of test date	at least 95%	91%	-4%

Of those who did not receive the treatment within 30 working days, nearly one third received it after this period. Of the remaining two thirds, the majority were “lost to follow up”, hence treatment could not be provided or confirmed.

We have made a number of recommendations for providers and commissioners of chlamydia screening and these can be found [here](#).

The NCSP plans to analyse the data further to explore potential associations with not reaching the audit standards. If reasons can be identified that appear significant, these will be published on our website.

Introduction

This report contains the result of the national audit on turnaround times in the National Chlamydia Screening Programme (NCSP). It was undertaken as part of the NCSP's quality assurance framework for 2014-15. Consistent, high-quality practice across all screening venues is fundamental to the success of the NCSP in preventing and controlling chlamydia infection. The **NCSP standards** provide a set of quality standards for programmes to monitor themselves against. These are minimum specifications to help programmes set up local agreements and contracts, and to facilitate quality assurance procedures and monitoring.

This audit on turnaround times measured performance at a national level against the following two standards of the screening programme:

Standard 4. Notification of results

- **auditable outcome measure:** all those tested notified of result within ten working days (from date of test)*
- **key performance indicator:** at least 95% of those tested notified of result within ten working days

* Test date assumed as date on the test form. Notification date assumed as date provider sent text/left verbal message.

Standard 4. Turnaround time for treatment

- **auditable outcome measure:** all those testing positive offered treatment within six weeks of test date*
- **key performance indicator:** at least 95% of those testing positive treated within six weeks of test date

* Test date is assumed to be the date on the test form.

Methodology

This was a retrospective audit to measure practice against NCSP standards for results turnaround time standards in providing chlamydia test results and, if positive, receiving treatment. The audit tool was predominantly completed by community based chlamydia screening providers, including contraceptive and sexual health services (CASH clinics) or sexual and reproductive health services (SRH clinics), and chlamydia screening offices (CSOs). A list of providers the audit tool was sent to and the number of tools returned is in appendix 1.

The tool was developed and piloted in conjunction with a number of providers of chlamydia screening. Upon completion of the required data items, the tool showed the audit results at a glance in output tables and charts. The following data items were required:

- patient gender
- patient age
- date of test
- testing service type
- date result notified
- test result
- if positive:
 - whether treatment was accepted
 - date of treatment
 - treatment service type
 - if no treatment was accepted, reason why not

The tool showed if the service provider achieved the performance indicators. It also presented additional information calculated from the data fields that providers could use to further inform service development. Appendix 1 contains these tables and charts populated with the national data.

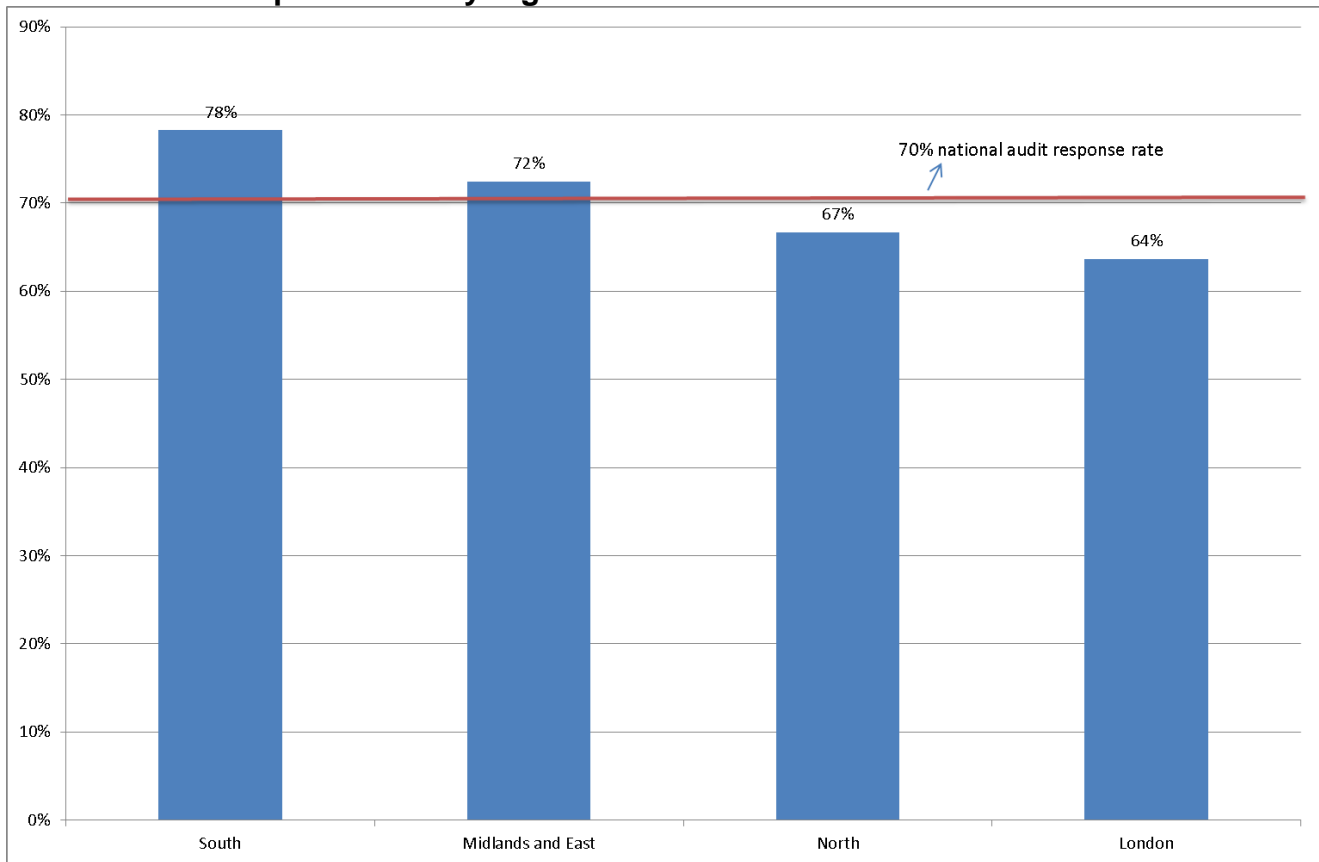
The tool was sent out on 20 May 2014 and the deadline was 23 June 2014, with a subsequent extension to 30 June. The required data related to tests undertaken from 1 to 31 October 2013. In 2013, the performance indicator for result notification within ten working days of the date of the test was 90% of patients. The **NCSP standards** were updated in May 2014 in line with the British Association for Sexual Health and HIV (BASHH) clinical guidance, and the indicator level has increased to 95%. This report will therefore report against both indicator levels.

Results

Demographics

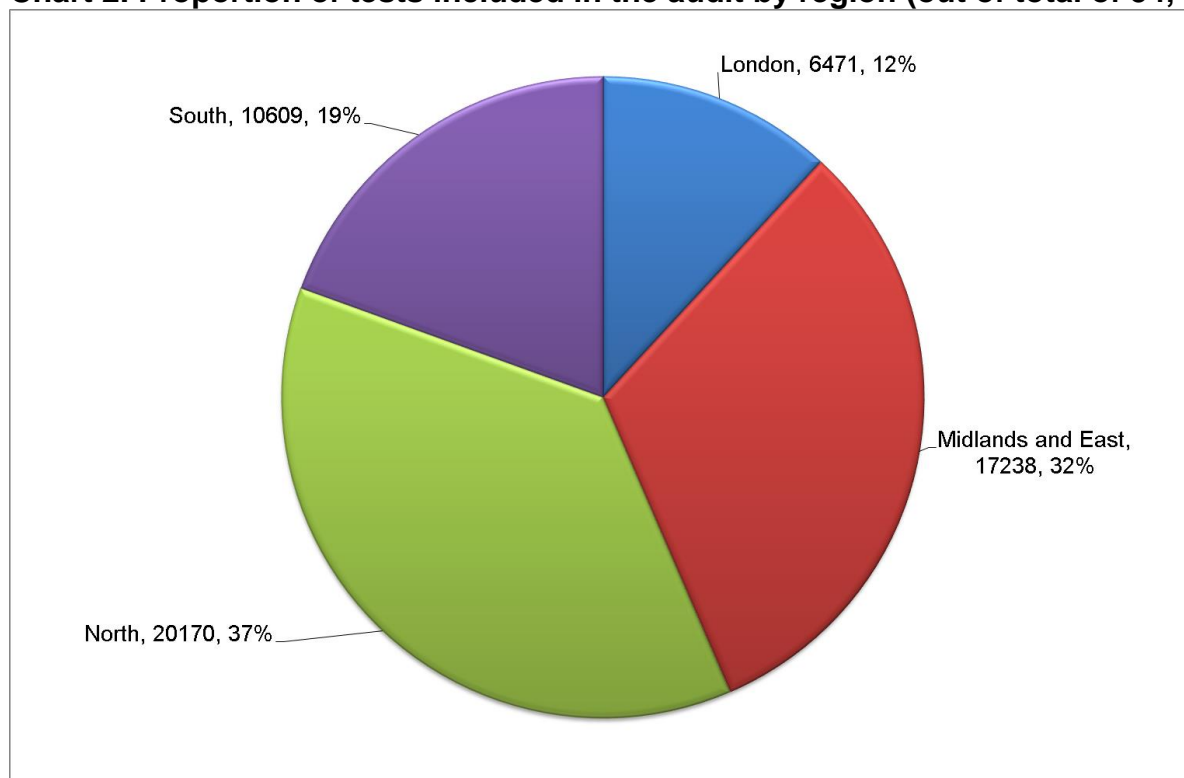
Based on a list of providers and commissioners held by PHE’s sexual health facilitators, who are linked to each of PHE’s centres in England, 106 audit tools were issued to 63 providers/commissioners (see list in appendix 1) of which 75 completed files were received, a response rate of 70%. Chart 1 presents the response by region and shows that this ranges from 78% in the south, to 64% in London.

Chart 1. Audit response rate by region



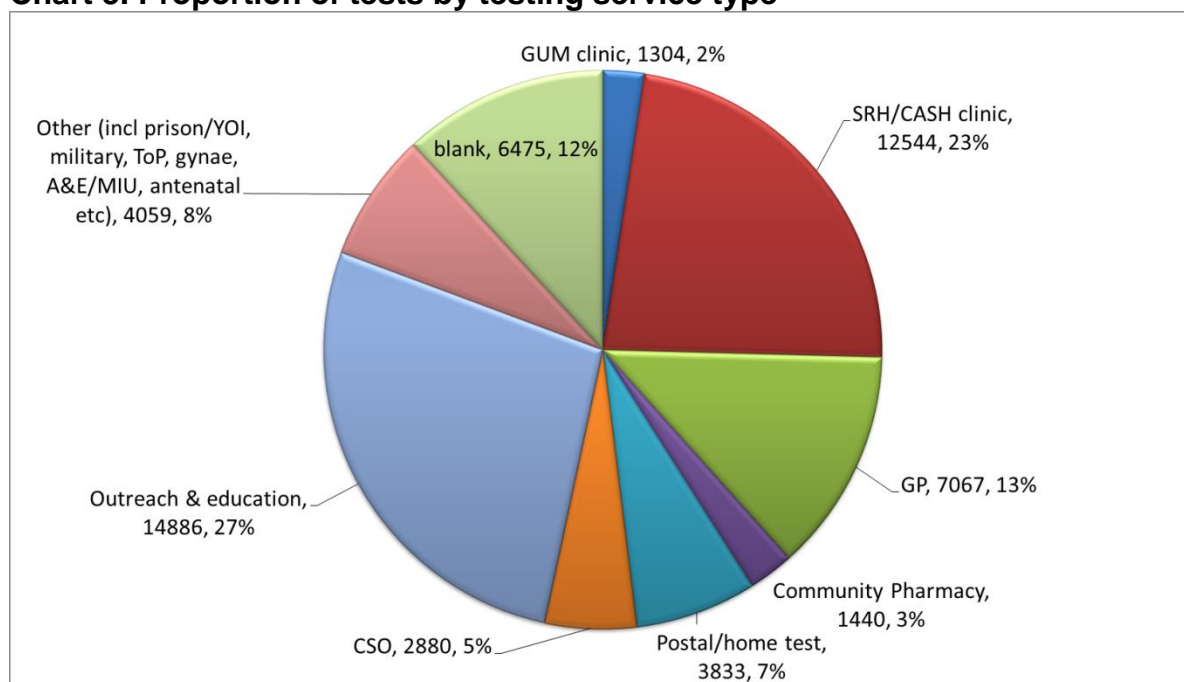
After data cleaning, 54,488 records formed the national database upon which the results presented in this report are based. Chart 2 shows the proportion of tests by region of all tests included in the audit. This ranges from 12% in London, to 37% from the north.

Chart 2. Proportion of tests included in the audit by region (out of total of 54,488 tests)



At 27%, the largest proportion of testing was undertaken on an outreach basis and in educational establishments, followed by 23% originating from CASH/SRH clinics. The proportion of tests by testing service types is presented in chart 3.

Chart 3. Proportion of tests by testing service type



Results against standards

Nationally, 94% of people tested were notified of their result within ten working days (table 1). This exceeds the 2013 standard of 90%, but fails to meet the updated 2014 standard of 95%. The standard was met by 84% of providers (63 out of 75), the same as the level we reported in 2011 when 84% of primary care trusts achieved the standard at that time; 76% of providers achieved the higher level of 95% (57 out of 75).

The treatment turnaround time standard has not been met. Of those who tested positive, 91% were treated within six working weeks of the test date, an underachievement of 4% against the standard of 95%. Only 39% of providers met this standard. In 2011 we reported that 58% of primary care trusts achieved 90% (not the current 95%) of patients being treated within six weeks (not “working” weeks).

Table 2. Audit outcome against the turnaround time standards at national level

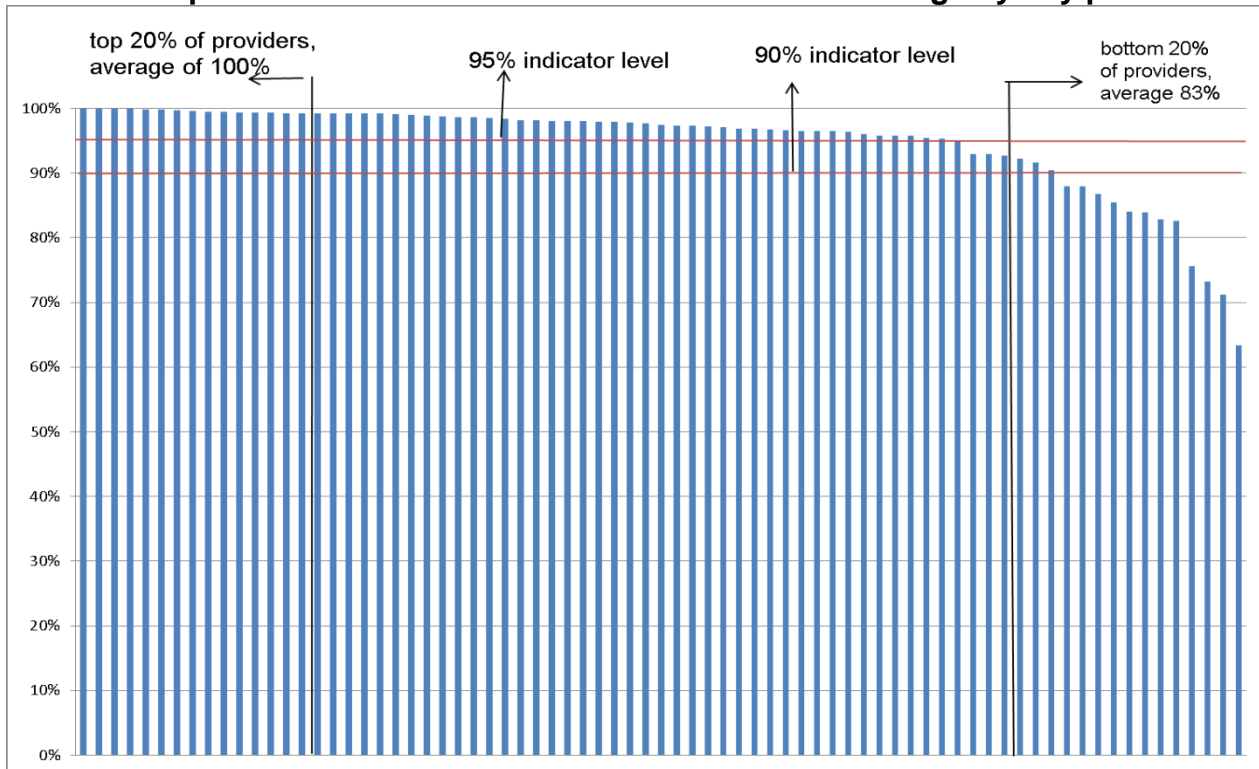
Standard	Indicator	Actual	Difference
Those tested notified of result within ten working days	2013: at least 90%	94%	+4%
Those tested notified of result within ten working days	2014: at least 95%	94%	-1%
Those testing positive treated within six weeks of test date	at least 95%	91%	-4%

Range in performance

Achieving the ten working days notification standard

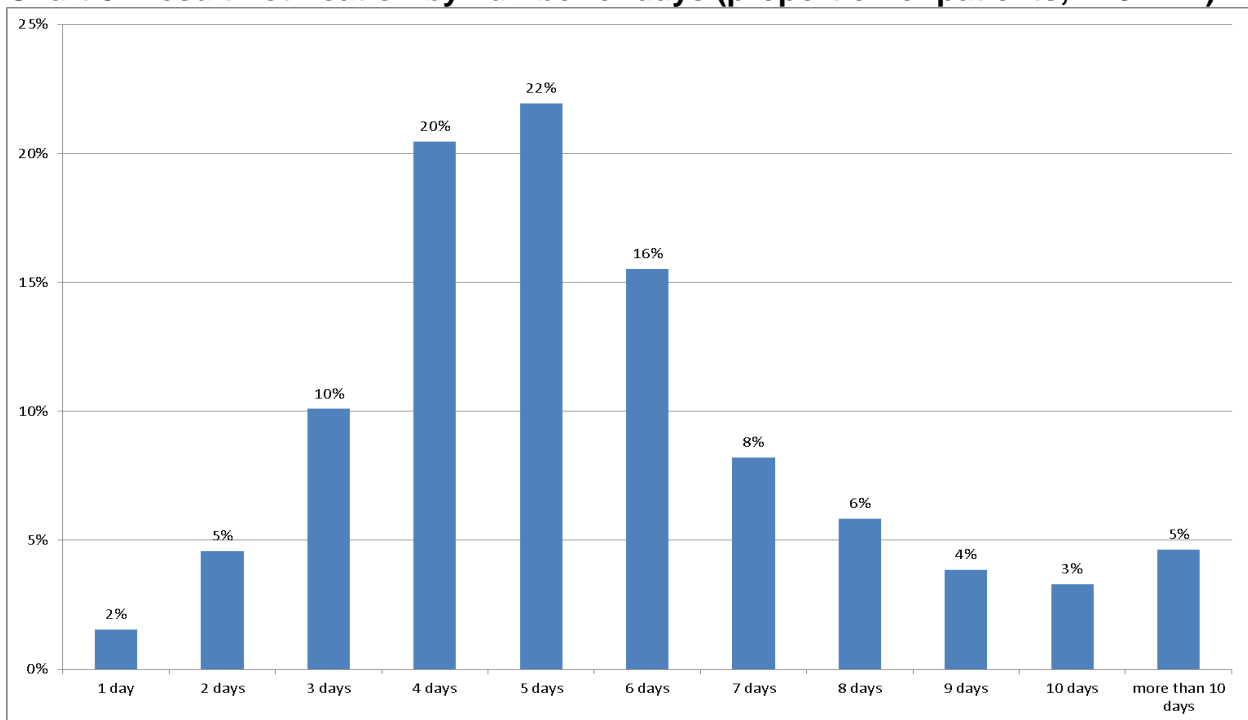
Across all providers, an average of 94% of tests results was provided within ten working days. This ranges from 100% to 63% of tests across providers. The top 20% of providers achieved an average of 100% of tests results notified within ten working days, as presented in chart 4.

Chart 4. Proportion of tests results notified within ten working days by provider



The majority of patients received their result within four to six days (58%, 31250 patients), with 17% between one and three days and 21% between seven and ten days. 5% of patients (just over 2500) received their result after more than ten days. This is presented in chart 5.

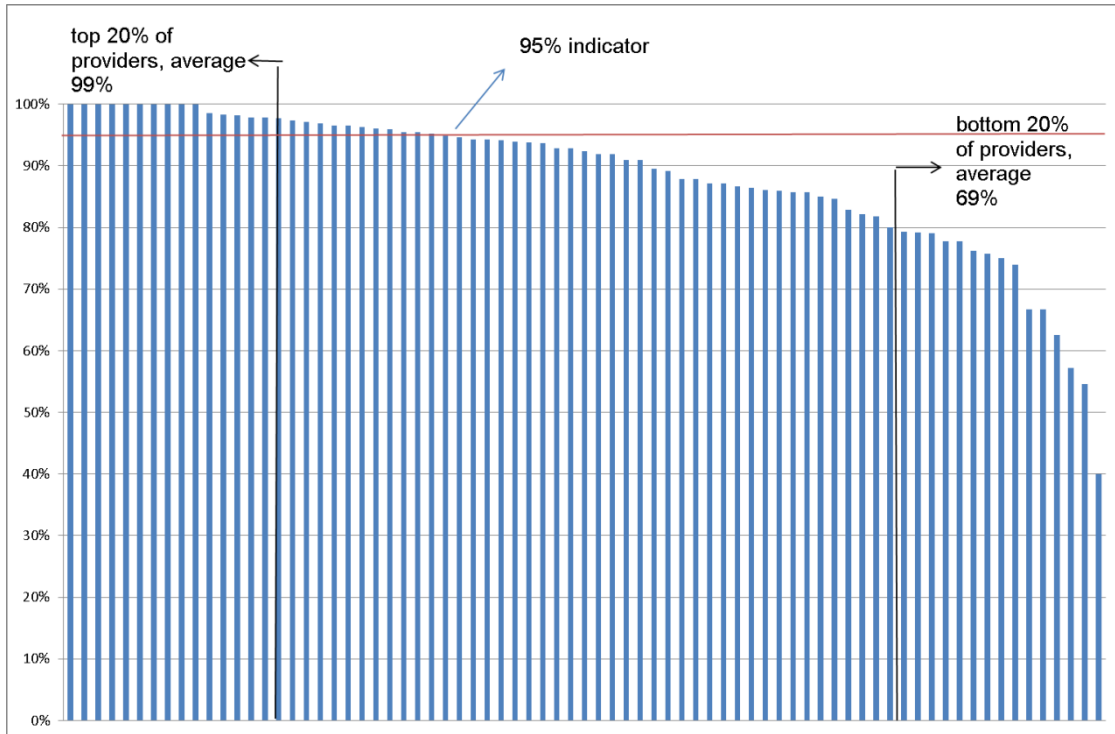
Chart 5. Result notification by number of days (proportion of patients, n=54477)



Achieving the six weeks treatment standard

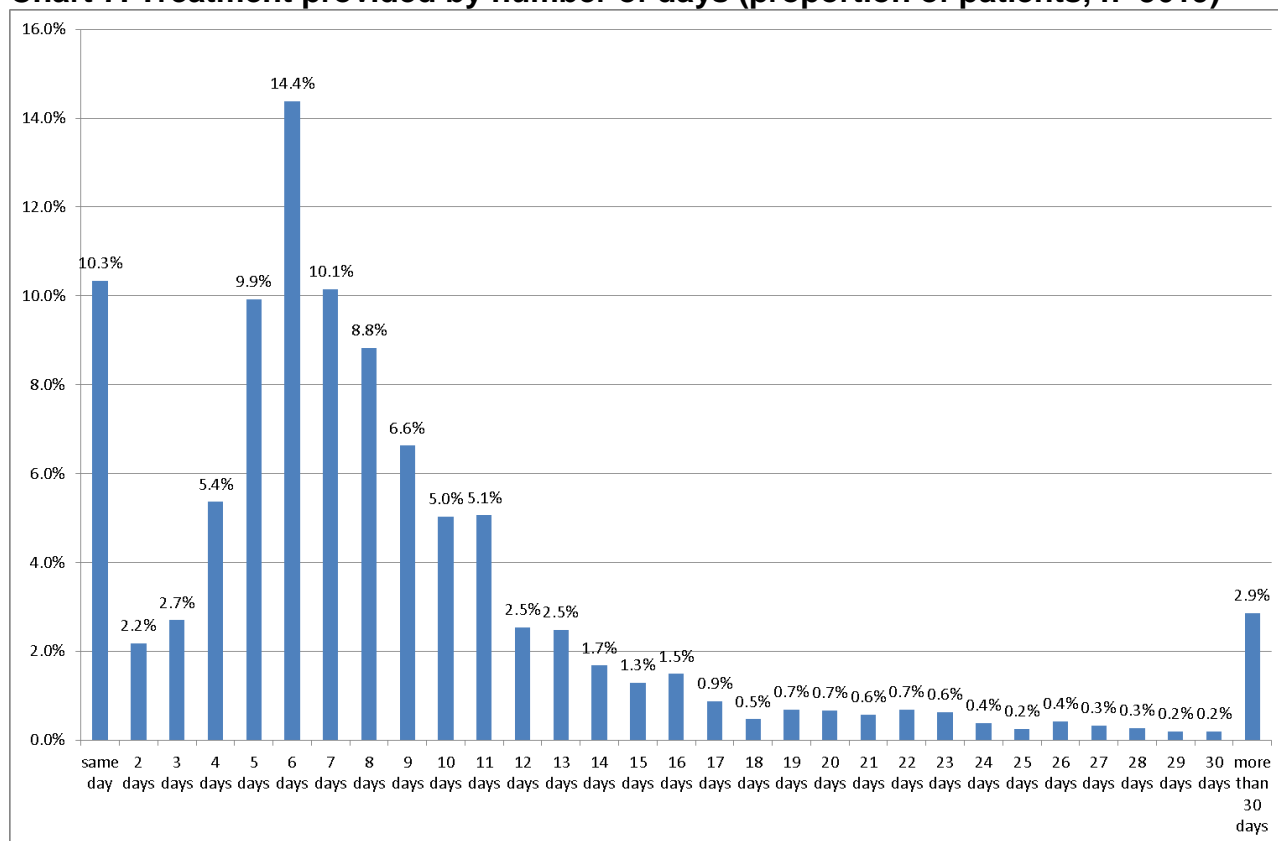
Across all providers, 91% of patients (n=3549) received treatment within six working weeks. There is a wide range in performance on this indicator: from 100% to 40% of patients. For the top 20% of providers, an average of 99% of patients received treatment that met the standard, as presented in chart 6.

Chart 6. Proportion of patients receiving treatment within six working weeks by provider



Of all those that received treatment (n= 3619 patients inside *and* outside the standard of 30 working days), 41% received treatment within five to eight days (1574 patients), 10% were treated within one day (epidemiological treatment in patients attending as a contact of a positive patient), and 3% of patients (104) received their treatment after more than 30 days after testing, see chart 7.

Chart 7. Treatment provided by number of days (proportion of patients, n=3619)



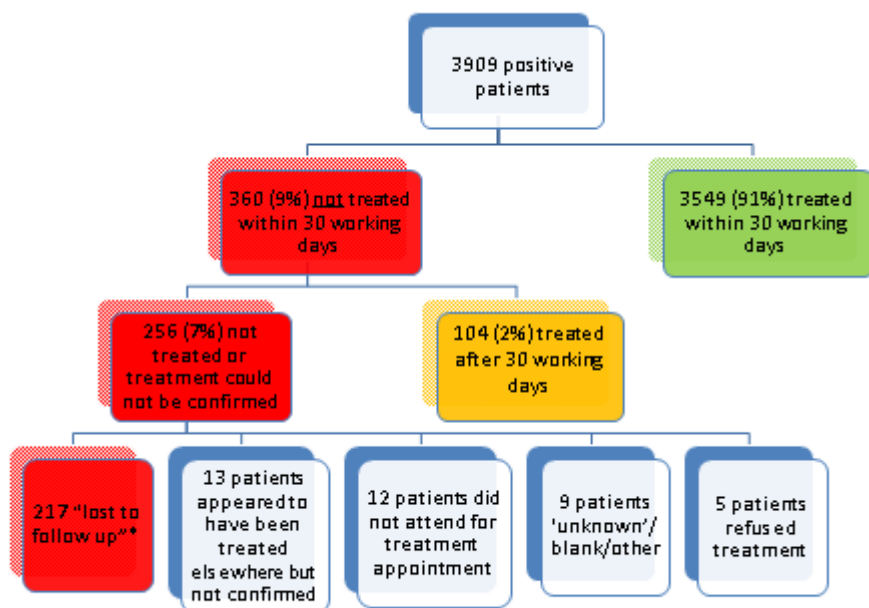
Underperformance against the treatment standard

It is a concern that 45 out of 75 providers (61%) have not met the treatment standard indicator level of 95%. This is important as not providing treatment, or providing it late, prolongs the period during which transmission of the infection can occur, and may increase the risk of significant health sequelae for the index patient and partners.

While 91% of patients were treated within the audit standard, there were 360 out of 3909 (9%) positive young people in the audit period who did not receive treatment within six working weeks. Of these 360, nearly one third (104 patients) were treated, but received the treatment after 30 working days. Of the remaining 256 patients, the majority did not receive treatment (or this could not be confirmed by the provider) because they were 'lost to follow up'. This was also the most frequently stated reason by primary care trusts for not meeting the standard in the 2010 audit.

Diagram 1 presents the numbers and proportion of patients not receiving treatment within 30 working days (or where this could not be confirmed).

Diagram 1. Numbers and proportion of patients that did not receive treatment within 30 working days



* Includes lost to follow up, no response after 3 efforts at contact, incorrect or no contact details

Of the 3909 patients with a positive result, 3294 (84%) met both the notification and the treatment standard.

Comparison to earlier audit results

The proportion of providers (in earlier audit these were primary care trusts) that met the result notification has not changed, and the proportion of those meeting the treatment standard has deteriorated compared to the previous audits, as shown in table 3.

Table 3. Comparison of 2009, 2010 and 2013 audit results in turnaround times

	Proportion that met notification standard	Proportion that met treatment standard in 14 days	Proportion that met the treatment standard in 30 days*
2009	70%	73%	70%
2010	84%	84%	58%
2013	84%	No longer a standard and not measured	39%

*Note: In 2009 the audit standard for positive patients treated in 30 days was 80%, in 2010 this was 90% and in 2013 this was 95%

Discussion

Most providers have met the notification turnaround time standard when measured against the 90% indicator level for 2013. However, this is not the case when measured against the 95% indicator level applicable from 2014 onwards. The treatment standard has not been met. Of all positive patients, 84% met both the notification and the treatment standard.

The proportion of providers that meet the result notification standard has remained the same as in the 2011 audit. The proportion of providers that meet the treatment turnaround standard appears to have deteriorated, though the standard is not the same. The current standard is that 95% of those testing positive should receive treatment within six working weeks, or 30 working days. In 2011, the standard consisted of two parts:

- 50% of those testing positive to be treated within 14 days (normal days, not “working” days) from the date the specimen was taken
- 90% of those testing positive to be treated within 30 days (normal days, not “working” days) from the date the specimen was taken

It is not clear why the proportion of providers meeting the treatment standard has reduced.

The audit data mainly covered community-based chlamydia screening settings. It is not clear at this stage whether or not service testing type may have impacted on the treatment turnaround time performance.

All regions in England were represented, with largest variation between the North East (lowest in terms of audit returns, average in terms of number of tests) and North West (highest both in terms of audit returns and number of tests). South West and East Midlands are below average in terms of number of tests.

For some areas it was easy to obtain reports from their existing information systems and copy and paste the required fields into the audit tool. For other areas, more manual retrieval of the required data was involved. For a minority this meant they were deterred from completing the tool. We will continue to develop and pilot audit tools with providers to ensure that they have minimal impact on time, and provide meaningful and useful data to users of the tools.

The number of young people treated elsewhere may be underreported where services are not linked or care pathways not integrated.

The NCSP plans to undertake further analysis of the data to explore potential reasons behind this performance. If reasons can be identified that appear significant, this will be published on our website.

Recommendations

Providers and commissioners need to ensure that turnaround times continue to improve. This is important for two reasons:

- to maintain and improve the health and wellbeing of young people
- to achieve improved control of chlamydia infection through reduced time for transmission

Our recommendations can be distinguished into those for providers and those for commissioners. Where result notification is below the new 2014 indicator level of 95% of young people to be notified within ten working days, providers should:

1. Review the reasons for low performance in treatment standards, identify potential remedial action and implement measures that address the issues.
2. Continue to emphasise to young people the importance of being contactable for result notification and timely positive result management (we recommend in our [standards](#) that at the time of testing, two methods of contact should be provided to ensure that the result can be communicated to the young person).
3. Continue monitoring their turnaround time performance at regular intervals as part of quality improvement programme. The tool used for this audit has been further refined and can be used for this purpose. It is available from our [website](#).
4. Where currently not possible, investigate options to allow flexible reporting from their information systems to assist in participating in audits.

Commissioners should:

1. Commission sexual health services, including chlamydia screening, in an integrated manner. Further guidance published by PHE can be found [here](#). This should ensure that the variety of providers in an area are linked through effective care pathways to reduce the number of patients lost to follow up.
2. Check the turnaround time performance with their local chlamydia screening providers and ensure that where appropriate measures are taken to address underperformance.
3. Ensure that monitoring of turnaround times is part of the contract when commissioning chlamydia screening, whether this is separately commissioned or as part of integrated sexual health services.

Acknowledgements

The NSCP thanks the following four chlamydia screening programmes who helped to develop the audit tool through piloting early versions of it:

- Greater Manchester
- Warwickshire
- Dorset
- Cheshire

We would also like to thank all chlamydia screening providers that participated in this turnaround time audit. We are aware that the way in which the data has been collected for this audit is a new development and that for some providers it was easier to collect the data in the required format than for others. We would like to acknowledge the cooperation and perseverance of the staff that completed the audit tool.

PHE's sexual health facilitators also assisted in liaising with service providers locally to assist in getting a good return rate to the audit.

Appendix 1. List of chlamydia screening providers taking part in the audit

Region	Providers	no of providers	no of audit tools returned
Midlands and East	Derbyshire Community Health Service NHS Trust	19	21
	Lincolnshire Chlamydia Screening Programme		
	ACE (North Essex)		
	Brook & Terrence Higgins Trust, Bedford		
	Brook Luton		
	Community Sexual Health : Provide (CIC) Mid Essex		
	Hertfordshire Chlamydia Screening Programme		
	Norfolk and Waveney Chlamydia Screening Programme		
	South Essex		
	Suffolk CSP		
	SW Essex		
	West Essex CSP		
	BCCSP Brook		
	Heart of England NHS Foundation Trust		
	South Warwickshire NHS FT		
	Staffordshire and Stoke on Trent partnership NHS Trust		
	SURE Screening Programme Shropshire and Telford & Wrekin		
Walsall Healthcare NHS Trust			
Worcestershire Sexual Health Service			
London	Bromley & Bexley NCSP	5	14
	Community Screening Kingston		
	Community Sexual & Reproductive Health Services, Newham		
	Terrence Higgins Trust		
	West Middlesex University Hospital		
North	Contraception and Sexual Health, Barnsley	21	22
	Darlington & Durham CSP		
	Leeds CSO		
	North East Lincolnshire CSP		
	North of Tyne Chlamydia Screening Programme		
	Spectrum Community Health		
	Teesside Sexual Health - Virgincare Stockton LLP		
	Yorscreen Chlamydia screening		
	Blackpool Sexual Health Service		
	Central Lancashire		
	Countess of Chester NHS Trust		
	Cumbria Partnership NHS Foundation Trust		
	East Cheshire Centre for Sexual Health		
	East Lancs Chlamydia Screening Programme		
	Knowsley CSO Royal Liverpool Hospital		
	Liverpool Community Health NHS Trust		
	Manchester FT (RUClear)		
North Lancashire NCSP (BFW hospitals)			

Region	Providers	no of providers	no of audit tools returned
	Sefton and West Lancashire		
	Sexual Health Wirral		
	Terrence Higgins Trust		
South	Berkshire Healthcare NHS Foundation Trust	18	18
	Bucks Chlamydia Screening Programme		
	Dorset Healthcare NHS Trust		
	East Berkshire CS		
	East Kent Chlamydia Screening Team. Folkestone H/Centre		
	Isle of Wight Chlamydia Screening Programme		
	Medway Chlamydia Screening Office		
	Oxfordshire CSP		
	Surrey Virgin Care		
	West Kent Screening Programme		
	Western Sussex Hospitals Foundation Trust ISH Services		
	Cornwall CSP		
	Northern Devon Healthcare Trust		
	Plymouth		
	Sexual Health Services, Hope House, Gloucester		
	Somerset Chlamydia Screening Programme		
	Torbay Chlamydia Screening Programme		
Wiltshire Council			
Total		63	75