



Public Health  
England

Protecting and improving the nation's health

# Internet-Based Chlamydia Screening Guidance for commissioning

March 2015

# 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.

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# Introduction and background

## Purpose of this guidance

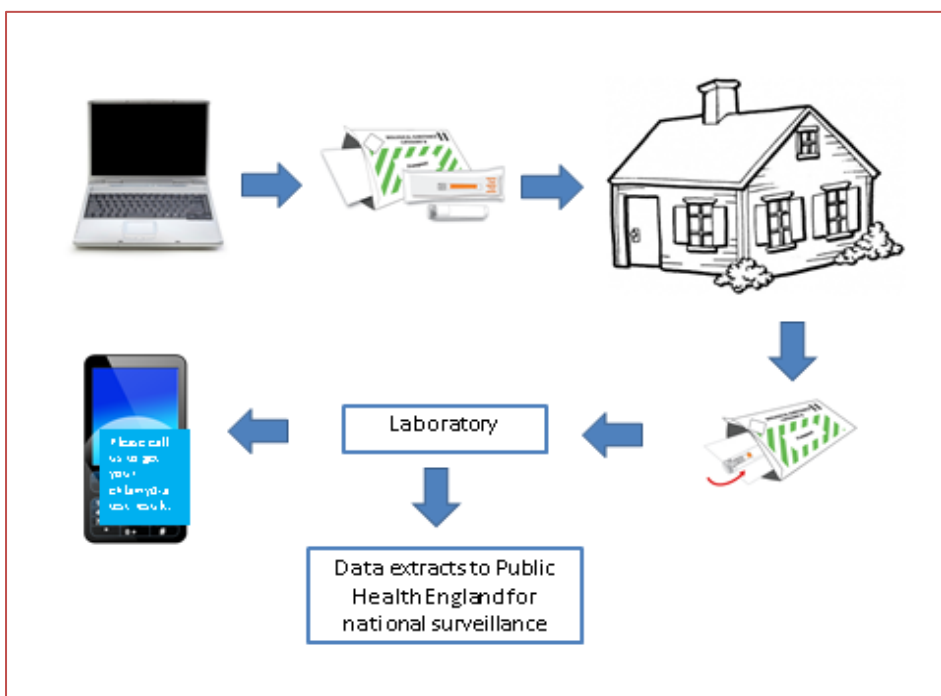
This document provides guidance specifically to assist the commissioning of chlamydia screening that is accessed by young people using the internet. The advice provided can be adapted to suit local circumstances and provides suggested sections that commissioners may wish to include in their contracts with providers of internet-based chlamydia screening.

The guidance covers aspects that need to be considered to ensure that internet-based chlamydia screening is of high quality and meets the **quality standards** of the National Chlamydia Screening Programme (NCSP). The suggested wording for service specifications can be used in conjunction with the national service specifications for integrated sexual health services (June 2013)<sup>(1)</sup>. A contract for internet-based screening can be part of a wider sexual health contract or developed on a stand-alone basis with a different provider from other sexual health services. The considerations for commissioning in this guidance are applicable regardless of who the commissioner of the internet-based service is and the local commissioning model chosen.

## What does internet-based chlamydia screening look like?

The most commonly used model of internet-based chlamydia screening in England is ordering a test on the internet, which is delivered to the home where the client provides the sample, posts it to the laboratory and accesses the result either via text message, email, letter or online (typically using a personal access code), see Figure 1.

**Figure 1. Common internet testing pathway**



Local variations may include a local sexual health service that acts as an intermediary between the user and the laboratory. In this case, the laboratory sends:

- all test results to the intermediary service to act upon, or
- the results go to both the young person and a local service or screening office to undertake the follow up with either all or just positive patients

Websites are the most commonly used approach to internet-based screening, but texting, smartphones and the use of applications (apps) are increasingly common. In addition, quick response (QR) codes are increasingly used as they provide a link for smartphone users to apps as well as websites. Consideration should be given to the following:

- the ever-developing online environment
- internet sites need to be optimised for use of the devices currently used by young people
- young people need to be engaged in the development or assessment of online apps to ensure their needs are met
- smartphone apps need to reflect the current types of operating systems used by young people, including iOS, Android, Blackberry and Windows. Ideally, websites need to be of the 'responsive' design type, which can adapt to fit any smartphone, device or browser, and will also work on future ones

Young people value face-to-face services and internet-based testing should not replace these, but be seen as complementary and part of a comprehensive range of sexual health services. Internet-based testing offers the advantage of increased convenience and confidentiality because the service can be accessed 24 hours a day and there is no need to attend a clinic to obtain a test, making it particularly useful for providing access in rural areas. However, it requires trust that the provider will maintain confidentiality, secure access to the internet and privacy to receive postal tests and provide samples.

A range of different organisations currently commission or have developed internet-based services. The most common are:

- providers of chlamydia screening (such as contraceptive and sexual health (CASH) services, family planning clinics, genito urinary medicine (GUM) clinics, community pharmacies and general practice), and companies in the independent sector offering online chlamydia and other sexually transmitted infection testing
- local authorities in their role as commissioners of sexual health services including chlamydia screening

Internet-based services can therefore be provided in house, or commissioned from a separate entity. This can, but does not need to, be done through a single provider

model. Whichever approach is chosen, it is essential that it is an integral part of service provision, with all elements of the care pathway integrated and seamless to the young person being screened.

## The contribution of internet-based chlamydia screening

The importance of controlling and preventing onward transmission of chlamydia infection has been recognised by the inclusion of the chlamydia detection rate as one of the health protection indicators in the Public Health Outcomes Framework<sup>(2)</sup>, aimed at reducing the incidence of adverse reproductive sequelae of chlamydia infection. PHE recommends that commissioners work towards a detection rate of 2,300 diagnoses per 100,000 15 to 24 year olds in their local authority. Detection rates represent infections identified, thereby reducing risk of sequelae in those patients and interrupting transmission on to others. Therefore higher diagnosis rates indicate increased control activity.

We recommend that chlamydia screening is offered through a range of testing service types to ensure young people have easy access to a wide range of low threshold services. This variety of service provision can be met through existing providers of sexual health and primary care services, but other options are available through specialist providers of internet-based testing, dovetailing with local providers. We provide more evidence and **guidance** on achieving this in the following two documents:

- **Developing integrated chlamydia screening provision locally**
- **Towards achieving the chlamydia detection rate: considerations for commissioning**

Internet-based screening should be seen as an essential component of this comprehensive offer of a range of services for young people to access screening. Of households in Great Britain, 77% have internet access; up from 73% in 2010. In the first quarter of 2012, 99% of adults aged 16–24 years had used the internet. Young people increasingly request chlamydia tests through the internet<sup>(3-5)</sup>.

Potential benefits of internet-based testing may include:

- increased access to testing as using the internet has been found to be acceptable to young people, particularly for young men<sup>(10)</sup>
- reduced cost of service provision by reducing the input of clinical staff involved in screening asymptomatic young people
- increased access in areas where services may not be readily available
- effective means to identify infections: the NCSP report on the audit of internet-based chlamydia screening (2013) showed that the positivity rate was 11% among those that tested using the internet<sup>(6)</sup>. Data submitted from predominantly non-GUM chlamydia screening providers for the NCSP's latest turnaround time audit show that

positivity of home and postal testing was 10%<sup>(7)</sup>. Research also found high positivity among women and men accessing internet-based screening<sup>(8, 9)</sup>

- attractive method to women to retest three months after treatment for chlamydia<sup>1</sup>

However, some potential barriers such as concerns about confidentiality, privacy and the suitability of text and content need to be addressed by engaging young people in the production or assessment of the websites.<sup>(10-14)</sup>

The NCSP audit on internet-based chlamydia screening found that the extent to which the NCSP quality standards were met in the course of chlamydia screening using the internet, was variable across the country. We highlighted aspects of internet-based chlamydia screening that work well and which areas needed further improvement. The summary of the audit is presented in [Appendix 1](#), and commissioners and website providers are encouraged to take note of the findings.

When tests are requested using the internet, there is less or no face-to-face interaction with a healthcare professional compared to a young person attending a service provider. Although internet-based testing may remove many barriers to accessing screening and have high positivity among those testing, the following issues need to be explicitly considered:

- care pathways
- safeguarding vulnerable young people, and Fraser Guidelines
- clinical governance arrangements
- information governance, data security and confidentiality
- quality of the test

Applying the guidance in this document should enable commissioners of the service to increase and improve the quality of the provision of internet-based testing. A [quick reference sheet](#) contains an overview of aspects that need to be considered and that are explained in more detail in the remainder of this document.

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<sup>1</sup> The NCSP will be able to report national data on internet-based chlamydia screening as part of its surveillance system, the Chlamydia Testing Activity Dataset (CTAD) from 2015/16 onwards.

## Quick reference sheet

Quick reference sheet for commissioners and providers of internet-based chlamydia screening	
<b>General</b>	<ul style="list-style-type: none"> <li>Specify aims and objectives of internet-based chlamydia screening</li> <li>Ensure that high quality internet-based screening is supplementary to core service provision and integrated with existing sexual health and primary care services</li> </ul>
<b>Quality</b>	<ul style="list-style-type: none"> <li>All screening to be in line with NCSP standards (seventh edition 2014, or more recent ones)</li> <li>Apply quality criteria to technology such as smartphone apps</li> </ul>
<b>Care pathways</b>	<p>Make explicit in contract/care pathway who is responsible for:</p> <ul style="list-style-type: none"> <li>result notification</li> <li>signposting to treatment</li> <li>health promotion</li> <li>instigation of partner notification</li> <li>arrangements for re testing at approximately 12 weeks following a positive result (including the promotion and recall arrangements)</li> <li>re testing annually or with a change in sexual partner</li> </ul>
<b>Safeguarding</b>	<ul style="list-style-type: none"> <li>Providers should have evidence that policies, training and staff checks for safeguarding children and vulnerable adults are in place and current</li> <li>Providers should ensure the following procedures are being adhered to (NCSP Standards 7th edition): <ul style="list-style-type: none"> <li>anyone under 16 who has a test should be assessed for competency</li> <li>any cases of a child under 13 should be discussed with a nominated professional responsible for safeguarding in that service or locality</li> <li>staff who have regular, substantial and unsupervised contact with young people or vulnerable adults must be checked through the Disclosure and Barring Service</li> </ul> </li> <li>Internet-based testing not recommended for those aged 15 years and under as part of the NCSP</li> </ul>
<b>Clinical governance</b>	<ul style="list-style-type: none"> <li>Commissioners of internet-based chlamydia screening need to assure themselves that there are appropriate structures, systems, and capacity in place to support the delivery of high quality screening and care through the internet.</li> </ul>
<b>Information governance and confidentiality</b>	<ul style="list-style-type: none"> <li>Commissioners to seek assurance that the website(s) comply with security standards at all times</li> <li>The website provider should be registered with the Information Commissioner's Office to comply with the Data Protection Act 1998</li> <li>It is good practice for the website provider to undertake regular 'penetration tests'</li> <li>Confidential data must not be disclosed to anyone other than the provider of the data, provider responsible for results management and communication, local programme staff handling the data and PHE. No data may be disclosed to any other parties unless in aggregate form and with the agreement of those responsible for their provision</li> <li>Apply the Department of Health's 'Young People Friendly' criteria in theme 3: 'Confidentiality and consent'</li> <li>The website should have a clearly visible (link to) privacy and confidentiality policy on the home page</li> </ul>



Quick reference sheet for commissioners and providers of internet-based chlamydia screening	
<b>Adverse incidents</b>	<ul style="list-style-type: none"> <li>In the event of an adverse incident occurring, the provider is required to report this using their local clinical governance procedures</li> <li>Providers of internet-based chlamydia screening are also encouraged to inform the NCSP when an incident occurs (<b>NCSP incident reporting policy is available</b>)</li> </ul>
<b>Test quality</b>	<ul style="list-style-type: none"> <li>Nucleic acid amplification tests must be used. Where the positive predictive value (PPV) is less than 90%, and for specimens from extra-genital sites (for example rectal swabs), confirmatory testing for persons with a positive <i>C. trachomatis</i> screening test should be considered, taking into consideration local evaluation and validation data</li> </ul>
<b>Audit</b>	<ul style="list-style-type: none"> <li>The provider of the internet-based screening is expected to actively participate in audit programmes</li> <li>Commissioners should ensure that audit activity is monitored and that where appropriate action is taken based on audit findings</li> </ul>
<b>Education and training</b>	<ul style="list-style-type: none"> <li>Commissioners will want to assure themselves that staff working in sexual and reproductive health service have the appropriate qualifications, expertise and experience</li> <li>For internet-based services, it is essential that staff running the websites are digitally competent, and are trained in information governance requirements</li> </ul>
<b>Health promotion</b>	<ul style="list-style-type: none"> <li>Commissioners will want to assure themselves that the websites they commission offer good quality information on chlamydia screening as well as sexual health in general</li> </ul>
<b>Young people engagement and accessibility</b>	<ul style="list-style-type: none"> <li>Young people to be engaged in website design and functionality or its assessment, as well as auditing accessibility, and user-friendliness of packaging and ease of use</li> <li>Applying the Department of Health's 'Young People Friendly' criteria will also assist in making screening services as accessible as possible</li> <li>Websites also need to include facilities for users with visual impairments, ensuring high levels of readability and where to find information in different languages</li> </ul>
<b>Key performance indicators</b>	<ul style="list-style-type: none"> <li>As per the NCSP standards (seventh edition 2014, or more recent ones) on result notification, turnaround time for treatment and partner notification (if applicable), to be included in the contract</li> </ul>
<b>Further suggested elements of a contract</b>	<ul style="list-style-type: none"> <li>The service provider is to ensure correct and complete details on the test request form are provided to the laboratory for each chlamydia test, in particular, postcode of residence of the patient and testing service type.</li> <li>Commissioners and providers are encouraged to undertake local monitoring of turnaround times, re-testing rates, partner notification (where applicable), and return rates</li> <li>Include details on termination of the agreement, key contacts, appendices containing care pathway for example</li> <li>Where used, the requirement of advertising of the scheme is part of the provider responsibility</li> </ul>

# Developing service specifications

## Aims

The aims of internet-based chlamydia screening can be defined as:

- increase access to screening opportunities by providing access to internet-based chlamydia screening for asymptomatic young people
- increase access for young people to sexual health promotion and advice
- reduce inequalities in accessibility of young people's sexual health services
- increase young people's knowledge of the risks associated with STIs, and
- strengthen the network of contraceptive and sexual health services to help provide easy and swift access to advice.

## Objectives

A number of objectives of commissioning services for internet-based chlamydia screening can be identified. These may include:

- a) An increase in opportunistic testing of asymptomatic under 25 year olds
- b) An increase in detection rate and treatment of chlamydia and therefore reducing transmission and adverse health outcomes
- c) An increase in young people's knowledge of chlamydia and other sexually transmitted infections
- d) Reaching sexually active young men and women who are not accessing or able to conveniently access specialist sexual health services
- e) ensuring a wide range of testing service types are easily available to young people

## Quality

The **NCSP standards** 7<sup>th</sup> edition set out the mandatory requirements plus recommendations. The standards outline the NCSP's quality requirements that need to be met in the course of opportunistic screening for chlamydia, and equally apply to internet-based screening. These requirements and their application are summarised in **Appendix 2**.

Where commissioners and providers are using or considering developing smartphone apps for users to access sexual health services including chlamydia screening, quality criteria across the lifecycle from development to implementation need to be applied. An example of quality criteria for health and wellness apps has been developed by the UK National Standards Body. The draft was out for consultation until 31 January 2015 ([here](#)), the committee responsible for the draft is considering the comments received.

## Care pathways

It is essential that the service specification is explicit and clear about which elements of the pathway are being commissioned, how the local pathways work and how a range of providers need to work together. Figure 1 presented a simplified schedule of a typical flowchart of internet-based testing. An alternative flow chart is presented in [Appendix 3](#).

It is imperative to specify the interaction between website provider and the provider of results management (where these are different entities), and to describe who is responsible for what. This includes:

- result notification
- how treatment is arranged so that a positive patient can go to a service that will acknowledge the test result and arrange the patient's treatment<sup>2</sup>
- instigation of partner notification
- safe sex advice and health promotion
- arrangements for re testing at approximately 12 weeks following a positive result (including the promotion and recall arrangements)
- responsibility for retesting annually or with a change in sexual partner

The provision of these services is often presented in the main copy of the website. The detail of who is responsible for the provision of each element and their qualification for doing so is usually dealt with more formally in a 'Privacy Policy'.

Result notification should be through a route of the young person's choice. Most commonly this is via text messaging, but may include email, letters or online (typically using a personal access code). The NCSP has produced guidance as to the wording of the result message, available [here](#) (under 'Service Planning'). We recommend that if result notification is initiated by the laboratory – particularly for positive results – the timing takes into account accessibility and opening hours of venues where further advice and treatment can be obtained. Therefore, text results after 5pm or at weekends are best avoided (unless services are available at those times).

Widespread unselected screening for gonorrhoea is not recommended unless there is a clear public health need, see our guidance [here](#). Where unselected screening for gonorrhoea is in use, separate information and consent processes need to be in place, care pathways must be used to ensure confirmatory processes and appropriate management must be ensured.

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<sup>2</sup> The use of patient group directives (PGDs) within the management pathway should be in line with Department of Health clinical governance guidance <sup>(14)</sup>

## Safeguarding and Fraser Guidelines

Providers should have evidence that policies, training and staff checks for safeguarding children and vulnerable adults are in place and current. In relation to child protection, providers should ensure the following procedures are being adhered to (NCSP Standards 7<sup>th</sup> edition<sup>(15)</sup>):

- anyone under 16 who has a test should be assessed as Gillick competent
- any cases of a child under 13 should be discussed with a nominated professional responsible for safeguarding in that service or locality
- staff involved with regular, substantial and unsupervised contact with young people or vulnerable adults must be checked through the Disclosure and Barring Service.

It is recommended that all sexually active young people under the age of 16 should have a risk assessment for sexual abuse or exploitation, providers can use the national pro forma that has been developed for this purpose, it can be found [here](#).

In the case of internet-based screening without face to face contact with a health professional, age verification or assessing vulnerability is challenging. There is therefore a risk that safeguarding potentially vulnerable young people can be done less effectively, or that Fraser Guidelines can be applied. This risk cannot be entirely prevented, but it needs to be managed well and minimised as much as possible. In some cases, websites apply an age criteria preventing someone under the age of 16 years from requesting a test kit. In other cases a pop-up message may appear encouraging the young person to attend a sexual health or primary care service. In some cases, websites do not apply age restrictions. Entering a false date of birth is a possibility and it is therefore important that at some point in the care pathway an individual is in contact with a health professional. Website providers need to ensure there is appropriate information related to safeguarding. Signposting, which may include links to national and / or local agencies, is essential even if sites are age restricted.

The NCSP recommends preventing young people under the age of 16 from requesting a test kit using an internet website. This can be done for example through applying age validation, so that only users age 16 and over can request a test kit. This is not only because Fraser competency is more difficult to assess, but also because screening for chlamydia in those under 15 years of age is not recommended. However, we are aware that some providers feel strongly that allowing under-16s to request a test kit offers an opportunity for a potentially vulnerable young person to get in contact with a sexual health service that they otherwise may not have accessed.

In the case of unrestricted age, the website provider needs to ensure that effective care pathways are in place to enable quick and easy access to the appropriate sexual health services. As soon as it becomes evident that a young person is under 16 years of age,

a suitably trained professional must liaise with the young person in line with national guidance and ensure competency against the Fraser guidelines can be established.

The NCSP issued a **lessons learned** report in 2010 which remains relevant. We recommend that websites are reviewed in view of the following:

- all websites offering NCSP tests should state clearly that test kits can be ordered online by 16-24 year olds
- the web page where the request is made should include this information
- website providers may consider including information on the web page to direct those under 16 years of age to alternative routes of access/services
- young people should be asked to enter their date of birth so that they can be redirected to other services if the date provided indicates that they are under 16 years of age

If it becomes apparent that a young person under the age of 16 years has accessed a test through the website (eg by lying about their age) a suitably trained professional must liaise with the young person in line with national guidance. An example of a safeguarding flow chart that is differentiated by age can be found in **Appendix 4**.

## Clinical governance

Clinical governance describes the structures, processes and culture needed to ensure that healthcare organisations, and all individuals within them, can assure the quality of the care they provide and are continuously seeking to improve it. In October 2013, the Department of Health published guidance on clinical governance in sexual health services and the principles outlined in that document need to be adhered to (Department of Health Clinical Governance guidance)<sup>(16)</sup>.

Commissioners of internet-based chlamydia screening need to assure themselves that there are appropriate structures, systems, and capacity in place to support the delivery of high quality care through the internet. A variety of approaches could be applied such as:

- undertake or commission a regular audit of the quality of the website
- obtain assurance that an effective care pathway, in line with NCSP guidance, is in place for young people that are symptomatic or found to be positive
- obtain assurance that care can be given to potentially vulnerable young people and those under 16 years of age
- ensure adverse incidents in the course of internet-based screening are reported and reviewed and action implemented to help to prevent these from recurring
- ensure the website complies with security standards at all times, and that it is registered with the Information Commissioners' Office

## Information governance and confidentiality

Sound information governance and maintaining confidentiality are prime concerns when using the internet for chlamydia screening. For example, the NCSP was notified of an **incident in 2012/13** whereby a young person was able to see someone else's result online, which clearly breached both data security and confidentiality requirements.

The Data Protection Act 1998 requires every organisation that processes personal information to register with the Information Commissioner's Office, unless they are exempt. Failure to do so is a criminal offence. Commissioners need to seek assurance that the website(s) that are in use as part of their chlamydia screening service comply with security standards at all times. We suggest that a requirement for the website provider to register with the Information Commissioner's Office is an essential part of the specification and included in the contract, as part of compliance with the Data Protection Act 1998. <sup>(17)</sup> Further details can be found [here](#).

Websites should be secure at all times as they use confidential data items. It is good practice for the website provider to undertake 'penetration tests' at regular intervals and report the results, including any action taken if required, to the commissioner. Further guidance can be found [here](#).

Patients have a right to confidentiality regardless of where testing and treatment take place. <sup>(15, 18)</sup> Confidential data (ie clinic or NHS number, date of birth, and postcode) must not be disclosed to anyone other than the provider of the data, provider responsible for results management and communication, local programme staff handling the data and PHE. No data may be disclosed to any other parties unless in aggregate form and with the agreement of those responsible for their provision. <sup>(15)</sup>

Applying the Department of Health's '**Young People Friendly criteria**' <sup>(19)</sup> in theme 3: 'Confidentiality and consent' are also helpful in assuring confidentiality.

Commissioning organisations should consider copyrighting the information on their websites, and should ensure there are clear privacy statements in place. Websites should have a clearly visible link to privacy and confidentiality policy on the home page, so young people can easily see how their confidentiality is being secured and how data is being used.

## Adverse incidents

In the event of an adverse incident occurring, the provider is required to report this using their local clinical governance procedures. The non-mandatory public health services contract allows for commissioners to agree processes and procedures for reporting incidents, including serious untoward incidents.

The Department of Health's Clinical Governance Guidance<sup>(16)</sup> states: 'Commissioners will want to ensure providers share reports on incidents and near misses, as well as reports on complaints and compliments and other patient feedback. This should form part of the contract monitoring process. However, there is a role for reporting which goes beyond contract monitoring. Providers should share information about all incidents that occur in their services, regardless of whether these relate to the commissioners' specific population or not, as this allows broader lessons to be learned. Contracts should therefore ensure that they contain reporting mechanisms to allow the prompt reporting of all incidents.'

Providers and/or commissioners of internet-based chlamydia screening are also encouraged to inform the NCSP when an incident occurs<sup>(20)</sup>. The NCSP does not get involved in local incident management, however it will keep a record of incidents nationally and will be able to issue lessons learned reports to help prevent similar incidents from happening elsewhere. Reports should be sent to: [ncspteam@phe.gov.uk](mailto:ncspteam@phe.gov.uk) as soon as key details of the incident, including any remedial action taken where applicable, become clear.

## Audit

Commissioners should ensure that the service is audited as part of a regular chlamydia screening audit plan and that where appropriate action is taken based on audit findings. Like any other provider of chlamydia screening, the provider of the internet-based screening is expected to actively participate in audit programmes to ensure regular review and update of skills and expertise, and to drive continuous service improvement. Examples of topics for audits include turnaround time (time to results and treatment from date of test), the quality of its health promotion, expiry dates on the testing kits in use, the effectiveness of the care pathways to refer positive young people to receive treatment and initiate partner notification, return rates, retesting rates, and adherence to information governance principles.

## Education and training

Commissioners will want to assure themselves that staff working in sexual and reproductive health services have the appropriate qualifications, expertise and experience. For internet-based services, it is essential that staff running the websites are digitally competent, and are trained in information governance requirements. Where third party organisations are involved in programme delivery, commissioners should ensure documented evidence of training specific to the local and national programme as well as mandatory requirements (for example information governance principles).

## Health promotion

Commissioners will want to assure themselves that the websites they commission offer good quality information. Even if a website has been set up specifically for chlamydia screening, we recommend that information about sexual health in general, contraception, relationships, and how to access other (sexual health) services is included. The Department of Health's Young People Friendly<sup>(19)</sup> criteria on sexual and reproductive health services state under 9.3: 'Young people are offered appropriate information and advice to help them develop their ability to make safe, informed choices. This includes advice to help them develop the confidence and skills to delay early sex and resist peer pressure.'

Websites provide an easily accessible opportunity to offer health promotion and advice and this needs to be utilised to maximum potential. It is essential that the material posted and available on the website is factually correct, up to date and understandable. It would also be a good idea to provide free condoms when issuing the test kit. Good practice would be for websites to have 'latest reviewed' date on the page, potentially complemented with the next planned review date.

## Young people engagement and accessibility

For websites to effectively offer access and be attractive for young people to use, it is essential that they have been engaged in their design and functionality or involved in assessment of sites and their content during a selection process. Commissioners may want to assure themselves that website providers can demonstrate this has happened. Commissioners may also want to engage young people to audit accessibility of internet-based testing in their area to ascertain the effectiveness of the structure and marketing of the service. Effective marketing essential to ensuring that users can find and use the service, for example through establishing the results of searches carried out by young people using a range of search criteria, including incorrect spelling of chlamydia and the use of local towns and villages. Assessing user-friendliness of packaging and ease of use are also aspects where young people's engagement is essential.

Following the **Department of Health's 'Young People Friendly'** <sup>(19)</sup> criteria will assist in making screening services as accessible to young people as possible. A self-assessment tool can be used to identify if any improvements are needed. While the criteria are predominantly aimed at 'bricks and mortar' services, the criteria listed in, for example 'theme 2: Publicity', can easily be transferred to online services. These can be found [here](#). As the 2013 audit of internet-based chlamydia screening showed, websites need to improve their accessibility by clearly signposting features for users with visual impairments, ensuring high levels of readability, and where to find information in different languages.<sup>(21)</sup>



## Key performance indicators

Commissioners need to be aware that some key performance indicators still apply when providing chlamydia screening, notably those in the following table.

**Table 2 key performance indicators**

<p><b>Standard 4 – notification of results</b></p> <ul style="list-style-type: none"> <li>• <b>auditable outcome measure:</b> All those tested notified of result within 10 working days (from date of test on the test form)*</li> <li>• <b>key performance indicator:</b> At least 95% of those tested notified of result within 10 working days</li> </ul> <p>* Notification date assumed as date provider sent text/left verbal message</p>
<p><b>Standard 4 – Turnaround time for treatment</b></p> <ul style="list-style-type: none"> <li>• <b>auditable outcome measure:</b> All those testing positive offered treatment within six weeks of test date (date on the test form)</li> <li>• <b>key performance indicator:</b> At least 95% of those testing positive treated within six weeks of test date</li> </ul>
<p><b>Standard 4 – Partner Notification</b></p> <ul style="list-style-type: none"> <li>• <b>auditable outcome measure:</b> Percentage of index cases documented as offered ≥one partner notification discussion (including telephone discussion) with a healthcare worker with the appropriate documented competency</li> <li>• <b>key performance indicator:</b> At least 97% of index cases</li> <li>• <b>auditable outcome measure:</b> Percentage of index cases for whom outcome of agreed contact action(s), or decision not to contact, documented for all contacts</li> <li>• <b>key performance indicator:</b> At least 97% of index cases</li> <li>• <b>auditable outcome measure:</b> Number of all contacts whose attendance at a Level 1, 2, or 3 sexual health service was documented as reported by index case or healthcare worker (HCW), within four weeks of first partner notification discussion*</li> <li>• <b>key performance indicator:</b> at least 0.6 contacts per index case for all clinics (in and outside London) and documented within four weeks of date of first partner notification discussion</li> </ul>

Commissioners need to ensure that turnaround time and partner notification standards are included in the commissioning of chlamydia screening, including internet-based screening. Commissioners are also reminded of the NCSP guidance that recommends young people who were found to be positive, are retested at approximately three months. Websites can be used to facilitate this. Other indicators such as local return rates are also recommended.

## Further suggested elements of a contract

### Payment structure

Our 2013 internet-based testing audit questions contained an optional section on contracts and costs but this was poorly completed. However, we were able to conclude:

- there is a significant range in what elements are covered by the contract;
- values differ, even where components appear similar.
- the way contracts have been set up varies: some have an annual fixed sum attached, others have an arrangement whereby costs per test need to be paid for

Some contracts have options such as a fixed number of tests, or minimum diagnoses required before payment and incentive structures.

However, at this stage we are not in a position to recommend any particular contract or payment structure and these decisions will need to be informed by local circumstances as it will clearly depend on what package is included in the internet-based testing service. Cost per test alone may not be an accurate indication of the value of the services and commissioners will need to be clear on what aspects of the service are being provided.

### Integration

Services provided through the internet should link seamlessly with other services provided to the local users. Clear care pathways should be set out for the service and how it fits into the overall offer of chlamydia screening in an area. This should include how safeguarding issues are referred onto local responsible leads, how patients are linked to treatment and who is responsible for follow up, partner notification and retesting of positives.

### Reporting

It is the responsibility of the service provider to ensure correct and complete details on the test request form are provided to the laboratory for each chlamydia test, in particular, postcode of residence of the patient and testing service type. The completion of the Chlamydia Testing Activity Dataset (CTAD) is mandatory for all public sector commissioned chlamydia testing carried out in England. CTAD is submitted by laboratories and enables unified, comprehensive reporting of all chlamydia tests, to effectively monitor the impact of the NCSP through measurement of population screening coverage, proportion of tests that are positive and detection rates.

Commissioners are advised of the completion standards for these CTAD data fields; the threshold are that more than 95% of all non-GUM CTAD records must have a valid and known patient postcode of residence, and more than 95% must have a valid postcode of testing service or postcode of GP or national GP code. Guidance for commissioners on CTAD completion can be found [on the NCSP's website](#).

Incomplete or incorrect reporting of patient residence postcode and testing service type would result in discrepancies in regional detection rates (as testing from some local authorities would be allocated to the local authority in which their clinical service resides in the absence of postcode of residence/testing service type). Reporting high-quality data is vital to informing local sexual health service planning, monitoring the impact of the NCSP and assessing progress towards the Public Health Outcomes Framework<sup>(2)</sup> chlamydia detection rate indicator.

The NCSP encourages commissioners to explore with website providers innovative ways to facilitate postcode of residence recording on the test kit that is sent to the patient and returned to the laboratory. This may be feasible as postcode of residence will need to be provided for the test kit to be posted to the young person's address of choice (assuming that in most cases this will be the same or similar to postcode of residence), and automatic transfer from the information submitted on line to pre-filled forms on the test kits may be possible through using a unique identifier or barcode on the box. Similarly, the testing service type could also be on the test kit label to be identified as an internet-based chlamydia screen when it is processed by the laboratory, reducing the risk of miscoding of this variable.

## Monitoring

Commissioners and providers are encouraged to undertake local monitoring of turnaround times, retesting rates, and partner notification rates where applicable, including those screened through using the internet. The NCSP is developing tools that can be used locally for monitoring purposes; currently the turnaround tool and the retesting tool are available [here](#).

The NCSP also recommends monitoring return rates. Anecdotal evidence to the NCSP suggests these can range from around 30% to 70%. Research has reported return rates between 30% and 40%<sup>(8, 9, 22)</sup>. A better return rate would result in less waste and may also be an indication of the quality and/or user friendliness of the kits issued or the service in general.

Commissioners may want to include a requirement for regular reports on the website usage where available, for example on utilisation, results of penetration tests, feedback received on the website, or demographic data on its users as this will help to inform the development and content of websites to reflect local demographics where appropriate.

## Other elements

Two important elements of a contract for the provision of opportunistic chlamydia screening to be considered are details on 'termination of the agreement', and 'key contacts'. Supporting forms such as examples of care pathways are also useful appendices to contracts.

Where used, the requirement for advertising of the scheme is part of the provider responsibility. The marketing of sexual health services should take its reference point from the needs of young people and not individual providers so that young people have a choice of providers which might meet their needs. This approach will also assist professionals whose advice might be sought by young people regarding access to information, guidance or support relating to young people's health.

Learning from internet-based testing services should inform the future development of online screening and testing services in health and social care.

## Appendix 1. Summary of NCSP audit on internet-based chlamydia screening

The 2013 national audit on internet-based chlamydia screening found that the extent to which the NCSP quality standards were met in the course of chlamydia screening using the internet, was variable across the country.

Aspects of internet-based chlamydia screening that appeared to work well are:

- some signposting to local and other sexual health services
- service users have been engaged in web design and functionality
- test kits are deemed to be user friendly
- result notification generally happens within 10 working days of the date of the test
- websites provide information regarding result notification timing and method, and
- where postal treatment is available, some quality indicators are being met, such as information provision and instigation of partner notification

Areas for improvement were:

- effective signposting to other services that can care and treat symptomatic patients needed to be included
- providers should effectively apply a protocol that checks expiry date of test kits
- where postal treatment is used, positive patients should be treated within six weeks of the date of test
- where unselected screening for gonorrhoea is in use, separate information and consent processes need to be in place, care pathways must be used to ensure confirmatory processes and appropriate treatment are provided (it needs to be noted though that there is no evidence to support widespread unselected screening for gonorrhoea, see our guidance here)
- the home page needs to have a clearly visible (link to) privacy and confidentiality policy
- websites must comply with security standards at all times; registration with the Information Commissioners' Office should be part of the contract requirements for every website provider
- websites need to have accessibility features to make them more accessible for users with visual impairments and where to find information in different languages

We also suggested a number of areas of good practice:

- to improve the range and depth of health promotion information to include how to:
  - prevent sexually transmitted diseases
  - use contraception effectively
  - access contraceptive and sexual health services if required
- to make better use of demographic data on internet-based testing to inform the development and content of websites to reflect local demographics where appropriate

## Appendix 2. NCSP quality requirements in internet-based testing

**Table: Quality requirements in the course of chlamydia screening**

Element	Quality requirements:	Applicability to internet-based testing:
Testing venue	<ul style="list-style-type: none"> <li>• healthcare and associated staff at all venues should be trained to provide results, treatment and initiate partner notification or be aware of partner notification services in their area</li> <li>• the contractor will maintain a safe and suitable environment for patients and staff and comply with all relevant statutory requirements, legislation, Department of Health Guidance and Professional Codes of Practice, Health and Safety regulations, Consent and Chaperone policies</li> <li>• in line with good practice, the testing venue and the offer of a chlamydia test should comply with the national ‘You’re Welcome’ criteria for young people friendly services</li> </ul>	<ul style="list-style-type: none"> <li>• staff running the website should equally be appropriately trained, including being digitally competent. Depending on the contract on the care pathway, partner notification may or may not be included</li> <li>• the electronic transfer of data needs to be secure at all times and information governance principles and Data Protection Act requirements adhered to</li> <li>• the ‘young people friendly’ criteria can be applied to some extent to online services as well and where possible websites should adhere to these</li> </ul>
Offering the test	<ul style="list-style-type: none"> <li>• test to be offered:                             <ul style="list-style-type: none"> <li>○ annually and on every change of partner</li> <li>○ via routine medicals, contraceptive/emergency hormonal contraceptive consultations</li> <li>○ after referral for abortion, and</li> <li>○ at ‘call’ opportunities (eg asthma check)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• websites are very suited to provide the relevant information, health promotion and contraceptive advice etc</li> <li>• young people declaring symptoms (if possible on the website) need to be signposted/referred to appropriate sexual health services</li> </ul>

Element	Quality requirements:	Applicability to internet-based testing:
	<ul style="list-style-type: none"> <li>• people should be provided with information about chlamydia and other sexual health promotion including the benefits of testing, how to access contraception advice, specimen collection, management of results and access to free treatment</li> <li>• people declaring symptoms suggestive of sexual ill health should be risk assessed and managed appropriately. This may include referral to specialist sexual health services</li> <li>• contact details should be requested and preferably two methods of contact recorded and verified</li> <li>• samples and forms should be collected for analysis in a timely manner, as defined by local operational guidance</li> <li>• people should be signposted to other sexual health services as appropriate</li> <li>• free condoms should be available and appropriate sexual health advice provided</li> </ul>	<ul style="list-style-type: none"> <li>• contact details should be requested and preferably two methods of contact recorded and verified</li> <li>• signposting to free contraceptive services should be available</li> </ul>
Test consent	<ul style="list-style-type: none"> <li>• obtain consent for test and use of data</li> <li>• careful consideration should be given to any commissioning of services for under-16s due to the medico-legal implications. The test initiator is responsible for ensuring that any young person under 16 being offered a test is competent to make an informed decision, using the Fraser guidelines. Test venues must adhere to national and local guidance and ensure competency is assessed and documented</li> </ul>	<ul style="list-style-type: none"> <li>• same applies</li> </ul>
Testing practice	<ul style="list-style-type: none"> <li>• self-taken swab or urine sample, or cervical swab if cervical examination taking place</li> <li>• nucleic acid amplification tests (NAAT) must be used</li> </ul>	<ul style="list-style-type: none"> <li>• test kits issued in the course of internet-based chlamydia screening must use NAATs</li> </ul>

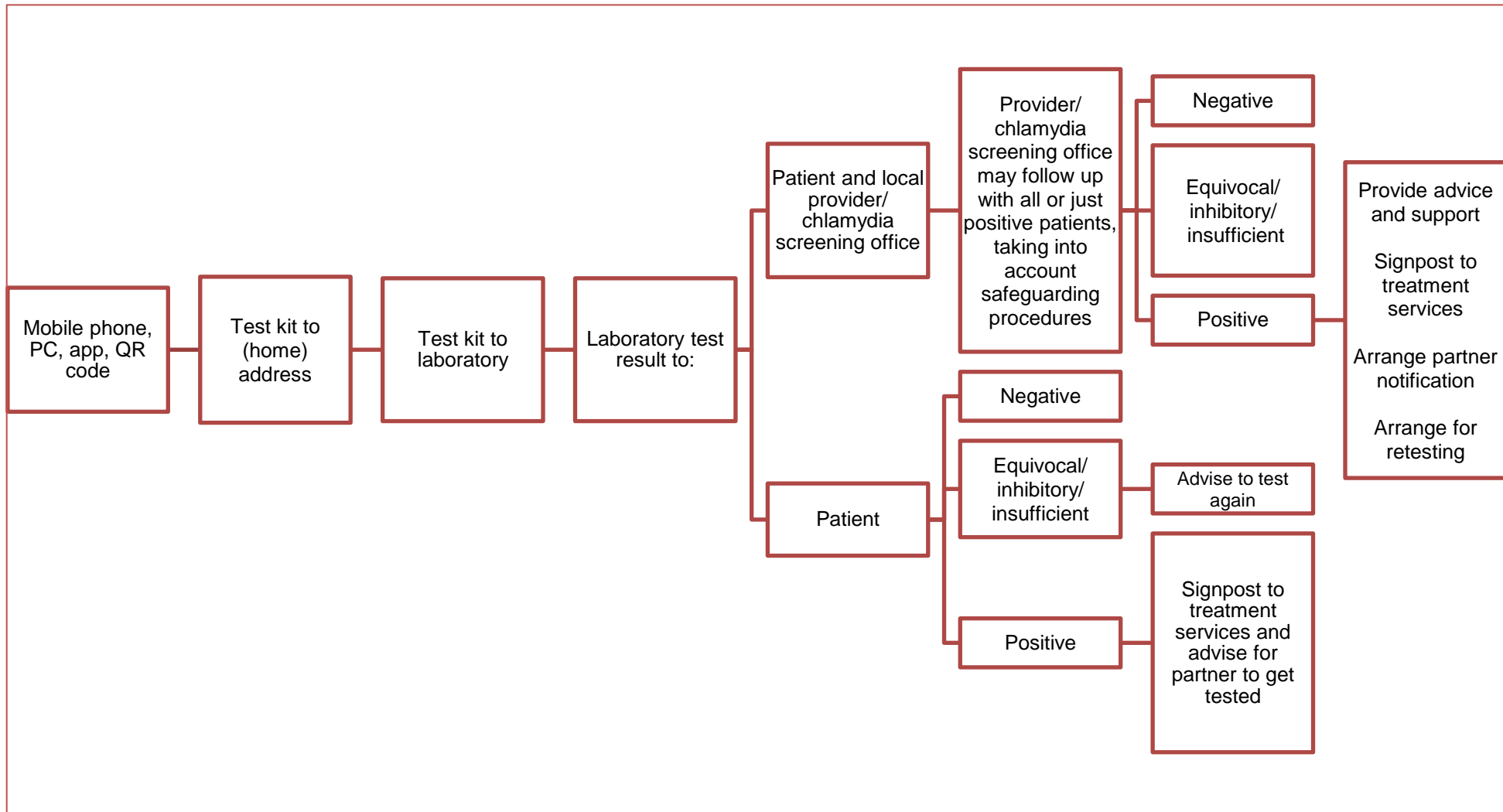


Element	Quality requirements:	Applicability to internet-based testing:
Providing results	<ul style="list-style-type: none"> <li>• young person to select preferred notification method</li> <li>• if test is positive, three contact attempts to be made (using more than one notification method)</li> <li>• if the test is negative one documented attempt can be made to report a negative result. No further action is required</li> </ul>	<ul style="list-style-type: none"> <li>• same applies</li> </ul>
Screening kits	<ul style="list-style-type: none"> <li>• all providers of postal chlamydia screening kits should deliver the services identified below:                             <ul style="list-style-type: none"> <li>○ advice on how to use the kit, how to return it for testing, and what will happen following completion of the test including how people will be notified of results</li> <li>○ provide information signposting people to other sexual health services</li> </ul> </li> <li>• Nucleic acid amplification tests (NAATS) must be used. Where the positive predictive value (PPV) is less than 90%, and for specimens from extra-genital sites (eg rectal swabs), confirmatory testing for persons with a positive C. trachomatis screening test should be considered, taking into consideration local evaluation and validation data.</li> </ul>	<ul style="list-style-type: none"> <li>• same applies</li> <li>• ensure test kits are issued before their expiry date</li> <li>• ensure the form contains all CTAD data items</li> </ul>
Management of positives	<ul style="list-style-type: none"> <li>• advise full STI screen</li> <li>• arrange treatment</li> <li>• discuss partner notification</li> <li>• agree arrangements for partners to be managed</li> <li>• give safe sex advice</li> <li>• follow up two weeks post-treatment</li> <li>• offer a retest at around three months following a positive test</li> </ul>	<ul style="list-style-type: none"> <li>• the same may apply but this will depend on the contract and the agreed pathway and how internet-based screening fits into this (for example whether or not postal treatment or partner notification is included)</li> </ul>

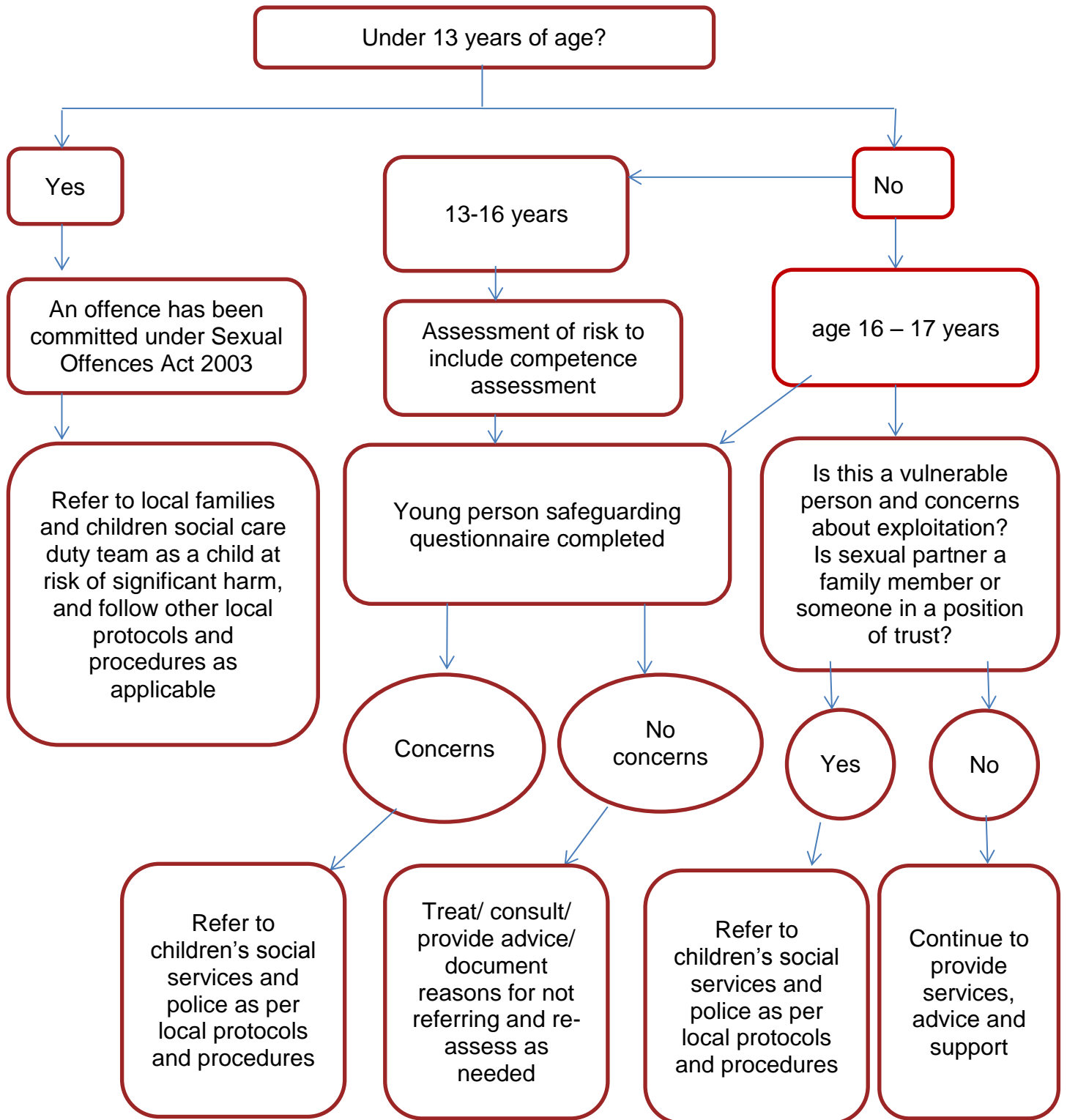
Element	Quality requirements:	Applicability to internet-based testing:
Treating chlamydia infections*	<ul style="list-style-type: none"> <li>• azithromycin (1gm) stat or doxycycline (100mg bd) seven days</li> <li>• treatment is free for the young person</li> <li>• see BASHH guidance for treatment during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• same applies</li> </ul>
Partner management	<ul style="list-style-type: none"> <li>• patient-led partner notification (provider-led offered as required)</li> <li>• offer testing</li> <li>• empirical treatment (do not wait for test result)</li> <li>• ask about partners of partners and encourage testing</li> </ul>	<ul style="list-style-type: none"> <li>• depending on contractual arrangements</li> </ul>

\* People requiring treatment for STIs should receive this free of any prescription charge or, if this is not possible (eg where FP10 prescriptions are used) and the service user is not exempt, they should be offered access to another provider if they wish. Medication for the treatment of STIs should ideally be dispensed at the time of diagnosis.

## Appendix 3. Example of a care pathway



## Appendix 4. Example of safeguarding flow chart for sexually active under 18 years<sup>3</sup>



<sup>3</sup> This flow chart is given as an example. Please implement local safeguarding procedures for vulnerable children and adults.

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