Public Health England

Protecting and improving the nation's health

Chlamydia Testing Activity Dataset (CTAD): Commissioning guidance

2015 update

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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https://www.gov.uk/government/collections/chlamydia-surveillance-data-screening-and-management#screening

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Overview

Public Health England (PHE) collects data on all chlamydia tests undertaken in England from all commissioned laboratories, to measure screening activity. These data are used to provide detailed reports, at a national and local level, on screening coverage, the proportion of chlamydia tests that are positive and the chlamydia detection rate in England, mapped to geographical health boundaries.

PHE publishes chlamydia data annually (calendar year) on the chlamydia page[1] of the PHE website. Quarterly reports are made available on the HIV/STI web portal for service evaluation and progress monitoring purposes. From 2012, National Chlamydia Screening Programme (NCSP) data has been based on primary care and community service chlamydia data from the Chlamydia Testing Activity Dataset (CTAD), and GUM clinic chlamydia data from the GUM Clinic Activity (GUMCADv2) Dataset.

CTAD became mandatory in April 2012 (as a national NHS Information Standard, ISB 1528) superseding the NCSP and the non-NCSP non-GUM (NNNG) data sources of primary care and community service chlamydia data. This guidance was updated in January 2015 to reflect amendments to CTAD authorised by the Standardisation Committee Care Information (SCCI1538 Amd 13/2014).

Since GUM clinics do not generally provide postcode of residence data to laboratories when requesting tests, GUMCADv2, which reports GUM clinic activity including service user *Area of Residence*, will continue to be used to ensure the most accurate attribution possible of GUM tests and diagnoses to local areas.

Facilitating CTAD locally

The purpose of CTAD is to collect data on all chlamydia tests undertaken in England from LA/NHS commissioned laboratories, to measure screening activity. These data are used to provide detailed reports, at a national and local level, on screening coverage, the proportion of chlamydia tests that are positive and the chlamydia detection rate in England.

To date, significant progress has been made toward CTAD compliance with this NHS Information Standard. All of the 122 commissioned laboratories in England provide quarterly CTAD data to PHE.

[1] https://www.gov.uk/government/collections/chlamydia-surveillance-data-screening-and-management

However, submissions from some laboratories are not consistent and vary in completeness and data quality. As with any surveillance system, data quality is vital. PHE analyses have identified that while the data collected in 2012, 2013 and 2014 provided an accurate measure of the number of chlamydia tests performed, the quality of data reporting for patient residence postcode and testing service type was poor in some areas, and as such limited the accuracy of outputs at the most local level. For example:

- records where *Patient Residence Postcode* is missing would be allocated to the local authority in which the screening service is located, rather than to that where the person being tested resides
- errors in coding of testing service type in the data submitted by laboratories could result in incorrect numbers of tests being allocated to GUM or non-GUM testing service types

In both cases, the PHOF indicator chlamydia detection rate for a LA could be affected.

This commissioner pack has been designed to support continued standard compliance across acute, community and private microbiology services and contains the following resources for local use:

- recommendations for inclusion in all sexual health services and laboratory contracts
- contractual appendices for sexual health services providing chlamydia screening and testing, and laboratory providers processing chlamydia NAATs samples
- recommended quality and activity requirements for sexual health services and laboratory provider contracts

The recommendations in this pack build upon lessons learnt and CTAD guidance published to date, and aim to improve CTAD data quality and completeness.

Accessing the HIV/STI web portal

Commissioners can access their local chlamydia data via the PHE HIV/STI web portal. Commissioners registered[2] with the PHE HIV/STI web portal are able to create automated graphs and tables for their local area (user generated reports), including tables showing the completeness of different data fields for specified reporting laboratories. It is also possible to create a set of tables and graphs showing key numbers and rates for any local area, and to compare different areas.

[2] To request an account, email CTAD@phe.gov.uk

CTAD data requirements in contracts

Public Health Services non-mandatory contract

In July 2013 (last updated in February 2014), the Department of Health published a Public Health Services contract with a latest version for 2014-15. This is a non-mandatory contract designed for use by local authorities in commissioning services to meet their new public health functions. It can be adapted for use in a broad range of public health services and delivery models.

Although the contract is non-mandatory it provides a robust framework to hold providers account for the delivery of high-quality public health funded services to achieve improved health outcomes.

The public health services contract can be found at www.dh.gov.uk/health/2013/01/phs-contract/

Section B14 of the Public Health Services contract refers to information requirements (see below), with the facility for commissioners to insert detailed requirements at Appendix H.

B14. INFORMATION

B14.1. The Provider must provide the Authority with the information specified in Appendix H (Information Provision) to measure the quality, quantity or otherwise of the Services.

B14.2. The Provider must deliver the information required under clause B14.1 in the format, manner, frequency and timescales specified in Appendix H (Information Provision) and must ensure that the information is accurate and complete.

B14.3. If the Provider fails to comply with any of the obligations in this clause B14.1 and/or Appendix H (Information Provision), the Authority may (without prejudice to any other rights it may have under this Contract) exercise any consequence for failing to satisfy the relevant obligation specified in Appendix H (Information Provision).

B14.4. In addition to the information required under clause B14.1, the Authority may request from the Provider any other information it reasonably requires in relation to this Contract and the Provider must deliver such requested information in a timely manner.

Service specifications for integrated sexual health services

Section 4.3 of the national service specification for integrated sexual health services (www.dh.gov.uk/health/2013/01/phs-contract/) details data requirements for such services, including CTAD.

Extract from the document above:

> The Service is required to generate a quarterly data extract of all patient attendances and associated diagnoses and services at GUM and non-GUM clinics in accordance with PHE (Public Health England) Genitourinary Medicine Clinic Activity Dataset (GUMCADv2[23]).In addition to GUMCADv2, the Service is also required to utilise Sexual and Reproductive Health Activity Dataset (SRHAD) to capture contraception and other sexual and reproductive health activities.
>
> Following a new HIV diagnosis, the Service is required to generate a data extract to the HIV and AIDS Reporting Section (HARS) in Public Health England. This extract can either be through the new HIV diagnosis reporting template or reported quarterly through the HIV and AIDS Reporting System which is being rolled out during 2013/14[24]. The completion of the Chlamydia Testing Activity Dataset (CTAD) is mandatory for all NHS and NHS-commissioned chlamydia testing carried out in England. CTAD is submitted by laboratories and enables unified, comprehensive reporting of all chlamydia data, to effectively monitor the impact of the NCSP through measurement of population screening coverage, proportion of all tests that are positive and diagnosis rates.*
>
> It is the responsibility of the sexual health service provider to ensure the core CTAD data requirements are provided to the laboratory for each chlamydia test, in particular, postcode of residence of the patient and testing service type.
>
> SRHAD and HARS, together with GUMCADv2 will form the basis for a standardised sexual health dataset collected from sexual health clinic settings (plus CTAD from laboratories). The Service is expected to discuss with commissioners quarterly GUMCADv2 and SRHAD data analysis from PHE to enable informed commissioning decisions relating to GUM attendances, activity and STI trends.
>
> *Currently known as detection rate.
>
> [23] PHE Genitourinary Medicine Clinic Activity Dataset (GUMCADv2) Guidance to Clinic Staff and Technical guidance and specification for data extract can be found: http://www.hpa.org.uk/gumcad
>
> [24] Additional information regarding HIV AIDS Reporting Systems is available at: http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/HIVAndAIDSReportingSystem

Contractual inclusions for sexual health services

To enable laboratory compliance with mandatory CTAD obligations, commissioners are encouraged to make explicit reference to data requirements within contracts for all sexual health service providers.

It is suggested that any wording used covers the following points to improve recording of CTAD data items by sexual health service providers, where necessary:

- Commissioners will want to assure themselves that test request forms used by providers and laboratories include all the necessary data fields. All test request forms must contain fields to record the following data items; and every test request form for chlamydia issued should accurately record the following **essential** data items:

1	Local patient identifier number used by the service provider
2	Gender of person being tested
3	Date of birth of person being tested
4	Postcode of usual address of person being tested*
5	Postcode of testing service where the chlamydia test sample is taken
6	Specimen type: either (a) urine samples; (b) genital (vulvovaginal, cervical and urethral swabs); (c) rectal samples; or (d) pharyngeal samples
7	Date specimen taken
8	NCSP Clinic code (if applicable)
9	Venue code (for GUM clinics): Organisation Data Service (ODS) Code to identify the type of testing service
10	Testing service type: GUM; SRH; GP; Pharmacy; ToP; Internet; Other

- Sexual health service providers are also encouraged, where known, to accurately record the following data on every test request form for chlamydia issued from their service:

11	Venue code for other venues (excluding GUM clinics): Organisation Data Service (ODS) Code to identify the type of testing service
12	Ethnicity of person being tested
13	Postcode of general practice where person being tested is registered
14	National organisation code of registered general practice
15	NHS number (unique number assigned by the NHS to all registered patients)

Laboratories and providers are strongly encouraged to have an open line of communication to ensure the correct and accurate coding of testing service type by the provider and the laboratory. Please refer to the CTAD Standard Specification Document for further definitions of each CTAD testing service type code.

Contractual inclusions for laboratory providers

To assist compliance with the CTAD NHS Information Standard, commissioners are encouraged to include the following information in contracts where a provider will be/has been commissioned to process *Chlamydia trachomatis* NAATs samples.

1.1 General overview

CTAD is a universal disaggregate dataset for the reporting of chlamydia testing data from all commissioned laboratories in England to PHE Colindale. In July 2011, CTAD was adopted as a national NHS Information Standard by the NHS Information Standards Board (ISB), and formal approval was given for the collection of chlamydia testing and diagnosis data from laboratories. In December 2014, the Standardisation Committee for Care Information (SCCI) approved some changes in the data collected by CTAD (Information Standards Notice – Amendment: SCCI1538 Amd 13/2014: Chlamydia Testing Activity Dataset (CTAD).

CTAD data is to be provided in accordance with all the principles set out by PHE (formerly the Health Protection Agency) in the CTAD Standard Specification Document

1.2 Objectives

1.2.1 To liaise with PHE, in particular:

(i) NCSP

(ii) HIV & STI Department, National Infections Service, Colindale

1.2.2 To use existing Provider IT software systems to develop processes that will provide Data and CTAD Extract Reports for SCCI1538 Amd 13/2014: Chlamydia Testing Activity Dataset (CTAD) http://www.chlamydiascreening.nhs.uk/ps/info-management.asp

1.3 Outcomes

Provider compliance with NHS ISB Number 1538 - Chlamydia Testing Activity Dataset (CTAD) will result in a universal and unified chlamydia testing and diagnoses surveillance system, enabling effective monitoring of the delivery of the NCSP through estimation of population screening coverage, percentage infected and detection rates at local, regional and national level. CTAD data informs the Public Health Outcomes Framework indicator on

chlamydia detection rates in 15 to 24-year-olds; and will enable mapping of population testing coverage and diagnosis rates to current and future geographical health boundaries. PHE will collate CTAD data for use by local authorities.

1.4 Scope

1.4.1 Service Description.
The service is characterised by:
Secure electronic provision of CTAD Extract Reports of all disaggregate NAATs chlamydia testing activity data commissioned by LA/NHS, in either XML (Extensible Markup Language) or single comma delimited CSV file format, to PHE.

1.4.2 Accessibility/Acceptability
At all times the Provider shall provide the service detailed in this schedule whilst incorporating the following general principles:

1.4.2.1 Latest Caldicott principles of Data Protection Laws and confidentiality.

1.4.2.2 The provision of CTAD Extract Reports in accordance with PHE Data specifications.

1.4.3. Whole System Relationships.
The submission of CTAD Extract Reports shall be a service undertaken by **[insert Provider name]** a part of the **[insert relevant information here]** and on the behalf of **[insert names of other laboratories here].**

The **[insert role of the person(s) here]** within **[insert Provider name]** shall be responsible and therefore accountable for the fulfilment of the activities associated with this schedule.

1.4.4 Internal dependencies
CTAD data extracts received to date demonstrate that the dataset items are implementable, interoperable, safe, and fit for purpose. The required data variables are in most cases recorded in laboratory data management software or can be generated from data recorded in these systems; and can be securely transmitted to PHE in electronic format.

Laboratories are able to recode, reformat, and extract basic CTAD data for submission to PHE without laboratory IT suppliers making significant changes to the laboratory IT systems.

1.5 CTAD acceptance criteria

1.5.1 Activity acceptance criteria

The laboratory is expected to supply CTAD data to PHE via the PHE HIV/STI web portal https://www.hpawebservices.org.uk/HIV_STI_WebPortal/login.aspx within six weeks after the end of each calendar quarter.

1.5.2 CTAD Extract Report inclusion and acceptance criteria
Acceptance criteria have been specified by PHE in the specification and include the following:

- data on all NHS and local authority commissioned chlamydia tests performed should be reported
- reports should include chlamydia tests performed on genital (ie urine samples; vulvovaginal, cervical and urethral swabs), rectal and pharyngeal samples
- the PHE web portal will only accept files uploaded by laboratories that are in the format specified in the ISN

1.5.3 CTAD Extract Report exclusion criteria:

- all Chlamydia tests paid for by the patient AND
- all conjunctival chlamydial tests performed

1.6 Timeframes in detail

1.6.1 The provision of CTAD Extract Reports should be in accordance with PHE data specifications.[3]

1.6.2 CTAD extract due dates in 2014/15 are as follows:

- Q4 2014 (October to December) –13 February 2015
- Q1 2015 (January to March) –15 May 2015
- Q2 2015 (April to June) –14 August 2015
- Q3 2015 (July to September) –13 November 2015
- Q4 2015 (October to December) –12 February 2016

1.6.3. The Laboratory is expected to supply CTAD Extract Reports to PHE via the PHE web portal within six weeks after the end of each calendar quarter: https://www.hpawebservices.org.uk/HIV_STI_WebPortal/login.aspx?ReturnUrl=%2fHIV_STI_WebPortal

[3] http://webarchive.nationalarchives.gov.uk/+/http://www.isb.nhs.uk/documents/isb-1538/amd-13-2014/index_html

CTAD quality and activity requirements

Recommendations for inclusion in sexual health service and laboratory provider contracts

Regardless of what form of contract is used (the above Public Health Services contract or others), here are some recommendations for detailed requirements that could be written in as an Appendix to the contract and service specification. These focus on the current priorities for CTAD, namely to increase proportion of test records submitted with (a) a valid postcode of residence, and (b) a correct testing service type classification. These data are required to support accurate geographical attribution of tests and thus produce accurate detection rates at local level.

Laboratories and providers are strongly encouraged to have an open line of communication to ensure the correct and accurate coding of testing service type by the provider and the lab. Please refer to the CTAD Standard Specification Document for further definitions of each CTAD testing service type code.

Quality Requirement	**Threshold**	**Responsible**	**Method of Measurement**	**Consequence of breach**
The first three requirements concern the timely submission of data by the laboratory in the correct format, with all available information included:				
Timely quarterly submissions of CTAD Report Extracts to PHE for **[insert] [and on the behalf of insert]** laboratories	100%	**Laboratory**	PHE Colindale confirmation	[As per local agreement]
Records within the CTAD Data Extract Reports are error free	>90% or >250 records (whichever amounts to less) are to be completed, formatted and coded correctly	**Laboratory**	PHE Colindale: HIV/STI web portal confirmation and acceptance/ rejection report	[As per local agreement]
Reporting of all 20 data fields requested within CTAD Data Extract Reports	100% inclusion and completion *where information is available on test request or from the provider requesting the test*	**Laboratory** if information available on test request form **Provider**: responsibility for completing information on test request form	PHE with providers and labs (local SHF-convened teams)	[As per local agreement]

The following three requirements support accurate attribution of tests to local authority of residence:				
Reporting of Patient Postcode of Residence (PCR) (1)	>95% of all non-GUM[1] CTAD records must have a valid and known patient postcode of residence. If this proportion is lower than 95%, there must be an improvement of 5% per quarter	**Provider** must record PCR on all test request forms[2] **Laboratory** must enter and extract data	PHE: HIV/STI web portal user generated reports PHE with providers and labs (local SHF-convened teams)	As per local agreement for the record will not be attributed to a LA if omitted
Reporting of Patient Postcode of Residence (PCR) (2)	<5 records per CTAD extract with the same postcode of residence[3]	**Provider** must record PCR on all test request forms **Laboratory** must enter and extract data	PHE with providers and labs (local SHF-convened teams)	[As per local agreement]
Reporting of Patient Postcode of Residence (PCR) (3)	CTAD records with a patient postcode that is the same as either a testing venue or laboratory postcode	**Provider** must record PCR on all test request forms **Laboratory** must enter and extract data	PHE with providers and labs (local SHF-convened teams)	[As per local agreement]
Geographical attribution of tests where postcode of residence is not available; enables analysis of records by individual provider and type of testing service				
Reporting of geographical data fields relating to testing site and GP	>95% of records must have a valid Postcode of Testing Service[4] OR Postcode of GP OR National GP code	**Laboratory** if information available on test request form **Provider**: responsibility for completing information on test request form	PHE with providers and labs (local SHF-convened teams)	[As per local agreement]

The following requirement supports accurate geographical attribution of tests as well as a better reflection of screening activity by type of testing service:				
Coding of the Testing Service Type variable in the CTAD Data Extract Reports	<5% of records with the Testing Service Type field coded as "Unknown" OR "Other"[5] If this is not the case there must be a 5% decrease per quarter in no. of records coded as "Unknown" or "Other" Please follow CTAD coding guidance for testing service type set out by the CTAD Standard Specification Document.	**Laboratory** is responsible for coding the Testing Service Type variable **Provider**: responsibility for completing information on test request form	PHE with providers and labs (local SHF-convened teams) Use of PHE Macro for populating Testing Service Type field	[As per local agreement]
Integrated services	100% tests submitted to GUMCADv2 under a clinic ID registered as a GUM (1) or integrated GUM (6) service must be submitted by labs to CTAD as GUM in the testing service type field.	**GUM clinics and laboratories** are responsible for coding the Testing Service Type variable	PHE with providers and labs (local SHF-convened teams)	[As per local agreement]
Internet tests reported to CTAD	100% of tests ordered online coded as "6" for Internet	**Laboratory** if information available on test request form **Provider**: responsibility for completing information on test request form	PHE with providers and labs (local SHF-convened teams) Use of PHE Macro for populating Testing Service Type field	[As per local agreement]

Venue code	100% of tests coded as 'GUM' must report the venue code (clinic ID) of the testing GUM clinic.	**Laboratory** if information available on test request form **Provider**: responsibility for completing information on test request form	PHE with providers and labs (local SHF-convened teams) Use of PHE Macro for populating venue code field	[As per local agreement]

Notes:

[1]non-GUM: tests submitted by GUM clinics do not normally contain postcode of residence, for reasons of patient confidentiality; therefore they are not included in this requirement. Attribution of GUM tests to patient LA of residence in CTAD is carried out by replacing CTAD GUM tests with data from GUMCADv2, the GUM Clinic Activity Dataset, which contains LSOA of residence.

[2]It is recognised that in some cases, patients may be unwilling to provide postcode of residence.

[3]There may be certain exceptions to this rule, including for example where the sexual health service provider is located in a prison, military barracks or in some cases a university. PHE Colindale will work in conjunction with local SHF-convened teams, providers and laboratories to devise and implement data validation regimes to aid in confirmation of coding of this variable.

[4]In the case if home sampling (internet testing), postcode of testing service will not exist as the person being tested has not accessed a service: in these cases it is requested that the postcode of the testing service field is left blank OR completed with the postcode of the laboratory.

[5]Testing Service Type (TST): in general, while the proportion of records with TST coded as "unknown" has decreased since implementation of CTAD, the proportion coded as "Other" has increased. In some cases (eg internet testing; outreach testing) use of "Other" is valid; in others not. PHE Colindale will work in conjunction with local SHF-convened teams, providers and laboratories to devise and implement data coding and validation regimes to aid in confirmation of coding of this variable.