



Public Health
England

National Chlamydia Screening Programme audit report: internet-based chlamydia testing

September 2013



Public Health
England

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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1. Summary and key messages

In recent years there has been interest in websites as a means of increasing access to free chlamydia tests. Website-based testing has been found to be acceptable to young people and has been made possible by new tests that can be done on non-invasive samples and increasing access to the internet at home. It is essential that all internet-based chlamydia testing services meet the quality standards of the National Chlamydia Screening Programme (NCSP).

The internet-based chlamydia testing audit consisted of an electronic survey with questions that measure to what extent the **NCSP standards** were adhered to, as well as to ascertain to what extent good practice is being applied in the course of internet-based testing.

Aspects of internet-based chlamydia testing that appear to work well are:

- Relatively high positivity indicating that this method of accessing screening appears effective in identifying infections;
- 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 (PN).

The NCSP's recommendations to further improve the quality of websites that provide internet-based testing in relation to meeting standards are:

- Include effective signposting to other services that can care and treat symptomatic patients;
- Prevent young people under 16 from requesting a test kit using an internet website through data validating which is age restricted;
- Ensure that providers effectively apply a protocol that checks expiry date of test kits;
- Ensure positive cases are treated within six weeks of the date of test where postal treatment is used;
- Where unselected screening for gonorrhoea is in use, ensure separate information and consent processes are in place, care pathways must be used to ensure confirmatory processes and appropriate treatment are provided. However, there is no evidence to support widespread unselected screening for gonorrhoea;
- Have a clearly visible (link to) privacy and confidentiality policy on the home page;



- Ensure websites comply with security standards at all times and that registration with the Information Commissioners' Office (ICO) is part of the contract requirements for every website provider, and
- Improve accessibility features of the website by clearly signposting how the sites can be made more accessible for users with visual impairments and where to find information in different languages.

In relation to applying good practice:

- Improve the range and depth of health promotion information to include how to:
 - a. Prevent sexually transmitted diseases;
 - b. Use contraception effectively;
 - c. Access contraceptive and sexual health services if required.
- Use demographic data on internet-based testing to inform the development and content of websites to reflect local demographics where appropriate.



2. Introduction and background

2.1 Introduction

The NCSP aims to reduce the prevalence of chlamydia trachomatis infection ('chlamydia') through free opportunistic testing and treatment for sexually active under 25 year olds. In 2012, chlamydia was the most commonly diagnosed sexually transmitted infection, accounting for 46 per cent of all sexually transmitted infections (all ages).

In the under 25s, more than 1.7 million tests were undertaken, and more than 136,000 diagnoses were made. Tests are available from a wide range of venues including genitourinary medicine (GUM), general practice (GP), community pharmacy, community contraceptive and sexual health services (CSHS) and termination of pregnancy (TOP) services.

The NCSP is committed to supporting the highest possible standards in the commissioning and provision of chlamydia screening. The quality assurance (QA) framework sets out the NCSP strategy for QA. We carry out regular audits and surveys focusing on various aspects of the programme, in order to better understand the extent to which standards are being met, and to support local areas in driving improvement.

This report on the chlamydia internet-based testing audit is the first in the QA programme for 2013/14. The main objectives of the audit are to:

- Establish to what extent current websites that offer chlamydia testing meet existing NCSP standards, and to
- Ascertain what good practice is applied in the course of internet-based chlamydia testing.

The measurement against standards includes two auditable outcome measures, as well as general standards, from the following sources:

- NCSP's Standards 6th edition;
- Data Protection Act 1998, and
- Equality Act 2010.

Based on the findings, we make recommendations for local areas to further improve their chlamydia internet screening where appropriate.



2.2 Background

In 2012, the then Health Protection Agency (HPA) described and evaluated the access to chlamydia testing within the NCSP.¹ This study showed that in recent years there has been interest in websites as a means of increasing access to free chlamydia tests. Website-based testing has been found to be acceptable to young people and has been made possible by new tests that can be done on non-invasive samples and increasing access to the internet at home. Seventy-seven per cent of households in Great Britain have internet access; up from 73 percent in 2010 and 99% of adults aged 16–24 had used the internet in the first quarter of 2012.

Website-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. However, it requires trust that the provider will maintain confidentiality, private access to the internet and privacy to receive postal tests and to take samples.

At present the most commonly used model of internet-based chlamydia testing in England is ordering a test on the internet which is delivered to the home where the client takes the sample, posts it to the laboratory and accesses the result via text message.

There may be some regional variations to this, where a service such as a contraceptive and sexual health clinic acts as an intermediary between the user and the laboratory. In this scenario, the laboratory sends the test results back to the service which deals with the result notification. Additional services might include partner notification for those with positive tests delivered by phone and postal treatment.

It is essential that all internet-based chlamydia testing services meet NCSP quality standards in terms of providing advice for symptomatic individuals, offering health promotion information and ensuring appropriate arrangements for under 16-year-olds requesting a test.

¹ Internet testing for *Chlamydia trachomatis* in England, 2006 to 2010 *BMC Public Health* 2012, 12:1095
doi:10.1186/1471-2458-12-1095, Sarah C Woodhall et al



2.3 Method

The internet-based chlamydia testing audit consisted of an electronic survey with questions relating to the **NCSP standards**, including the following two auditable outcome measures:

STANDARD 4 – NOTIFICATION OF RESULTS
<p>Auditable outcome measure: All those tested notified of result within 10 working days (from date of test).*</p> <p>Key performance indicator: At least 90% of those tested notified of result within 10 working days.</p> <p>* Test date assumed as date on the test form. Notification date assumed as date provider sent text / left verbal message.</p>
STANDARD 4 – TURNAROUND TIME FOR TREATMENT
<p>Auditable outcome measure: All those testing positive offered treatment within six weeks of test date.*</p> <p>Key performance indicator: At least 95% of those testing positive treated within six weeks of test date.</p> <p>* Test date is assumed to be the date on the test form.</p>

In addition to measuring adherence to these NCSP standards, we have included questions that aim to ascertain to what extent good practice is being applied in the course of internet based testing. These questions relate to elements such as provision of health promotion information, the test kit, accessibility and user engagement.

The link to the electronic survey was sent to local authority commissioners on 25 April 2013 to complete. This allowed them to assure themselves that the websites they commissioned as part of chlamydia screening meet NCSP quality standards. In some cases, commissioners referred the audit to their providers to complete. The last day for electronic submission was 21 June 2013. This report is based on 41 responses.



3. Audit findings

This section presents the findings of the audit in the following areas that the audit questions distinguished: general information on the websites, types of information available on the website, practices in relation to age of service users (under 16 and over 24), patient confidentiality, accessibility of the website, patient and public engagement, quality of the test kits, result notification and treatment, and contract elements and value.

The audit questions are presented in [appendix 1](#), the geographical distribution of responses in [appendix 2](#), and the data tables in [appendix 3](#).

3.1 Context

A total of 41 responses were received, covering 21 different websites and 43 upper tier authorities (counties, metropolitan and London boroughs) and unitary authorities, which equates to 30 per cent of all upper tier authorities in England. The geographical spread of the responses is presented in appendix 2. This shows the upper tier local authorities that were covered by the responses received, indicating that websites covering the north and southeast of England were not represented.

We asked respondents to provide activity data that could differentiate between gender and age groups. However, this was poorly completed and this level of detail has been omitted from the analysis. We have focused on the total numbers only.

Table 1 presents return rate and positivity of internet-based testing. This was based only on those responses where both of the required data items to calculate these rates were submitted.²

Table 1: Return rate and positivity* of internet based chlamydia testing

Return rate	26010/41243 63%	Based on 14 responses (36% of 41 responses)
Positivity	4144 / 37435 11%	Based on 20 responses (51% of 41 responses)

*Return rate: numerator is number of tests returned for processing; denominator is total number of tests requested. Positivity: numerator is total number of positive test results; denominator is total number of test returned for processing.

A positivity rate of 11 per cent is relatively high and comparable to that found in GUM settings, as table 2 with annual data for 2012 shows.

² Return rate: numerator is number of tests returned for processing; denominator is total number of tests requested. Positivity: numerator is total number of positive test results; denominator is total number of test returned for processing.



Table 2: Positivity by testing venue for chlamydia screening 15–24-year-olds, England, 2012

Genito Urinary Medicine (GUM)	Contraceptive and Sexual/Reproductive Health Services (CASH/CRHS)	General Practitioner (GP)	Pharmacy	Termination of Pregnancy Service (TOP)	Not Known	Other
11%	9%	6%	8%	6%	7%	6%

We recommend that commissioners and providers improve usage of local data collection because this would provide a good opportunity to analyse equity aspects of internet-based testing usage. Local areas may wish to ascertain whether certain gender or age groups are more or less likely to use this way of accessing chlamydia screening. This will, in turn, inform decision making regarding commissioning and provision of internet-based testing and allow tailoring of websites to local demographics where appropriate.

3.2 Information on website and health promotion

This section presents the availability of types of health promotion information on the websites. The table below shows the proportion of websites that provide the relevant details. Most types of information relate directly to our **standards**. Some other types of health promotion information were included in the survey to establish current practice in relation to providing this to young people accessing the websites.

Table 3 and chart 1 below demonstrate that:

- There is some signposting to other and local sexual health services on the websites that were part of this survey, which is in line with good practice.
- The quality of health promotion on how to avoid sexually transmitted infections (STIs), how to effectively use contraception and how to promote safe sexual behaviour can be further improved.



Table 3: Proportion of websites which provide types of health promotion information

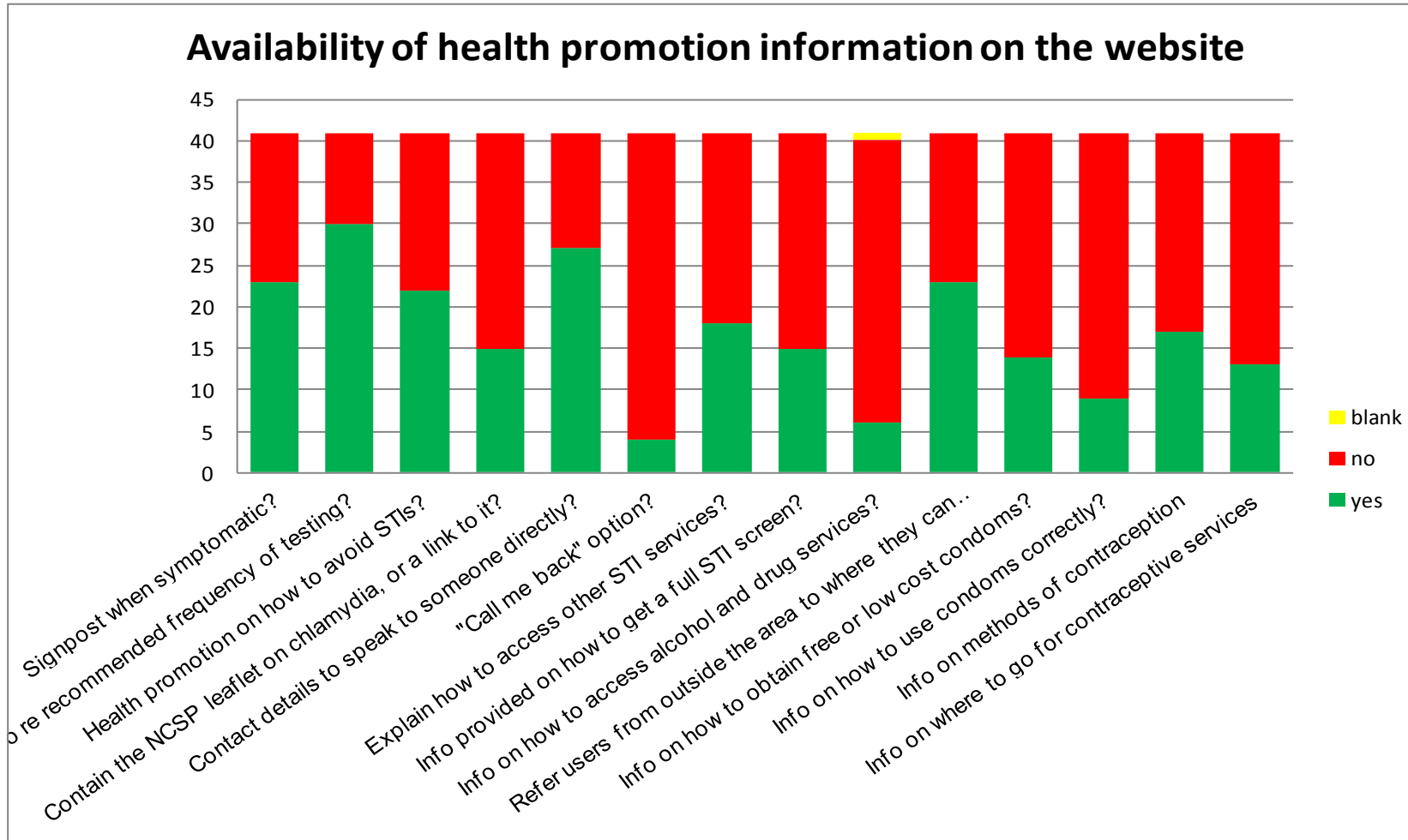
Standard/Question	% of websites	Comment/Discussion
Does the website signpost where a young person can go when symptomatic?	56%	Just over half of websites provide this signposting, indicating that this needs a higher profile. Signposting to other services is essential to that symptomatic patients can effectively be cared for.
Is information provided on the recommended frequency of testing?	73%	The majority of websites provide this information. Providers and website suppliers need to ensure this is updated in the light of the NCSP's latest position statement regarding re-testing following a positive result. Our recommended case management for those testing positive for chlamydia is to include routine offer of re-testing, around three months after treatment.
Does the website contain the NCSP leaflet on chlamydia, or a link to it?	37%	Our current standards include reference to the NCSP patient information leaflet. It is the provider's responsibility to obtain a patient's consent to take a chlamydia test; but this does not need to be through a patient information leaflet. The Health Protection Agency (HPA) produced a general leaflet for GP surgeries and clinics about the use of data by the HPA. This is a generic document covering more than STI data. http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947352367 This is referred to in the CTAD Standard Specification as the document to use when informing patients about use of their data. We will be reviewing this as part of the next update of the NCSP standards.
Does the website contain health promotion on how to avoid STIs?	54%	Just over half of websites provide information on how to avoid STIs, although this may not be very specific as demonstrated by the questions around contraceptive information below.
Are there contact details for local sexual health services should the user want to speak to someone directly?	67%	Two-thirds of websites provide further details on where users could go for further advice. The NCSP welcomes this and would like to encourage website providers to continue to do so or to provide this where they currently do not.
Does the website offer an option for the user to submit a 'call me back' request?	10%	This option is not often used. This is not necessarily a problem, provided there are sufficient and appropriate links on the website that guide service users to other places where additional advice can easily be found.
Does the website explain how to access other STI services?	44%	Respondents of nearly half of websites explain how service users can access other STI services. Combined with signposting to local sexual health services (which happens frequently, see above), this should help service users to obtain the advice that they need.
Is information provided on how to get a full STI screen?	37%	Providing a reference on how to obtain a full STI screen would be good practice, as per our standards, in general but in particular for men who have sex with men (MSM). Our standards say: "MSM should be advised, even if asymptomatic, to have a full STI screen, including a test for HIV and hepatitis B as required. There is evidence that urine testing alone misses possible asymptomatic rectal and pharyngeal



Standard/Question	% of websites	Comment/Discussion
		infections in MSM. Non-clinical venue providers should ensure that MSM presenting for testing are aware of the need to attend a local clinical venue for appropriate testing.”
Does the website contain information on how to access alcohol and drug services?	15%	Not many websites provide information on how to access alcohol and drugs services. This is not in our standards, but there is emerging evidence that safer sexual behaviour or maintaining healthy relationships can be hindered through underlying alcohol and drug-related problems in young people. Providing easy access to alcohol and drugs services may help young people who want to access these services more easily.
Does the website refer users from outside the area to where they can access free testing?	56%	Just over half of websites signpost users that are out of their areas to where they could access chlamydia screening. It is important for this signposting to be available so any young person can have access to chlamydia testing.
How to obtain free or low cost condoms?	34%	These questions were included in order to ascertain to what extent safe sex advice is provided. About one third of websites provide this information. Increasing opportunities to include safe sex messages will help promote safer sexual behaviour, which will help reduce transmission of chlamydia infection.
How to use condoms correctly?	22%	
General information on methods of contraception, or signpost to further sources?	41%	
Where to go for contraceptive services?	32%	



Chart 1: Availability of health promotion on chlamydia screening websites
(Presenting data from table 3 in a graphical format)





The relatively high positivity rate found in internet-based chlamydia testing indicates that this is an effective way of accessing chlamydia screening for young people. Local areas need to ensure that effective health promotion information is either available on their websites or that there is clear and easily accessible signposting and 'clicking through' visible on the webpage. High quality health promotion on sexually transmitted infections, effective use of contraception and healthy relationships will encourage young people to engage in safer sexual behaviour.

3.3 Internet-based chlamydia testing and age

Responses indicate that where young people under 16 can request a test kit, a proactive approach to managing these is generally applied. Careful consideration must be given to cases where chlamydia test kits are requested through the internet by young persons under the age of 16, either where this is technically possible (that is, the service user can enter an age that is below 16 and request a test), or where initially a test has been requested by giving a false date of birth and subsequently it becomes clear that the person is younger than 16 (for example, the real date of birth has been entered on the sample kit).

For 12 out of the 41 websites (29 per cent), young persons under the age of 16 can request a chlamydia test kit. Two-thirds of the websites provide information on where service users under the age of 16 need to go for testing and further advice. Just over 60 per cent (25 out of 41 websites) also provide this information for users that are over 24 years of age.

Those that responded 'yes' to the question as to whether or not a test kit can be requested when under 16, were then asked how competency is assessed and how Fraser guidelines are being followed.

In all but one ('not sure') of the respondents, contact is sought with the young person with the aim of them attending an appropriate screening site for a face-to-face consultation so an assessment can be done. The majority refer to the application of either a standard operating procedure, or safeguarding or 'under 16' documentation.

The answers to the final question in this section, asking what happens if a user is not deemed competent, ranged from 'test would be refused' to referral to the appropriate children's services agencies in line with safeguarding children policies. Some would refer to another medical professional for a face-to-face consultation and ask for their assessment as to whether or not a test should be done and perform a child safeguarding assessment.

In line with existing guidance,³ the NCSP does not support internet-based chlamydia testing for young people under the age of 16. We strongly recommend that upon identification of a young person under 16 (for example, in cases where a false older date of birth was entered), proactive management is instigated. The test initiator is responsible for ensuring that any young person under 16 being offered a test is competent to make an informed decision.

³ BASHH Clinical Effectiveness Group: *UK National Guideline on the management of STIs and related conditions in children and young people*. 2009.
Department of Health: *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health*. 2004.
General Medical Council: *0-18 Years: guidance for all doctors*. 2007



Test venues must adhere to national and local guidance and ensure competency is assessed and documented. Competency must be established using the Fraser Guidelines in a face-to-face assessment. These establish that young people under 16-years-old can give consent provided that the healthcare worker (HCW) is convinced that:

- The young person understands the HCW's advice, including risks.
- The health professional cannot persuade the young person to inform his or her parents or allow the doctor to inform the parents.
- The young person is very likely to begin or continue having intercourse with or without contraceptive/sexual health treatment.
- Unless s/he receives contraceptive advice or treatment the young person's physical or mental health or both are likely to suffer.
- The young person's best interests require the HCW to give contraceptive advice, treatment or both without parental consent.

Following Fraser guidelines will assist programme areas in protecting potentially vulnerable young people.

3.4 Confidentiality and data protection

Most websites provide information on confidentiality and data protection that is in line with good practice. However, more can be done to make the website's privacy policy visible to users and to increase the awareness of the requirement to register with the Information Commissioner's Office (ICO). The ICO is the UK's independent public authority set up to uphold information rights. This is delivered through promotion of good practice, ruling on complaints, providing information to individuals and organisations and taking appropriate action when the law is broken.

Nearly three-quarters (30 out of 41) of the websites provide information on confidentiality and data protection. Just under 60 per cent (24 out of 41) of websites have a privacy policy that is visible to users. It would be good practice to make this more accessible and visible to service users. Only 15 out of the 41 respondents were able to confirm that the website organisation's data controller was registered with the ICO. One answered 'no', but the majority (25, 61 per cent) did not know (24) or left it blank (1).

The NCSP has been notified of incidents relating to breaches of internet security in the course of online chlamydia testing. Any organisation providing internet-based testing should be fully compliant with NHS Information Governance procedures, which should help to prevent untoward incidents regarding confidentiality and privacy while using the internet to request test and obtain test results. Registration with the ICO is essential because it enforces and oversees (amongst others) the Data Protection Act 1998, and the Privacy and Electronic Communications Regulations 2003. Commissioners and providers should ensure that data controllers of internet-based chlamydia testing websites are registered with the ICO.



Guidance can be found at:

- Information Commissioner Office's Guide to Data Protection, in particular, principle 7.
- Information Standards by the Information Standards Board for Health and Social Care.

3.5 Accessibility

Accessibility of websites should be further improved. Just over three-quarters of the websites (32 out of 41) did not have information available in other languages, nor were the websites accessible for young people with visual or other impairments.

As good practice, we suggest that website providers aim for their online content to uphold—as a minimum standard—level 'AA' of the WAI's Web Content Accessibility Guidelines (WCAG 1.0). Non-W3C formats (Flash, PDF etc.) or multimedia only to be used where they are the most appropriate format for the content in question. The website's online content should be developed to support a reasonable range of web browsers and operating systems. This will allow changes to the way a site looks to suit someone's needs, for example by allowing them to change the font, type size and colour or to use a 'plain' layout.

While it may not be cost effective to have paper documents translated and printed in many different languages since many young people in this NCSP age group will speak English, linkages can be provided to the [NCSP website](#), which contains the chlamydia information leaflet in nine languages. This will help potentially vulnerable young people whose first language is not English.

3.6 Patient and Public Engagement

In relation to patient and public engagement (PPE), more than half of respondents reported that users have been involved to various extents in the design and functionality of their websites, which is encouraging.

3.6.1 PPE

Around 60 per cent of the websites have been designed with input from users/public and allow users to give feedback. Results of feedback have been mixed, ranging from receiving none or limited feedback to very positive comments. Input from users has influenced the look of the site, for example in colour choice, less information (reduced number of pages), changed design and text, insertion of a 'hide' button on the page, not sending out text messages late Friday evening but waiting until the office is open to deal with results. The methods of engagement range from website feedback mechanisms such as rating a service out of 10, group feedback and virtual groups using social media.

3.6.2 Development of websites

A significant number of respondents said that their websites were undergoing an overhaul. Some websites were in the process of being reviewed in the light of a new local authority-led public health website or a generic overarching sexual health website. Others reported that their service was being integrated with contraceptive and sexual health services (CaSH) and genito-urinary medicine (GUM) and that website provision would be reviewed as part of the integration process.



Examples of website development included providing wider information on chlamydia, contraception, HIV and other sexually transmitted infections (STIs), or improving the service by not sending negative results to young people who have described symptoms but asking them to call in for an assessment so that appropriate advice can be given.

Ongoing or regular checks with service users will enhance a website's effectiveness in encouraging young people to come forward for screening.

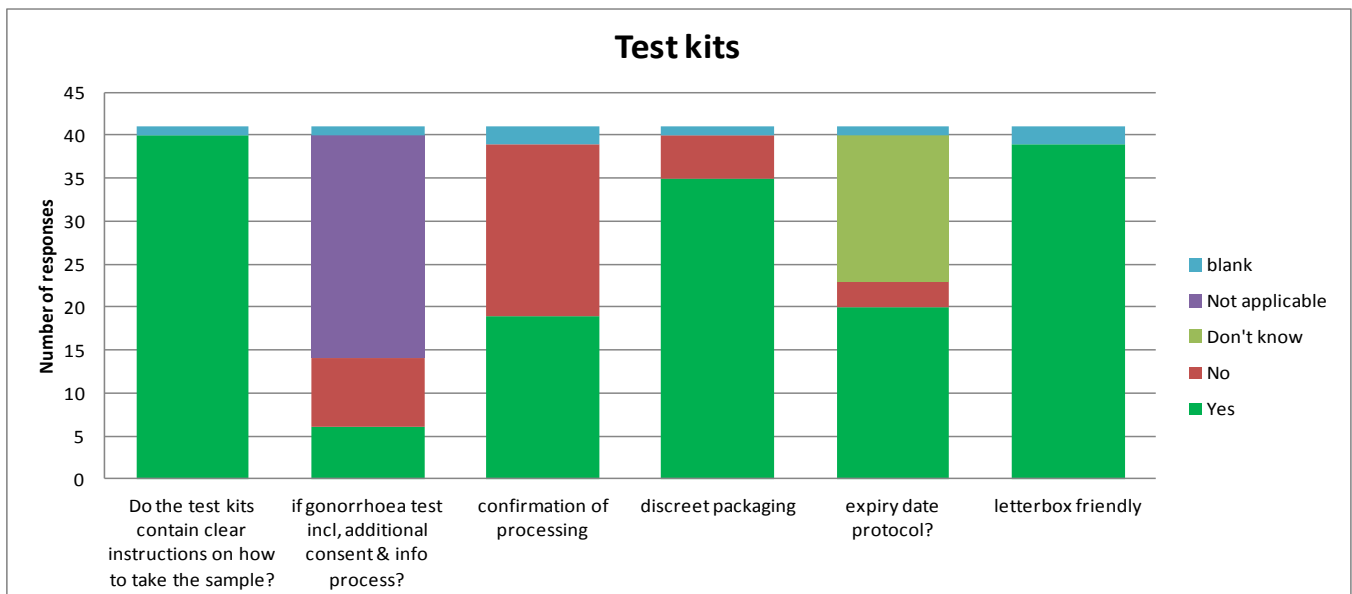
3.7 Test kit

Most respondents said that the test kits were user friendly. In general, the kits are 'letterbox friendly', discreetly packaged and contain clear instructions on how to take the sample.

An area for improvement was to make commissioners and providers more aware of the supplier's protocol that ensures they check the expiry date of test kits.

One third of respondents (14 out of 41) said that a test for gonorrhoea was undertaken at the same time as the chlamydia test. Of these 14, eight stated that there was no separate process in place for providing information and seeking consent. This is out of line with NCSP standards, as outlined in [NCSP Standards 2012 \(6th edition\)](#) paragraph 2.3, and in the [Accompanying Document, page 3](#). There is no evidence to support widespread unselected screening for gonorrhoea. If gonorrhoea testing is provided, care pathways must be used to ensure confirmatory processes and appropriate treatment are provided.

Chart 2: Responses to questions on the quality of test kits
(Providing the overview on the questions regarding the test kit)



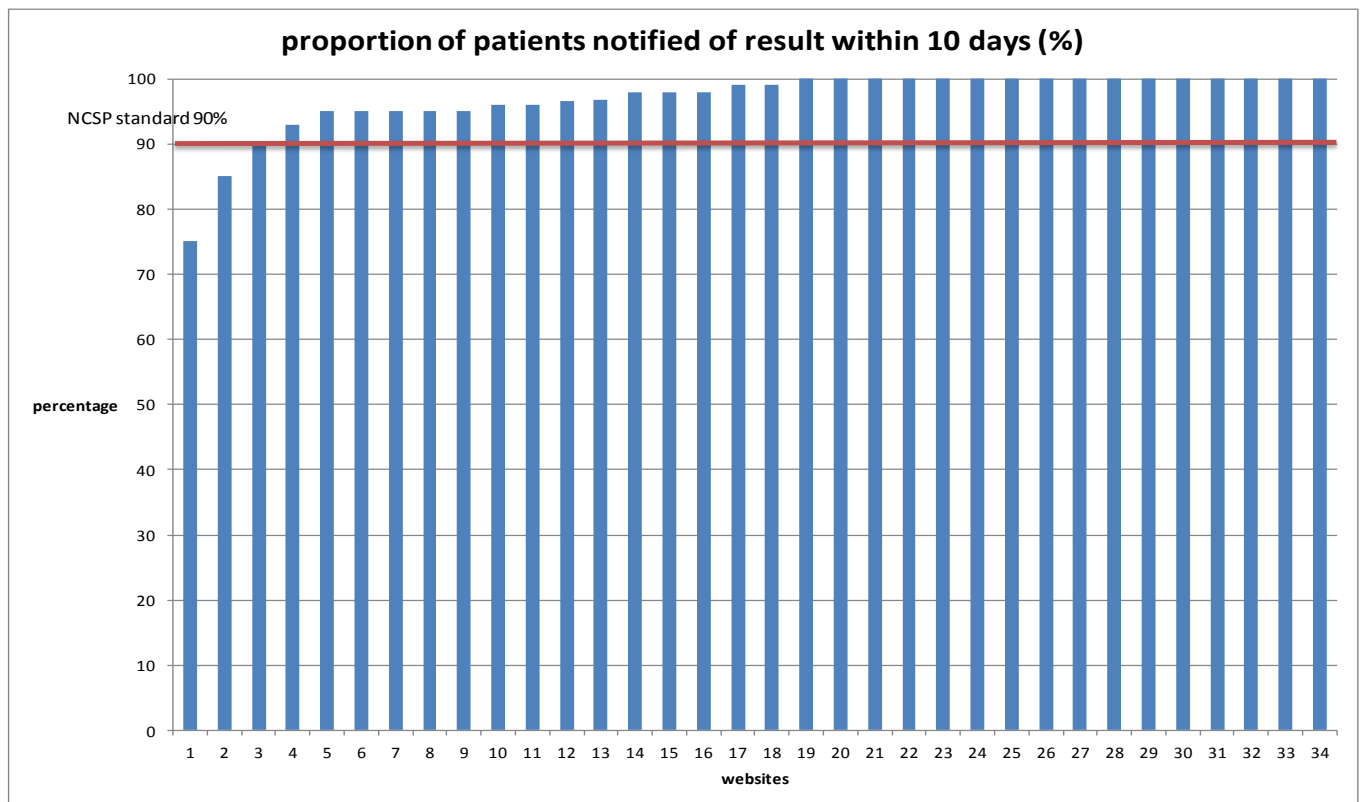


Ensuring that test kits are issued within their expiry date will help to prevent poor quality tests as a result of using out-of-date kits. Testing for gonorrhoea requires additional staff training with regard to notifying a service user of a positive result and the requirements for confirmatory testing, partner notification (PN) and subsequent treatment. Suitably qualified and trained staff are required to deal with this effectively, especially in the light of antimicrobial resistance.

3.8 Result notification

The measurement against this standard shows good results. The majority of websites achieve the standard to provide a result to the service user within 10 working days. The average across 34 respondents (34 out of 41, 83 per cent) was 97 per cent against our standard of 90 per cent, see chart 3.

Chart 3: Proportion of patients notified within 10 working days using internet based chlamydia testing



In addition, almost all websites provide information on how the result will be delivered, and around three-quarters provide information on the timing of the result (when a result can be expected, 29 websites, 71 per cent) and at least two different methods of contact are requested of the service user (31 websites, 76 per cent).

A quick turnaround time will assist service users as they will have their result notification in a timely manner, it will shorten the period to arrange treatment when found to be positive and reduce the time where chlamydia infections can be transmitted.



3.9 Result notification of those with a positive test result

There is some variation in the way a positive result is notified to a service user. This is not necessarily a problem. However, our **standards** (4.1 page 22) recommend that: “Automated text result messages may be sent direct from the laboratory to the young person. This should be in addition to being sent to the agreed service provider who is deemed responsible for ensuring the ‘follow through’ care pathway is completed.”

Of those 21 respondents (consisting of 12 websites that contact only a service and nine that contact a service as well as the young person) that indicate that a service is involved in positive result notification, 18 use a screening office or equivalent, three use CSHS and one uses a GUM clinic. Eighty-three per cent of respondents said that more than two treatment sites were being offered, which is in line with good practice (see charts 4 and 5).

Chart 4: Notification of a positive chlamydia test result

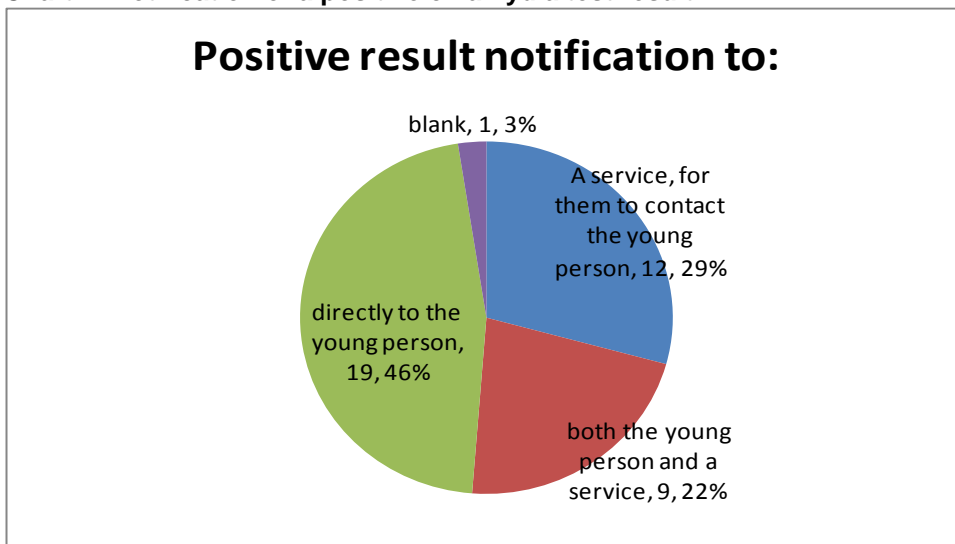
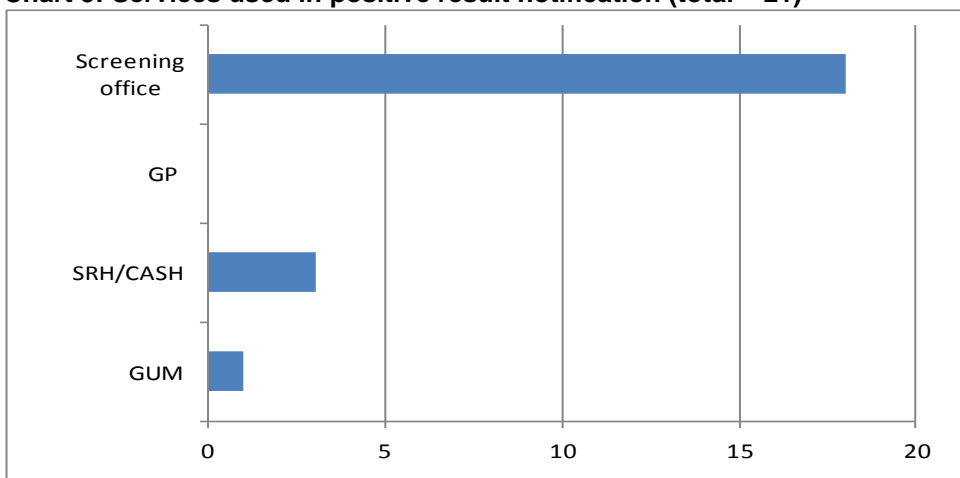


Chart 5: Services used in positive result notification (total = 21)





Of the 41 responses, 19 indicated that a positive result was directly notified to the young person only. Commissioners and providers need to ensure that when a positive result is provided to the young person directly, a care pathway is being followed through so that appropriate treatment, health information and PN can be instigated.

Only two of the 41 websites provide a postal treatment service. In both cases, respondents stated that the additional standards were being met: information is provided regarding treatment and the potential for reinfection, there is signposting to a full STI screen, PN is instigated and treatment is administered by either a medical practitioner or other clinical staff under a PGD, which is in line with our **standards**.

However, in both cases the outcome measure of 95 per cent being treated within six weeks of the testing date was not met, the average being 86 per cent. Where postal treatment is being provided, commissioners and providers need to ensure that the 95 per cent standard is being achieved. An additional consideration is that treatment compliance is less certain in remotely-delivered treatment.

3.10 Contract elements and value

We added an optional section to the survey that asked which components were part of the internet-based testing contract and what their value was. The aim was to explore if some benchmarking data could be provided. The quantity and quality of the data for this section was not sufficient to proceed with this.

However, we can conclude that:

- 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, but those that are not processed will be deducted from this sum.



4. Conclusion and recommendations

We would like to thank all those who responded to this audit.

Based on the findings (albeit with a limited geographical coverage), areas in internet-based chlamydia testing that appear to work well are:

- Relatively high positivity indicating that this method of accessing screening appears effective in identifying infections.
- Some good signposting to local 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.
- Where postal treatment is available, some quality indicators are being met, such as information provision and instigation of PN.

Our recommendations to further improve the quality of websites that provide internet-based testing are divided into (i) those that relate to either NCSP or other standards, and (ii) those that relate to good practice. This is presented in table 4 on the following page.



Table 4: Recommendations to improve effectiveness of websites used for chlamydia screening

Recommendations	NCSP / Other Standard
1. Include effective signposting to other services that can care for and treat symptomatic patients.	NCSP Standard 2.5, p15
2. Prevent young people under 16 from requesting a test kit using a website through data validation which is age restricted (we acknowledge that this will not prevent the submission of false date of birth).	NCSP Standard 2.1, p14
3. Ensure that providers effectively apply a protocol that checks expiry date of test kits.	NCSP standard 2.6, p15
4. Ensure positive cases are treated within six weeks of the date of test where postal treatment is used.	NCSP standard 4.5 p23
5. Where unselected screening for gonorrhoea is in use, ensure separate information and consent processes are in place, care pathways must be used to ensure confirmatory processes and appropriate treatment are provided. However, there is no evidence to support widespread unselected screening for gonorrhoea.	NCSP Standard 2.3, p15
6. Ensure appropriate care pathways are in place and being followed when a positive result is provided to the young person directly so that appropriate treatment, health information and PN can be instigated.	NCSP Standard 4.5, p 22-23
7. Have a clearly visible (link to) privacy and confidentiality policy on the home page.	NCSP Standard 6.3, p35
8. Ensure websites comply with security standards at all times and that registration with the Information Commissioners' Office (ICO) is part of the contract requirements for every website provider.	Data Protection Act 1998: <ul style="list-style-type: none"> • Part 3 re notification • 7th principle re security
9. Improve accessibility features of the website by clearly signposting how the sites can be made more accessible for users with visual impairments and where to find information in different languages.	Equality Act 2010
Recommendations relating to good practice	
10. Improve the range and depth of health promotion information to include how to: <ol style="list-style-type: none"> a) prevent sexually transmitted diseases b) use contraception effectively c) access contraceptive and sexual health services if required. 	
11. Use demographic data on internet based testing to inform the development and content of websites to reflect local demographics where appropriate.	



APPENDIX 1 - Audit questions

No	Question	Answer																																								
General																																										
1	Please supply URL for the website you're completing these audit questions for*																																									
2	Is this website* <ul style="list-style-type: none"> privately owned and NHS commissioned NHS owned and NHS commissioned not clear / don't know 																																									
3	<p>Please provide the following data for financial year 2012-13 for this website: These columns have different levels of detail; the far right column contains the least detailed data. If you are able to provide the more detailed breakdown, there is no need to provide totals.</p> <table border="1"> <thead> <tr> <th>2012/13</th> <th>femal e < 16</th> <th>male < 16</th> <th>female 16-19</th> <th>male 16-19</th> <th>female 20-24</th> <th>male 20-24</th> <th>female 16-24</th> <th>male 16-24</th> <th>Total 16-24</th> </tr> </thead> <tbody> <tr> <td>No of kits requested</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No of kits tested</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No of positive tests</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2012/13	femal e < 16	male < 16	female 16-19	male 16-19	female 20-24	male 20-24	female 16-24	male 16-24	Total 16-24	No of kits requested										No of kits tested										No of positive tests										
2012/13	femal e < 16	male < 16	female 16-19	male 16-19	female 20-24	male 20-24	female 16-24	male 16-24	Total 16-24																																	
No of kits requested																																										
No of kits tested																																										
No of positive tests																																										
Questions regarding information on the website These questions relate to the information available on the website that you are reviewing for the purpose of this audit.																																										
4	Does the website signpost where a young person can go when symptomatic?*	Yes/No																																								
5	Is information provided on the recommended frequency of testing?*	Yes/No																																								
	This is currently annually or after change of partner																																									
6	Does the website contain health promotion on how to avoid STIs?*	Yes/No																																								
7	Does the website contain the NCSP leaflet on chlamydia, or a link to it?*	Yes/No																																								
8	Are there contact details for local sexual health services should someone want to speak to someone directly?	Yes/No																																								
9	Does the website offer an option for the user to submit a 'call me back' request?	Yes/No																																								
10	Does the website explain how to access other STI services?	Yes/No																																								
11	Is information provided on how to get a full STI screen?*	Yes/No																																								
12	Does the website contain information on how to access alcohol and drug services?	Yes/No																																								
13	Does the website refer users from outside the area to where they can access free testing?	Yes/No																																								
14	Do you have any further comments regarding the information available on the website you're completing this audit on?	Yes/No																																								
Questions related to age																																										



No	Question	Answer
15	Does the site allow a test kit to be requested when under 16 years old?*	Yes/No
	This question asks whether it is technically possible for someone to request a test kit through this internet site when under 16 years old, it does not ask what your policy is.	
16	If yes, how are Fraser guidelines followed and how is Gillick Competence assessed?	Open text
17	What happens if user not deemed competent?	Open text
18	Does the website provide information on where young people under 16 should go?*	Yes/No
19	Does the website provide information where to go if the user is over 24 years old?	Yes/No
Confidentiality and data protection		
20	Does the site provide information on confidentiality and data protection?*	Yes/No
21	Does the website have a privacy policy that is visible to users?	Yes/No
22	Is the website organisation's data controller registered with the Information Commissioner's Office?*	Yes/No/ Don't know
Information on contraception and condoms		
23	Does the website contain the following information/features:*. Please tick all that apply: <ul style="list-style-type: none"> ○ How to obtain free or low cost condoms? ○ How to use condoms correctly? ○ General information on methods of contraception, or signpost to further sources? ○ Where to go for contraceptive services ○ Other, please specify 	
Accessibility of the website		
24	Does the website contain a link to information on chlamydia, other STIs and health promotion in other languages?*	Yes/No
25	Is the website accessible for young people with visual or other impairments?*. e.g. font size, colours, sound	Yes/No
26	Does the website contain a link to information on chlamydia, other STIs and health promotion for young people with learning difficulties?*	Yes/No
27	Any other comments in relation to accessibility of the website?	Open text
Patient and public engagement		
28	Has the website been designed with patient and public engagement?	Yes/No
29	If yes, how has this influenced the look/functionality of the website?	Open text
30	Does the website contain an opportunity for users to give feedback?	Yes/No
31	If yes, what have results shown?	Open text
32	Do you have any plans in relation to internet testing/websites? e.g. setting up, further development	Yes/No
33	If yes, what are they?	Open text
Questions regarding the test kit		
34	Do the test kits contain clear instructions on how to take the sample?	Yes/No
35	Where chlamydia screening is offered in combination with gonorrhoea testing, is there an additional consent and information process for the gonorrhoea test?*	Yes/No/NA
36	Does the website confirm when a kit request has been processed?	Yes/No
37	Does the website indicate that the test kit sent out will be packaged discreetly?	Yes/No
38	Does the test kit supplier have a protocol that ensures they check the expiry	Yes/No/



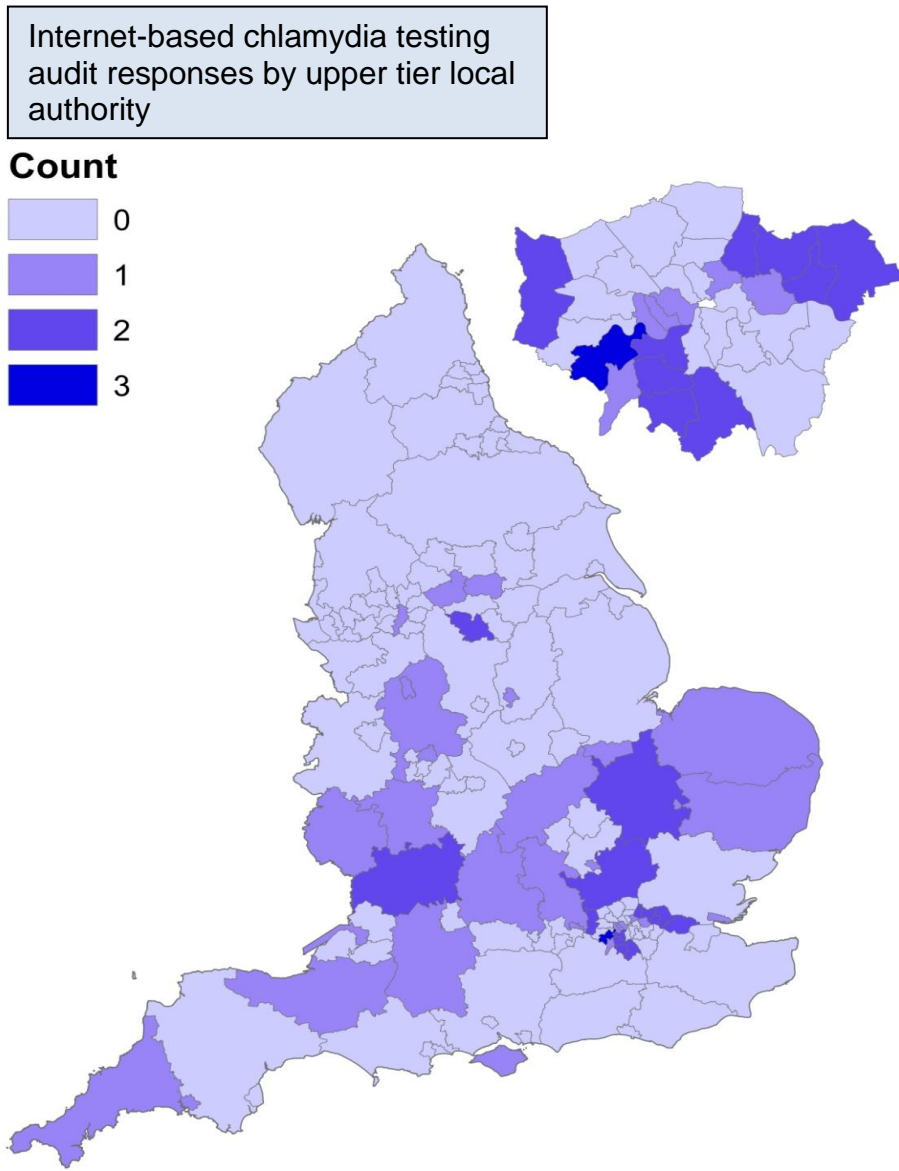
No	Question	Answer
	date of the kits to be issued?	Don't know
39	Are the test kits 'letterbox friendly'?	Yes/No
Questions regarding result notification		
This section asks questions around what information on result notification is provided, how result notification happens and whether NCSP standards on result notification are being met.		
40	What is proportion of those tested are notified of the result within 10 working days?*	%
41	Does the website provide information on: Please tick all that apply <ul style="list-style-type: none"> <input type="radio"/> timing of result <input type="radio"/> method of result delivery <input type="radio"/> Other, please specify 	
42	Are at least two different methods of contact requested?*	Yes/No
43	Is the young person offered more than one treatment venue?	Yes/No
44	In case of a positive result, is this notified to: * <ul style="list-style-type: none"> <input type="radio"/> young person directly <input type="radio"/> a service, for them to contact the young person <input type="radio"/> both the young person and a service 	
45	If a service, which one, please select all that apply: <ul style="list-style-type: none"> <input type="radio"/> GUM <input type="radio"/> SRH/CASH <input type="radio"/> GP <input type="radio"/> Screening Office <input type="radio"/> Other, please specify 	
Questions regarding treatment - if applicable		
46	Does the website provider also provide postal treatment?	Yes/No
47	Where treatment services are provided, does this: <ul style="list-style-type: none"> <input type="radio"/> provide information on treatment and the potential for re-infection? <input type="radio"/> sign post to a full STI screen? 	
48	Does the treatment service include partner notification?*	Yes/No
49	Is treatment administered by either a medical practitioner or other clinical staff under a PGD?*	Yes/No
50	What is the proportion of those tested positive treated within 6 weeks of the test date?*	%
Optional - financial information		
If you choose to provide the costs of the contract to provide internet testing through the website on which you completed this audit, we will aim to present an analysis that shows the range in costs and the variety of contracts that have been used nationally. This analysis will not identify websites, but merely be able to give some indication so you can see where your contract sits within that range.		
51	Which elements of the pathway are covered by the contract with your internet testing provider? Please tick all that apply: <ul style="list-style-type: none"> <input type="radio"/> Kit assembling and issuing <input type="radio"/> Pathology <input type="radio"/> Result notification - negative result to client <input type="radio"/> Result notification - negative result to a service <input type="radio"/> Result notification - positive result to client <input type="radio"/> Result notification - positive result to a service <input type="radio"/> Result notification - any result to client 	



No	Question	Answer
	<ul style="list-style-type: none">○ Result notification - any result to a service○ Treatment administration○ Initiation of partner notification○ Maintenance and security○ Marketing and advertising of the website○ Other, please specify	
52	What is the cost of the contract to provide internet testing through this website?	£



APPENDIX 2 - geographical distribution of responses to the audit





APPENDIX 3 - data tables

Health promotion information

	Signpost when symptomatic?*	Info re recommended frequency of testing?*	Health promotion on how to avoid STIs?	Contain the NCSP leaflet on chlamydia, or a link to it?*	Contact details to speak to someone directly?	"Call me back" option?	Explain how to access other STI services?	Info provided on how to get a full STI screen?	Info on how to access alcohol and drug services?	Refer users from outside the area to where they can access free testing?	Info on how to obtain free or low cost condoms?	Info on how to use condoms correctly?	Info on methods of contraception	Info on where to go for contraceptive services
yes	23	30	22	15	27	4	18	15	6	23	14	9	17	13
no	18	11	19	26	14	37	23	26	34	18	27	32	24	28
blank	0	0	0	0	0	0	0	0	1	0	0	0	0	0
total	41	41	41	41	41	41	41	41	41	41	41	41	41	41

Age related questions

	Does the site allow a test kit to be requested when under 16 years old?	%	Info on where young people under 16 should go?	%	Info where to go if the user is over 24 years old?	%
Yes	12	29%	27	66%	25	61%
No	28	68%	13	32%	15	37%
Blank	1	2%	1	2%	1	2%
total	41	100%	41	100%	41	100%



Confidentiality and privacy

	Info on confidentiality and data protection on the website?	%	privacy policy visible to users?	%	Is the website organisation's data controller registered with the Information Commissioner's Office?	%
Yes	30	73%	24	59%	15	37%
No	10	24%	16	39%	1	2%
Don't know	0	0%	0	0%	24	59%
Blank	1	2%	1	2%	1	2%
total	41	100%	41	100%	41	100%

Accessibility

	Information available in other languages?	%	Is the website accessible for young people with visual or other impairments?	%	Link to information for people with learning difficulties?	%
Yes	8	20%	8	20%	2	5%
No	32	78%	32	78%	38	93%
Blank	1	2%	1	2%	1	2%
Total	41	100%	41	100%	41	100%



Patient and public engagement

	Has the website been designed with patient and public engagement?	%	Does the website contain an opportunity for users to give feedback?	%
Yes	24	59%	26	63%
No	15	37%	14	34%
blank	2	5%	1	2%
Total	41	100%	41	100%

Test kit

	Do the test kits contain clear instructions on how to take the sample?	if gonorrhoea test incl, additional consent & info process?	confirmation of processing	discreet packaging	expiry date protocol?	letterbox friendly
Yes	40	6	19	35	20	39
No	0	8	20	5	3	0
Don't know	0	0	0	0	17	0
Not applicable	0	26	0	0	0	0
blank	1	1	2	1	1	2
Total	41	41	41	41	41	41



Result notification

	Is information provided on the timing of the result notification?	Is Information provided on how results will be delivered?	Are at least two different methods of contact requested?
Yes	29	39	31
No	12	2	9
blank	0	0	1
total	41	41	41
Yes	71%	95%	76%
no/blank	29%	5%	24%
auditable outcome measure			
n=34	% notified < 10 days	standard = 90%	
min	75		
max	100		
average	97		



Positive result notification and treatment

	Positive result notification to:	%	Auditable outcome measure		
A service, for them to contact the young person	12	29%	n=2	% Tx < 6 weeks	
both the young person and a service	9	22%	min	82	
directly to the young person	19	46%	max	90	
blank	1	2%	average	86	
total	41		standard = 95%		
If a service, which one:					
GUM	1				
SRH/CASH	3				
GP	0				
Screening office	18				
Is the young person offered more than one treatment venue?	Postal treatment offered?	Is info provided re treatment and the potential for reinfection?	Does the treatment service signpost to a full STI screen?	Does the treatment service include PN?	Is treatment administered by either a medical practitioner or other clinical staff under a PGD?
34	2	2	2	2	2
6	38	39	39	39	39
1	1	0	0	0	0
41	41	41	41	41	41