



Public Health
England

Towards achieving the chlamydia detection rate

Considerations for commissioning

About Public Health England

PHE exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, 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

Purpose

This document provides guidance for local authorities responsible for commissioning chlamydia screening on how to improve the detection rate indicator for their area. The aim of the document is to assist commissioners in continuously improving the effectiveness, and hence value for money, of chlamydia screening for young people in their local authority. It will briefly outline the National Chlamydia Screening Programme (NCSP) in relation to the Public Health Outcomes Framework (PHOF), and lays out the key principles and issues to consider when working towards achieving the recommended detection rate.

NCSP

The NCSP is an opportunistic screening programme that was implemented in 2003 to control the transmission of chlamydia in sexually active asymptomatic women and men under 25 years (age group where chlamydia is most present and mostly without any symptoms). Finding and treating chlamydia infections reduces the duration of infection, prevents onward transmission and reduces the risk of pelvic inflammatory disease (PID), ectopic pregnancy and tubal infertility. Screening should be delivered locally, to ensure that young people have easy access to services. Delivery of screening in a variety of providers settings such as general practice (GP), sexual and reproductive health clinics (SRH), community pharmacy and over the internet ensures that barriers to uptake are minimised and that young people have choice of where to access services that suit them.

Since 2003, more than 10 million chlamydia tests have been undertaken, of which more than 1.7m were in 2013. There is a regional network of sexual health facilitators across the country to facilitate and support improvements in sexual health, including local implementation and expansion of screening. In recent years chlamydia screening has become increasingly integrated into core healthcare services, including GPs, SRH clinics, genitourinary medicine (GUM) clinics, termination services and community pharmacies. The programme has a quality assurance framework, including standards for screening and audits. The NCSP has enabled the early adoption of new technologies including text messaging, and the use of nucleic acid amplification tests.

Benefits of effective chlamydia screening

Achieving a higher chlamydia detection rate reflects improved control of chlamydia infection. Identifying and treating more infections means individuals will have reduced risk of serious sequelae and will no longer be infectious to others. This will reduce spread in the population and will prevent subsequent healthcare costs for sequelae such as PID, ectopic pregnancy and tubal factor infertility. Furthermore, effective screening, when combined with good sexual health improvement messages, contributes to young people having better sexual health, as the offer of a test normalises testing behaviour for STIs (sexually transmitted infections) and does not increase risky behaviour, and provides a gateway to more comprehensive sexual health services.¹

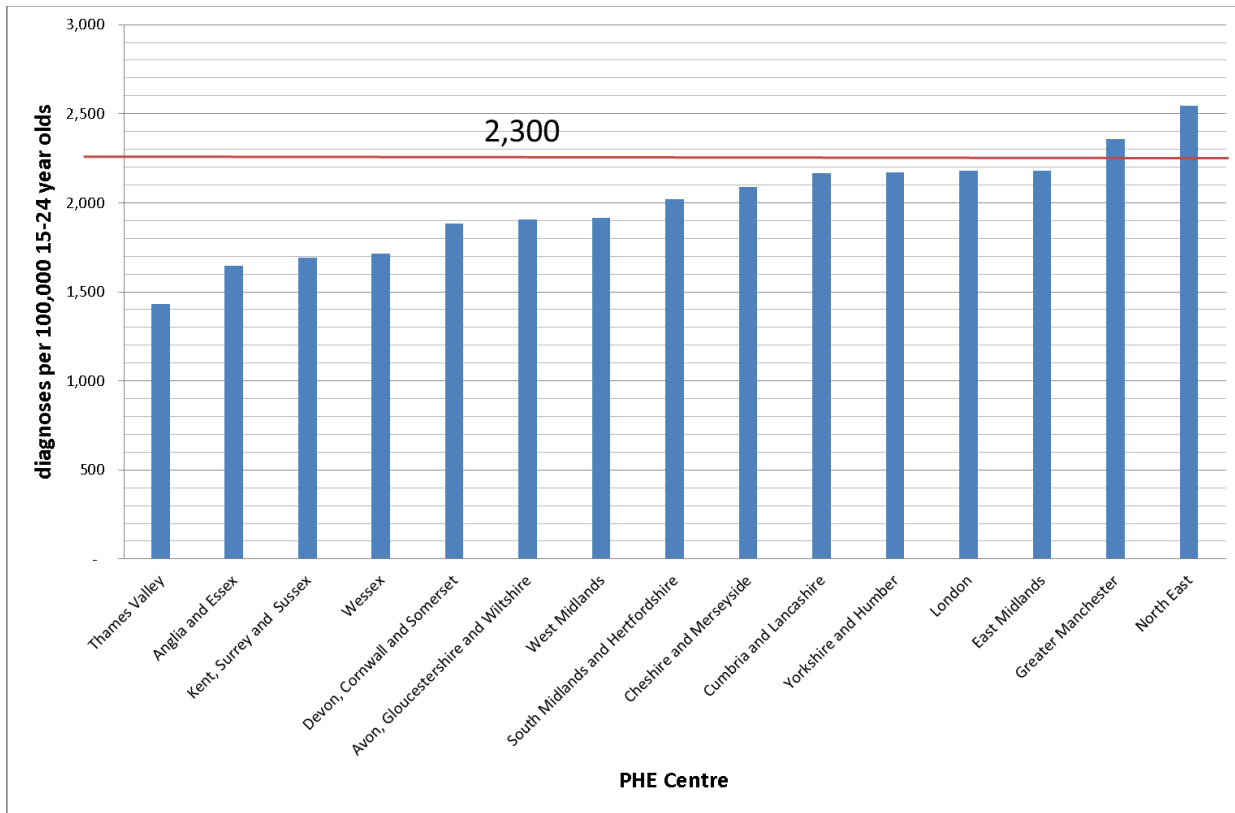
PHOF and chlamydia detection rate

To reflect the importance of controlling chlamydia infection in the under-25 population, the chlamydia detection rate is one of the Health Protection indicators within the Public Health Outcomes Framework (PHOF). It is a measure of chlamydia control activity in England, aimed at reducing the spread of infection and the incidence of reproductive sequelae of chlamydia infection (PID, ectopic pregnancy, and tubal infertility).

In June 2013, in consultation with PHE, the Department of Health (DH) published the recommended chlamydia detection rate of $\geq 2,300$ chlamydia diagnoses per 100,000. The NCSP advises that local authorities work toward achieving this level. Modelling suggests that achievement of this level is likely to result in a continued reduction of chlamydia prevalence, and sequelae. In order to achieve this level of diagnoses, local authorities will need to ensure that they commission screening in a variety of settings within the community and that they prioritise those services that have high rates of diagnoses. Figure 1 below shows that the detection rate by PHE centre across England for 2013 (CTAD) ranges from 1,400 to 2,500 diagnoses per 100,000 15-24 year olds, with two areas achieving the recommended rate of 2,300.

¹ Components of chlamydia screening & the impact of screening on behaviour: 2014 National Chlamydia Screening Programme web survey report
<http://www.chlamydia-screening.nhs.uk/ps/resources.asp>.

Figure 1: Chlamydia detection rate by PHE centre, 2013



It is important to understand that more testing and a higher detection rate in an area will lead to better control of the infection in the population. A good positivity rate alone will not lead to the recommended detection rate if an insufficient proportion of the population is being tested. The following definitions are relevant when reviewing current screening activity in an area:

Detection rate = positive tests x 100,000 / population 15 to 24-year-olds

Positive tests: all tests that were positive among 15 to 24-year-olds who live in the local authority (this includes symptomatic and asymptomatic test, and contacts from all testing venues combined)

Coverage: proportion of young people aged 15 to 24 that have been tested for chlamydia

Positivity: proportion of tests that have a positive result

Key principles and recommended activities

There are a number of key principles that will help to maximise the ability of commissioners to achieve the chlamydia detection rate.

1. Determine sexual health needs in your area in the Joint Strategic Needs Assessment (JSNA) and where appropriate ensure chlamydia screening as one of PHOF indicators becomes a **strategic priority**.
2. Ensure chlamydia screening is commissioned as part of a **wider sexual health agenda**. Authorities with a high or improving detection rate commission integrated chlamydia screening into local sexual health and primary and community care services.
3. Commissioners should ensure that chlamydia screening is provided through a **range of service types** as young people need to be able to access a variety of services, including those with low entry thresholds. A single provider is not expected to achieve the detection rate of 2,300 on its own; this is an overall level, to be aimed for by a combination of screening providers.
4. Establish an **effective interface** between commissioners, providers and service users. Authorities with a high or improving detection rate benefit from clear sexual health leadership, either commissioner or provider led or a combination of both.
5. Use **sexual health data and IT** effectively to inform service planning. The NCSP recommends that local authorities commission services that achieve a positivity rate of 5–12%. This data can be accessed via the [PHE's HIV/STI Web Portal](#).
6. **Know your audience**, ensure that providers engage with service users so that services are [Young People Friendly](#). Ensure equity of access for young people from vulnerable or hard-to-reach groups that may not easily access core services.
7. Explore **innovative ways** of incorporating sexual health (including chlamydia screening) into other local authority and health services.

Table 1 contains some of the activities we recommend commissioners consider in each of the seven key principles above. This is not a comprehensive list, but should be seen as a starting point and supplementary to initiatives that may already be in place locally.

Table 1 Recommended activities as part of commissioning chlamydia screening

No	Principle	Recommended activities
1	Determine needs and strategic priority	<ul style="list-style-type: none"> Review PHE’s sexual health commissioning support tools, which are centred on the commissioning cycle (assessments of needs and priorities, service review and market analysis, planning and procurement, monitoring and evaluation). This can be found here. Business plan: if a need has been identified through the JSNA, ensure actions to address this need are included in the public health department’s business plan or equivalent with clear deliverables and linked to the authority’s sexual health resource allocation. Consider using your PHE Centre to provide additional support in preparing for assessments or business plans. Consider applying the NCSP’s chlamydia detection rate calculator tool. By entering your young population estimate 15 to 24-year-olds and the detection rate you are aiming for, the tool will calculate the number of chlamydia diagnoses required. By subsequently entering the percentage of infected population, the tool then calculates the number of tests that need to be done to achieve the number of required diagnoses. The tool can be found here.
2	Commission chlamydia as part of integrated sexual health services	<ul style="list-style-type: none"> Integrate screening within primary care, SRH and GUM services (including HIV). Chlamydia screening should be seen as a component of the wider service offered by a local authority and should be designed and delivered in a joined up manner with other sexual and reproductive health services. Limit outreach activities only to those that effectively target hard-to-reach young people who would not otherwise access screening services or where positivity is five percent or greater. For further information on outreach-based screening, see the NCSP guidance, which is available here.

No	Principle	Recommended activities
3	Provision of chlamydia screening	<ul style="list-style-type: none"> • Through continuing to integrate chlamydia screening into broader health services for young adults, local authorities can ensure screening remains widely available while reducing costs. This will also help this age group develop positive relationships with sexual health services. • Costs: Maintain sufficient investment in screening as a part of sexual health services, focus on cost per detection as well as overall costs. Also consider cost savings achieved through prevention of sequelae, even if this a cost incurred in a healthcare setting. Chlamydia screens delivered in pharmacy or through postal kits ordered online can be significantly less costly than a full STI screen in GUM services. Commissioning chlamydia screening ensures that low-risk, uncomplicated cases are dealt with appropriately, freeing up capacity to deliver sustainable care for more complex and high risk patients. <hr/> <ul style="list-style-type: none"> • To achieve the detection rate of at least 2,300 per 100,000 population 15 to 24-year-olds, a local authority should look at the combined screening activities of a variety of appropriate providers in its area (a single provider is not expected to achieve this rate on its own), including internet-based testing. This will also ensure wide access for young people. • Quality of care: Ensure providers follow NCSP and BASHH standards on key screening elements and ensure the points below are included in service level agreements: <ul style="list-style-type: none"> ○ encouraging repeat testing (annually or on change of partner) ○ re-testing young people with previous positive result at three months ○ maintaining good quality treatment by following BASHH guidance on the management of chlamydia ○ effective partner notification pathways that result in treating and testing of partners of positive index patients

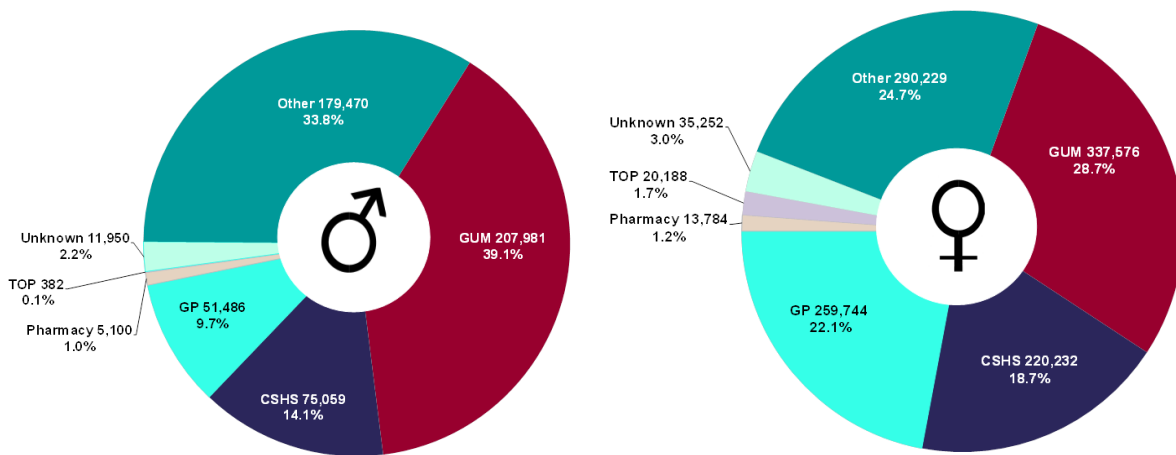
No	Principle	Recommended activities
		<ul style="list-style-type: none"> • Effective re-testing and partner notification to identify new infections will also support the delivery of the detection rate indicator (DRI). • Monitoring and audit: monitoring service provision through review of local data provided by PHE's HIV/STI Web Portal at regular intervals through setting key performance indicators (KPIs) using national guidance and standards. Participation in audits, use of audit tools. • Each type of provider has different <u>levels of positivity</u>, and different costs attached to its service provision. An authority's choice of service provision should be based on the local needs of its young population using positivity and cost data to decide how best to spend limited budgets.
4	<p>Establish an effective interface between commissioners, providers and service users</p>	<ul style="list-style-type: none"> • Sexual and reproductive health networks: these tend to be provider, commissioner or jointly led. Potential benefits of networks include effective use of subgroups or project groups/projects that focus on specific areas of sexual health including chlamydia screening, or are subject-specific across sexual health, for example 'training and development', or 'information governance'. Strategic delivery of services reduces duplication and ensures a truly integrated service is offered.
5	<p>Effective use of</p> <ul style="list-style-type: none"> • sexual health data • IT 	<ul style="list-style-type: none"> • Data: Check and ensure that the quality of chlamydia screening data is sound. Use activity data to inform service planning, analyse the data including coverage and positivity, use benchmarking to drive improvement, monitor national or local key performance indicators using national guidance and standards, share with teams.

No	Principle	Recommended activities
		<p>PHE published a useful guide (April 2014) that outlines where any type of sexual health data can be found. It is available here.</p> <ul style="list-style-type: none"> • IT: Commissioners should ensure that providers use effective IT systems. This will minimise the time to process tests in the service (printed labels, data collection, texting results). Ensuring chlamydia screening data is an integral part of the electronic patient management systems of services is likely to lead to a more efficient use of time and resources than having stand-alone chlamydia screening systems. Effective IT systems will also enhance the ability to undertake audits and service evaluations.
6	Know your audience	<ul style="list-style-type: none"> • Commissioners should ensure that services are ‘Young People Friendly’. Applying the ‘You’re Welcome’ criteria for young people friendly health services will help in the design of young people friendly services. • Use your data systems, including internet-based screening, to assess the demographics of your audience and plan the service provision accordingly.
7	Explore innovative options to incorporate sexual health into other local authority and NHS services	<p>Options to consider include:</p> <ul style="list-style-type: none"> • link with local area team of NHS England to ensure delivery of sexual health services in prisons are as effective as possible • the potential to link with services for young people with mental health needs and/or substance abuse services • local authority services for young people not in education or employment (NEETs) • where there are local, large-scale testing populations, such as university or military settings, assess whether they are an effective way of diagnosing infections

Testing service types

Models of provision vary across local authorities but centre around core providers including GUM, sexual and reproductive health (SRH) or contraceptive and sexual health services (CASH), general practice and community pharmacy. Charts 1 and 2 show the proportion of tests undertaken by different service providers ('testing service type') for England in 2013, by gender.

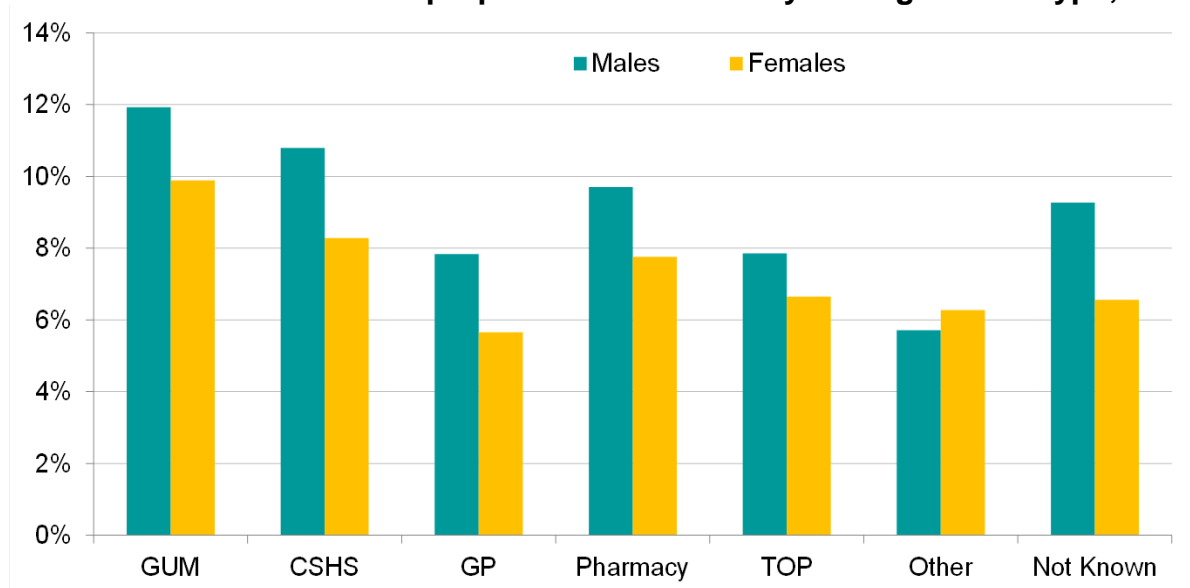
Chart 1: Number and proportion of tests by testing service in England in 2013, men and women, aged 15–24



There is some difference in the service types where women and men get tested most frequently. Both women and men are more likely to be tested in GUM services, followed by 'other' services (which include internet-based postal kit testing). For women the next category is a GP, while for men it is services in a SRH/contraceptive and sexual health services (CSHS or CASH) setting. This supports the principle that a variety of providers need to be commissioned to provide chlamydia screening to meet the needs of both men and women, and commissioners need to be aware of the demographics of the young people in their local authority.

The positivity of each service testing type varies widely, as shown in chart 2 below. Nationally, GUM and CASH/SRH clinics identify a higher proportion of positive tests, followed by community pharmacies. This should be evaluated locally using the surveillance data provided by PHE.

Chart 2: Positive tests as a proportion of all tests by testing service type, 2013



High quality GUM services are a key component of the comprehensive chlamydia screening service for a local authority and routinely offer chlamydia testing to most patients. As commissioning open access sexual health services for everyone present in their area is a statutory requirement of local authority commissioners, GUM services are outside the scope of this document. Here we describe the benefits of, and further considerations required for, commissioning chlamydia screening from the following testing service types:

- general practice (GP)
- sexual and reproductive health services/contraceptive and sexual health (SRH/CASH)
- community pharmacies
- internet based-testing

For more detailed guidance on commissioning chlamydia screening from general practice and community pharmacies, we refer to our guidance, which can be found [here](#).

General Practice

General practice has generated increasing proportions of annual screening numbers: rising from 15% of screens in 2008/09 to 18% in 2013. However, in most areas the potential of these services to provide screening, treatment and partner notification is not being fully utilised. A recent trial demonstrated that chlamydia screening in general practice is acceptable, uptake of tests is high and GPs, if supported, are happy to undertake screening.²

Benefits of commissioning chlamydia screening in general practice include:

- a crucial role in promoting sexual health. Most young people visit their GP at least annually, and³
- being one of the most popular locations for receiving contraceptive care and chlamydia screening.^{4,5}

When commissioning chlamydia screening in primary care, encourage providers to:

- establish clear care pathways, ensuring treatment is available and describing how and when to refer to specialist services
- use prompts to offer chlamydia screening. These are useful reminders to clinical staff in busy consultations, for example, electronic prompts on IT systems or a poster strategically placed so the GP or nurse can refer to it when talking to the patient
- use chlamydia screening as an opportunity to discuss contraception and STIs in the same consultation, and vice versa
- engage with all staff groups, including receptionists, healthcare assistants and clinical staff, because all staff have important roles to play; involve all staff in developing systems to ensure that all clients aged 15 to 24 years are offered a chlamydia test
- develop a system to provide antibiotic prescriptions that are free of charge

In this way, chlamydia screening becomes part of a basic sexual health offer – providing young adults with information and resources to avoid sexually transmitted infection and unplanned pregnancy.

² McNulty C et al. Increasing chlamydia screening tests in general practice, *Sexually Transmitted Infections*, 2013

³ Salisbury C, Macleod J, Egger M, et al. Opportunistic and systematic screening for chlamydia: a study of consultations by young adults in general practice. *Br J Gen Pract*. 2006;56(523):99–103

⁴ NCSP/Brook survey

⁵ Saunders J et al. Where do young men want to access STI screening? A stratified random probability sample survey of young men in Great Britain *Sex Transm Infect* 2012;**88**:427-432

SRH/CASH services

In 2013, 17% of all tests were undertaken in SRH services (in total 299,312 chlamydia tests), representing 14% of all tests for men and 19% for women.

Benefits of chlamydia screening within sexual and reproductive health services (SRH) are:

- community SRH clinics see large numbers of young people. They are a highly acceptable venue for chlamydia screening:⁶ uptake of a chlamydia screening offer among young people was high in a contraceptive service for young women (72.7% among those not previously tested)
- positivity rates are high where screening is offered in SRH: CTAD data in 2013 showed that 26,780 tests in SRH were positive (9% positivity). Other research also showed high positivity of 10.6%⁴
- good treatment compliance⁴
- staff have expertise in discussing sexual health with young people
- adding chlamydia testing to existing contraceptive services offers a more holistic sexual health service provision
- many SRH and GUM clinics are dual-training their staff in order to have one fully 'integrated' service
- most services have capacity to increase screening levels in their services
- in order to maximise service provision, most services are now offering wider ranging services, or integrate with those that do

When commissioning chlamydia screening in SRH services encourage providers to:

- use an opt-out rather than opt-in approach
- ask patients to provide a self-taken vulvo-vaginal swab (women) or first void urine (men or women unable/unwilling to perform VVS) samples while they are waiting for their clinical consultation (where chlamydia tests use urine samples)
- maximise the contribution of a range of staff. Reception staff play a key role, especially in ensuring young women return to the clinic for treatment⁵
- use local PHE sexual health facilitators to help identify the potential to increase service capacity

⁶ Moens V, Baruch G, Fearon P. Opportunistic screening for Chlamydia at a community based contraceptive service for young people. *BMJ*. 2003 Jun 7;326(7401):1252-5

Community pharmacies

Community pharmacies have become increasingly involved in effective chlamydia screening. Benefits of chlamydia screening at community pharmacies are:

- highly accessible high street locations
- long opening hours
- particularly important in rural areas where travel time to sexual health services may be an issue
- high positivity rates, particularly in men
- clients are happy to discuss sexual health with pharmacists⁷
- already provide emergency hormonal contraception (EHC), condoms, pregnancy tests, and a link to screening can therefore easily provided⁸
- important option for treatment
- where pharmacists work to Patient Group Directions (PGDs) there is no prescription charge if treatment is taken onsite
- non-medical setting is attractive to some clients

When commissioning chlamydia screening by pharmacy-based services, consider:

- embedding chlamydia screening within a package of sexual healthcare to be delivered in pharmacies, such as condom card schemes and EHC
- that pharmacy provision may be particularly important in areas where there are few specialist sexual health services or areas with high positivity rates
- targeting pharmacies in areas where other services are less easily accessible for young people, such as rural areas
- ensuring pharmacies have effective promotional materials to advertise service – with clear and consistent branding and directions for use.

For effective commissioning and provision in community pharmacies, the following elements need to be in place:

- clear care pathways for referral to specialist services if appropriate
- pharmacy provision is included in the local sexual health network
- appropriate resources available to pharmacists to signpost to other sexual health services providers
- Local Pharmaceutical Committee (LPC) engagement from the outset
- providers or commissioners attend pharmacy forums
- links between the public health team and pharmacy business

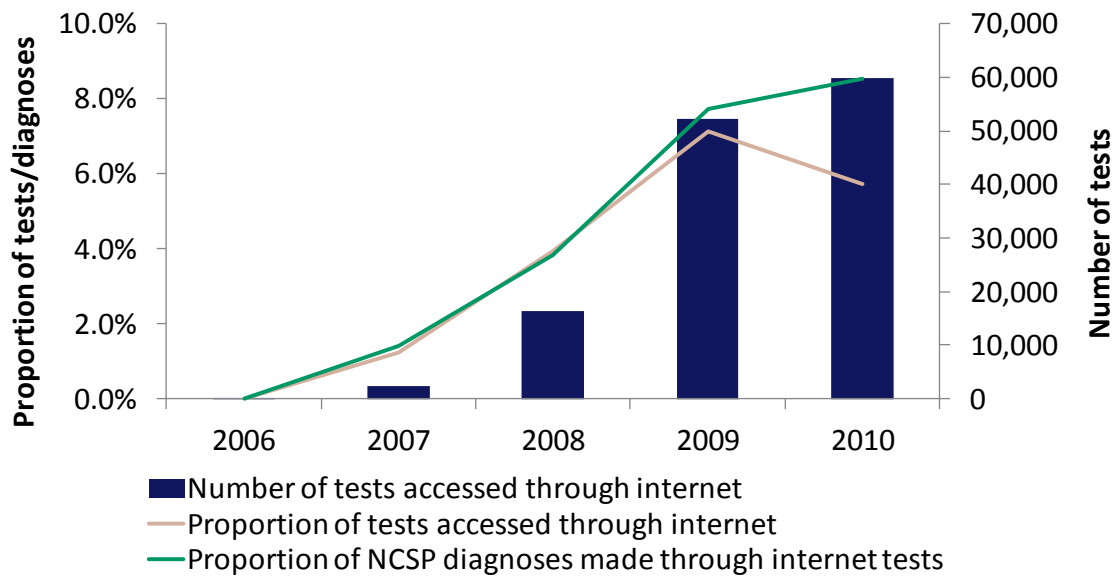
⁷ Baraitser P *et al.* Chlamydia testing in community pharmacies: evaluation of a feasibility pilot in south-east London. *Qual Saf Health Care*. 2007 Aug;16(4):303-7.

⁸ Brabin L *et al.* Delivery of chlamydia screening to young women requesting emergency hormonal contraception at pharmacies in Manchester, UK: a prospective study. *BMC Womens Health*. 2009 Mar 26;9(1)

Internet-based testing

The use of the internet to access chlamydia screening has grown considerably as shown in chart 4. This also shows that it appears an effective way to identify infections as the proportion of diagnoses continued to rise as well.

Chart 4: Use of internet-based chlamydia screening⁹



Benefits of internet-based screening are:

- universally accessible, can be accessed by anyone in your area irrespective of location
- NCSP data shows that 8.1% of tests are positive for males and 7.3% for females; sites that participated in the 2013 NCSP internet testing audit showed positivity of 11%
- acceptable way to access testing particularly for young men which may increase their engagement with chlamydia screening¹⁰
- internet testing reaches a population with a high risk of chlamydia, such as those with higher-risk sexual behaviour¹⁰

⁹ NCSP data 2006-2010

¹⁰ Woodhall S et al. Internet testing for Chlamydia trachomatis in England, 2006 to 2010 BMC Public Health 2012, 12:1095

When commissioning chlamydia screening by internet-based services encourage providers to:

- ensure that internet-based testing complies with the NCSP standards
- review the **NCSP internet-testing audit** because it contains recommendations on how to increase the effectiveness of internet-based testing, in particular that:
 - websites comply with security standards to guard confidentiality at all times
 - an extensive range and depth of health promotion information is available
 - demographic data on internet-based testing informs the development and content of websites, reflecting local demographics
 - effective signposting to local services is in place to enable continuation of patient care pathways
 - positive cases are treated within six weeks of the date of test where postal treatment is used
 - the NCSP recommends that tests that do not include a face-to-face consultation should not be offered to young people under 16-years-old, as Fraser competency cannot be assessed under these circumstances. Where websites allow young people under 16 to request a test kit, ensure effective safeguarding arrangements are in place to enable Fraser competency assessment

For effective commissioning and provision of internet-based chlamydia screening, the following elements need to be in place:

- comprehensive care pathways, ensuring treatment is available and how and when to refer to specialist services
- appropriate data monitoring of kit return rates, positivity, turnaround time for result notification, and patient demographics

Conclusion

This document provides additional information to support effective commissioning and provision of chlamydia screening. A suite of other guidance documents is available from the NCSP. The following documents are available [here](#):

- Developing service specifications for chlamydia testing and treatment in general practice and community pharmacies
- Integrating chlamydia screening in core sexual health services
- 'Making it work' – a guide to whole system commissioning for sexual and reproductive health and HIV

The recommended activities and considerations presented in the sections about provider type should inform decision-making and enable commissioning of the right mix of providers to undertake screening that is appropriate for the young people in your local area. With limited budgets, it is increasingly essential that commissioning focuses on getting the maximum effect for the level of investment.

Effective commissioning and provision of chlamydia screening will:

1. Reduce ongoing transmission of chlamydia infection in under 25-year-olds in your area.
2. Improve young people's sexual health.
3. Prevent sequelae such as pelvic inflammatory disease, ectopic pregnancies and tubal factor infertility at a later stage
4. In all likelihood, reduce healthcare costs at a later stage.