Public Health England

Protecting and improving the nation's health

Changes to the National Chlamydia Screening Programme

Information on the changes

Contents

References to women throughout this document includes cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy.

The National Chlamydia Screening Programme

The National Chlamydia Screening Programme (NCSP) was first introduced in 2003 with the aim of preventing onward transmission and the harms of chlamydia though early detection and treatment. Since that time understanding of chlamydia infection and how best to control it has developed.

To ensure the design, implementation and evaluation of the NCSP is based on best available evidence, Public Health England (PHE) convened a review of the evidence by national and international experts and consulted with stakeholders and public (including focus groups with young people) on the recommended way forward. This process is referred to as the 'English NCSP Evidence Review'.

As a result, the aim of the NCSP is changing to focus on reducing the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women so the opportunistic offer of asymptomatic chlamydia screening outside of sexual health services will focus on women, combined with reducing time to test results and treatment, strengthening partner notification and retesting. These changes will mean the programme will be better able to maximise the health benefits.

This change will bring the NCSP in line with the assessment by the English NCSP Evidence Review of the best available evidence. This assessment found the evidence that chlamydia leads to significant harm to reproductive health and that opportunistic screening of women can effectively reduce these harms to be robust.

This change removes the offer of opportunistic chlamydia screening to asymptomatic men outside sexual health services only and does not change the STI testing services offered by sexual health services. All young people will still be able to access chlamydia tests at sexual health services and young men will continue to be contacted and tested through partner notification procedures.

We will work with partners to improve the early and asymptomatic diagnosis of chlamydia in women and to ensure all those diagnosed with chlamydia are treated promptly and retested.

Opportunistic screening for chlamydia is one part of a wide range of sexual health interventions. Work on a new Sexual and Reproductive Health Strategy for England is underway, led by the Department of Health and Social Care (DHSC). This strategy will consider the full range of interventions including sexual health promotion for young people.

Decision making

1. The decision following the English NCSP Evidence Review

Since the introduction of the NCSP in 2003, understanding of chlamydia infection and control has developed such that a review of the evidence and a critical look at the existing policy was warranted. In November 2017, an External Expert Peer Review Group (EPRG) made up of national and international experts was convened. This group reviewed a summary of available evidence. The EPRG proposed changing the aim of the NCSP to focus on preventing adverse consequences of untreated chlamydia infection and harm reduction, rather than aiming to reduce the prevalence of chlamydia infection.

Given that the harmful effects of chlamydia occur predominately in women, in practice this means re-prioritisation of resources to focus on identifying and treating infections in young women as early as possible in order to maximise health gain achieved by the programme, and discontinuing the offer of opportunistic screening to young men outside sexual health services.

Young men will still be able to access a comprehensive, confidential and free sexual health service (including chlamydia testing and treatment when indicated) from specialist sexual health services. It will be important for all stakeholders to continue to raise awareness that good sexual health is the responsibility of all young people.

In addition, the programme will be improved by offering chlamydia tests to young women at all contraceptive appointments and following a change in sex partner (or annually, if no change), and by optimising the management of those diagnosed with chlamydia.

2. Did the English NCSP Evidence Review consider stopping opportunistic screening outside sexual health services for young women (as well as young men)?

PHE invited an external group of experts to review the evidence and provide a report of how best to improve chlamydia control activities in England. The evidence for screening in general, for women and for men, was reviewed and discussed. The conclusion of this evidence review was that the opportunistic screening of asymptomatic young women was likely to have direct benefits for health and should continue. It was acknowledged that uncertainty exists about the amount of harm prevented and therefore the cost-effectiveness. However, the evidence supported the continuation, and strengthening, of chlamydia screening for young women in England.

Review processes and engagement

3. The English NCSP Evidence Review process

The English NCSP Evidence Review was thorough and involved several stages, including:

- collation of the best available evidence in relation to chlamydia screening
- an international External Peer Review Group (EPRG) meeting to undertake a detailed review of the evidence
- development of a set of recommendations by the EPRG
- initial consultation with young people (focus groups) and professional stakeholders on the EPRG recommendations
- development of proposals to revise the NCSP taking into consideration evidence, EPRG recommendations and learning from consultations
- public consultation on the proposed NCSP changes
- analysis of responses to the public consultation to inform the final proposed NCSP changes
- assessing the proposed NCSP changes considering the Public Sector Equality Duty

4. The professional bodies engaged

The following organisations were represented on the NCSP External Expert Peer Review Group (EPRG):

- Karolinska Institute (Sweden)
- Association of Directors of Public Health
- Burrell Street Sexual Health Clinic
- Imperial College London
- British Association for Sexual Health and HIV
- University of Bristol
- The United States Centers for Disease Control and Prevention (USA)

PHE sought views from the members of the PHE Sexual Health, Reproductive Health and HIV External Advisory Group (EAG) regarding the recommendations from the EPRG prior to public consultation. This group includes representatives from several professional bodies.

The following professional bodies and groups responded to the consultation around changes to the NCSP:

- Association of Directors of Public Health
- British Association for Sexual Health and HIV
- English Sexual Health and HIV Commissioners Group
- Faculty of Public Health

- Faculty of Sexual and Reproductive Healthcare
- Royal College of Obstetricians and Gynaecologists
- Royal College of General Practitioners
- Royal College of Physicians

5. Other consultation

A series of young people's focus groups were facilitated by Brook. Young people aged 16 to 24 from across England were provided with the EPRG proposals and then given the space to respond and provide their insight and opinions. These were then recorded in line with a standardised methodology.

A public consultation was conducted during January and February 2020. A total of 274 responses were received, 62 from organisations and 212 from individuals.

6. Has the evidence base changed since the External Peer Review in 2017?

Further research has been ongoing since the peer review took place. However, the evidence base on opportunistic screening of chlamydia has not materially changed in this time.

Studies in other countries, such as the ACCEPt trial in Australia, have concluded that opportunistic screening may not achieve substantial reductions in prevalence (Hocking, 2018). This is in keeping with the evidence summary considered by the External Peer Review.

Since 2018, PHE has undertaken surveillance of trends in pelvic inflammatory disease (PID) that has shown declines in PID concurrent with the rollout of the NCSP in England. (Davis, in press.)

PHE will continue to review the evidence base to ensure that the NCSP is informed by new evidence that becomes available.

References

1. Hocking JS, Temple-Smith M, Guy R, Donovan B, Braat S, Law M, Gunn J, Regan D, Vaisey A, Bulfone L, Kaldor J, Fairley CK, Low N. ACCEPt Consortium. 'Population effectiveness of opportunistic chlamydia testing in primary care in Australia: a cluster-randomised controlled trial'. Lancet. 2018 October 20;392(10156):1413-1422. doi: 10.1016/S0140-6736(18)31816-6. PMID: 30343857
2. Davis GS, Horner PJ, Price MJ, Mitchell HD, Soldan K. 'What does pelvic inflammatory disease in specialist sexual health services in England tell us about chlamydia control?'. In press

Implementation

7. Communicating the change to young people

PHE ran a series of young people's focus groups facilitated by Brook, these included discussion on how best to communicate NCSP changes.

Young people aged 16 to 24 from across England identified that it is important that this change be communicated honestly and clearly to young people. Clear, simple and transparent messages on the change, that include explaining why, will make young people more likely to act. This is because they can then understand what is being asked of them. It was also important to young people to continue to raise awareness that good sexual health is the responsibility of all, and to ensure that all young people know how to access help and support should they need it.

Local areas are encouraged to work with local communication teams to ensure that young people are made aware of any service provision changes, and the reasons for these, using their insight and knowledge of local populations.

8. Timeframe to adjust service provision

PHE recognises the demands on local authorities and service providers and will offer support to implement changes.

Changes to the NCSP are not expected to be immediate, providing time for local consideration and application. This will allow for the necessary time to adapt and/ or implement any new processes, procedures or practice.

9. Amending contracts

Commissioners will need to review contracts to determine whether a contract variation is required in order to implement the changes to the NCSP locally.

Whilst a contract variation may not be required, commissioners will need to ensure that service providers are fully informed about changes to the NCSP (for example through circulation of updated guidance or standards documents) and the expectation that they will implement the changes in line with agreed timescales.

10. Is this change mandated or is there flexibility based on local need?

The NCSP has changed following a review of available evidence and stakeholder consultation, and delivery of chlamydia screening is expected to be in line with these changes.

It is important to remember that the NCSP is an opportunistic screening programme. The changes to the NCSP do not change the services that are offered by specialist sexual health services and to symptomatic patients.

All young people will still be able to access STI testing including chlamydia tests, where indicated, at local sexual health services, including via online testing services if offered. Partners of women testing positive will be contacted, tested and treated through partner notification.

Local areas may choose to offer opportunistic screening of asymptomatic individuals outside of the NCSP (for example to young men or to those aged over 25). However, local areas will need to assure themselves of the evidence for and value of any such activity.

11. Guidance on testing for gonorrhoea within the NCSP

The guidance does not change. Guidance for the detection of gonorrhoea in England states that:

"Population screening where prevalence is low is of limited public health benefit, but in practice, may be taking place in lower prevalence settings… below a prevalence of 1%, most initial positive test results (using a single target NAAT) are likely to be false positives, and confirmation of all gonorrhoea reactive tests is essential."

The guidance also states that: "Any gonorrhoea-testing service, including online services, should include a specific care pathway that sets out how to gain consent for the test, how and when to notify the patients of the results, what is the appropriate treatment and how partner notification should be performed."

And that: "When offering testing using dual NAATs, consent to test for both infections should be explicitly obtained but is particularly important where individuals are being screened opportunistically."

Resources

12. Funding to support implementation

Funding for the NCSP will continue to form part of the Public Health Grant allocation. There will not be additional funding to support implementation of changes to the NCSP. However, no longer offering opportunistic screening to young men outside sexual health services will release resource that can be reinvested.

Re-prioritisation of resources from opportunistic screening of men will provide opportunity to improve screening for women. Improved partner notification and re-testing of those found to be

positive will further increase effectiveness. For example, money not spent on opportunistic screening of young men outside of sexual health services would be expected to find more infections if re-invested into testing of male partners of women screened positive through the NCSP.

Service improvement

13. Public Health Outcomes Framework Detection Rate Indicator (DRI)

The DRI will be changed to reflect the focus on opportunistic screening of young women.

14. NCSP care pathway and quality standards

PHE will review the NCSP Quality Assurance and Improvement Framework and make changes where necessary. This will include the NCSP Standards seventh edition, the content and frequency of national audits, and the chlamydia care pathway indicators.

Impact and unintended consequences

15. Implication of this change for young men

Men who are concerned that they may have chlamydia, including those with symptoms, can still request a chlamydia test from their local sexual health clinic. Men who have had a sexual partner who has been diagnosed with chlamydia will be offered a chlamydia test.

It will be important for all stakeholders to continue to raise awareness that good sexual health is the responsibility of young people of all genders. Clear communication and delivery of these messages will include engaging with young people through, for example, relationships and sex education in schools and via condom distribution schemes.

16. Implication for men who have sex with men (MSM)

The rate of sexually transmitted infections (STIs) is higher in MSM compared to heterosexual men.

The NCSP Standards have always recommended that MSM should be advised to have a full STI screen rather than just a chlamydia screen. The changes to the NCSP do not change this recommended course of action for young MSM.

A Public Sector Equality Duty Assessment has reviewed equality issues related to the changes to the NCSP. This considered the implication for MSM in more detail:

"MSM are recommended to have a full STI screen rather than a chlamydia-only screen as MSM have a higher rate of STI compared to heterosexual men. Removing the opportunistic offer of

chlamydia screening outside sexual health services may reduce opportunities to refer MSM for a full STI screen. This can be mitigated by encouraging MSM to seek a full STI screen through provision of guidance and promotional material and through other relevant interactions with MSM. Removing the option of a chlamydia-only screen may encourage MSM to seek a full STI screen as recommended, thereby advancing their equality of opportunity."

17. Implication for transgender communities

As the NCSP change focuses on reproductive harms of untreated chlamydia, this includes cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy.

Transgender men and non-binary (assigned female at birth) people may be at the same risk of reproductive health harm as cisgender women and should therefore continue to be included in the opportunistic offer of chlamydia screening.

Anyone of any gender who is concerned they might be at risk of chlamydia or other STIs should contact their local sexual health service or GP for professional health advice about whether to get tested.

A Public Sector Equality Duty Assessment has reviewed equality issues related to the changes to the NCSP. This considered the implication for transgender communities in more detail:

"Transgender men and non-binary (assigned female at birth) people might not be offered screening opportunistically or face barriers if they ask for a test. In any guidance and public facing communications on the screening policy it therefore needs to be made clear that transgender men and non-binary (assigned female at birth) people will still be eligible for opportunistic screening."

18. Is this discriminatory against men?

No. It is against the law for a service to discriminate against someone on the grounds of any 'protected characteristic' including sex. However, there are some exceptions under the Equality Act 2010. The Act states it is lawful to provide separate services for men and women if:

- a joint service for persons of both sexes would be less effective
- the extent to which the service is required by persons of each sex makes it not reasonably practicable to provide separate services

Offering opportunistic screening only to young women outside of specialist sexual health services is a lawful, evidence based and proportionate means to achieve the aim of reducing the harm from untreated chlamydia. As the harmful effects of chlamydia occur predominately in women, the health benefit from the NCSP is maximised by focusing screening on young women.

The Public Sector Equality Duty Assessment reviewing equality issues related to the changes to the NCSP considers the requirements of the Equality Act 2010 and, in particular, the implications for men, in more detail:

"Whilst the proposed changes would mean that young men would no longer be opportunistically offered chlamydia screening outside sexual health services, they would still be able to access chlamydia testing through sexual health services; and young men who are partners of women testing positive for chlamydia through the screening programme will be tested and treated through the partner notification process.

“By not offering opportunistic screening to young men there may be reduced opportunities to engage young men in their sexual health and provide them with information about wider range of services available to them. Raising awareness that good sexual health is the responsibility of young people of all genders, including by engaging with young men through a variety of different mechanisms such as relationships and sex education and condom card schemes, will assist in minimising this potential negative impact."

19. Will this increase stigma against young women and place the burden of responsibility for sexual health on young women?

The change to a focus on reducing harm from untreated chlamydia is intended to improve health outcomes for women who experience most harm from untreated chlamydia.

Untreated cases of chlamydia in women may result in health complications such as pelvic inflammatory disease, infertility and ectopic pregnancy. The focus on women who experience most harm will improve the health gain from the NCSP.

It is acknowledged there is a risk that the changes to the NCSP could place the burden of responsibility for young people’s sexual health on young women and in turn increase stigma for young women. To mitigate this PHE will support work to raise awareness that good sexual health is the responsibility of all young people.

All young people will still be able to access STI testing including chlamydia tests (where indicated) at local sexual health services, including via online testing services if offered.

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