Public Health England

Protecting and improving the nation's health

Changes to the National Chlamydia Screening Programme

Consultation report

Contents

Executive summary

The National Chlamydia Screening Programme (NCSP) has been in place across England since 2008 with the programme being piloted from 2003. During this time the understanding of chlamydia infection and control has developed. The context in which these services are commissioned and delivered has also changed.

In 2017, PHE established an external peer review process to review the scientific evidence underpinning the NCSP and to make recommendations regarding the programme's aims and delivery. The expert external review panel recommended that the programme aim be changed to 'preventing the adverse consequences of chlamydia' and made several recommendations about the programme delivery:

1. that chlamydia screening outside of specialist sexual health services should focus on young women
2. that chlamydia testing should be offered to young women at all contraceptive appointments and following a change in sex partner (or annually if no change)
3. to optimise the management of those diagnosed with chlamydia through more rapid treatment, improved partner notification outcomes, and greater retesting rates following treatment

A public consultation on these recommendations was conducted in January and February 2020. A total of 274 responses were received, 62 from organisations and 212 from individuals. The change in the programme aim was supported by 51% (22% did not support it and 27% were not sure). Fewer (32%) supported the recommendation that chlamydia screening outside of specialist sexual health services should focus on young women (45% did not support, 23% not sure). There was support for the recommendations to offer testing to young women at all contraceptive appointments and following a change in sex partner (71%) and to optimise the management of those diagnosed with chlamydia (73%).

Respondents acknowledged that the evidence base had developed since the inception of the programme and that a change to the programme aim would improve the equity of the programme as the majority of the harm is experience by women. A change to focus on harm reduction would also provide clarity about which aspects of service delivery to focus on thereby making service improvement easier to achieve.

Respondents were concerned that the proposed changes could increase stigma and the burden of responsibility for all young people's sexual health on young women. Respondents were also concerned that young men's role and responsibility in achieving good sexual health could be undermined, with negative impacts on health seeking and access to services. The current NCSP model was valued as a way to offer wider sexual health promotion to, and normalise testing for, young men.

Background

This document reports the responses received to the consultation on proposed changes to the National Chlamydia Screening Programme (NCSP) recommended by an expert external peer review panel following a review of the evidence base for chlamydia screening.

The peer review panel recommended a change in the aim of the NCSP and gave 3 specific recommendations for programme delivery:

Proposed change in programme aim

To prevent the adverse consequences of chlamydia infection.

Recommendation 1

Focus chlamydia screening on young women. This means that chlamydia screening outside of specialist sexual health services should only be proactively offered to young women (not young men).

Recommendation 2

Increase the chance of diagnosing infection early (in order to minimise the duration of infection) by offering screening to young women at all contraceptive interventions and promoting testing at partner change (or annually if no partner change).

Recommendation 3

Optimise the management of those diagnosed with chlamydia (this means more rapid treatment, greater number of partners tested and treated, and greater proportion retested after treatment).

In practice this would mean that chlamydia screening offered in community settings, such as general practitioners (GPs) and community pharmacies, will target young women only, for example through offering screening at contraceptive appointments. Services available at specialist sexual health services would remain unchanged. Everyone can still get tested if they need to be, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.

The current aim of the NCSP is to:

- prevent and control chlamydia through early detection and treatment of asymptomatic infection
- reduce onward transmission to sexual partners
- prevent the consequences of untreated infection
- raise awareness and skills of health professionals to screen for chlamydia, and provide the information young adults need to reduce the risk of infection and transmission

Responses

The consultation was open from 15 January to 25 February 2020 and was widely promoted through a variety of routes, including social media channels, partner organisations, and face to face meetings. The consultation questions can be found in Appendix 1.

A total of 274 completed responses were received: 62 from organisations and 212 from individuals. Some responses were a collated response on behalf of multiple stakeholders, for example, one response could include 2 or more local authorities (LAs). Just over half of organisational responses were from local authorities, which include a combination of commissioners and public health departments within the LA, with sexual health services being the next largest group. Appendix 2 contains the names of the organisations that responded.

Of the 212 individual respondents, 133 (63%) identified as female (including transwoman), 65 (31%) as male (including transman), one identified as non-binary (0.5%). Half (51%) of the individual responses were from young people aged 25 or under.

Level of support for the proposed changes

Overall

Proposed change in programme aim

Of all respondents, 51% (141 out of 274) supported the change in focus in the programme, 22% (59 out of 274) did not support it, and 27% (74 out of 274) were not sure. For corresponding figures for organisational and individual responses see table 1.

Recommendation 1: Focus chlamydia screening on young women

The recommendation to focus chlamydia screening on young women was supported by 27% of organisational and 34% of individual respondents. A greater proportion did not support the recommendation (47% of organisations and 44% of individuals).

Recommendation 2: Increase the chance of diagnosing infection early

The recommendation to increase the chance of diagnosing infection early by offering screening to young women at all contraceptive interventions and promoting testing at partner change was supported by 76% of organisational and 69% of individual respondents support. This recommendation was not supported by 10% of organisational and 11% of individual respondents.

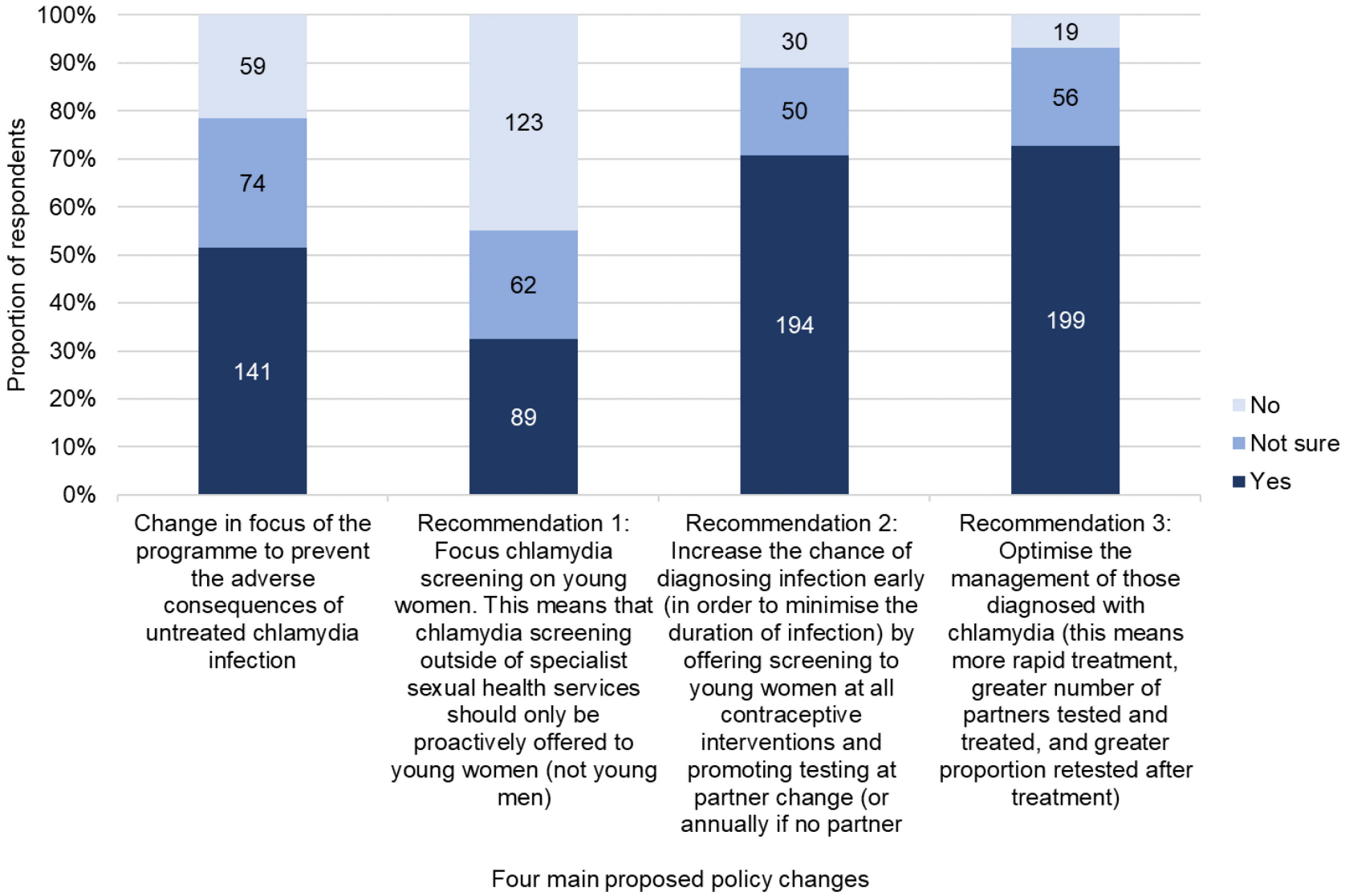
Recommendation 3: Optimise management of those diagnosed with chlamydia

The recommendation to optimise management of those diagnosed with chlamydia was supported by 81% of organisational and 70% of individual respondents.

Table 1. Overview of the responses to the consultation

	Overall N=274 n (%)	Individuals N=212 n (%)	Organisations N=62 n (%)
Change in Aim			
Support	141 (51%)	115 (54%)	26 (42%)
Do not support	59 (22%)	45 (21%)	14 (23%)
Not sure	74 (27%)	52 (25%)	22 (35%)
Recommendation 1			
Support	89 (32%)	72 (34%)	17 (27%)
Do not support	123 (45%)	94 (44%)	29 (47%)
Not sure	62 (23%)	46 (22%)	16 (26%)
Recommendation 2			
Support	194 (71%)	147 (69%)	47 (76%)
Do not support	30 (11%)	24 (11%)	6 (10%)
Not sure	50 (18%)	41 (19%)	9 (14%)
Recommendation 3			
Support	199 (73%)	149 (70%)	50 (81%)
Do not support	19 (7%)	18 (9%)	1 (1%)
Not sure	56 (20%)	45 (21%)	11 (18%)

Chart 1. Overall consultation results: level of support for proposed change in focus and 3 recommendations



Appendix 3 provides more detailed tables and charts.

Summary of free text box responses

Several main themes emerged from the analysis of responses in any of the free text responses across all survey questions. These themes were common across the recommendations and did not differ according to whether respondents were supportive or not of the recommendation.

Support for proposed change in the programme aim and recommendations

There was a recognition that the evidence base had developed since the inception of the programme and that the proposed aim should and does reflect this.

"The new proposal makes complete sense in the light of the up-to-date evidence or data" (Organisational response: local government)

"Because the focus of the proposed changes are based on the Latest Scientific Evidence" (Organisational response: local government)

"It makes sense to follow the scientific evidence and concentrate on reducing harms of untreated chlamydia" (Sexual health service provider)

"[recommendations are] Rooted in evidence" (Organisational response: local government)

The shift in focus towards harm reduction among women was considered a more appropriate and relevant public health outcome because the majority of harm is experienced by women.

"The evidence base for focusing on young women is clear. The current approach has not reduced Chlamydia in the population." (Organisational response: local government)

"Totally agree that the focus should centre on harm reduction." (Organisational response: local government)

"It appears from the evidence presented that the burden of infection and reproductive complications following infection fall disproportionately on young women." (Organisational response: local government)

In addition, by focusing on those who experience the majority of harm, the equity of the programme could be improved.

"It makes sense to focus on the populations at greatest risk of harm from infection." (Individual response: Female, over 60, working in local government)

"…women should not be detrimentally affected by a policy that focuses on men and women equally when the harm from the infection affects women more adversely than men." (Organisational response: local government)

This evidence-based change to a focus on harm reduction would provide clarity about which aspects of service delivery to focus on (namely early detection, treatment and partner notification) thereby making service improvement easier to achieve. This, in turn, would help to support health improvement among the key populations affected by chlamydia.

"We welcome this focus … on improvements in testing of partners and retesting post treatment of those with a chlamydia diagnosis … Partner notification and engaging the population for retesting can be very time consuming, however this does give rise for innovative action such as the use of digital or texting to engage for retesting." (Organisational response: local government)

"Focused screening will improve the health of mothers and babies most at risk and reduce harm from chlamydia." (Organisational response: local government)

"…early detection, treatment and effective PN equals reduced transmission rates and reduced long term complications." (Organisational response: sexual health service)

However, some still expressed some scepticism over the evidence base and felt case finding in the wider population was still valuable.

"…the proposed change may reduce the opportunity to detect chlamydia infections in the wider reservoir of cases in the general population." (Organisational response: academic organisation)

Respondents were supportive of using appropriate opportunities to engage with young people, and thereby improve delivery of chlamydia screening.

"Contraceptive appointments provide a good opportunity to discuss sexual health, without making young women feel uncomfortable." (Individual response: Female, 21 to 25, working in general practice or community pharmacy)

Concerns of proposed change in the programme aim and recommendations

Several concerns were raised about unintended harmful consequences for young women and men that may result from the proposed changes to the programme. It was felt that women could experience more stigma and have an increased burden of responsibility for young people’s sexual health.

"[Organisation] had mixed views on the proposals in the light the review of available evidence: the views ranged from strong support to concern over the unintended consequences of a focus on women." (Organisational response: professional organisation)

"The change in focus to inform and promote the health of young people is fine. However, to put the burden of testing and encouraging testing of partners to young women creates further pressure on women to support men's sexual health rather than men taking a role in supporting their own sexual health." (Individual response: Male, 31 to 40, working in sexual health voluntary and community sector)

"This recommendation [recommendation 1] … risks positioning sexual health outcomes as ultimately the responsibility of women. The messaging relating to such a strategy will either be confusing or exclusive rather than simple, coherent, inclusive and thereby effective." (Organisational response: professional organisation)

"We call on Public Health England (PHE) to focus the NCSP on health outcomes, but not at the expense of shifting responsibility for sexual and reproductive health away from men, creating unhelpful myths about STI transmission and further stigmatising women's health." (Organisational Response: professional organisation)

"Whilst we appreciate the reasoning behind the proposed change in focus of the programme in order to reduce harm to those most affected by Chlamydia Infection, we do not fully support this change. Opportunistic testing of both sexes has proven to be an effective focus of the programme in terms of both reducing reinfection and raising awareness of good sexual health." (Organisational Response: sexual health voluntary and community sector)

"I like the wider rationale of offering chlamydia screening at contraceptive interventions, but I think this method is unequal and could result in 'blaming' women for chlamydia infection and reduce the importance for men to take responsibility for transmission…" (Organisational response: local government)

Young men's role and responsibility in achieving good sexual health could be undermined with negative impacts on health seeking and access to services. This included for young gay and bisexual men. The current universal offer of testing was valued and seen as a way of sharing responsibility for good sexual health; to change this would be a retrograde step. In particular, the current model of NCSP delivery was valued as a way to offer wider sexual health promotion to young men and to normalise testing among young men.

"The focus on young women, does cause some concern as it de-normalises testing amongst young men (which is now reasonably established)." (Organisational response: local government)

"…Being able to access chlamydia testing is a 'pull factor' for young people including young men. Providers report that screening is an excellent practical tool to start conversations about sexual health which in turn helps build trusting relationships with providers which is essential especially amongst younger clients." (Individual Response: Female, 41 to 50, working in local government)

"…Opportunistic testing of both sexes has proven to be an effective focus of the programme in terms of both reducing reinfection and raising awareness of good sexual health." (Organisational response: sexual health voluntary and community sector)

"The emphasis on females will distract males further from accessing services; we know the numbers of young men accessing sexual health services is not as good as it needs to be; if we move away from screening young males; there is no incentive for them to attend sexual health services unless they have symptoms (which is often after they have potentially infected multiple partners)." (Individual Response: Female, 41 to 50, working in sexual health service provider)

"We are… concerned about the lack of attention given to men in the proposed revisions – particularly men who have sex with men (MSM), including gay and bi men." (Organisational response: Third sector organisation)

"This is unfair on hard-to-reach men." (Sexual health service provider)

There was recognition of the need to manage and communicate any potential change carefully to ensure that, if implemented, these were understood by people and so young men still feel that they have a role in promoting their own and their partners sexual health.

"Yes, based on the evidence and rationale, but again some concerns about how this is communicated to and understood by the public." (Local government)

"Given the evidence this change in focus appears reasonable however need to carefully manage the communication around this – could come across to young men that it is not their responsibility and no harm caused to them – doesn't affect them." (Organisational response: local government)

There was some concern about the potential associated increased cost and resource implications of some aspects of the proposals. In particular, partner notification was identified as potentially time consuming and expensive.

> “This recommendation needs to be supported by funding and resources to ensure there is adequate capacity in sexual health services.” (Organisational response: Sexual health voluntary and community sector)

Question 6 asked ‘If the proposed changes were adopted what specific guidance, tools and communications materials would be helpful to support implementation?’ the responses to this question will be reviewed in detail if a decision is made to revise the NCSP.

Conclusion

PHE received 274 completed responses to the consultation, 62 from organisations and 212 from individuals.

The proposed change in aim of the programme was supported by 51% of respondents. The recommendation to focus screening on young women was not supported by 45%, while both the recommendation to increase the change of diagnosing infection early and optimising management of those diagnosed with chlamydia were overwhelmingly supported, with 71% and 73% supporting these recommendations respectively.

Several main themes emerged from the analysis of the free text responses. There was a recognition that the evidence base had developed since the inception of the programme and that a shift in focus to harm reduction among women was a more relevant outcome and would improve the equity of the programme as the majority of the harm is experience by women. A change to focus on harm reduction would also provide clarity about which aspects of service delivery to focus on thereby making service improvement easier to achieve.

Concerns about the proposals centred on the unintended harmful consequences that may result, in particular that young women could experience more stigma and been seen to have an increased burden of responsibility for young people’s sexual health. Respondents were also concerned that young men’s role and responsibility in achieving good sexual health could be undermined with negative impacts on health seeking and access to services. The current NCSP model was valued as a way to offer wider sexual health promotion to, and normalise testing for, young men.

Appendix 1. Consultation survey questions

Questions on the consultation survey.

Question 1: Do you support the change in focus in the programme? Reasons.

Do you have concerns about the proposed change?
Reasons for your answer.

Would you be concerned if it did not change?
Reasons for your answer.

Question 2: Do you support recommendation 1*? Reasons.

Do you have concerns about this recommendation?
Reasons for your answer.

Would you be concerned if it was not implemented?
Reasons for your answer.

Question 3: Do you support recommendation 2**? Reasons.

Do you have concerns about this recommendation?
Reasons for your answer.

Would you be concerned if it was not implemented?
Reasons for your answer.

Question 4: Do you support recommendation 3***? Reasons.

Do you have concerns about this recommendation?
Reasons for your answer.

Would you be concerned if it was not implemented?
Reasons for your answer.

Question 5: Do you believe there would be any unintended consequences of the proposed change?

Please outline any potential unintended consequences and how they might be addressed.

Question 6: If the proposed changes were adopted what specific guidance, tools and communications materials would be helpful to support implementation?

Question 7: Any other comments?

*Recommendation 1: Focus chlamydia screening on young women. This means that chlamydia screening outside of specialist sexual health services should only be proactively offered to young women (not young men)
**Recommendation 2: Increase the chance of diagnosing infection early (in order to minimise the duration of infection) by offering screening to young women at all contraceptive interventions and promoting testing at partner change (or annually if no partner change)
***Recommendation 3: Optimise the management of those diagnosed with chlamydia (this means more rapid treatment, greater number of partners tested and treated, and greater proportion retested after treatment)

Appendix 2. Organisations that responded to the survey

Names of organisations as recorded on the survey return:

Abacus Sexual Health Services
Association of Directors of Public Health
Barnsley Metropolitan Borough Council
BASHH
Bedford Borough, Central Bedfordshire and Milton Keynes Councils
Blackburn with Darwen Borough Council
Bracknell Forest Council
Bristol city council Public Health Department
Brook
Calderdale Stakeholders
Cambridgeshire County Council and Peterborough City Council
Cornwall Council
Derby City Council
Derbyshire County Council
Doncaster Council Public Health
Dudley MBC
East Sussex Public Health, East Sussex Country Council
Faculty of Sexual and Reproductive Healthcare and Royal College of Obstetricians and Gynaecologists
Haringey Council
Hertfordshire County Council
Homerton sexual health services
Leeds City Council
Leicestershire County Council, Leicester City Council and Rutland County Council
Lincolnshire County Council
Lincolnshire LMC
Liverpool City Council, Cheshire and Mersey Commissioners
London Borough of Bromley LA Public Health
LUSTRUM Research Programme
Luton Sexual Health
Men's Health Forum
MPFT
Natsal team
NCC
NHS
Norfolk County Council
Nottingham City Council

NUTH – New Croft Center
Park Medical Practice
Radford Medical Practice
RCOG
Richmond and Wandsworth Local Authorities
Royal College of General Practitioners
Royal College of Physicians (RCP)
Salisbury NHS Foundation Trust
Sexual Health Dorset
Sexual Health Partnership Board
Somerset-wide Integrated Sexual health
Southend Borough Council
South Tyneside and Sunderland Foundation Trust
South Gloucestershire Council
Southwark Council
Spectrum Integrated sexual health services
Stonewall
Terrence Higgins Trust
Thurrock Council
University of Nottingham Health Service
University of Southampton
Wakefield Council
Walsall Public Health
West Berkshire Council
Wiltshire Council
Wirral Community Healthcare Trust
York Teaching Hospital NHS Foundation Trust

Appendix 3. Tables and charts

Tables and charts describing respondents' characteristics.

Table 1. Type of organisations that responded

Type of organisation	Number (%)
Local authority (including public health departments)	34 (55%)
Sexual health service	13 (21%)
Professional organisation	5 (8%)
Population or patient group	4 (6%)
General practice	2 (3%)
Academic organisation	2 (3%)
Public health	1 (2%)
NHS oganisation	1 (2%)
Total	62

The range in job titles from organisational responses is presented in table 2.

Table 2. Job categories in organisational responses

Organisational response: type of role	Number (%)
Public health professional	18 (29%)
LA commissioner	14 (22%)
Service manager	9 (14%)
Clinician	6 (10%)
Policy lead (on behalf of professional organisation)	5 (8%)
Blank	3 (5%)
Academic	3 (5%)
GP	2 (3%)
Practice manager	1 (2%)
CEO	1(2%)
Total	62

Of the 212 individual responses, 101 indicated they worked in one of the settings of interest that were specified. Table 3 shows that the majority worked in sexual health services, followed by local government, then General Practice or Community Pharmacy.

Table 3. Work settings of individuals that responded to the survey

Work setting	Number
Sexual health services	38
Local government	24
General practice or community pharmacy	18
NHS England or CCG	7
Sexual health voluntary and community sector	6
Other sexual health or public health body	3
Academia	2
National government body	2
Pathology services	1
Total	101

Table 4. Age distribution of individual responses

Age group	Number (%)
Under 16	2 (1%)
16 to 20	95 (45%)
21 to 25	11 (5%)
26 to 30	7 (3%)
31 to 40	30 (14%)
41 to 50	20 (9%)
51 to 60	32 (15%)
Over 60	8 (4%)
Not stated	7 (3%)
Total	212

Chart 2. Age and gender distribution of individual responses

This chart shows the age and gender distribution of the individual responses to the survey. Of the 212 individual respondents, 133 (63%) identified as female (including transwoman), 65 (31%) as male (including transman), one identified as non-binary (0.5%). Half (51%) of the individual responses were from young people aged 25 or under.

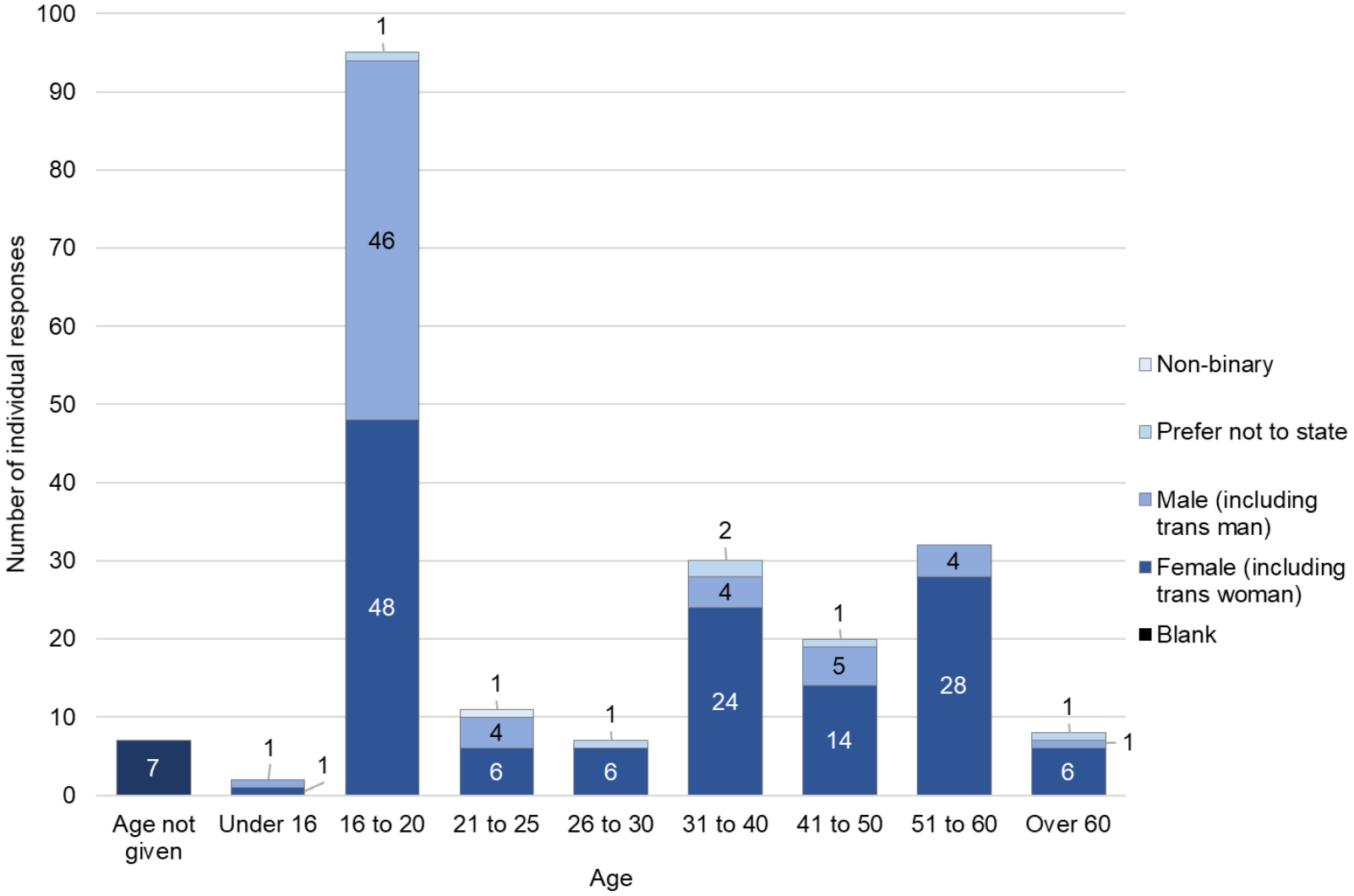


Chart 3. Level of support for the proposed change in aim

This chart shows the level of support by individual and organisational responses for the proposed change in aim of the programme. Of all respondents, 51% (141 out of 274) supported the change in focus in the programme, 22% (59 out of 274) did not support it, and 27% (74 out of 274) were not sure.

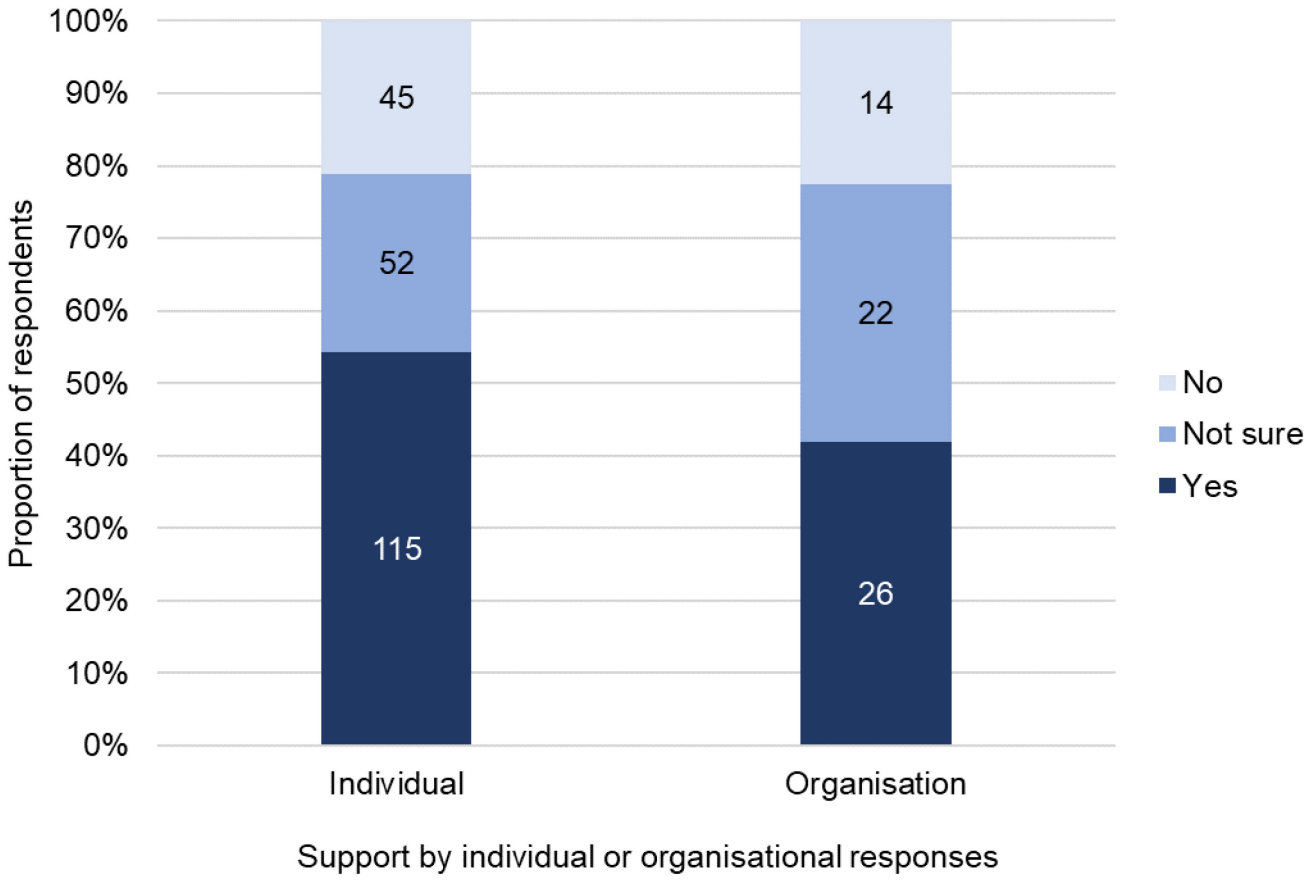
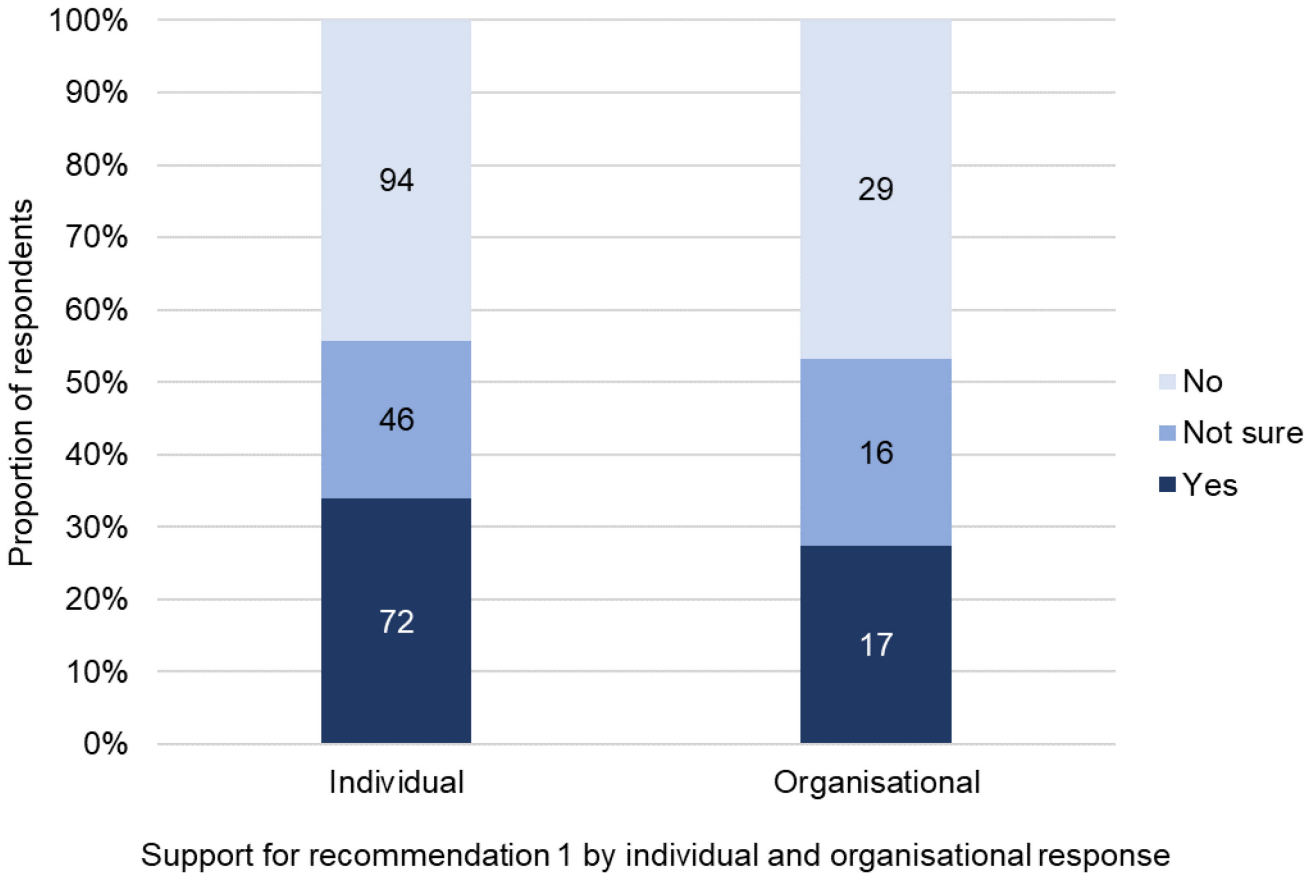


Chart 4. Support for Recommendation 1: Focus on young women

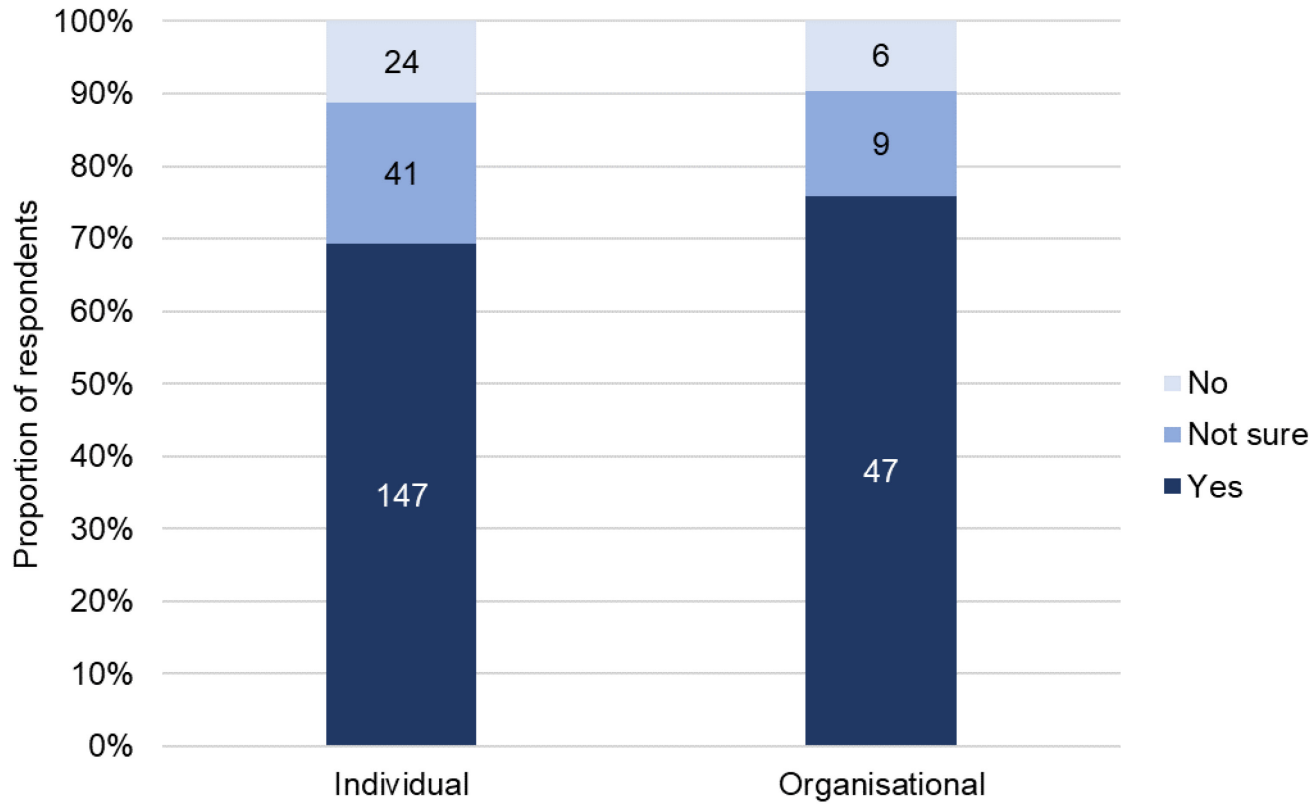
This chart shows the level of support by individual and organisational responses for recommendation 1: Focus on young women. The recommendation to focus chlamydia screening on young women was supported by 27% of organisational and 34% of individual respondents. A greater proportion did not support the recommendation (47% of organisations and 44% of individuals).



Support for recommendation 1 by individual and organisational response

Chart 5. Support for recommendation 2: Offer of screen at contraceptive appointments and at partner change

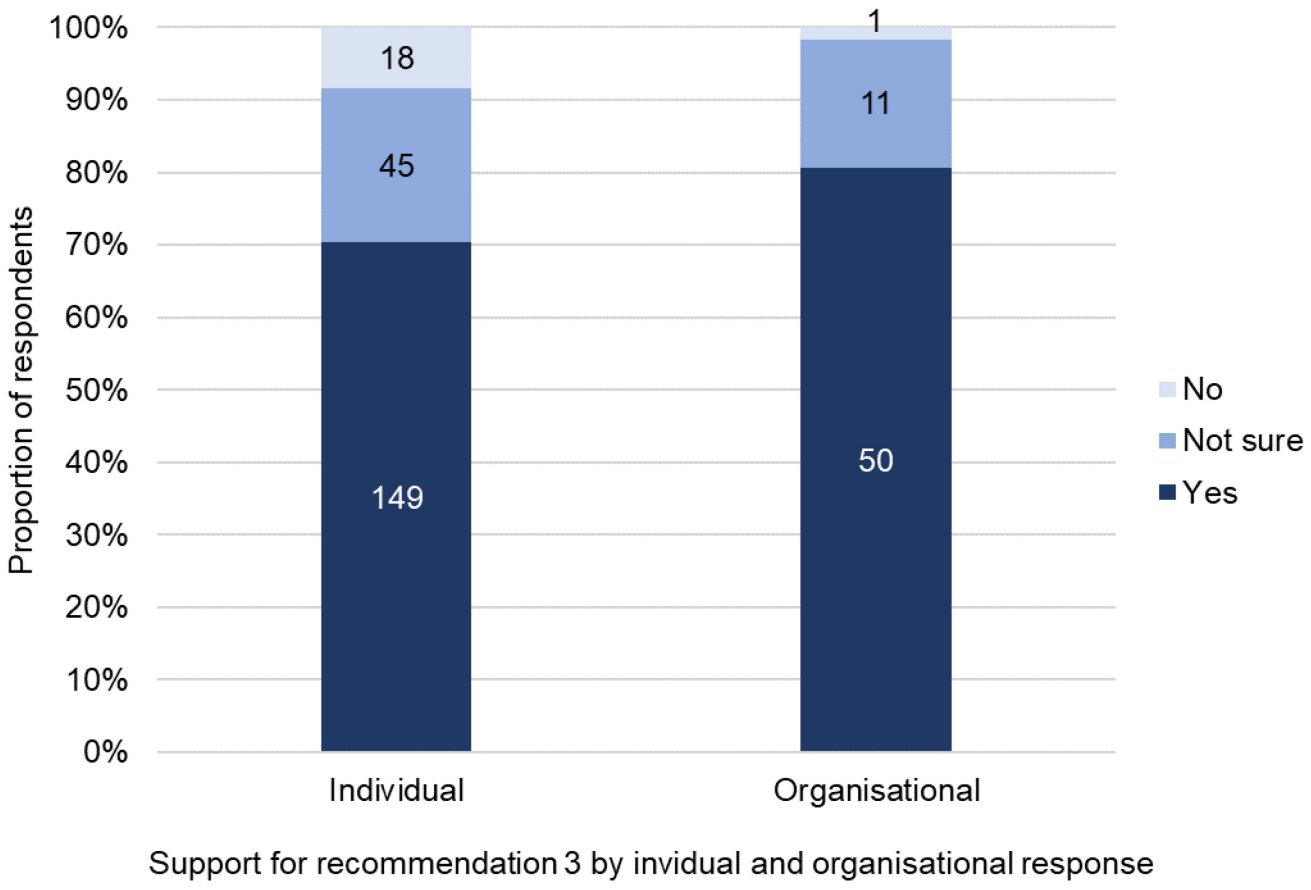
This chart shows the level of support by individual and organisational response for recommendation 2, that a chlamydia screen is offered at contraceptive appointments and at partner change. The recommendation to increase the chance of diagnosing infection early by offering screening to young women at all contraceptive interventions and promoting testing at partner change was supported by 76% of organisational and 69% of individual respondents support. This recommendation was not supported by 10% of organisational and 11% of individual respondents.



Support for recommendation 2 by individual and organisational response

Chart 6. Support for recommendation 3: Optimise management for those with chlamydia

This chart shows the level of support by individual and organisational responses for the recommendation 3 which is about optimising management for those with chlamydia. The recommendation to optimise management of those diagnosed with chlamydia was supported by 81% of organisational and 70% of individual respondents.



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