Public Health England

Protecting and improving the nation's health

Changes to the National Chlamydia Screening Programme

Public Sector Equality Duty Assessment

Contents

Introduction

Purpose

This document reviews equality issues related to proposed policy changes to the National Chlamydia Screening Programme (NCSP) in England. It is intended to support consideration of the recommendations that:

1. The aim of the NCSP is changed from reducing prevalence and consequences in the population, to a focus on reducing harm from untreated chlamydia.

2. Opportunistic screening outside sexual health services is only offered to, and improved for, young women. Rather than offering opportunistic screening to young people of all genders across all services (as the proposed policy 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 a hysterectomy or bilateral oophorectomy).

It is intended that the equalities analysis underpinning this document should, therefore, support a ministerial decision on whether or not to accept these proposed changes in screening policy.

Public Sector Equality Duty (PSED) analysis

The Equality Act 2010 ("the Act") imposes a number of obligations on public authorities in relation to equalities. One of the most relevant to the Department of Health and Social Care (DHSC) is the Public Sector Equality Duty (PSED) under section 149 of the Act. The PSED requires that when carrying out any functions, ministers have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

The relevant protected characteristics are:

- age
- sex
- sexual orientation
- gender reassignment
- disability
- pregnancy and maternity

- race
- religion or belief

The PSED does not necessarily require ministers to achieve these 3 goals, but to have due regard to these objectives and to the desirability of promoting and achieving them when making decisions. In other words, these are 3 additional factors to be taken into account, along with all the other relevant factors, when making any decision.

Background and context

In 1996, the Chief Medical Officer (CMO) convened an Expert Advisory Group ("the Group") to formally review the case for chlamydia screening. The Group reported their conclusions in 1998. In light of:

i. the high rates of diagnoses being made in existing services
ii. the evidence that chlamydia was associated with infertility
iii. analyses which suggested that over time total costs would fall in response to reduced prevalence, the Group proposed that chlamydia screening be introduced in England

The National Chlamydia Screening Programme (NCSP) was established as a result of the Group's report. The NCSP aimed to control chlamydia through early detection and treatment of asymptomatic infection to reduce onward transmission and the consequences of untreated infection. The screening programme was to be on an opportunistic basis, targeted towards young women and delivered in general practice and community sexual and reproductive health services.

The opportunistic screening of young men was included in the NCSP from 2003 following initial policy position and pilots that focussed on screening in women. There was no evidence that including men in the target population for the NCSP would be cost effective in preventing chlamydia-related harms. The policy change was based less on the potential to control chlamydia, and more to promote equitable engagement of men in sexual health (Sheringham J, 'Chlamydia screening in England: a qualitative study of the narrative behind the policy'. BMC Public Health 12, Article number: 317 (2012)).

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 made up of national and international experts was convened. Based on review of a detailed evidence summary, the Group produced a set of recommendations aimed at strengthening NCSP policy and activities for chlamydia control in England.

The current policy is that all sexually active men and women aged 15 to 24 years old should be offered chlamydia screening, opportunistically when attending for other reasons, irrespective of symptoms, annually and on change of partner. This opportunistic testing is offered at a range of settings including:

- contraceptive services
- general practitioners (GPs)
- pharmacies
- specialist sexual health clinics
- termination of pregnancy services

Each local authority's progress is measured against a recommended level of diagnoses as part pf the Public Health Outcomes Framework. The recommended level is currently set at 2,300 diagnoses per 100,000 people age 15 to 24.

The External Expert Peer Review Group outlined a proposal to shift the aim of the NCSP to harm reduction and preventing adverse consequences of untreated chlamydia infection, rather than the control and reducing prevalence of chlamydia infection.

Given that the harmful effects of chlamydia occur predominately in women, in practice, this would mean re-prioritisation of resources to focus on identifying and treating infections in young women as early as possible to maximise health gain achieved by the programme; rather than continuing to opportunistically offer screening to both young women and men. Young men would still be able to access a comprehensive, confidential and free sexual health service (including chlamydia testing and treatment) from specialist sexual health services.

A public consultation on the recommendations was conducted in 2020. 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. A total of 274 responses were received; 62 from organisations and 212 from individuals.

Just over half of organisational responses were from local authorities, which includes a combination of commissioners and public health departments within local authorities, with sexual health services being the next largest group.

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. Some of the responses to the consultation are referred to below.

Evidence and analysis

This section considers the proposed policy change of opportunistically offering chlamydia screening only to young women, alongside each of the protected characteristics outlined in the PSED. These protected characteristics are:

- age
- sex
- sexual orientation
- gender reassignment
- pregnancy and maternity
- disability
- race
- religion or belief

Age

People with this characteristic are not considered to be affected by the proposed change to the NCSP Policy. The peer review panel did not recommend a change in the target age group 15 to 24 years.

Sex

This protected characteristic is the most likely to be relevant when considering equality issues related to proposed policy changes to the NCSP in England, that would focus opportunistic screening outside of specialist sexual health services only on young women. The following possible negative and positive impacts on men and women have been considered.

Possible negative impact on men

Stopping opportunistic screening of young men outside sexual health services may reduce the likelihood of young men being diagnosed with, and treated for, chlamydia. In men untreated chlamydia can lead to epididymitis, however the proportion of men with chlamydia developing harmful sequalae is much lower than in women (2% compared to between 10% to 17% in women) and there is a lack of evidence that it causes any serious long-term adverse health outcomes in men. It is important to note that under the current policy, only a small proportion of all chlamydia screening activity amongst 15 to 24 year olds is amongst young men outside sexual health services. In 2019, less than 10% of all screening activity in this age group was to young men outside sexual health services (CTAD, 2019); and the majority of chlamydia tests amongst young men aged 15 to 24 are delivered through sexual health services.

Through the public consultation on the proposed changes, stakeholders fed back that the role and responsibility of young men in achieving good sexual health could be undermined, as there would be less opportunity to engage with young men. This may have negative impacts on their health seeking behaviour and lead to reduced access to specialist sexual health services. Respondents to a Public Health England (PHE) survey of 16 to 24 years olds reported that chlamydia screening resulted in change to their subsequent knowledge or healthcare seeking or sexual behaviour, such as having a test for chlamydia again in the future or using a condom with a new partner (Hartney T, (2015). 'Self-Reported Impact of Chlamydia Testing on Subsequent Behavior: Results of an Online Survey of Young Adults in England'. Sexually Transmitted Diseases 42(9): pages 486 to 491).

Possible positive impact on men

An opportunistic offer of chlamydia screening outside sexual health services could be considered an unnecessary burden for young men when the majority of harm from untreated chlamydia exists in women. Removing this aspect from the programme could have a positive impact on young men, reducing their potential anxiety about chlamydia infection.

Re-prioritising of resources to focus on effective management of those testing positive for chlamydia, in particular better partner notification, faster treatment and re-testing of those found to be positive will impact positively on male partners of women who test positive through the screening programme. As chlamydia infections are concentrated in men with more partners (Woodhall S C, (2015). 'Is chlamydia screening and testing in Britain reaching young adults at risk of infection? Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)'. Sex Transm Infect 92(3): pages 218 to 227), targeting high risk males through partner notification would find more infection than a non-selective population screening approach (which is more effective in women as infections are more evenly distributed across levels of risk amongst women).

Possible positive impact on women

The majority of harm from untreated chlamydia is in women. By focusing on those who experience most of the harm, the proposed changes would maximise the health gain from the programme.

Currently the ability to reduce harm to women is limited by using resource to opportunistically screen young men outside sexual health services. Re-prioritisation of resources to focus on identifying and treating infections in women as early as possible will positively impact on women who suffer most long-term effects from untreated infections. Likewise, re-prioritising of resources on better partner notification, and re-testing of those found to be positive will also impact positively on women as there is evidence of a higher rate of progression to reproductive health harm for subsequent (that is repeat) infections.

Removing opportunistic screening of men outside sexual health services will improve cost effectiveness of the programme, reducing the likelihood of disinvestment in the programme which would adversely affect young women. (The cost effectiveness of the programme has been increasingly questioned by those in local government making decisions about public health resources in recent years. If the programme does not change, there is a risk that this uncertainty about cost-effectiveness will lead to disinvestment in the programme and so adversely affect women.)

Possible negative impact on women

Stakeholders responding to the public consultation felt strongly that the proposed changes could increase stigma for young women and could be seen as placing the burden of responsibility for all young people's sexual health on them. Maintaining a gender-neutral NCSP was seen as an effective way of communicating the importance of all genders taking responsibility for sexual health.

In summary, a proposed policy change to the NCSP in England that would focus opportunistic screening for chlamydia outside of specialist sexual health services only on young women, could have both positive and negative impacts on young men. Whilst young men would not be offered chlamydia screening opportunistically, testing and treatment (including for young men) through partner notification should improve, and young men would still be able to access chlamydia tests through sexual health services. Potential negative impacts regarding taking responsibility for sexual health amongst young men would be mitigated by delivering this message through other mechanisms beyond the screening programme. By focusing on young women who experience most of the harm the proposed changes would maximise the health gain from, and cost effectiveness of, the programme. This would have a positive impact on young women. Potential negative impacts on young women of increased stigma and perceptions regarding responsibility for sexual health could be mitigated through clear communications and delivery of these messages through a variety of interventions. A decision not to make any changes to the NCSP could risk disinvestment by those making decisions about public health resources due to uncertainty about cost effectiveness. This would impact negatively on women.

Sexual orientation

This characteristic is relevant when considering equality issues 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 has always recommended that MSM should be advised to have a full STI screen rather than just a chlamydia screen. The proposed policy changes to the NCSP in England that would focus opportunistic screening for chlamydia outside of specialist sexual health services only on young women, does not therefore change the recommended course of action for young MSM.

Possible positive impact for MSM

Removing the opportunistic offer of chlamydia-only screening may reduce the risk of young MSM not accessing the recommended full STI screen. Only having the chlamydia screen may miss other infections (and therefore the opportunity to treat them) and provide false reassurance.

Possible negative impact for MSM

As the proposal is to no longer offer chlamydia screening opportunistically to young men outside of specialist sexual health services, there is a risk that opportunities to engage with young men and to advise MSM to access specialist sexual health services for a full STI screen may be reduced. If this were the case, this would disadvantage young MSM more than heterosexual young men as rates of STIs are higher amongst MSM than heterosexuals.

Gender reassignment

As the proposed policy 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) may be at the same risk of reproductive health harm as cisgender women.

Possible negative impact on transgender men

Transgender men and non-binary (assigned female at birth) people will still be eligible for opportunistic screening but might not be offered screening opportunistically or face barriers if they ask for a test as professionals may misinterpret or misunderstand 'women only'. Likewise, transgender men and non-binary (assigned female at birth) people may feel that a service that they are eligible for is inappropriately worded as being for 'women'.

Transgender women

The proposed policy focuses on reproductive harms of untreated chlamydia and therefore does not include transgender women and non-binary people (assigned male at birth) as they do not experience the same level of harm from untreated chlamydia as cisgender women. It is noted that in practice they may be offered a chlamydia screen.

Pregnancy and maternity

People with this characteristic are not considered to be affected by the proposed change to the NCSP.

Disability

People with this characteristic are not considered to be affected by the proposed changes to the NCSP.

Race

People with this characteristic are not considered to be affected by the proposed changes to the NCSP.

Religion or belief

People with this characteristic are not considered to be affected by the proposed changes to the NCSP.

There are 2 population groups beyond protected characteristics that need to be considered.

Socio-economic groups

There are existing health inequalities by socio-economic status, with chlamydia prevalence higher in those living in more deprived areas (Woodhall S C, (2015). 'Is chlamydia screening and testing in Britain reaching young adults at risk of infection? Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)'. Sexually Transmitted Infections 92(3): pages 218 to 227). In addition to the proposed policy change considered in this document, the External Expert Review Group also recommended targeting screening on populations living in areas of deprivation to address these inequalities.

Marriage and civil partnership

Chlamydia screening is offered to all eligible people irrespective of their marital or civil partnership status. This does not change in the proposed change to the NCSP policy.

Summary of analysis against the 3 arms of the PSED

The positive and negative impacts on people with different protected characteristics have been considered in the evidence and analysis section above. Table 1 presents the summary of that analysis for the protected characteristics of sex, sexual orientation and gender reassignment.

This section presents considerations for each of these 3 protected characteristics against the 3 arms of the PSED, including consideration of possible mitigations.

Table 1. Summary of impact of the proposed NCSP policy on 3 protected characteristics

Protected characteristic		Possible positive impact	Possible negative impact
Sex	Men	• removing unnecessary burden of testing and reducing potential anxiety about chlamydia infection • targeting high risk men through improved partner notification would find more infections	• reduced likelihood to be diagnosed with, and/ or treated for, chlamydia • fewer opportunities to engage, undermining young men's role and responsibility in achieving good sexual health
	Women	• focus on women who experience most harm would maximise the health gain from the programme • re-prioritisation of resources away from opportunistically screening young men to screening women, improving partner notification and re-testing of those found to be positive, is expected to reduce the	• could increase stigma for women as could be seen as placing the burden of responsibility for all young people's sexual health on them

Protected characteristic		Possible positive impact	Possible negative impact
		rate of progression to reproductive health harms • improved cost effectiveness will reduce likelihood of disinvestment in the programme • which would adversely affect women	
Sexual orientation	MSM	• removing the opportunistic offer of chlamydia only screening may mean MSM are more likely to seek full STI in line with recommendations	• STI rates are higher in MSM compared to heterosexual men. Opportunities to engage with MSM may be reduced, leading to less referrals to specialist sexual health services where a full STI screen can be offered
Gender re-assignment	Transgender men and non-binary people (assigned female at birth)	• transgender men and non-binary people (assigned female at birth) would still be eligible for opportunistic chlamydia screening	• might not be offered screening opportunistically or face barriers to testing

Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act

Sex

Regard has been given to the need to eliminate discrimination between people with different protected characteristics. It is considered that the proposed policy would not constitute sex discrimination under the Equality Act 2010 because the exception in paragraph 27 of Schedule 3 for single-sex services applies. This states that a person does not contravene section 29, so far as relating to sex discrimination, by providing a service only to persons of one sex if:

(a) any of the conditions in sub-paragraphs (2) to (7) is satisfied, and
(b) the limited provision is a proportionate means of achieving a legitimate aim.

Regarding Paragraph 27 (1) (a) it is considered that condition 4 is met as described below.

The condition is that:

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

Sub-paragraph (4) (a) - a joint service for persons of both sexes would be less effective. It would be less effective to offer opportunistic screening outside of sexual health services to young people of any sex, on the grounds that most of the harm is in women and most of the health gain in preventing untreated chlamydia is in women. Reducing opportunistic screening of males would allow for increases in screening activity amongst young women, and in partner notification and retesting, all of which would be expected to have a greater impact on reducing harm. For example, instead of offering opportunistic screening to young men outside of sexual health services, it is estimated that for the same cost, testing of male partners of women screened through the programme would be expected to find more positive cases based on observed proportion testing positive. It is estimated that the number of infections identified by testing male partners instead of asymptomatic males would more than double. This demonstrates that diverting resources from opportunistic testing of males to screening women and more effective partner notification for those women who test positive should be more effective.

Sub-paragraph (4) (b) - the extent to which the service is required by persons of each sex makes it not reasonably practicable to provide separate services. If the NCSP aims are to reduce the harm of untreated chlamydia and therefore opportunistic screening is only offered to young women, it would not be reasonably practical to establish a separate service offering

opportunistic chlamydia screening for young men. This is in part because the lack of evidence base for such a programme would mean that it would not be feasible or practicable to resource such a programme (including development of policy framework, guidance, implementation and delivery costs, monitoring and evaluation required for such a public health programme).

Condition (2) is also considered to be met. This condition is that only persons of that sex have need of the service. As the proposed revised aim of the programme is to reduce the harm of untreated chlamydia, then young men do not need the service (the 'service' being the offer of opportunistic screening outside sexual health services). This is because the harmful effects of chlamydia occur predominately in women. The direct health benefit to young men of chlamydia related harm is very limited and the indirect benefit to young women of screening young men is outweighed by the costs involved.

Regarding paragraph 27 (1) (b) it is considered that the proposal is a proportionate means of achieving a legitimate aim of harm reduction in women. Only offering opportunistic screening to young women (that is no longer offering opportunistic screening to young men) is a 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 programme is maximised by focusing screening on young women. The direct health benefit to young men of chlamydia related harm is very limited and the indirect benefit to young women of screening young men is outweighed by the costs involved.

In addition, young men would still be able to access chlamydia testing through sexual health services and would be tested and treated as partners of women testing positive through the opportunistic screening programme. It is of note that in 2019, of all 15 to 24 year olds tested for chlamydia less than 10% of that activity was opportunistic screening of young men outside of sexual health services.

Sexual orientation

In relation to the protected characteristic of sexual orientation, the proposed policy would have the potential to negatively impact MSM as a result of indirect discrimination. If the proposed policy leads to fewer opportunities to engage with men and advise them on accessing sexual health services, MSM may be at a disadvantage compared with heterosexual men since the rate of STIs in MSM is higher compared to those in heterosexual men, hence the NCSP recommends MSM have a full STI screen. Indirect discrimination can be justified where it is a proportionate means of a achieving a legitimate aim, and for these purposes the considerations in relation to paragraph 27(1)(b) of Schedule 3, as set out above, are relevant.

Gender reassignment

In relation to the protected characteristic of gender reassignment, the proposed policy would have the potential to negatively impact on transgender men and non-binary (assigned female at birth) people as they may not be offered a screen opportunistically or they may feel that a

service they are eligible for is inappropriately worded as being for 'women', resulting in indirect discrimination. Indirect discrimination can be justified where it is a proportionate means of a achieving a legitimate aim, and for these purposes the considerations in relation to paragraph 27(1)(b) of Schedule 3, as set out above, are relevant.

Advance equality of opportunity between people who share a protected characteristic and people who do not share it

Due regard has been given to the need to advance equality of opportunity between people with different protected characteristics, particularly between men and women (sex), and heterosexual men and MSM (sexual orientation).

This means having due regard to the need to:

(a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
(b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it
(c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

Sex

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 having the opportunity to offer 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 including Relationships and Sex Education and condom distribution schemes, will assist in minimising this potential negative impact.

Sexual orientation

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 service 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.

Gender reassignment

Transgender men and non-binary (assigned female at birth) people may 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.

Foster good relations between people who share a protected characteristic and people who do not share it

Sex

The proposed changes to the NCSP could impact negatively on fostering good relations between those who share a relevant protected characteristic and those who do not, in this case gender. This is because to focus opportunistic screening for chlamydia outside of specialist sexual health services only on young women could be a perceived to increase stigma for young women, and place the burden of responsibility for all young people's sexual health on them.

However, there are other ways of providing this information and opportunities to young men which can mitigate this. Firstly, chlamydia testing will still be available to young men through sexual health services and specialist sexual health services where this responsibility can be reinforced. Secondly, young men will be tested when they are partners of women testing positive for chlamydia and treated through the partner notification process, again offering an opportunity to continue to raise awareness that good sexual health is the responsibility of young people of all genders. Finally, engaging young men can also be done through a variety of different mechanisms including Relationships and Sex Education and condom distribution schemes.

Sexual orientation

Currently young heterosexual men and young MSM are treated differently under the NCSP as young heterosexual men would be offered an opportunistic chlamydia screen, but young MSM would be referred to a sexual health service for a full STI screen. If changes to the policy are implemented, young men will not be offered a screen regardless of sexual orientation. This could be considered as fostering good relationships between those who share a protected characteristic and those who do not.

Gender reassignment

Professionals may misinterpret or misunderstand that offering chlamydia testing opportunistically to women only excludes transgender men and non-binary (assigned female at birth) people. This is not the case and guidance will clarify that transgender men and non-binary (assigned female at birth) people are eligible for a chlamydia screen.

Monitoring and mitigating actions

Monitoring and evaluation of the chlamydia screening programme uses PHE surveillance system, the CTAD Chlamydia Surveillance System (CTAD). PHE will continue to use this to monitor use of the screening programme by gender. It will be more difficult to monitor the sexual orientation and transgender status of users as these fields are not currently collected. However, services will be encouraged to evaluate their service provision and uptake by these protected characteristics.

Table 2 presents the mitigations identified against 3 protected characteristics that are most likely to be relevant when considering the possible impact of this policy proposal. Should the proposal be implemented, implementation of these actions will be monitored where these are in PHE's remit.

Table 2. Mitigating actions for each of the 3 protected characteristics

Protected characteristic	Mitigating actions
Sex	• chlamydia testing will still be available to young men through sexual health services and specialist sexual health services and this needs to be communicated clearly to all stakeholders, including users • 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. This process should be improved as part of the proposed changes • continue to raise 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 including Relationships and Sex Education and condom distribution schemes
Sexual orientation	• communication of guidance to professionals on young MSM to seek a full STI screen • clear communication to MSM (including those who don't identify as gay or bisexual) at any relevant intervention to have a full STI screen
Gender reassignment	• clear guidance to professionals and communication to users (learning from experience in other areas of healthcare such as cervical screening) • making clear that the programme's aim is to reduce reproductive health harm, communicating that transgender men and non-binary people (assigned female at birth) are eligible for this service

Based on the evidence, the External Peer Review Group recommended changes to the programme that would increase the cost effectiveness and health benefit achieved through a fixed resource. Whether or not a decision is taken to continue with the current programme (that is, to continue opportunistically offering chlamydia screening to both young women and young men) or, as recommended, to only offer opportunistic screening outside of sexual health services to young women, the following actions should continue in order to secure improvements to the programme:

- support local areas to focus resources on activities that will improve outcomes for the population, including addressing socioeconomic inequalities
- review patient-facing information to ensure it accurately reflects the programme, taking account of the needs of populations with protected characteristics and inter-sectionality between characteristics
- ensure that commissioners and providers of chlamydia screening are briefed and understand the future direction of the programme, and support them in implementing it

The above actions will help to ensure effective delivery of the programme and contribute to minimising harm from untreated chlamydia infection, while also aiming to reduce any potential health inequalities.

Conclusion

This assessment has considered equality issues related to the proposed changes that (i) the aim of the NCSP is changed to focus on reducing harm from untreated chlamydia and that (ii) opportunistic screening outside sexual health services is only offered to, and improved for, young women and not also men, as at present.

The protected characteristic that these proposed changes have the biggest potential to impact on is sex.

As the majority of harm from untreated chlamydia is in women, focusing screening activity on young women will improve the equity of the programme. These changes would maximise the health benefit and improve cost effectiveness of the programme.

Maintaining opportunistic screening for young men could reduce any perceived discrimination and advance equality of responsibility and opportunity for sexual health in young men and young women, that in turn would foster good relations. However, continuing to use finite resources to offer opportunistic screening to young men would reduce the health benefit achieved by the programme and therefore disadvantage young women who experience the majority of harm from untreated chlamydia.

Continuing to include an offer of opportunistic screening to young men could risk disinvestment by those making decisions about public health resources due to uncertainty about cost effectiveness. This disinvestment in the programme as a whole would adversely affect women.

The analysis against the 3 arms of the Public Sector Equality Duty (PSED) showed that without mitigating actions:

- the recommendation that opportunistic screening outside of specialist sexual health services is only offered to young women would not amount to unlawful discrimination as it is considered the exception in paragraph 27 of Schedule 3 for single-sex service applies –specifically, conditions 4(a), 4(b) and 2 of paragraph 27 are met, and that the limited provision is a proportionate means of achieving a legitimate aim
- the proposal would, overall, be considered positive in its impact on advancing equality of opportunity between those who share a protected characteristic and those who don’t because most of the harm from untreated chlamydia is in women
- the proposal could impact negatively on fostering good relations between those who share a relevant protected characteristic and those who do not, because focusing opportunistic screening for chlamydia outside of specialist sexual health services only on young women could be a perceived to increase stigma for young women, and place the burden of responsibility for all young people’s sexual health on them

The mitigating actions described above will help to advance equality of opportunity between those who share a protected characteristic and those who don't and help to address the potential negative impact on fostering good relations.

In addition, further actions have been identified in this assessment to help improve continued delivery of the screening programme and that will contribute to minimising harm from untreated chlamydia infection, while also aiming to reduce any potential health inequalities.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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