

## PUBLIC HEALTH SERVICE SPECIFICATION

Service	Chlamydia Screening in Young People aged 15 – 24 (General Practice)
Authority Lead	Julia Loveluck
Period	1 April 2016 – 31 March 2018 (with the option to extend by two separate 12 month periods)
Date of Review	March 2017

### 1. Population Needs

#### 1.1 National/local context and evidence base

Improving sexual health is a public health priority. The *Public Health Outcomes Framework for England 2013-2016* (Department of Health 2012) set the national and local strategic direction for sexual health and includes three principal indicators for sexual and reproductive sexual health:

- a continuing fall in the rate of births to women under the age of 18
- a reduction in the proportion of people with HIV whose infection is diagnosed late
- an increase in Chlamydia diagnoses among young people aged 15-24.

Further significant benefits to public health could be achieved by:

- enabling women of all ages to control their fertility through access to a full range of contraceptive choices and abortion services
- a reduction in new diagnoses of other sexually transmitted infections including gonorrhoea and genital warts.

The primary Department of Health sexual health policy document was published in 2001 and those ambitions were updated and refreshed in the Framework for Sexual Health Improvement in England (DH, 2013).

Chlamydia causes avoidable sexual and reproductive ill-health. The Chlamydia Screening Programme reports on the Chlamydia detection rate in all settings including GUM, and as an indicator of Chlamydia control measures, an increasing detection rate will reduce the prevalence of asymptomatic infections. The Public Health Outcomes Framework recommends that local areas achieve a Chlamydia detection rate amongst 15-24 year olds of at least 2,300 screens per 10,000 populations.

- **Devon County Council - 2014:** The Chlamydia detection rate within the Devon County Council local authority area (Jan to Dec) was **1733**, which was lower than both the regional value (1836) and the England value (1978).

Latest performance data (COVERAGE): the proportion of 15 to 24 year olds screened for chlamydia within the Devon County local authority area for 2014 (Jan to Dec) was **21.1%** (n

=18,813) which was lower than both the regional value (23.4%) and the England value (23.9%). There has been an overall decrease in the proportion screened from 2012/13 which was 24.6%.

Latest performance data (POSITIVITY): the positivity rate within 15-24 year olds screened for chlamydia within the Devon County Council local authority area for 2014 was **8.2%** which was higher than the regional and equal to England values.

There was a variation in COVERAGE across the District Council areas, with a lower percentage of 15 to 24 year olds tested in Torridge (16.3%), West Devon (17%) and Mid-Devon (17.8%). Lower screening rates were also linked to lower detection rates in these areas. The POSITIVITY rates were within an acceptable range to indicate appropriate targeting of services and ranged from 6.8% in West Devon, to 9.9% in Teignbridge.

Analysis of screening activity within Devon County Council community pharmacies highlights the need to develop a robust sexual health offer in key locations, including some rural areas.

*Source: Public Health England (via GUMCAD & CTAD datasets, 2012-14)*

Current national guidance recommends that over 60% of screens should be achieved through screening in core services such as GPs, contraception and abortion services and pharmacies. General Practice is the largest core service within the Devon County Council areas. The GP practice team has the potential to make a huge impact on this screening programme and the sexual health of young people in particular. There are currently 89,425 young people aged 15-24 resident within the Devon County Council area. If every GP practice screened just one person in the target age range per day, this would result in approximately 27,000 annual screens.

## 2. Key Service Outcomes

### 2.1 Insert any locally agreed outcomes and quality requirements which are NOT Quality Outcomes Indicators which should be set out in Appendix C

The public health outcomes list below are the key outcomes which the provider will contribute to achieving in delivering the service specification:

- an increase in the Chlamydia diagnoses amongst young people aged 15-24

Key service outcomes:

- sexually active young people aged 15 – 24 are routinely offered screens annually and/or following a change in partner.
- a reduction in the prevalence of Chlamydia and its complications and onward transmission of infection amongst young adults aged 15-24, by early detection and treatment of asymptomatic infection
- routine referral of the index<sup>1</sup> patient with a Chlamydia positive diagnosis to the Devon Chlamydia screening teams to ensure that testing and treatment is offered to all partners
- a 'Young People Friendly', confidential, welcoming and responsive service for young people

<sup>1</sup> The index patient is the primary patient with a positive result for Chlamydia

### 3. Scope

#### 3.1 Aims and objectives of service

This service specification is designed to:

- supplement any existing provision of testing and treatment for sexually transmitted infections (STIs), currently offered as part of the baseline GMS/PMS contract
- comply with the National Chlamydia Screening Programme (NCSP) Core requirements
- ensure that a routine offer of a Chlamydia Screen is made to all 15-24 year olds as part of general practice consultations
- increase the uptake of opportunistic Chlamydia screens in General Practice settings by men and women aged 15-24 years inclusive
- contribute to the Chlamydia diagnostic indicator rate in sexually active young men and women aged 15-24 inclusive as part of the NCSP
- provide treatment for index patient diagnosed with Chlamydia and notification of the index patient to the Devon Chlamydia screening teams to ensure that partners are tested and treated

#### 3.2 Service description/pathway

##### 3.2.1 Screening

The Provider (GP practice) will:

- advertise the availability of opportunistic Chlamydia screening to the target age group
- routinely offer a Chlamydia screen to young people aged 16-24 year as part of a new registration or general consultation, by appropriately trained staff
- routinely undertake a Fraser competence assessment for young people under 16 prior to offering a Chlamydia screen
- explain the screening process (how to take the test and results notification process)
- explain the treatment process and gain consent for referral to the Devon Chlamydia Screening Team if the result is positive (the importance of partner testing and treatment)
- provide appropriate sexual health promotion, free condoms at the time of screening and onward signposting to specialist sexual health services if required
- ensure that request forms are accurately completed with GP codes and patient's postcode of residence so that a Chlamydia screening test can be identified and attributed to an individual practice

- ensure samples are sent to the laboratory using existing transport arrangements
- inform all patients of the mechanism for obtaining their results
- ensure that staff involved in the provision of the service will maintain records as outlined in the main contract and ensure that assessment of Fraser competence is documented as appropriate.

### **3.2.2 Treatment for Chlamydia Positive Patients**

Amongst those that have been treated for Chlamydia there is a 60% chance that their partner(s) will be positive too.

3.2.2.1 For those index patients who screen positive for Chlamydia it is expected that a **practice nurse** will:

- notify the index patient of their positive result
- remind the patient of the importance of ensuring that current and recent partners are notified and offered treatment
- obtain patient consent to complete the partner notification referral form (Appendix GPCS 3&4) and fax it to the Exeter Chlamydia screening office on the same day
- arrange for treatment in accordance with the national protocols (see 4.1) and advise on the potential for re-infection
- safer sex advice including details of local services and benefits of a full sexual health screen

### **3.2.2 Treatment for registered patients screened outside of the practice**

In some circumstances, patients registered at the practice and screened Chlamydia positive in another location, may not wish to attend a sexual health service for treatment. Where this occurs within the sexual health service, the practice will be notified by the Devon Chlamydia screening team (Appendix GPCS 5).

### **3.2.3 Treatment for registered patients who are not eligible for free prescriptions**

The National Chlamydia screening programme standards recommend that testing and treatment should be free to all young people aged 15-24. Young people who are not eligible for an exemption under FP10, should be advised that they are able to access free treatment at all contraception and sexual health services.

### **3.2.4 Training for staff involved with Chlamydia screening:**

Practices will be required to nominate a named practice lead for Chlamydia screening and the named practice lead will receive a 1:1 training session from the local Chlamydia screening team. The practice lead for the Chlamydia will:

- be the point of contact for the Public Health team and local Chlamydia screening team

- be responsible for ensuring that all ensure that information is disseminated to all staff involved with Chlamydia screening
- ensure that suitable training is provided to all staff involved with Chlamydia screening (including administration staff)
- assume the clinical governance responsibility for the standard of the Chlamydia screening service in the practice.

### **3.2.3 Role of the Northern Devon Healthcare Trust Chlamydia Screening Team (Exeter office)**

A current list of approved providers will be supplied to the Chlamydia Screening Team by Devon County Council Public Health. The Chlamydia Screening Team are required to:

- ensure that nominated Chlamydia leads in all approved provider practices, have appropriate training to undertake the service
- contact all Chlamydia positive index patients who are referred by the practice, to undertake partner notification and contact tracing of the index patient
- supply practices with:
  - a small supply of condoms annually to be issued at consultations
  - appropriate leaflets to issue to the patient during the consultation
  - contact slips for use during treatment consultations.

### **3.2.4 Activity Data:**

Practices will be required to submit quarterly reports on the numbers of screens undertaken

## **3.3 Population covered**

The service will cover the resident population of Devon County Council geographical areas.

## **3.4 Any acceptance and exclusion criteria**

- this specification includes payment for both opportunistic and diagnostic Chlamydia screens.
- practices who are signed up to the Chlamydia screening service will receive a supply of condoms (3 per person) based on the previous year's screening activity for 15-24 year olds. Further supplies of condoms will not generally be issued unless the number of screens significantly exceeds forecasted activity.

## **3.5 Interdependencies with other services**

The provider will have close working relationships with all relevant services, agencies and disciplines as appropriate to support the delivery of the service outlined in this specification.

## **3.6 Any activity planning assumptions**

## 4. Applicable Service Standards

### 4.1 Applicable national standards e.g. NICE

The service will be provided in compliance with:

- Fraser guidelines
- National Chlamydia Screening Programme Standards ([www.chlamydia-screening.nhs.uk](http://www.chlamydia-screening.nhs.uk))
- BASHH & Medfash Standards for the Management of Sexually Transmitted Infections (revised and updated January 2014) ([www.medfash.org.uk](http://www.medfash.org.uk)).

### 4.2 Applicable local standards

The service will be provided in compliance with:

- Devon and Torbay Safeguarding Childrens Board policy and guidance (<http://www.devonsafeguardingchildren.org/>)
- The Mental Capacity Act 2005
- Devon Safeguarding Adults Board policy and guidance for working with vulnerable adults (<https://new.devon.gov.uk/devonsafeguardingadultsboard/>)

### 4.3 Patient Safety and Incident Reporting

The Provider/Supplier must act in an open and transparent way in relation to services provided to service users/patients. Robert Francis QC statement that, "a relentless focus on the patient's best interests and the obligation to keep patients safe and protected from substandard care" is the basis for expecting openness, transparency and candour in the relationships covered in this specification and contract.

Serious incidents requiring reporting which occur in GP Practices are notifiable to NHS England, as outlined in the GP commissioning contract. The purpose of reporting incidents is for the identification of trends, specific incidents of concern or emerging risks to patient safety. Information will be treated confidentially and sensitively.

Incidents that occur, in the course of delivering the service under this specification, are reportable to NHS England and/or local CCG. NHS England will inform the local Public Health Commissioner of the outcome of these incidents, as well as any investigation that takes place.

Serious incidents that have been reported to NHS England and/or local CCG should be notified by the supplier to the local PH Commissioner, as soon as reasonably practicable, in line with the requirements of the main Public Health Services contract.

#### Reflective Practice:

In the circumstances where an incident has been reported to NHS England and/or local CCG and local Public Health commissioners and does not give rise to an investigation, the practitioner may wish to debrief with a lead sexual health clinician within the Practice team. Where the practitioner feels he or she would benefit from additional objectivity, or where

there is no readily available lead clinician, the practitioner may contact the specialist Contraception and Sexual Health Service for their local area (Northern Devon Healthcare Foundation Trust). The importance of reflective practice is frequently noted in literature and is commonly regarded as an essential component of competent practice. Neither NHS England nor the Public Health Team views the reporting of incidents as characteristic of unsafe clinical practice.

The contract document contains further information about clinical governance.

#### 5. Location of Provider Premises

**The Provider's Premises are located at:** GP Practice Premises

**QUALITY OUTCOMES INDICATORS**

(N.B. Activity and performance targets may be altered in-year)

<b>Data Quality Indicator</b>	<b>Data Quality Threshold</b>	<b>Method of Measurement</b>	<b>Milestone Date</b>	<b>Consequence</b>
<b>GP Service Specification for Chlamydia Screening in Young People aged 15 – 24</b>				
Patients aged 15 -24 are routinely offered a Chlamydia screen as part of a consultation	Number of screens returned per practice	Quarterly practice activity data returns to Devon County Council	This will be subject to periodic review by the commissioner	Joint review process
Staff who provide the service are appropriately trained	Each practice has a nominated screening lead who ensures that information is disseminated to the practice team and all staff undertaking the service are appropriately trained	To be held by the practice (and local Chlamydia Screening team)	The practice may be asked to produce this information to the commissioner for periodic audit	Joint review process
Notification and referral of the index patient (see p.3) to the chlamydia screening service for partner follow-up and management	Consent is obtained from all patients with a Chlamydia positive diagnosis to partner notification referral ( <b>Appendix GPCS 3 &amp; GPCS 4</b> ); Referral form is faxed to the local Chlamydia screening office on the same day	To be held by the practice (and local Chlamydia Screening team)	The practice may be asked to produce this information to the commissioner for periodic audit	Joint review process



**Contact Details for Your Local Chlamydia Screening Team**

**GP practices contracted to provide the Chlamydia Screening service for 15-24's by  
Devon County Council Public Health:**

<b>Location/Address of Office</b>	<b>Telephone/email</b>	<b>Chlamydia Screening Lead/Contact</b>
<i>Northern Devon Healthcare NHS Trust</i> The Centre (incorporating Contraception, GU Medicine & HIV Services) 31 Sidwell Street Exeter EX4 6NN	Tel: 01392 284965 Fax: 01392 284952 Email: <a href="mailto:ndht.cso@nhs.net">ndht.cso@nhs.net</a>	Alison Wesley GU Nurse Advisor & Chlamydia Screening/C Card Lead

**Chlamydia Screening Treatment Form**

To be completed by Treatment Centre and returned to the Chlamydia Screening Office (address below)

Re: \_\_\_\_\_

(Patient Name) Client ID number \_\_\_\_\_ (As supplied by CSO)

Index client number (if appropriate) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Test Date \_\_\_\_\_

INDEX CASE	YES	NO	DATE	SCREEN NO
He/she has been treated with AZITHROMYCIN (1g stat dose)				
If treated with Azithromycin was medication: please circle				
Issued on FP10      Other (please state)				
He/she has been treated with DOXYCYCLINE (100mg BD 7/7)				
He/she attended with partner				
He/she failed to attend				
<b>PARTNER</b>				
Partner was screened				
If treated with Azithromycin was medication: please circle				
Issued on FP10      Other (please state)				
Partner was treated with Doxycycline (100mg BD 7/7)				
He/she has failed to attend for treatment				
<b>In those that have been treated for Chlamydia there is a 60% chance that their partner will be positive too! Please don't forget to send a referral for partner notification to the Devon Chlamydia Screening Office. Thank you!</b>				

**COMMENTS:**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Status: GP / Practice Nurse / Other      Circle as appropriate

**Once completed, please send marked 'Private & Confidential' to the Chlamydia Screening Office, The Centre (incorporating Contraception, GU Medicine & HIV Services), 31 Sidwell Street, Exeter, Devon, EX4 6NN**

**Chlamydia Screening Office, The Centre (incorporating Contraception, GU Medicine & HIV Services), 31 Sidwell Street, Exeter EX4 6NN**  
**Telephone: 01392 284965**

**GP Referral to Chlamydia Screening Office for Partner Notification**

**Criteria for referral:** Circle as appropriate

- Aged under 25 Yes
- Positive / equivocal or unconfirmed reactive Chlamydia result Yes
- Patient informed that treatment management involves shared care between the Chlamydia Screening office and GP Yes
- Patient provided 2 methods of contact Yes

Please complete and return this form at the same time that the patient's result is received in the practice.

<b>Practice Details:</b> (please use practice stamp)	
<b>Referrers Name:</b>	
<b>Patient Name:</b>	
<b>Date of Birth:</b>	
<b>Date of Screen:</b>	
<b>Result:</b>	Positive/ equivocal/unconfirmed reactive
<b>Patient notified of result by GP Practice?</b> <b>Date patient notified</b>	Yes / No    Circle as appropriate
<b>Treatment Appointment already booked?</b>	Yes / No    Circle as appropriate
<b>Patient preferred method of contact:</b> <i>Please provide at least two methods of contact to ensure successful &amp; prompt contact.</i>	
<b>If the patient is under 16 are there any child protection concerns?</b>	Yes / No If yes, CSO will telephone the practice for any information relevant to partner notification.

**Chlamydia Screening Treatment Notification Letter for Patients**

Chlamydia Screening Office  
The Centre (incorporating Contraception, GU Medicine  
& HIV Services)  
31 Sidwell Street  
Exeter  
Devon EX4 6NN

Tel: 01392 284965

Date: \_\_\_\_\_

**Dear Treatment Centre**

Re: \_\_\_\_\_ (Patient Name)

Client ID number \_\_\_\_\_ (As supplied by CSO)

Index client number (if appropriate) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Test Date \_\_\_\_\_

The above patient has tested positive for Chlamydia following screening undertaken as part of the National Chlamydia Screening Programme. They have been notified of their result by this office and have elected to attend your service for treatment. We would be grateful if you could complete the slip below and return it to our office, once the patient has attended, in order that we may close their records.

If, after 2 weeks, they have failed to attend we would like to be notified, so that we may contact them again for further follow up.

If you require any further information, please do not hesitate to contact any of the team on the above telephone number.

Yours sincerely

**Devon Chlamydia Screening Officer**  
**Chlamydia Screening Office**  
**Northern Devon Healthcare Trust**