



PUBLIC HEALTH SERVICE SPECIFICATION

Service	Chlamydia Screening in Young People aged 15 – 24 (General Practice)
Authority Lead	Sarah Aston
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.

- **Torbay Council - 2014:** The Chlamydia detection rate within Torbay Council local authority area (Jan to Dec) was **2598** (n = 366) which was better than 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 Torbay Council local authority area for 2014 (Jan to Dec) was **24.9%** (n 3502) which was better than the regional value (23.4%) and England value (23.9%) though there has been an overall

decrease in the proportion screened from 2011/12 to 2012/13:

Latest performance data (POSITIVITY): the positivity rate within 15-24 year olds screened for chlamydia within Torbay Council local authority area for 2014 was **10.5%** which was higher than the regional and England values. This positivity rate is likely to indicate appropriate targeting.

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 and Torbay 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.

Torbay Council:

There are 14,115 young people aged 15-24 resident within the Torbay Council area. If every practice screened just one person in the target age range per day, this would result in approximately 4,500 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 Chlamydia screening postal kits 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
- Where patients are screened within a GP setting, the GP should make a routine referral of the patient to the Torbay Sexual Medicine Service to ensure that results, partner notification and treatment is offered to all patients
- a 'Young People Friendly', confidential, welcoming and responsive service for young people.

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.

3.2 Service description/pathway

3.2.1 Screening in Torbay

The Provider (GP practice) will: (Appendix 4)

- advertise the availability of opportunistic Chlamydia screening to the target age group
- routinely offer a Chlamydia postal kit to young people aged 16-24 year as part of a new registration or general consultation, by appropriately trained staff
- explain the screening process, the role of TSMS and the results notification process and encourage patients to take and complete a postal kit
- provide appropriate sexual health promotion, free condoms at the time of screening and onward signposting to specialist sexual health services – including C-Card information

Where a patient does not wish to use a postal kit; as an exception, surgeries may: (Appendix 5)

- Offer positive results notification, partner notification processes and treatment through the Torbay Sexual Medicine Service (see 3.2.2 and 3.2.3)
- undertake a Fraser competence assessment for sexually active young people under 16 prior to offering a Chlamydia screen
- Gain patient consent for TSMS to treat and do partner notification (see appendix 3)
- Take an appropriate swab from the patient (refer to BASHH latest guidance)
- Swabs are sent to the Torbay Hospital laboratory using existing transport arrangements
- ensure that 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 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.

- Manage giving patients negative chlamydia test results in line with BASHH guidelines and best practice
 - Where a patient does not wish to engage with Torbay Sexual Medicine Service and all efforts have been made to make the individual aware of the benefits of engagement with TSMS; GP's will be expected to offer:
 - Appropriate screening
 - Laboratory testing
 - Results management
 - Partner notification
 - Appropriate treatment
 - Follow up for further testing
 - Advice and information relating to sexual health and wellbeing and onward prevention (including contraception as appropriate)

All processes must be in line with BASHH guidelines on Chlamydia (2010, 2015 guidance and any subsequent guidance) as well as the National Chlamydia Screening Programme (NCSP) best practice and guidance.

Torbay Sexual Medicine Service is the local source of clinical leadership with regard to sexual health matters.

Nb:

- Where a patient uses a Chlamydia Screening Postal Kit, the TSMS team will inform the patient of their results, whether positive or negative. If the result is positive, they will offer treatment and complete partner notification processes.
- All other tests taken within the practice and sent to the Torbay lab, TSMS are informed of the positive test result and (where there is consent) will inform the patient, offer treatment, partner notification and pass this information back to the GP. GPs will manage their own negative results and will inform patients directly.

3.2.2 Treatment for Chlamydia Positive Index Patients in Torbay

- Treatment for patients in Torbay is usually arranged by the local Torbay Sexual Medicine Service
- All efforts should be made to ensure that patients are aware of the role of TSMS, the confidentiality of results and the benefits of partner notification and payment-free treatment upon a positive result
- In the exceptional circumstances where a patient prefers treatment to be managed within their own surgery; treatment will be given in line with the BASHH guidelines. TSMS are a resource for advice and information as required.

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

- The National Chlamydia Screening Programme (NCSP) 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 in Torbay

- Practices will be required to nominate a named practice lead for Chlamydia screening and the named practice lead will:
 - be the point of contact for the Public Health team and local Torbay Sexual Medicine Service
 - be responsible for ensuring that information is disseminated to all staff involved with Chlamydia promotion or 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.

3.2.5 Torbay Sexual Medicine Service will:

- ensure that all Chlamydia leads in GP practices contracted to deliver Chlamydia screening, have appropriate training to undertake the service and will as standard report to the Public Health team
- Supply practices with:
 - a small supply of condoms annually to be issued at consultations (see 3.4)
 - appropriate leaflets to issue to the patient during the consultation
 - contact slips for use during treatment consultations.
- Contact all screened patients once they have been referred to the Chlamydia screening team by the practice
- Undertake partner notification and contact tracing of the screened positive index patient on behalf of the practice
- Will inform the surgery of positive results
- Notify GP surgeries if no contact has been made with patient after 10 working days

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 Torbay Council's geographical area.

3.4 Any acceptance and exclusion criteria

- This specification includes payment for either opportunistic or 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.
- All practices in Torbay are encouraged to sign up to the C-Card scheme and to register young people to the scheme or to be a distribution point

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

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4.1 Applicable national standards e.g. NICE

The service will be provided in compliance with:

- Fraser guidelines
- National Chlamydia Screening Programme Standards.

4.2 Applicable local standards

The service will be provided in compliance with safeguarding standards, including, but not limited to:

- Devon and Torbay Safeguarding Childrens Board policy and guidance (<http://www.devonsafeguardingchildren.org/>)
- The Mental Capacity Act 2005
- Torbay Safeguarding Adults Board policy and guidance for working with vulnerable adults(<http://www.torbaycaretrust.nhs.uk/ourservices/SafeguardingAdults/Pages/Default.aspx>).

4.2 Clinical Governance

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.

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 (Torbay Sexual Medicine Service)

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 holds more 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)

Data Quality Indicator	Data Quality Threshold	Method of Measurement	Milestone Date	Consequence
GP Service Specification for Chlamydia Screening in Young People aged 15 – 24				
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 and Torbay 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 Torbay Sexual Medicine Service)	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);	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

Appendix 1:

TSMS notice to GP's indicating patient positive test results



South Devon Healthcare **NHS**

NHS Foundation Trust

PRIVATE AND CONFIDENTIAL
Service

Torbay Sexual Medicine

Castle Circus Health Centre
Abbey Road
Torquay
TQ2 5YH

BOX No:

Tel: 01803 656520
www.sdhct.nhs.uk/sexual

Date: 2015

Dear Dr

We have received notification that the patient below had a positive Chlamydia result after screening at your surgery.

Our service, as agreed, has actioned this result and the outcomes regarding treatment and partner notification are as follows:

Name	DOB	Test Date	Treatment Date	Complied Treatment	Partner Notification Outcome
					"EXAMPLE WORDING" x1 regular male partner reported as treated, unable to verify. No other partners in past 6 months.

This result is for your records only.

Yours sincerely

Health Advisor
Torbay Sexual Medicine Service (tSMS)



Appendix 2: Contact Details for Torbay Sexual Medicine Service:

Location/Address of Office	Telephone/email	Chlamydia Screening Lead/Contact
<i>Torbay and Southern Devon Health and Care NHS Trust</i> Torbay Sexual Medicine Service Castle Circus Health Centre Torquay Devon TQ2 5YH	01803 656520 louise.george1@nhs.net	Louise George

Appendix 3: Consent slip given to patient by GP



Your doctor has tested you for Chlamydia.
If your test result is positive, a Health Advisor from the
Torbay Sexual Medicine Service will contact you to arrange free
treatment and advice.

Chlamydia is a common sexually transmitted infection and can
easily be treated with a short course of Antibiotic

Please ensure that your contact details are correct and indicate
how you would like to be contacted.

I agree to be contacted by: (please tick as many as possible)

☐ Text ☐ Voicemail ☐ Phone ☐ Post

Patient name (please print):

Health professional arranging test:

Date:

Torbay Sexual Medicine Service, Castle Circus Health Centre, Torquay TQ2 5YH



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☐ Text ☐ Voicemail ☐ Phone ☐ Post

Patient name (please print):

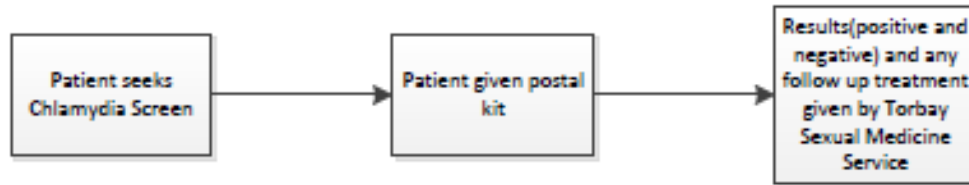
Health professional arranging test:

Date:

Torbay Sexual Medicine Service, Castle Circus Health Centre, Torquay TQ2 5YH



Appendix 4: Schematic of Chlamydia pathway



Appendix 5: Schematic of chlamydia pathway where patient is screened within GP practice

