

NCSP GUIDANCE ON MANAGEMENT OF RESULTS

The National Chlamydia Screening Programme recognises that programmes are delivered locally, and in a variety of ways. However, the following guidelines, (based on national guidance) should be applied to the management of results within the local programmes.

1. PCTs should review the pathways of results, both positive and negative, to ensure that results are being appropriately managed
2. For clinical services, it is usually appropriate for results to be sent back to the testing venue. This may not be the case everywhere, for example in community pharmacies, and PCTs should review their individual circumstances and ensure that the flow of results is clear and appropriate
3. There should be no reason to provide non-clinical screening venues with patient identifiable results, if they are not involved in informing patients of their results
4. Where non-clinical screening venues (including companies providing web-based testing) are not involved in transmission of results or in treatment, results should be shared on a non-patient identifiable basis only, if Programme Areas wish venues to be aware of the numbers and positivity of their screens
5. It may be helpful for GPs to receive results of all their patients' screens, to enhance continuity of care and assist in treatment and PN. However, where programmes wish to do this routinely then patients should be asked this question when being screened and give consent, and this will need to be recorded.
6. If patients cannot be contacted and programmes wish to inform GPs of this in order to try and treat them, or to inform the initial screening venue (if clinical), then prior consent should have been obtained from the patient. If this consent has not been obtained then results should not be shared.
7. Confidentiality of data should be key in storing and transmission of data
8. Where information is communicated this should be documented in the patient record, and usual precautions taken in line with national guidance, such as ensuring staff are identifiable identities, using phone calls where possible, or encrypted email

Further information is available in

- NCSP Core Requirements, 5th Edition
- Department of Health, Caldicott Committee (1997) *Report on the Review of Patient Identifiable Information*
- Department of Health (2000) *NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000*
- Department of Health (2003) *Confidentiality Code of Practice*
- BASHH Clinical Effectiveness Group (2010) *Standards for the management of sexually transmitted infections*