Towards best practice for chlamydia screening in Reproductive and Sexual Health Services (RSH)
The context for this guidance

• This guidance is aimed at both chlamydia screening providers and commissioners

• It supports existing guidance laid out in the NCSP ‘Core Requirements’ document and the ‘Quick Wins and Sustainable Services’ guidance for commissioners

• The NCSP recommends that PCTs build their programmes around the existing core services of Reproductive and Sexual Health (RSH) Services, community pharmacy, general practice, and termination of pregnancy services - and then consider other measures to increase access and target specific ‘at risk’ groups such as websites, outreach etc
Reproductive and Sexual Health services are a core service for the NCSP

- In 2008/9:
  - 25% of all chlamydia tests were provided in RSH services
  - 32% of the tests provided to women were provided in RSH services and 14% of the tests provided to men
  - Testing in SRH increased by 41% in comparison to the previous year
  - 29% of index patients were treated in RSH
Reproductive and Sexual Health services are important because

- Community RSH clinics already see large numbers of young people
- Staff already have expertise in discussing sexual health with young people
- Adding chlamydia testing to existing contraceptive services offers a more holistic sexual health service provision
- Positivity rates are high where screening is offered in RSH
Contraceptive services are a highly acceptable venue for chlamydia screening

- Moens et al (2003)\(^1\) showed that
  - uptake of a chlamydia screening offer among young people was high (72.7\%*) in a contraceptive service for young women
  - Positivity among those tested was also high (10.6\%)
  - There was good treatment compliance
  - Reception staff play a key role, especially in ensuring young women return to the clinic for treatment
  - Greater efforts are needed to ensure male partners of women testing positive are reached


*Among those not previously tested
How to improve the uptake of chlamydia screening in Reproductive and Sexual Health services?

- Staff training
- Engage staff
- Keep systems simple
- Use all available resources
Staff Training

- Consider mentoring for staff - a staff member may be able to encourage colleagues to test and model skills to do so.
- Opportunities to role play the offer of a test, or scripts to support staff to do this may help. Resources are available on the NCSP website (http://www.chlamydiасcreening.nhs.uk/ps/publications/marketing.html).
- Offer training in STI testing and management as part of staff career development.
- Staff in clinics who see a mainly female client group may need additional training to help them work with young men.
- Ensure that even staff who work a small number of sessions a week are trained and competent to provide chlamydia testing and treatment.
- Consider the use of a competency framework to support learning about chlamydia.
- Offer protected learning time to gain relevant skills.
Engage your staff and remind them to screen

- PCTs are very aware of chlamydia screening and this has the potential to raise the profile of RSH services.
- Make staff aware of the benefits for young people of a ‘one stop shop’ approach; this is an opportunity to discuss contraception and STIs in the same consultation.
- Engage all staff groups, including receptionists and health care assistants as well as clinical staff, as all staff have important roles to play.
- Involve your staff in developing systems to ensure that all clients are offered a chlamydia test.
- Prompts to offer chlamydia screening are useful reminders to clinical staff in busy consultations e.g. a leaflet placed in each set of notes by the receptionists, or electronic prompts on IT systems.
Keep your system to promote chlamydia screening as simple as possible

- Provide clients with information on testing at reception and advertise testing in the waiting room.
- Where chlamydia tests are done on urine samples, collect samples from patients while they are waiting for their clinical consultation.
- Tailor your system to your staff mix and facilities (e.g. access to toilets from the waiting room).
- Consider an opt out rather than opt in approach.
- Consider specific approaches to engage young men.
Use all available resources

- **NCSP**: Develop a good working relationship with your local chlamydia screening programme.

- **Data**:
  - Use your KT31 figures to identify the number of first appointments per year in the target age group. This will give an idea of the potential number of chlamydia tests.
  - Monitor uptake of testing in each clinic against the anticipated number of screens from the KT31 figures. It may be useful to monitor the number of clients offered a test and the number accepting a test and to share these figures with the whole team.

- **Audit**: Investigate reasons for refusals – use of systematic audits to help inform solutions.

- **Visuals**: Use your waiting room. Information in the waiting room and tests available at reception might encourage young people who are visiting the clinic to support friends to screen.

- **IT**: Good IT systems will minimise the time to process tests in the service (printed labels, data collection, texting results). Where these are not available, chlamydia screening may be a lever to secure funding for them.
Example of good practice (1)

High acceptance rates
- Information in waiting room requesting that all patients <25 years bring a urine sample to the consultation
- Chlamydia testing offered as part of routine care in all contraceptive consultations

High profile service
- Receptionists offer a chlamydia testing pack to those who attend for condoms only
- Youth worker in the waiting room offers chlamydia testing to some clients
- Chlamydia testing is offered to friends of clients who accompany them to the clinic
- The clinic’s success in chlamydia screening has raised its profile within the PCT as an important provider of holistic health care

- Clinical staff ensure that forms are correctly completed.
Example of Good Practice (2)

• Every opportunity taken to screen
  – ‘Opt out’ not ‘opt in’- normalise screening; all clients in age group asked/expect to ‘pee in a pot’ when they attend clinic

• Strong leadership and organisational support , with culture of ‘can do’ ‘must do’
  – High on Chief Executives agenda , receives feedback re activity
  – Chlamydia on all RSH staff agendas
  – RSH leads part of operational group re operational decisions/solutions
  – All underpinned by training from CSO

• Strong performance management and monitoring
  – Work to targets set by commissioner– with additional income for over performance.
  – Tightly controlled system for monitoring who has had a screen or if not , why not, which is marked on the client records
  – Audits completed to support ‘intelligence’
Example of good practice (2) cont.

• Innovation and partnership working
  – Sexual health services including chlamydia screening are provided in a range of colleges across the county
  – Use of male youth workers to provide additional targeted sessions on sexual health
  – Ideas for accessing YP e.g. market places; male youth workers provide additional targeted sessions on SH
  – Stakeholders invited onto group to address operational issues
  – Working collaboratively with Peer Educators
Example of good practice (3)

• Chlamydia screening office and RSH one organisation and housed in the City Centre Clinic.
• SRH main clinic has a central location with a high footfall.
• Full team approach to screening and treatment
• Monthly detailed analysis by Co-ordinator – feedback given to the teams by RSH manager (footfall v screens)
• New initiative in summer 09, receptionists place NCSP form in notes as a reminder for staff, notable increase in screening level since introduced.
• Continual awareness and re-enforcement by Co-coordinator to team with promotion material visible within service.
Example of good practice (4)

90% of screens undertaken at RSH services:

• Opening hours 11am-8pm daily; 4 geographical locations
• History of young people (including men) coming for a check up.
  – No GUM service at local hospital
  – Integration of NCSP within mainstream RSH services
  – No designated clinics for young people – attend mainstream services
• Continued training for staff in STI management
• All results managed at screening sites
• Packs are given out at reception
• Labels make things easier and quicker
• Encourage young people to attend
  – Outreach team working with young people
  – Strong presence in schools, and schools invited to participate in “mock” SH clinics
Remunerating Reproductive and Sexual Health services

- Remuneration specifications should not only focus on screening but relate to all elements of the pathway
- Agree the exact package of care that will be remunerated (screening, treatment, partner notification, data collection including PN data) and the training required to deliver this package
- Retrospective payments linked to screening number targets seem most effective
- Remuneration frameworks should ensure chlamydia screening is integrated into a whole package of sexual health care
- Reward consistent and reliable service provision
- Benchmark your remuneration frameworks against other PCTs, in order to ensure your contracted services show value for money and cost effectiveness