National Chlamydia Screening Programme

NHS

Towards best practice for chlamydia screening in Reproductive and Sexual Health Services (RSH)

Version 3 – April 2010

Health Protection Agency

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

1 Moens V, Baruch G, Fearon P. Opportunistic screening for Chlamydia at a community based contraceptive service for young people. BMJ. 2003 Jun 7;326(7401):1252-5.

*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.chlamydiascreening.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