Integrating the New Chlamydia Testing Activity Dataset into Local Systems
HPA Regional Workshop Series Report

Common Questions and Practical Solutions

Executive Summary

- The Chlamydia Testing Activity Dataset (CTAD) is a new universal disaggregate dataset for the reporting of chlamydia testing data from all NHS and NHS-commissioned laboratories in England.
- Over the past twelve months, the Health Protection Agency (HPA) has been working with stakeholders to support local preparations for CTAD implementation.
- As part of this, the HPA held a series of six workshops with sexual health commissioners, service providers and laboratory staff.
- This report captures key points from the valuable discussion at these events, as a record for attendees and to provide an easy-to-share resource for local colleagues.

CTAD Background

- The purpose of CTAD is to enable collection of robust data from laboratories on all chlamydia testing carried out in England, in order to effectively monitor the impact of the National Chlamydia Screening Programme (NCSP) through estimation of population screening coverage, positivity and diagnostic rates.
- CTAD will replace the NCSP core data return and the non-NCSP non-GUM (NNNG) aggregate data set. The new dataset will enable unified, comprehensive reporting of all chlamydia testing and diagnosis data, and eliminates the need to combine data from disparate sources.
- The HPA is responsible for CTAD implementation and will collate CTAD data for use by local programmes.
- The HPA has approval from the National Information Governance Board (NIGB) to collect these data. CTAD is sponsored by the Department of Health and was adopted as a national NHS Information Standard by the NHS Information Standards Board (ISB 1538) in July 2011.

Key CTAD Deadlines

- Full implementation of CTAD became mandatory in April 2012, with a six month dual-reporting period running from April to the end of September 2012.
- The first deadline is 14 May 2012 for January to March 2012 data. Laboratories are also being asked to submit retrospective data for 1 January 2010 to 31 December 2011 by this point.
- For purposes of reporting to the national team at HPA Colindale, the NSCP core and NNNG dataset collections will cease at the end of September 2012. The submission date for the July – September data is 15 October 2012.

Further information

- Contact Katy Town (CTAD Scientist: 0208 327 7493); email ctad@hpa.org.uk
- Download the CTAD Commissioners Guide, Briefing Document & FAQs from the HPA website

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CTAD Regional Workshop Series
Questions and Answers Summary

➤ **What are the drivers for CTAD?**
The principle aim of the collection of the CTAD dataset is to enable improved and streamlined monitoring of the NCSP using a single universal data source. CTAD data will inform the recently published Public Health Outcomes Framework diagnosis rate indicator on chlamydia diagnosis rates in 15-24 year olds; and will enable mapping of population testing coverage and diagnosis rates to current and future geographical health boundaries. The HPA will collate CTAD data for use by local programmes.

➤ **Why is CTAD being implemented during this period of transition?**
While this is a challenging time we anticipate that following a period of adjustment to the new reporting requirements, CTAD will eliminate a significant administrative burden relating to the collation and submission of both the NCSP dataset and the NNNG dataset by Chlamydia Screening Offices (CSOs), Primary Care Trusts (PCTs) and laboratories.

CTAD implementation will also support the ongoing integration of the NCSP into mainstream primary care and sexual health service provision (please see NCSP guidance), and will contribute to increased cost-effectiveness of the programme. It will also improve reporting accuracy to inform the new chlamydia diagnosis rate indicator, one of the sexual health indicators in the Public Health Outcomes Framework.

➤ **What role does commissioning play in the implementation of CTAD?**
Those who are commissioning services from laboratories should ensure that contracts that specify compliance with CTAD are in place. In order to be able to produce the Public Health Outcomes Framework chlamydia diagnostic rate indicator at local level, laboratories will need to submit valid data in a timely fashion.

The CTAD geographical items are of particular immediate importance; good quality data are required to produce PCT and Local Authority (LA) data outputs. To be able to submit this data laboratories need to receive complete laboratory test request forms, with accurate information. Commissioners and programme managers may want to ensure good communications and contractual arrangements between test requesters and laboratories in order to achieve this.

The national CTAD team has produced guidance for commissioners detailing key issues to be considered when contracting laboratories to extract and submit CTAD data for all chlamydia tests they carry out. This guidance pack has been designed to support CTAD standard compliance as well as a smooth transition to the new system across acute, community and private microbiology services. This document is available on the NCSP and HPA CTAD web pages and has been circulated by the central NCSP team.
How will PCTs attain data on their residents submitted by laboratories outside their area?
There are five geographical data items within the CTAD specification which will be used to allocate local area of residence in a similar fashion to that currently used for the NNNG dataset. Where available, postcode of residence will be used to attribute national PCT and Local Authority (LA) codes. If this is not available, postcode of patient GP will be used. If this is not available, postcode of testing service will be used. If this is not available national GP code will be used. If all four of these data items are not available a LA code cannot be assigned to that record. If PCT of testing service is available, PCT will be assigned. Outputs of the data will be by PCT and LA.

Outputs from CTAD will not be available until six weeks after the submission deadline. Is there any flexibility here?
It will not be possible to produce CTAD outputs sooner than six weeks after the submission deadline. Currently NCSP and NNNG outputs are available eight weeks after the data submission deadline, and as such, the planned six week timescale for quarterly CTAD outputs is in line with present practice. The national team is aware that some local areas may require data outputs more rapidly and frequently for local performance management and monitoring purposes. In these cases, local arrangements should be made to obtain these data. [As is currently the case for NCSP and NNNG outputs, quarterly CTAD data outputs will be provisional until data for the whole year is compiled].

Will venue specific information about testing be available from CTAD?
The national CTAD team is exploring the feasibility of providing venue specific data from CTAD extracts in the medium term. This would be highly dependent on the accurate completion of CTAD data items including postcode of testing service, NCSP clinic code and testing service type. Whilst the CTAD team investigate this, as is currently the case local arrangements should be put in place to obtain data breakdowns as required. One possible arrangement would be for laboratories to be contracted to provide venue specific data directly to the provider and commissioner.

Note: If completion of the Testing Service Type variable is good, it will be possible for the HPA to provide data on testing and positivity rates by type of venue.

Can the overlap period between CTAD and NNNG/NCSP data systems be extended?
It is not possible to extend the overlap period or the implementation date for CTAD (April 2012). Two years of retrospective data - for 2010 and 2011 - will form part of the validation process. There will also be three quarters of 2012 prospective data contributing to the validation.

Why does the HPA need two years of retrospective data?
The two years of retrospective data (2010, 2011) are required for validation of the CTAD system.

What will happen to the NCSP forms currently used for the NCSP core dataset? In some cases not all CTAD data items are on the NCSP forms, so will CTAD require a special form for submission?
Centrally, the HPA does not require any action from local programme areas regarding NCSP forms. After the Q2 2012/13 data submission (July - September 2012) we will no longer need a central return of the NCSP core dataset, and CTAD will not require a special form for data submission.
We recommend that local screening providers liaise with laboratories to obtain and use standard laboratory test forms, which contain the necessary items for CTAD, rather than make changes to NCSP forms. This is the most cost-effective and sustainable solution going forward.

CTAD data items are in general available on standard laboratory test request forms and we anticipate that going forward these forms will be used to request chlamydia screens and that the use of NCSP forms will decrease, except in cases where the forms are required for patient management e.g. outreach screening (see NCSP Outreach Guidance).

When NCSP forms are used for test requests, missing codes should be used if items such as the NHS number or ethnicity are not recorded on the form. With respect to completion of geographical data items, currently NCSP forms should have postcode of residence, which is sufficient to assign a PCT code and LA code to the record. NCSP clinic code is also recorded on the form and will be used if postcode of residence is missing.

- **Currently part of the work of CSOs is to check records and correct errors before data extracts are sent to the HPA. How will this function continue after CSOs integrate?**

   It is the choice of the local area whether to continue with any data management systems currently in place but the process of CSOs checking each record is not evaluated to be a cost-effective or sustainable solution. Rather, good communication is needed at a local level between providers who request tests, laboratories who process results and commissioners who contract these services, to ensure that required data are accurately entered by providers at the time of test request, to minimise the need for follow-up by CSOs in the case of errors or missing data. Such local communication networks should also include local NCSP co-ordinators and Programme Facilitators.

- **Many laboratories don’t have the resources or appropriate skills to produce CTAD. What support is available for laboratories?**

   The national CTAD team have been working directly with commissioners and laboratories over the last 12 months to provide individual support, and have developed various resources to help laboratories implement CTAD:

   1. Test Extracts:
      Laboratories are encouraged to send a test extract for feedback from the national team as soon as possible, and before the deadline for submission of the first quarter data (14 May 2012). All data should be submitted through the HIV/STI web portal. For access to the web portal please direct all queries to ctad@hpa.org.uk.

   2. Buddy System:
      The national CTAD team have set up a laboratory buddy system that matches laboratories that require assistance with a laboratory that has successfully produced the CTAD extract. Laboratories are matched by the IT system used. If any laboratory would like to be part of this system, please email ctad@hpa.org.uk with information about your laboratory’s IT system.
3. Excel Macro:
The national CTAD team has produced an Excel Macro spreadsheet that re-formats local codes into the CTAD required codes for the following items - all dates, gender, chlamydia results and ethnicity as well as entering the required unknown codes.

4. Helpdesk:
All laboratories are welcome to contact the national CTAD team for help and advice. Please email ctad@hpa.org.uk or call 0208 327 7493.

- **Date of Birth (DOB) is needed for monitoring the NCSP. Why is this now a required field and not a mandatory one?**
CTAD has been approved by the NHS Information Standards Board, which means the CTAD data items must conform to the NHS Data Dictionary. DOB has been defined as required in the NHS Data Dictionary which means that the data item can be left blank if the DOB is not available. DOB has however been completed in nearly all records that the national CTAD team has received to date.

- **There is no option to record unknown specimen type and this is a mandatory data item. How should samples with unknown specimen type be reported?**
There is no option to record unknown specimen type or 'swab' in the CTAD extract because according to NHS Data Dictionary definitions, the sample type for each test requested should be identified. The options available for specimen type are urine, genital swab, rectal swab and pharyngeal swab. Conjunctival eye swab specimens should be removed from the dataset. If a laboratory has any problem completing this data item, please contact the CTAD team directly for further information and support (ctad@hpa.org.uk).

- **How does postal testing fit in with CTAD? How will this be reported?**
Whichever laboratory receives the specimen, the laboratory is required to submit this data as part of the CTAD extract, as long as the postal kit is NHS commissioned.

- **What will happen to NCSP Partner Notification (PN) information?**
The current PN data set will cease at the end of March 2012 (with last submission of January – March data on 16 July). Instead, the HPA will monitor treatment and PN nationally through:
  - GUMCAD and GUMCAD 2 data
  - Inclusion of treatment and PN within the NCSP QA Framework.
For more information please see the NCSP Integration Guidance.

- **How will CTAD affect management of patient laboratory test results and the patient care pathway in general?**
CTAD is a system for reporting data for monitoring purposes. It will have no impact at all on the patient care pathway or on communication of information between labs and the clinical service provider.