## 1. Population Needs

### 1.1 National/local context and evidence base

Sexual Health in Hampshire is relatively good with teenage conception, HIV and acute STI rates below national and regional averages. Good sexual health however is not evenly distributed within the population and there are significant differences between population groups and district council areas.

Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious health consequences (e.g. pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility) opportunistic screening for chlamydia in asymptomatic young people is an essential element of good quality sexual health services for young adults.

A substantial proportion of all young adults become infected with chlamydia in a year. The aim of the National Chlamydia Screening Programme (NCSP) is to control chlamydia through early detection and treatment of asymptomatic infection, so reducing onward transmission and the consequences of untreated infection.

The NCSP has been operational in Hampshire since 2004 and approximately 4000 screens are undertaken in general practices across Hampshire each year.

This service involves the opportunistic screening of sexually active, asymptomatic 15-24yrs olds attending your surgery, whether they are attending to see a GP, Practice Nurse or Health Care Assistant. Practices may also wish to consider inviting young people aged 15-24 to attend their practice for an annual Chlamydia screen.
1.2 Evidence Base

In 1998, the Chief Medical Officer’s Expert Advisory Group on Chlamydia trachomatis considered the evidence-base associated with screening for genital chlamydial infection. This group concluded that chlamydia screening met the criteria for a screening programme and recommended that a National Chlamydia Screening Programme (NCSP) be established.

The NCSP in England was established in 2003. It offers free, opportunistic screening, treatment and partner management and prevention to sexually active young men and women under the age of 25. The goal of the programme is to:

- Prevent and control chlamydia through early detection and treatment of asymptomatic infection;
- Reduce onward transmission to sexual partners;
- Prevent the consequences of untreated infection.

Published in early 2012, the Department of Health Public Health Outcomes Framework 2013-2016 included an indicator on the chlamydia diagnosis rate in 15-24 year olds, underlining the importance of reducing the prevalence of chlamydia infection in young adults in England. Public Health England recommends that local areas should be working towards achieving a diagnosis rate of at least 2,300 per 100,000.

General practices provide the first point of contact for the majority of healthcare in the community in England. They are a natural setting for detecting infections as over 60% of young people attend annually; the majority (70-80%) of contraception is prescribed in general practice, and in England, young people have stated a preference for being tested in their local GP practice.

National Policy Drivers:
- Healthy Lives, Healthy People white paper (2010)
- NICE guidance 2005
- Recommended Standards for sexual health services (MedFASH 2005)
- You’re Welcome Quality Criteria (2007)
- Faculty of Sexual and Reproductive Healthcare guidance

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2 ONS Opinions Survey report no 41 Contraception and Sexual Health 2008/9
Local policy Drivers for Hampshire:
- Hampshire Comprehensive Sexual Health Needs Assessment 2009 (updated 2013)
- Hampshire Teenage Pregnancy & Parenthood Strategy
- Hampshire Children & Young People’s Plan

2. HCC Corporate Aims and Key Service Outcomes

2.1 Local Strategic Aims & Priorities
The service will support the delivery of the following Public Health Outcome Framework indicator:
- Chlamydia diagnoses (15-24 year olds)

Increasing the numbers of young people who are tested for Chlamydia is a key priority within the Hampshire Sexual Health Strategy.

The Hampshire Sexual Health Strategy takes a life course approach to sexual health in line with that used in the Joint Hampshire Health & Wellbeing Strategy (2013) and the national Framework for Sexual Health Improvement in England (2013) which both aim to give young people a good start in life.

2.2 HCC Corporate Aims
The following are the key corporate aims:
- Hampshire Safe and More Secure for all: Developing and supporting stronger, safer communities for all by protecting vulnerable people, maximising safety, helping young people to live positive lives and helping diverse communities to feel secure.
- Maximising Wellbeing: maintaining and improving quality of life and ensuring everyone has the opportunity to support themselves, be active in their community and have access to the services they need whilst knowing that should things go wrong HCC are there to support them.
- Enhancing our Quality of Place: making the county a good place to be protecting local distinctiveness and diversity, ensuring excellent facilities, respecting Hampshire’s heritage and planning proactively for the future.

The service will support the achievement of the above corporate aims by:
• Providing young people with regular opportunities to test for Chlamydia and receive treatment for undiagnosed infection

• Ensuring that young people diagnosed with chlamydia are provided with treatment thereby reducing onward transmission of Chlamydia and the development of complications, including infertility

• Ensuring that young people have access to regular screening to support their sexual health and opportunities to discuss sexual health with local health professionals

• Reducing the prevalence of chlamydia within Hampshire and the incidence of chlamydia – related complications

2.3 Locally agreed outcomes (note that service standards/quality requirements are set out below)

• Support the achievement of the local chlamydia diagnostic rate of 2200 per 100,000 young people aged 15-24 in order to reduce the local prevalence of Chlamydia

3. Sustainability, Equalities, Social Value and Other Impacts

3.1 Sustainability
The use of GP practices as a point of delivery will build on existing practice staff skills and improve local access to regular chlamydia screening for young people at a local level thereby reducing the requirement to travel to alternative services.

3.2 Equalities
The service will be provided to all sexually active young people aged 15-24 irrespective of gender, race, disability, religion or sexual orientation. The service will improve local access to regular chlamydia testing for young people living in dispersed rural populations and those affected by transport poverty.

3.3 Social Value
The service will reduce the negative impact of undiagnosed and untreated chlamydial infection on the health of young people and their future fertility. The service will also contribute to a reduction in the onward transmission and prevalence of Chlamydia within the wider community. Through the use of GP practices, the service will make a positive contribution to the economy of local communities.

3.4 Other Impacts
The service will reduce the costs of treating the consequences of untreated chlamydial infection, including pelvic inflammatory disease and infertility, to the local NHS.
4.1 Aims and objectives of service
The aim of the service is to proactively provide opportunistic Chlamydia Screening for, sexually active, asymptomatic 15-24yr olds attending your surgery, in accordance with National Chlamydia Screening Programme requirements.

In line with NICE guidance, to use this opportunity to provide advice and signposting regarding the prevention of Sexually Transmitted Infections (STIs) and unintended pregnancies.

The service aims to improve sexual health by:

- Preventing and controlling chlamydia through early detection and treatment of asymptomatic infection;
- Reducing onward transmission to sexual partners;
- Preventing the consequences of untreated infection;
- Ensuring all sexually active under 25 year olds are informed about chlamydia, and have access to sexual health services that can reduce risk of infection or transmission;
- Normalising the idea of regular chlamydia screening among young adults so they expect to be screened annually or when they change partner;
- Assessing a patient’s risk of other STIs (including HIV) and the need for STI testing, with referral to STI testing services where appropriate www.letstalkaboutit.nhs.uk

4.2 Service description/pathway (including referral routes)
Overview

- The National Chlamydia Screening Programme entails the proactive opportunistic screening of sexually active asymptomatic 15-24yr olds, with the aim of preventing the rising incidence of this generally asymptomatic STI.

- This service involves the opportunistic screening of sexually active, asymptomatic 15-24 yrs olds attending your surgery, whether they are attending to see a GP, Practice Nurse or Health Care Assistant. Practices may also wish to consider inviting young people aged 15-24 to attend their practice for an annual Chlamydia screen.

- This service specification and the ‘General Practice Chlamydia Screening Guidance Notes’ should be followed at all times (Appendix 1).

- Any sexually active, asymptomatic male or female aged 15-24 years can be screened as long as they meet the criteria set out in the Guidance Notes. N.B. For patients outside of this age range please use standard microbiology forms.

- Patients with symptoms of Chlamydia can not be screened as part of this service; please use standard microbiology forms.
• Asymptomatic sexual partners of screened positives can also be screened, regardless of age (please tick the contact box on the lab form)

• In line with NICE guidance, the opportunity should be taken when screening patients to provide advice or information (e.g. leaflets) on:
  • how to prevent STIs and unintended pregnancies
  • how and where to get tested for other STIs
  • how and where to seek contraception advice on all methods of contraception including LARC (Long-Acting Reversible Contraception)

• The Practice will be expected to ensure that the appropriate specimen type is used and that the appropriate Chlamydia Screening Test Request form is completed. It is vital that the patient’s postcode is recorded on this form in order to trigger payment. Test request forms are available from the Chlamydia screening office/sexual health promotion service provided by Solent NHS Trust:
  Telephone: 01256 300436
  Email: solentsexualhealthpromotion@solent.nhs.uk

• Patients should be encouraged to provide their specimen whilst still in the Surgery. Payment will be made based on eligible samples received in the laboratory, not on sample packs given out.

• Laboratory results will be sent to the CSP Office and copied to the GP Practice as the screening initiator.

• Treatment of Chlamydia positive patients will normally be undertaken via the Integrated Sexual Health Service provided by Solent NHS Trust. Only if patients are unwilling to seek treatment through this route will GPs be expected to prescribe treatment.

• In the instances where treatment is prescribed through the GP, details of sexual partners/contact(s) will need to be obtained in order that the Integrated Sexual Health Service can co-ordinate partner notification; the ‘Treatment Care Pathway Form’ (Appendix 2) will need to be completed.

• Chlamydia Screening test request forms will be available from the CSP Office/Sexual Health Promotion Service and all the appropriate specimen containers/packs can be obtained in the normal manner from pathology services.

• Chlamydia Screening leaflets and posters should be ordered through the sexual health
Safeguarding/DBS Checks – provider is required to carry out an assessment of both its staff and the services to ensure compliance with the Safeguarding Vulnerable Groups Act 2006.

4.3 Population covered
- Any asymptomatic male or female aged 15-24yrs who has ever been sexually active
- Partners of screened positives, regardless of age (please tick the contact box on the lab form)

**NB:** Asymptomatic males and females under 15 who are sexually active can be screened but they are not covered under this agreement.

4.4 Any acceptance and exclusion criteria and thresholds

Who cannot be screened?
- Anyone who is symptomatic
- Anyone over the age of 25 (unless they are a partner of a screen positive)
- Under 16s not deemed Fraser competent and those who cannot give consent to being screened
- Those unwilling to given any means of contact for their result

For patients with symptoms please use standard microbiology forms

4.5 Interdependencies with other services

Practices providing this service will need to work in close cooperation with the Sexual Health Promotion Team/Chlamydia Screening office within the Integrated Sexual Service provided by Solent NHS Trust [www.letstalkaboutit.nhs.uk](http://www.letstalkaboutit.nhs.uk)

Practices will also be aware of the benefits of working in partnership with other local providers to ensure a networked approach to improving sexual health of local population. Partners include:
- Other GP Practices
- Community Pharmacies
- Cervical Screening Programmes
- Local Authority Children & Family Services, including Safeguarding
- Local Authority Adult Services
- Maternity services
- Gynaecology
- Rape and sexual abuse services.
• Hampshire SARC
• Educational establishments
• Community Health Services
• Voluntary Sector provides of SRE or Sexual Health interventions to young people and adults
• Health visiting
• School nursing
• Substance Misuse Services
• CAMHS
• Young people and adults with additional needs e.g. learning disability services

4.6 Any activity planning assumptions

In order to achieve sufficient coverage, practices are encouraged to screen at least 10% of their 15-24 year old population per year.

4.7 Provider Premises

The service will be provided from the practice premises, including branch surgeries as appropriate.

4.8 Days/Hours of Operation

The service will be offered within the normal hours of operation of the practice

5. Applicable Service Standards

5.1 Applicable national standards e.g. NICE

The service is underpinned by the following standards:

• National Chlamydia Screening Programme Core Requirements (6th edition):
  www.chlamydiасcreening.nhs.uk

• The Service should aim to use the Department of Health's You're Welcome quality criteria and local resources where available, as guiding principles, when planning and implementing changes and improvements, in order for the service to become young people friendly where appropriate.

5.2 Applicable local standards

A Practice may be accepted for the provision of this service if it has a partner, employee or sub contractor who has the necessary skills and experience to carry out the contracted procedures.
An introductory training session for the practice team should be arranged by contacting the sexual health promotion team/Chlamydia Screening Office in the Integrated Sexual Health Service. To arrange a training session please telephone: 01256 300436 or email solentsexualhealthpromotion@solent.nhs.uk

The training session should be attended by the practice manager and as many GPs, practice nurses, health care assistants and receptionists as possible. The training can be cascaded to other members of staff who are unable to attend the training session if required.

Participating practices will also be expected to participate in periodic updates, meetings & refresher training as and when required.

6. Quality Standards, Performance Measures

6.1 Quality Outcome & Performance Indicators

Quality Outcome Indicators:
Other than those set out above under paragraph 5 there are no additional quality outcomes. Further there are no financial consequences are set for failing to meet these Indicators.

Performance Indicators:
The following are the key performance indicators that will be used to measure the service delivery:

- % of screens that received that are valid
- % of Chlamydia screens that are received that are positive
- % of 15-24 year practice population screened per annum

6.2 Monitoring Arrangements

Data on the number of valid and invalid screens received by the local Chlamydia Screening Office (Solent NHS Trust) will be shared with commissioners and practice managers monthly.

Practices may be asked to submit additional supporting evidence which may be in the form of an audit focusing on elements of clinical governance.

7. Price

The Charges are comprised of the following:

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<th>Description</th>
<th>Charge</th>
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<tr>
<td>Basic Payment for each valid screen received</td>
<td>£7 per valid screen</td>
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<tr>
<td>Additional payment for each positive valid screen</td>
<td>£4 per valid positive screen (i.e. £11 per screen for all valid positive screens)</td>
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Additional annual quality payment for practices that achieve a total annual invalid rate of less than 10% | £1 per valid screen for all valid screens where the total annual invalid rate is <10%.

Payment will only be made for each valid chlamydia screening sample received by the laboratory with a completed Chlamydia Test Request form and where the patient meets the criteria as set out in the ‘General Practice Chlamydia Screening Guidance Notes’.

For the avoidance of doubt, specimens with missing patient postcodes; incorrect or unlabelled specimens; or tests of cure (for patients treated with Erythromycin will not be paid for.

**Increase in Charges during the duration of the Contract**

There are no agreed increases during the duration of the Contract (and clause B8.3 will have no effect).

**Supporting Information**

Data on the number of valid and invalid screens received by the local Chlamydia Screening Office (based at Solent NHS Trust) will be provided to the Authority and the practice managers. Payments to the practice will be based on this data.

*Appendix 1 GP Chlamydia Screening Guidance Notes*

*Appendix 2 GP Chlamydia Screening Programme Treatment Care Pathway*