Chlamydia Screening strategy in the UKhow far have we come?

> Dr Janette Clarke Chair, National Chlamydia Screening Advisory Group Department of Health England

Jan.clarke@leedsth.nhs.uk

13/01/2010

Chlamydia screening

National Chlamydia Screening Programme operates in England only

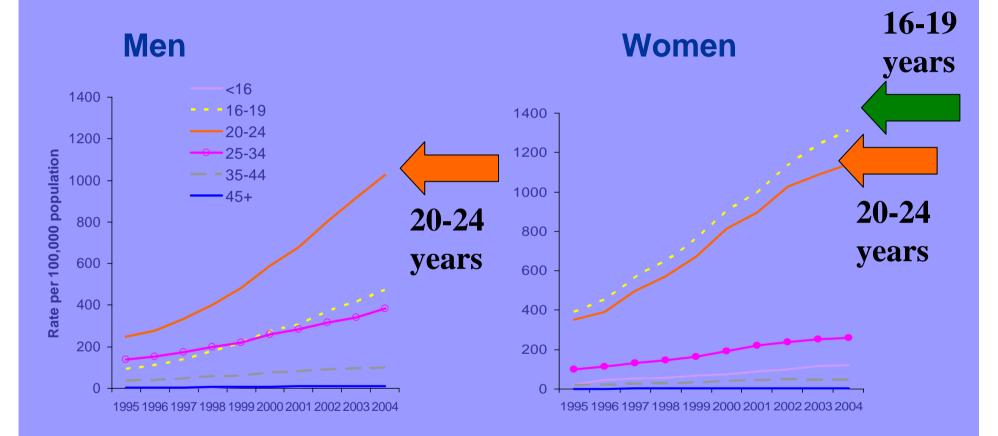


Strategies influencing Chlamydia screening

Improving young people's sexual health services

- Community based service developments
- User choice within integrated treatment services
- Target driven investment by local health economies
- Enhancing quality and patient safety
- Sophisticated social marketing

Majority of all chlamydia diagnosed is found in 16-24 year olds and has no warning symptoms

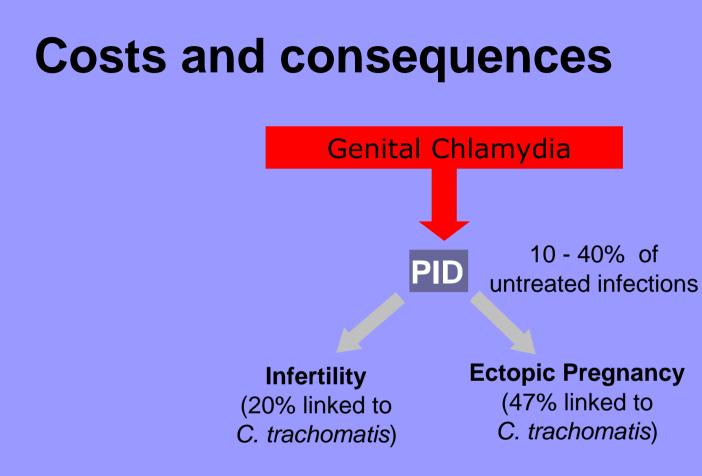


Rates of genital chlamydial infection by sex and age group: 1995 - 2004

Data source: KC60 and STISS/ISD(D)5 returns from GUM clinics, United Kingdom

13/1/2010

Chlamydia screening



Costs to NHS c. €120 million per year (excluding IVF)



Non-invasive testing



Chlamydia screening

The Leeds Teaching Hospitals NIS Trust



Chlamydia screening



Goals of NCSP

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



1999-2000 Pilots supported screening strategy n= 17,000

High acceptance:

□ 76-84% of women accepted screening when offered

High coverage:

□ Effective screening rate was 46-59% within 1 year

High prevalence:

10% among 16-24 yr old women attending community contraception services



2001 Sexual Health Strategy supports chlamydia screening



Develop community services

- Contraception
- HIV testing
- STIs
- 2001-3 phased pilots, men included
 Full rollout by 2008

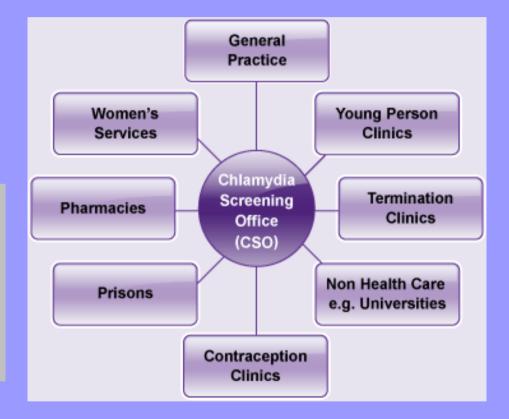


A new young people's sexual health service

National level advice to DH and HPA on progress-NCSAG

HPA central and regional teams facilitate, monitor, manage data

152 PCTs commission within a locality – 92 areas
Set up local steering group
Local venues recruited
Fund office





Opportunistic screening – *offer* to all sexually active young people under 25 years old

Healthcare settings

Contraception clinics

Young peoples services

General practices

Pharmacies

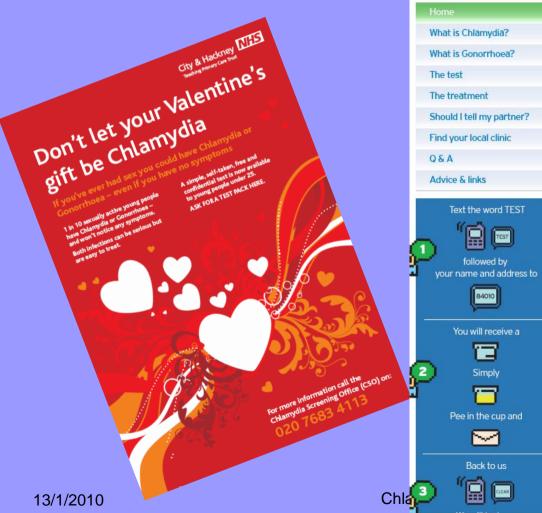
TOP services

Gynaecology services

Non healthcare settings

- Youth clubs
- YOI and prisons
- Military bases
- Schools and colleges
- Outreach events "pee in a pot" days, health fairs
- Postal kits

Expanding awareness of STIs and Chlamydia in young people





receive your 'discrete' testing kit.

Call 0800 0461303 (Confidential advice line)

R U CLEAR? is on Facebook why not join us and help Spread the Word, Not the Bug!



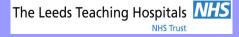




Partner management essential element of programme



- Prevent re-infection, transmission
- Any age, free treatment
- Expert partner notification as needed
- Coordinated followup through local office



Community based service development 2006-8

- Huge expansion of screening, STI testing and treatment services in community settings.
- Nurses and community pharmacists dispense without medical prescription
- National Support team (DH) disseminates good practice.



Policies and politics

- Community rather than hospital based
- Encouraging alternate providers
 - Private pharmacies
 - charities







13/1/2010



Screening Program Enhancing skills of community services expands patient choice

Screening & treatment/partner notification

CSO-centred model

CSO manages positives and partners

CSO

Integrated model

Management in local (community) clinical services

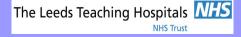
Screenir only

CSO

NHS

Operating framework targets

- Targets for each PCT
- Screening percentages of 16-24 year olds within NCSP and in community
- **17% 2008/9**
- **25% 2009/10**
- 35% 2010/11 + GU Medicine =50%





Quick wins and sustainable services: Hitting the target without missing the point Commissioning chlamydia screening

National Chlamydia Screening Programme September 2008



13/1/2010

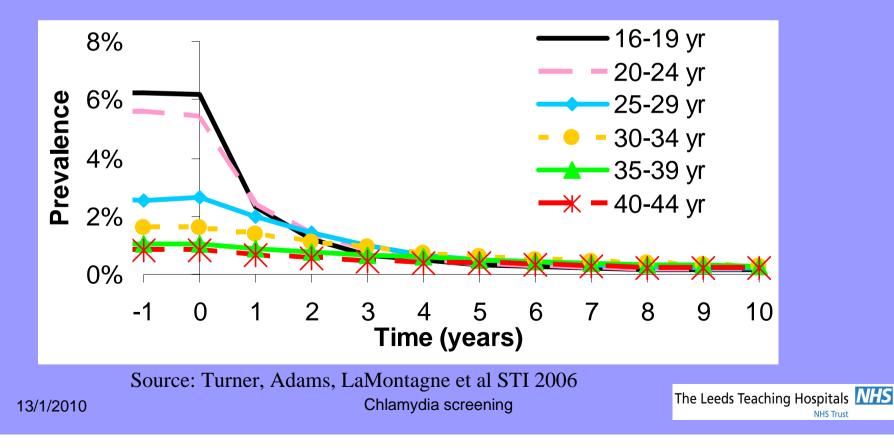


13/1/2010

Chlamydia screening

The challenge

- 6.5 million young people aged 15-24yrs in England
- 80% sexually active = 5.3 million target population
- Screen annually to bring down prevalence
- 50% coverage, 0.2 partners per case treated

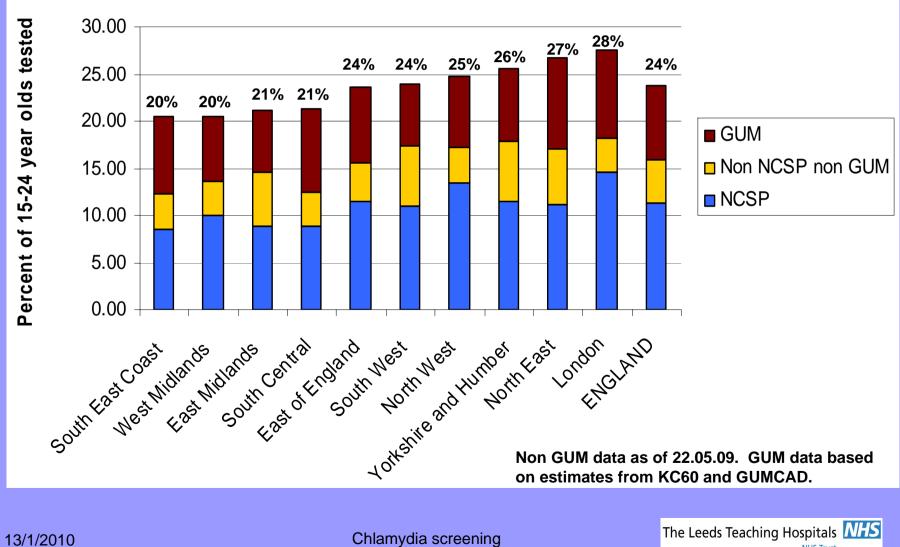


Latest statistics

11,891 NCSP sites active from April 2009. In 2008/9:

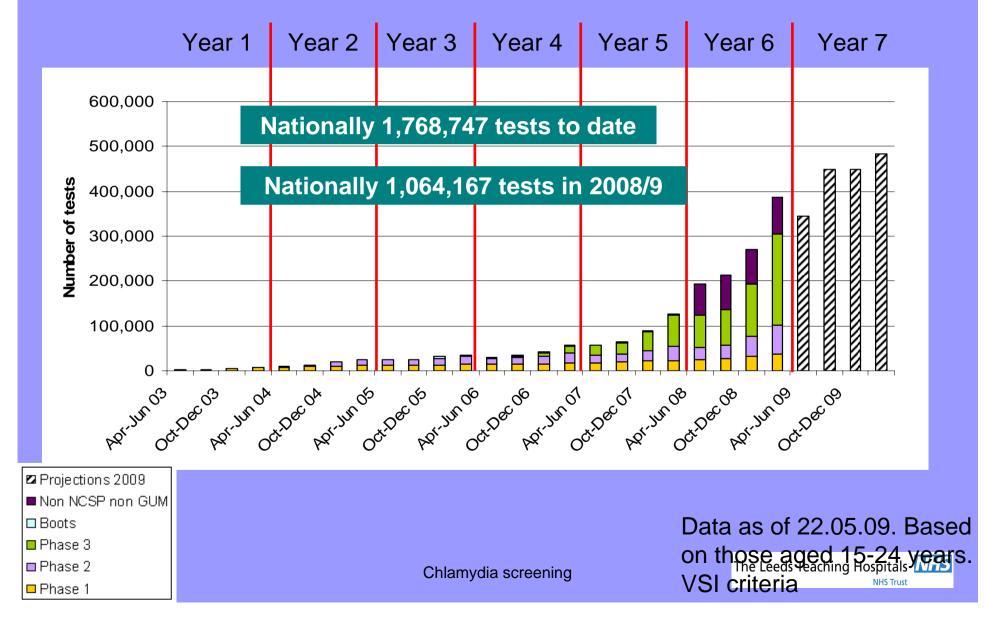
- 1,064,167 tests outside GU Medicine
- 759,027 screens in NCSP registered venues
- Diagnosed 57,704 young people with chlamydia
 - 88% documented as treated
 - 0.4 partners per case treated

Chlamydia testing coverage among 15-24 year olds: England 2008/9

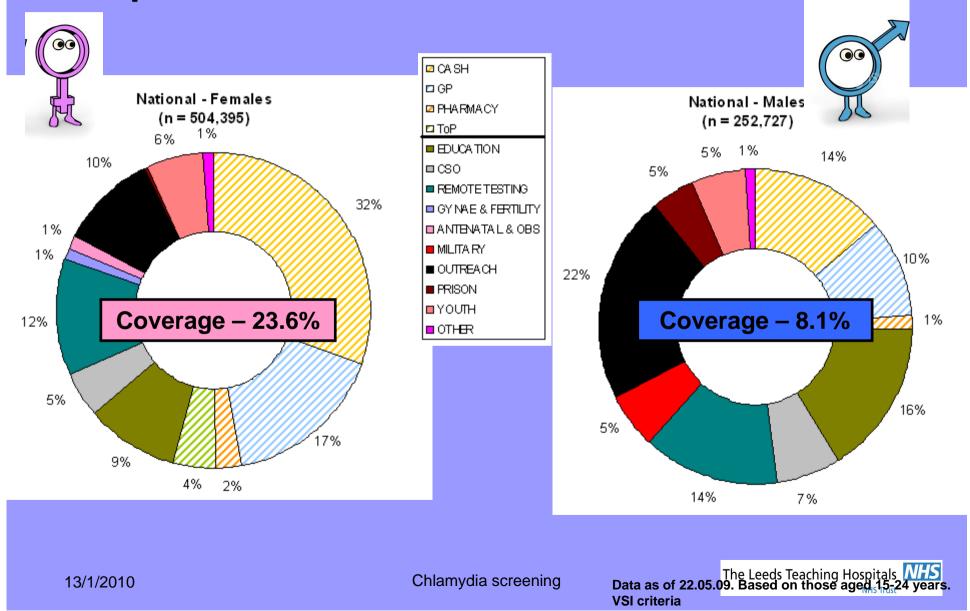


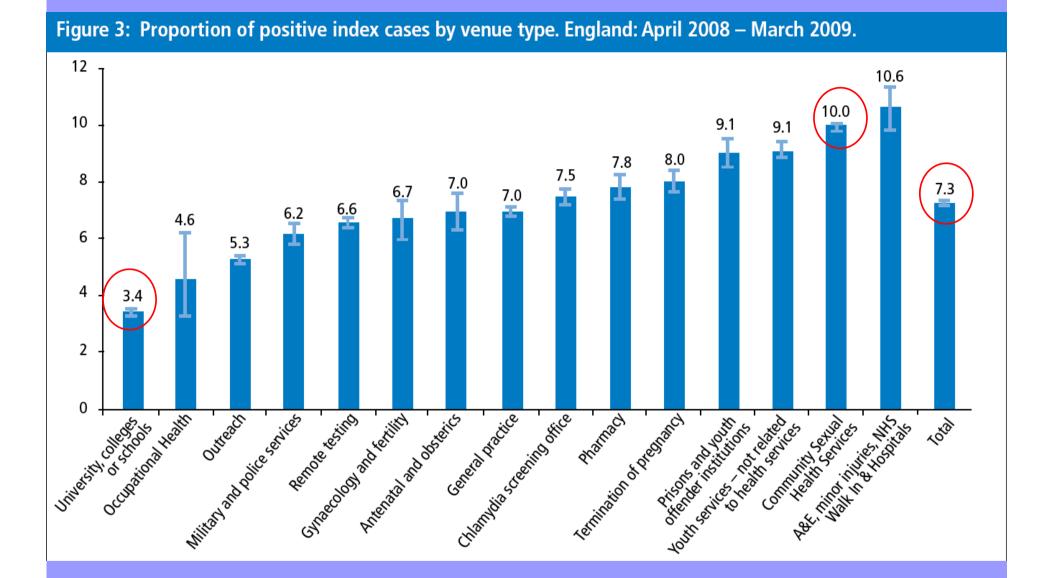
NHS Trust

England Chlamydia testing volumes: April 2003 – March 2009



Where are young people being tested? April 08 – March 09





13/1/2010

Chlamydia screening

The Leeds Teaching Hospitals NHS

Meeting the target is possible by increased coverage

Type of core service	Number of services engaged by the NCSP	Number of tests/service/ week	Total number of tests									
Contraception	3027 (60%)	5	726,480									
GP	6059 (60%)	5	1,454,160									
Pharmacy	2478 (20%)	5	594,720									
ТоР	P 129 (N/A) 5											
TOTAL 2,806,320												
2.8M = approximately 42%* coverage within NCSP core services												

Projected total coverage = approximately 52%^*

* Based on mid-2009 ONS projections.

^ Total coverage includes NCSP and non NCSP non GUM data.

Note: Total number of sites was obtained from NHS Choices, NHS ODS data (Organisation Data

13/1/2010 Services) and Business universe date hlamydia screening

The Leeds Teaching Hospitals

Chlamydia-specific communications

- Launching Jan 2010
- Activity includes TV, radio, magazines, PR and digital partnerships

Key objectives:

- Desired Action accept the test when <u>offered</u>
- Increase Awareness a normal and routine offer

All paid-for communications will feature the message:

"Remember condoms are the best protection against STIs"

Chlamydia worth talking about

National Chlamydia Screening Programme







13/1/2010

The Leeds Teaching Hospitals

NHS

NHS 2010–2015: from good to great. preventative, people-centred, productive.

۰																																				
٠																																				
٠																																				
٠																																				•
٠	٠	٠	•	•	•	٠	٠	٠	•	•	•	٠	٠	•	•	•	٠	٠	٠	•	•	•	٠	٠	•	•	•	•	•	•	•	•	•	•	٠	
٠	÷	÷	•	÷	÷	÷	•		•	÷	•	÷	÷	•	÷	÷	÷	÷		÷	÷	•	÷	÷	•	÷	÷	÷	•	•	•	•	•	•	÷	
•																																				•
٠	•	٠	•	•	•	•	•	٠	٠	•	•	•	٠	¢	•	•	•	٠	٠	٠	•	•	•	٠	•	•	•	•	•	•	٠	•	•	•	٠	
•																																				•
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
•	•	•		•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	
•																																				
•																																				
•																																				
•																																				
																									_	_										
																								1	_			_								



13/1/2010

Chlamydia screening

The future of Chlamydia screening in England is under intense scrutiny

- Benefits not just in screening volume
- Implementing the programme has involved many stakeholders
- The programme competes for resources in a complex health community
- Chlamydia screening can be fully integrated into local service networks

Acknowledgements

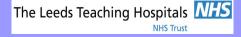
Department of Health

Andrea Duncan, Teresa Battison, Bill Jobson, Jane Mezzone, Steve Penfold

National Chlamydia Screening Advisory Group

- Paddy Horner, Gill Bell, Cathy Ison, Leslie Bacon, Simone Reuter, Hong Tan, Sue Skidmore, Noel Gill, Ian Simms, Richard Ma,
- Mary Macintosh, Director and the NCSP central operational group at the HPA:
 - Paula Baraitser, Marie Kernec, Jennie Uffindell, Johanna Rhia, Ali Talebi, Carla Maurici

www.chlamydiascreening.nhs.uk



Strategies in Chlamydia screening

- Opportunistic screening
- Community based provision
- Local focus but national framework
- Social marketing
- Integration with sexual health services

This paper was produced for a meeting organized by Health & Consumers DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.