Community Pharmacy
Local Enhanced Service:

Chlamydia Screening Pilot

Policy ref: CP LES

Status: Draft VERSION 1.0
Date Ratified: Ratified __________ 2008

Ratification committee: ________________________

Next Review Date: June 2008

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1. Introduction

The aims of the National Chlamydia Screening Programme (NCSP) are to prevent and control Chlamydia and its complications by early detection and treatment of asymptomatic infection and reduction of transmission of infection. The programme delivers screening opportunistically, is community based, multifaceted and delivered locally.

The programme was introduced as genital chlamydial infection is currently the most common sexually transmitted infection (STI) diagnosed in GUM clinics in the United Kingdom. The number of uncomplicated Chlamydia diagnoses in genitourinary medicine (GUM) clinics has risen steadily since the mid-1990s and in the United Kingdom, rose by 5% (104,733 to 109,958) between 2004 and 2005, a rise of 3% in females and 7% in males. In the UK in 2005, the highest rates of Chlamydia are among 16-19 year old females (1,359/100,000) and 20-24 year old males (1,070/100,000). A diagnostic rate equivalent to over 1% of the total female population within this age group.

2. Outline of Scheme

Clients eligible for the Chlamydia screening programme (under 25 yrs) should be offered the opportunity of a free screen for Chlamydia either opportunistically or in conjunction with a request for provision of EHC. Should always be offered again in 5 weeks.

Opportunistic screening will be offered by the appropriate member of staff and will include confidential brief advice. This advice should include:

- How the screening programme works (including how results are given and that all clients are contacted with results)
- How to use the test
- Sexual Health Promotion (and signposting to other services if necessary)
- Suggestion of full sexual health screen at a specialist sexual health service.
- Information on treatment centres
- Reassurance of confidentiality within the screening programme

Pharmacies should consider the use of a voucher system in store to increase the ease and comfort of young people when asking for a Chlamydia screen.

2.1 Young People

Young people under the age of 16 must be assessed by the pharmacist to be Fraser competent (in line with guidance and training for the EHC scheme) and keep a record of the assessment for 1 year. After this time records will be transferred to the PCT for storage by the PCT in accordance with current Records Management Policy.

Young women asking for EHC should also be offered a Chlamydia screen at the same time.

In both cases brief advice should be given to include the issues above.
3. Participation Criteria for pharmacies

Only Pharmacies where the Pharmacist has been accredited under the EHC scheme are eligible to participate in the Chlamydia screening pilot. Within ‘EHC’ administering practices only those pharmacists or designated members of the pharmacy team trained by the CSO team or through practice based cascade training, may participate in the Chlamydia screening pilot.

4. Remuneration and Monitoring

Chlamydia Screening Pharmacy Claim Forms (Appendix 2) should be forwarded monthly to Devon Primary Care Trust, 5QQ Payables, Phoenix House, Topcliffe Lane, Wakefield WF3 1WE. Claim forms should be received within two months of providing the screening intervention – claim forms received after this time will not be eligible for payment.

Claim forms will be monitored by the PCT against the number of testing forms (top copy) received by the Chlamydia Screening office.

Fee structure

A) Attendance fee for training event
   • Each Pharmacy that attends the training will be entitled to claim £100.
   (the maximum claim regardless of the number of people attending from each pharmacy will be £100)

B) Professional fee for the screening consultation
   • £4.15 per individual consultation

5. Duration of the Scheme

The pilot scheme will run from 18th February 2008 until 31st May 2008.
6. Devon PCT – Pharmacy Agreement

In signing this you are formalising an agreement between your pharmacy and Devon Primary Care Trust to partake in the community pharmacy scheme for the involvement in the Chlamydia screening pilot. The agreement will commence on 18th February 2008 and end on 31st May 2008.

- I undertake to ensure all staff involved in this service have been trained accordingly and understand the requirements. Each participating staff member will sign the Standard Operating Procedure, which will be kept in the Pharmacy along with all other SOP’s.

- I confirm that I have previously attended the PCT Chlamydia Screening awareness session

- I confirm that I have read and understood version 1.0 of the Locally Enhanced Service.

- I am competent to be able to give brief advice on Chlamydia and the screening programme to encourage uptake and sample returns

Signed ............................................ (Responsible Pharmacist)

Name ............................................

Pharmacy ........................................

Date ............................................
Appendix 1

**DRAFT COMMUNITY PHARMACY CHLAMYDIA SCREENING**

**CARE PATHWAY**

Designated staff member offers client opportunistic Chlamydia Screen or Client requests Chlamydia Screen

**Assess if the person is eligible for screen under the NCSP?**

- **Males & Females:**
  - <25 years old (Fraser competent if < 16?)
  - Sexually active
  - Asymptomatic + uncomplicated case
  - Able to give informed consent (MCA)
  - Registered with a GP in Devon

- **No**
  - Screening still available, but outside of this care pathway.
  - Signpost to local GP practice or local sexual health service for further sexual health advice / screening - see Appendix A

**Yes** Client meets criteria

- Give out standard NCSP patient information leaflet
- Provide screening information to include:
  - sample collection
  - explanation of care pathway
  - and general safe sex advice (offer condoms)

**Under 16?**

- Refer to Pharmacist to assess Fraser competence & document outcome. Does the client meet all the other criteria?
  - **Yes**
  - **No**

Designated staff member completes Sections 2+3 of the testing form (relating to screening site and type of screen). Client completes the remainder of the form or minimum data set on site. Designated staff member checks completion. Client's understanding of the information provided is then checked.

Tear off top copy of form, put in Freepost envelope and return to the CSO:

- Chlamydia Screening Office
- NHS Walk-in Centre
- 31 Sidwell Street
- Exeter, EX4 6NN

**Postage of forms**

Please ensure that forms are posted back to the CSO on the same day, otherwise we may be unable to notify people of their Results!

Client takes away appropriate male or female testing kit and provides specimen as per instructions provided (Urine for men and self-taken vulvo-vaginal swab for women)

Sample labelled with unique identification number and details (by using the ‘peel-off’ label on the form)

Sample placed in plastic transporter. Transporter and form sealed in the Freepost envelope and sent to the Royal Devon & Exeter laboratory.
(NB clients should be encouraged to post samples the same day that they are produced and avoid posting samples on a weekend or Bank Holiday)

Specimen received by Royal Devon & Exeter laboratory

CSO notified of results (initially in writing, but subsequently electronically) within 7 days of the Laboratory receiving the sample.

Client notified of results by the CSO team as per method agreed on the screening form

Client Contacted?

- Yes
  - Within 5 days:
    - NEGATIVE RESULTS
      - Reinforce safe sex message and offer further information as required
    - EQUIVOCAL / INHIBITORY
      - Result explained & repeat testing recommended.
      - Refer to suitable screening venue
    - POSITIVE RESULTS
      - Refer to treatment care pathway
  - Within 2 days

- No
  - Use second contact method
  - At least 3 documented attempts will be made

Please note that we DO NOT operate a ‘no news is good news’ policy. All clients will be contacted by the CSO. If the client contacts the screen initiator (pharmacist) for their results, please advise them to contact the CSO:

Chlamydia Screening Office, NHS Walk-in Centre, 31 Sidwell Street, Exeter, EX4 6NN. Telephone: 01392 284965

Further testing kits can be ordered by telephone or in writing from the CSO office.

Glossary of Terms

CSO = Chlamydia Screening Office
MCA = Mental Capacity Act
NCSP = National Chlamydia Screening Programme
UPSI = Unprotected Sexual Intercourse
## Chlamydia Screening Pharmacy Claim Form

<table>
<thead>
<tr>
<th>Invoice:</th>
<th>Payee: (please give the name and address for the payment)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Devon Primary Care Trust</strong>&lt;br&gt;5QQ Payables 6535&lt;br&gt;Phoenix House&lt;br&gt;Topcliffe Lane, Wakefield&lt;br&gt;WF3 1WE&lt;br&gt;PO REFXXJCOWPER&lt;br&gt;(Jane Cowper, Head of Public Health Provider Services)</td>
<td></td>
</tr>
<tr>
<td>Invoice No</td>
<td>Date of Claim</td>
</tr>
<tr>
<td>@ £4.15</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Total Amount Claimed £</td>
</tr>
</tbody>
</table>

**Please Return this form to:**

**The Devon Primary Care Trust, 5QQ Payables 6535, Phoenix House, Topcliffe Lane, Wakefield, WF3 1WE.**

Please photocopy this form when further claim forms are required.
Appendix 3: Claim Form for attendance at Chlamydia Screening Training

Chlamydia Training Pharmacy Claim Form

<table>
<thead>
<tr>
<th>Invoice:</th>
<th>Payee: (please give the name and address for the payment)</th>
</tr>
</thead>
</table>
| **The Devon Primary Care Trust**  
5QQ Payables 6535  
Phoenix House  
Topcliffe Lane, Wakefield  
WF3 1WE  
PO REFXXJCOWPER  
(Jane Cowper, Head of Public Health Provider Services) | |

<table>
<thead>
<tr>
<th>Invoice No</th>
<th>Date of Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Attendance at Training Event</th>
<th>Signatures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Amount Claimed</th>
<th>£100</th>
</tr>
</thead>
</table>

Please Return this form to:

The Devon Primary Care Trust, 5QQ Payables 6535, Phoenix House, Topcliffe Lane, Wakefield, WF3 1WE.
<table>
<thead>
<tr>
<th>Please sign or initial the relevant box</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Leaflet Given?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidentiality Explained?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the client over 25 years old?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the client under 16 years old?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Under 16 Fraser Guidelines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Child Protection Concerns?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands risks, benefits of treatment &amp; advice given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value of parental support discussed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likely to have sexual intercourse despite advice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical health likely to suffer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Health Treatment without parental consent in patients best interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the client able to give informed consent?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the client symptomatic?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timing of Screening correct?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanation of sample collection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanation of Results Notification &amp; implications?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advice on sex safe?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condoms issued?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form to be retained on site for 1 year