COMMUNITY PHARMACY CHLAMYDIA SCREENING

BACKGROUND

Genital *Chlamydia trachomatis* infection is the sexually transmitted infection most frequently diagnosed in genitourinary medicine (GUM) clinics in England. Prevalence of infection is highest in sexually active young men and women, especially those aged less than 25 years. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

Chlamydia screening is currently carried out across England as part of the National Chlamydia Screening Programme (NCSP). The objective of the programme is to control Chlamydia through the early detection and treatment of asymptomatic infection, preventing the development of sequelae and reducing onward transmission of the disease. The aim is a multi-faceted, evidence based and cost effective national prevention programme in which all sexually active young men and women under 25 years of age and those under 16 years of age deemed Fraser competent are aware of chlamydia, its effects, and have access to services providing screening, prevention and treatment to reduce their risk of infection, the development of untoward sequelae and onward transmission. An opportunistic approach is used bringing on board a diverse combination of healthcare and non-healthcare screening venues to deliver the programme. The voluntary and business sectors also play a key role in delivering the NCSP.

The Hertfordshire Chlamydia Screening Programme coordinates the service in Hertfordshire. Screening, using first-void urine samples is initiated in a range of settings. Samples can be sent using freepost by the young person to the Luton and Dunstable Hospital Laboratory for analysis. The nucleic acid amplification test (NAAT) is used. The results are returned to the Chlamydia Screening Office (CSO): all patients are then informed by the CSO of their result and contact tracing is also conducted by the CSO for people with positive results. Treatment is offered to those who screen positive and their partners.
1. Aims

To increase the volume of opportunistic Chlamydia screens for all men and women aged 15-24 inclusive, as part of the National Chlamydia Screening Programme (NCSP).

1. Offer Chlamydia screening to young men and women age 15–24 in primary care
2. Reduce transmission of Chlamydia by early detection
3. Reduce avoidable long term ill health (e.g. infertility)
4. Meet national targets to identify prevalence of Chlamydia in the population

2. Period of Agreement

This agreement is valid from 1 April 2009 until 31 March 2011 or until the service is terminated according to the conditions in section 5 of this service specification. Providers can sign up at any time within this period.

3. Requirements

Payment will be generated as follows:-

**Level One Service**

- A suitable urine test reaching the designated screening laboratory for testing. The accompanying screening form must be correctly completed to include:
  - the date of the specimen
  - the date of birth of the young person
  - a contact number for the young person

3.1 The service provider will deliver according to the requirements listed below.

**Level One Service**

1. To identify a key person to lead the programme and act as link with the Herts PCTs’ Chlamydia Support Team
2. To prominently display appropriate, supplied, patient information in the pharmacy, particularly in and around patient waiting areas.
3. Ensure that all staff delivering the programme are aware of the NCSP core requirements Ref . Quick reference Sheet (Appendix 3) and http://www.chlamydiascreening.nhs.uk/ps/core/docs.html
4. To order and maintain supplies i.e. Chlamydia postal screening kits and NCSP screening forms. Pharmacy Site Codes will be placed within screening kits prior to distribution to pharmacies.
5. To identify and make positive intervention with young men and women age 15–24 in primary care.
6. To encourage and motivate young men and women aged 15–24 in primary care to undertake the test and return the test kit to the screening laboratory including providing advice on the kit and sexual health advice.

7. To refer to an appropriate Health Care Professional as necessary.

8. To respond positively to requests for supplying a second testing kit i.e. for a partner or friend.

9. Sign and return the LES agreement (Appendix 1)

Urine samples originating from the pharmacy and received by the laboratory for testing will generate a payment to the pharmacy where screening forms and sample bottles are correctly labelled and include the site code, patient name, date of birth, date of specimen and patient contact details.

3.2 Audit requirements

Service providers will return regular quarterly audit data to the PCT (Appendix 2).

3.3 Accreditation & Ongoing assessment

- The service provider must ensure that all personnel involved in the delivery of the screening service (Level 1) are suitably trained.

3.4 Policies

The service provider will have in place relevant policies on Patient Confidentiality, Complaints and Safe Guarding children. (Child Protection).

4. Payments:

- £ 5 per screen received and tested at the laboratory

Payments for screens tested at the laboratory will be made quarterly based on the data received by the PCT from the Chlamydia Screening laboratory and subject to quarterly receipt of completed audit form. (Appendix 2)

It is important to ensure that all NCSP screening forms include the pharmacy site code and are correctly completed for processing in the laboratory.

5. Termination of the Agreement

The service provider will give at least 3 months notice of the intention to terminate this agreement.

The relevant Herts PCTs will give 3 months notice of intention to terminate this agreement.

6. Monitoring

It is expected that the service provider will comply with all data requests relating to the NCSP.

The Herts PCTs reserve the right to undertake post payment verification.
Community Pharmacy Local Enhanced Service  
Chlamydia Screening 2009-2011

Service Level Agreement Level 1

This agreement is to cover the period 1st April 2009 to 31st March 2011

This document constitutes the agreement between the Community Pharmacy and NHS West Hertfordshire and NHS East & North Hertfordshire (Herts PCTs) with regards to this Local Enhanced Service.

I confirm that (insert name of pharmacy)_______________________________

Community Pharmacy wishes to participate in Level ONE of the Chlamydia Screening Local Enhanced Service.

I confirm that I will notify the Herts PCTs (Liz Goodwin –Tel 01923 281600) if and when the Pharmacy plans to cease to provide this service.

Signature on behalf of the Community Pharmacy:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Pharmacy Stamp

Signature on behalf of the PCT:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>
| Nicky Poulain  
Assistant Director Locality Commissioning |      |      |

Return to:  
Ms Michelle Harber, Chlamydia Screening, NHS West Hertfordshire,  
Royalty House, 10 King Street, Watford WD18 0BW  
Fax No: 01923 821602  
Email: Michelle.Harber@herts-pcts.nhs.uk
Appendix 2

To be returned every 3 months to: Michelle Harber Fax No 01923 821602

Chlamydia Screening

Level 1

Community Pharmacy Local Enhanced Service

Name of Pharmacy ________________________________

F Code (OCS Code) ______________________

Audit data - not for use as a claim form but to be submitted to ensure payment.

<table>
<thead>
<tr>
<th>Week</th>
<th>Week Commencing</th>
<th>Tally chart of number of Chlamydia Screening kits given out</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g.</td>
<td>14/12/09</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<td>3</td>
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<tr>
<td>12</td>
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</tbody>
</table>

Pharmacy Stamp

Declaration: I declare to the best of my knowledge that this information is correct.

Signature ______________________________________

Date __________________________________________
### Appendix 3

**National Chlamydia Screening Programme (NCSP) quick reference sheet**

<table>
<thead>
<tr>
<th>What is the NCSP?</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Opportunistic screening of all sexually active men and women aged under 25 in England.</td>
<td>All tests must use a NAATs platform.</td>
</tr>
<tr>
<td>• Test annually or with every change of partner.</td>
<td>• Women: Self-taken vaginal swab or first void urine. Cervical swab only if vaginal examination is being undertaken.</td>
</tr>
<tr>
<td></td>
<td>• Men: First void urine.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screening</th>
<th>Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Offer test at every opportunity.</td>
<td>Comprises:</td>
</tr>
<tr>
<td>• Add chlamydia screening to other ‘call’ opportunities, eg for asthma check, MMR vaccination.</td>
<td>• copy of the NCSP patient information leaflet (PIL) PLUS</td>
</tr>
<tr>
<td>• Test at routine medicals.</td>
<td>• completed request form – some parts are self-completed PLUS</td>
</tr>
<tr>
<td></td>
<td>• sample provided.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local management</th>
<th>Types of screening venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Programme Lead plus Local Chlamydia Screening Steering Group.</td>
<td>Examples include:</td>
</tr>
<tr>
<td>• Chlamydia screening office (CSO) plus Co-ordinator.</td>
<td>• healthcare settings: general practice (GP), community contraceptive clinics, youth clinics, TOP, gynae, ANC</td>
</tr>
<tr>
<td></td>
<td>• non-healthcare settings: youth clubs, military bases, colleges, prisons</td>
</tr>
<tr>
<td></td>
<td>• community pharmacies</td>
</tr>
<tr>
<td></td>
<td>Web/postal kits and private tests – ensure NAAT is used.</td>
</tr>
<tr>
<td>• Local screening plan – see the core requirements document.</td>
<td></td>
</tr>
<tr>
<td>• Quality assurance.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Management of results</th>
<th>Treatment of uncomplicated chlamydia – FREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient advises on request form how s/he wants to receive result.</td>
<td>• Azithromycin 1gm stat.</td>
</tr>
<tr>
<td>• Positive and negative results sent out.</td>
<td>• Doxycycline 100mg bd seven days.</td>
</tr>
<tr>
<td>• Texting is most cost-effective method.</td>
<td>• If pregnant:</td>
</tr>
<tr>
<td></td>
<td>– Erythromycin 500mg qds seven days</td>
</tr>
<tr>
<td></td>
<td>– Azithromycin 1gm stat (unlicensed use).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Management of negatives with symptom box ticked on request form</th>
<th>Partner management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure appropriate investigation of symptoms.</td>
<td>Offer test – but not mandatory.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Management of positives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Take sexual history.</td>
<td>• Empirical treatment – do not wait for test result.</td>
</tr>
<tr>
<td>• Advise full sexual health screen, especially if there are symptoms.</td>
<td>• Ask about partners of partners, especially over the last six months, and encourage them to attend for screening.</td>
</tr>
<tr>
<td>• Arrange treatment.</td>
<td></td>
</tr>
<tr>
<td>• Discuss PN and method of contact tracing: patient-led or CSO-led.</td>
<td></td>
</tr>
<tr>
<td>• Agree arrangements for partner(s) to be managed.</td>
<td></td>
</tr>
<tr>
<td>• Give safe sex advice.</td>
<td></td>
</tr>
</tbody>
</table>

To be used in conjunction with this 4th edition of the core requirements document.