

Local Enhanced Service for Chlamydia Screening for 16-24 year olds

Reference: LES41

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INTRODUCTION

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients. They are also encouraged to provide the Directed, National and Local Enhanced services to the wider populations. The specification for this service is designed to cover the enhanced aspects of clinical care of the patient, which is beyond the scope of essential services.

Chlamydia is currently the currently the commonest curable sexually transmitted infection in England. The consequences of Chlamydia infection can be severe, particularly for women in whom infection may lead to pelvic inflammatory disease, ectopic pregnancy, tubal factor infertility and chronic abdominal pain.

Primary Care offers a convenient, easily accessible location for people wanting information, screening and treatment for Chlamydia, especially in areas of social deprivation and high health need.

1. Financial Details

This agreement is for the financial year 2010/11

Level 1

Practices will be paid a fee of £5 for each Chlamydia test that is received at the screening centre.

There will be a further payment of £250 for a practice once they screen 6% of the target population, £400 for reaching 8% of the target population, £500 for reaching 10% of the target population, and £1000 for reaching 20% of their population.

Level 2

As well as the above, a practice will need to provide a GP lead who will visit practices, pharmacies and other community services as needed in Barking and Dagenham, providing training, feedback, and support to clinical staff.

The practice will need to liaise with Chlamydia Screening Coordinators from Terrence Higgins Trust meet on a fortnightly-monthly basis, and provide feedback to the PCT lead as and when requested. Work with all parties to identify areas of poor performance, and develop action plans for improvements. Champion the uptake of Chlamydia screening in Barking and Dagenham.

Practices interested in providing this level of service will need to send an expression of interest to Victor Ferreira, and separate financial/contractual agreements will be made depending on the extent services agreed to be provided. The practice will need to have demonstrated that they have managed to screen a minimum of 10% of their patients during 09/10 to qualify for this.

2. Service Objectives

The aim of this Local Enhanced Service is to –

- Increase knowledge and awareness, especially among young people, of the National Chlamydia Screening Programme, whereabouts of screening facilities, and availability of treatment for Chlamydia.
- Increase the uptake of screening and treatment (if appropriate) for Chlamydia by young people who have had unprotected sex, and/or a new partner, and thus help contribute to a reduction in the prevalence of the infection and its medical complications.

The specific objectives of this LES are –

- Improve access to 'self administrated' screening kits
- Promote the use of screening kits and increase the number of test samples returned for analysis.
- Improve access to treatment for Chlamydia where a positive screening result is obtained (this aspect is managed by THT).
- Encourage partner notification, screening and treatment where patients have a positive result themselves (this aspect is also managed by THT).
- Encourage all members of staff to receive training from THT around Chlamydia screening and to work closely with THT staff to develop action plans for screening patients.

Background

NICE, Deep Dive, London Sexual Health Promotion Framework identified the following needs:

- people want accessible information- DEFINE study (08) reported young people do not know basic biology and are embarrassed to discuss sexual health

- services are people-friendly and open to meet their needs i.e evening, earlier morning, weekend
- services promote self care and management- reduce patient journey; “in and out”

The National Institute for Health and Excellence (2007) recommend one to one interventions an important element of modern sexual health services and which are part of the national strategy to prevent STIs and under 18 conceptions. As such, they should be integral to the routine care provided by both primary care and contraceptive services.

NICE guidelines recommend clinicians should identify individuals at high risk of STIs using their sexual history. Opportunities for risk assessment may arise during consultations on contraception, pregnancy or abortion, and when carrying out a cervical smear test, offering an STI test or providing travel immunisation. Risk assessment could also be carried out during routine care or when a new patient registers.

The key national and local targets/priorities are:

- Delivering on the NICE guidelines on 1-to 1- STI interventions
- 35% coverage for opportunistic Chlamydia screening amongst 15-24 year olds (registered GP pop.)

3. Service Standards

The service should be accessible to all registered users of both genders within the ages of 15-24.

Services must comply with the DH You're Welcome Standards. That state:

- a) There are opportunities for self-referral, and clear lines of referral to specialist services as required
- b) There are opportunities for young people to make appointments and attend consultations without the involvement of a parent or carer.

All aspects of the service must be compliant with the Disability Discrimination Act; ensuring disabled clients are able to access the service. Services offered should be respectful and must not discriminate on grounds of age, gender, sexuality, ethnicity or religion. Services should be sensitive to the needs of clients whose first language is not English and those with hearing, visual or learning disability.

The contractor in signing this agreement shall:

Promote the use of Chlamydia screening kits and supply them to appropriate individuals.

- Young people aged under 25 years old will be targeted for the provision of this service. Appropriate clients will then be offered a free 'self administration' Chlamydia screening kit.
- General Practice staff will encourage young people to use the testing kit and an explanation of the testing process will be given, including information on how results are provided back to the client.
- Staff will work with the THT and NHS Barking and Dagenham to help maximise number of patients that are screened.

- Each test **received at the screening centre will attract a fee of £5**. (The kits will be supplied free of charge to the General Practice, via the local Chlamydia Screening Programme).

4. Ongoing Measurement & Evaluation

Each practice must ensure that all staff involved in providing any aspect of care under the scheme has the necessary training and skills to do so. In particular the following criteria for standards for nurses in general practice should be applied:

Training

- Receive annual mandatory training (e.g.) anaphylaxis, BLS, infection control)

Professional development support

- Be supported to work within their scope of competence
- Belong to a local practice nurse forum/group
- Have a source of professional advice and support available through the PCT.

Quality

- Have their competence in a new role assessed by a qualified assessor
- Regularly update protocols based on the latest national guidance
- Maintain a 'competence file' providing a safe record of what they can and cannot do.
- Carry out regular audits
- Evaluate patient satisfaction with nursing care

Practices undertaking this service may be subject to a review which could include an audit of:

- (a) Percentage of 15-24 year olds offered Chlamydia screening
- (b) Percentage of 15-24 year olds screened for Chlamydia infection

Practices will be paid according to tests received by THT.

5. Read codes – Sexual Health Enhanced Services – 9kF

- (a) 15-24 year olds offered Chlamydia screening –
9Oq0 – Chlamydia Test Offered
- (b) 15-24 year olds screened for Chlamydia infection –
**4JK9 (Endocervical Chlamydia Swab),
4JKA (Urethral Chlamydia Swab),
68K7 (Urine Screen for Chlamydia)**

5. LES41 Signature Sheet

This document constitutes the agreement between the practice and the PCT in regards to this nationally directed enhanced service.

Practice Stamp

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCT:

Signature	Name	Date

PRACTICE CODE	GP Practice Total 15 - 24	6% Patients	8% Patients	10% Patients	20% Patients
F82001	768	46	61	77	154
F82003	462	28	37	46	92
F82004	1748	105	140	175	350
F82005	609	37	49	61	122
F82012	815	49	65	82	163
F82015	702	42	56	70	140
F82017	901	54	72	90	180
F82018	1432	86	115	143	286
F82023	581	35	46	58	116
F82025	549	33	44	55	110
F82027	410	25	33	41	82
F82034	539	32	43	54	108
F82035	318	19	25	32	64
F82038	709	43	57	71	142
F82040	416	25	33	42	83
F82042	866	52	69	87	173
F82051	1155	69	92	116	231
F82054	315	19	25	32	63
F82604	517	31	41	52	103
F82612	542	33	43	54	108
F82621	429	26	34	43	86
F82625	1004	60	80	100	201
F82629	190	11	15	19	38
F82634	292	18	23	29	58
F82642	543	33	43	54	109
F82645	298	18	24	30	60
F82647	752	45	60	75	150
F82650	717	43	57	72	143
F82660	756	45	60	76	151
F82661	609	37	49	61	122
F82665	526	32	42	53	105
F82668	324	19	26	32	65
F82676	654	39	52	65	131
F82677	726	44	58	73	145
F82678	342	21	27	34	68
F82679	656	39	52	66	131
F82680	631	38	50	63	126
F82687	216	13	17	22	43
F86040	435	26	35	44	87
Y01280	341	20	27	34	68
Y01719	358	21	29	36	72
Y01795	300	18	24	30	60
Y02575	254	15	20	25	51
Y02583	419	25	34	42	84