

# **NHS Community Pharmacy Contractual Framework**

## **Enhanced Service – Chlamydia testing and treatment**

### **Background**

Genital chlamydia infection is the most commonly diagnosed bacterial sexually transmitted infection (STI) in England. Prevalence of the infection is highest in sexually active young men and women under the age of 25 years. Untreated infection can have serious long-term consequences. In women it can lead to pelvic inflammatory disease (PID), ectopic pregnancy and tubal infertility. In men it can lead to epididymitis and epididymo-orchitis. In both men and women it can lead to Reiter's Syndrome. The infection often has no symptoms but is easy to diagnose and treat. Treatment and partner notification can reduce complications which are estimated to cost the NHS millions of pounds per year.

The National Chlamydia Screening Programme (NCSP) in England was established in 2003. It offers free opportunistic testing, treatment and partner management and prevention to sexually active young men and women under the age of 25. The goals of the programme are 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.

The NCSP is managed by the Health Protection Agency. All Primary Care Trusts (PCTs) in England have received Department of Health (DH) funding to commission local chlamydia testing programmes. The NCSP has produced guidance to support PCTs in the delivery of the programme including specific advice for general practice and community pharmacy<sup>i</sup>.

Community pharmacies are likely to play an increasing role in the delivery of sexual health services building on the success of pharmacy-based emergency hormonal contraception (EHC) programmes. The 2008 Pharmacy White Paper<sup>ii</sup> includes a range of specific proposals on the contribution that pharmacies can make to sexual health services nationally. In 2008/09 2% of tests were carried out in community pharmacies, with wide regional and local variation in their engagement in the programme.

Maximising the capacity of both community pharmacy and general practice to deliver chlamydia testing, treatment and partner management is likely to be a cost effective strategy. Indeed as the DH chlamydia testing pilot demonstrated, high testing coverage is feasible when core community based services are major contributors. Core community based services can be defined as:

- Contraception and Sexual Reproductive Health services
- Abortion services
- Community Pharmacy
- General Practice

If the currently engaged core community service venues tested at least one person a day, over 1.8 million young people would be tested in a year. This equates to approximately 26% coverage of the 15-24 year old population generated through core services alone. If engagement of core services increased to 60% and each of them tested one young person a day, close to 4 million young people would be tested each year which would afford 58% coverage of the 15-24 year old population.

In November 2005 DH procured a community pharmacy based pilot of free chlamydia testing and treatment for 16-24 year olds. The evaluation demonstrated that over 87% of young people reported they would recommend the service. This demonstrates that pharmacy is an ideal setting for the provision of chlamydia testing services. PCTs across the country are commissioning chlamydia testing services alongside EHC, condom distribution and other sexual health services from community pharmacies.

## **1. Aims and intended service outcomes**

- 1.1 To increase access to the NCSP by providing additional locations where people can access testing and treatment for chlamydia.
- 1.2 To increase access to treatment of asymptomatic individuals with chlamydia infection.
- 1.3 To increase access for young people, to sexual health advice and referral on to specialist services where required.
- 1.4 To increase clients' knowledge of the risks associated with STIs.
- 1.5 To strengthen the network of contraceptive and sexual health services to help provide easy and swift access to advice.

## **2. Service description**

- 2.1 Pharmacies will provide chlamydia testing kits to people under the age of 25, for example when young people purchase condoms, when oral contraceptive pills are dispensed and supplied to patients and when supplying EHC, as specified by the commissioner.
- 2.2 Advice on how to utilise the kit, how to return it for testing and what will happen following completion of the test will be provided in line with the approach adopted by the commissioner.
- 2.3 The service will form part of the locally run NCSP. The NCSP core requirements<sup>i</sup> specify that providers of any element of chlamydia testing should:
  - a) Identify a named chlamydia lead to communicate with the commissioner and other relevant stakeholders.
  - b) Utilise and prominently display relevant national and local sexual health and chlamydia testing materials.
  - c) Ensure that staff are appropriately trained to deliver the programme.
  - d) Offer user friendly, non judgemental, patient centred and confidential services in line with the 'You're Welcome'<sup>iii</sup> criteria.
  - e) Provide people testing for chlamydia, with an information leaflet as part of the consent process.
  - f) Adhere to national and local requirements regarding the management of under 18s.
  - g) Be responsible for ensuring timely onward referral for those people who they are not able to support or manage.
  - h) Be responsible for providing all mandatory data reporting to the commissioner and relevant stakeholders.
- 2.4 Pharmacies may inform people of their results, undertake contact tracing and/or offer treatment in line with the requirements of a locally agreed Patient Group Direction (PGD)<sup>iv</sup> if required by the PCT. A number of combinations of these options are available including:
  - Solely distribute postal chlamydia testing kits;
  - Provide chlamydia testing;
  - Provide treatment and instigation of partner notification;
  - Provide chlamydia testing, treatment and instigation of partner notification.

In all instances the service should be offered to sexually active people under 25 years old.

- 2.5 Pharmacies distributing postal chlamydia testing kits should provide advice on how to utilise the kit, how to return it for testing and what will happen following completion of the test including how people will be notified of their results.
- 2.6 Pharmacies providing chlamydia testing should deliver the services identified below to people who are either requesting chlamydia testing or seeking advice about other sexual health concerns or as part of a service to all people in the appropriate age group:
- People should be provided with information about chlamydia and other sexual health promotion including the benefits of testing, specimen collection, management of results and access to free treatment<sup>v</sup>;
  - People declaring symptoms suggestive of sexual ill health should be offered referral to an appropriate service. This may include referral to the local sexual health service;
  - If following risk assessment, the person is identified as being eligible for testing, the appropriate electronic or paper form should be completed;
  - Contact details should be requested and preferably two methods of contact should be recorded and verified;
  - Samples and forms should be collected for analysis in a timely manner, as defined by the local operational guidance;
  - People should be signposted to other sexual health services as appropriate; and
  - Free condoms should be available (subject to commissioning of the service).
- 2.7 Pharmacies will link into existing local networks of community sexual health services so that there is a robust and rapid referral pathway for people who need onward signposting to services that provide on-going contraception, for example long acting reversible contraception (LARC) and diagnosis and management of other STIs.
- 2.8 Pharmacies will provide support and advice to people accessing the service, including advice on safe sex, condom use and advice on the use of regular contraceptive methods, when required.

### **3. Service outline**

- 3.1 The pharmacy will offer people less than 25 years of age, a chlamydia testing and treatment service; the benefits of testing will be explained. People less than 16 years of age will be provided with the service, if deemed Fraser competent. A locally agreed referral pathway will provide for the referral of people less than 16 years of age who present for testing and who are not deemed to be Fraser competent, and those over 25 years of age.
- 3.2 The service will be provided in compliance with Fraser guidance<sup>vi</sup>, Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16 years<sup>vii</sup> and the 'You're Welcome' standards<sup>i</sup>.
- 3.3 The pharmacy staff will obtain informed consent and comply with the local and core NCSP requirements, including providing the person with a copy of the NCSP national leaflet. The pharmacy staff will describe the testing process and how results will be communicated to the person. The person will be supplied with a chlamydia testing kit, supplied by the commissioner (or via other locally agreed arrangements)<sup>viii</sup>.
- 3.4 The part of the pharmacy used for the provision of the service must provide a sufficient level of safety and privacy (including visual privacy where appropriate), which in most circumstances will be at the level required for the provision of the Medicines Use Review service<sup>ix</sup>.
- 3.5 The pharmacy contractor must ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client-centred communication skills. Pharmacists and staff providing this service should also be aware of local and national

guidance on safeguarding vulnerable groups, as it is possible that people from vulnerable groups will request testing. Development of the knowledge base of staff may be facilitated by the provision of local training by the PCT.

- 3.6 The pharmacy contractor must have a standard operating procedure in place for this service. The pharmacy contractor must ensure that pharmacists and staff involved in the provision of the service are aware of and operate within national and locally agreed protocols.
- 3.7 The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit. Records are confidential and should be stored securely and for a length of time in line with local NHS record retention policies.
- 3.8 Pharmacists may need to share relevant information with other health care professionals and agencies, in line with local and national confidentiality and data protection arrangements, including the need for the permission of the person to share the information.
- 3.9 The PCT will provide a framework for the recording of relevant service information (including the national core dataset) for the purposes of audit and the claiming of any payment.
- 3.10 The PCT will provide up to date details of other services, which pharmacy staff can use to refer on service users who require further assistance. The information should include the location, hours of opening and services provided by each service provider. The information could be assigned a review date, in order to allow pharmacy contractors to be assured that they are using the current version of the PCT information.
- 3.11 The PCT should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.
- 3.12 The PCT will be responsible for the provision of health promotion and other promotional material, including the NCSP patient leaflet, leaflets on EHC, long-term contraception and other STIs to pharmacies.
- 3.13 The PCT will coordinate the promotion of the service locally, including the development of publicity materials and the use of nationally produced materials, in order to ensure young people and other local health care providers are aware that the service is available from local pharmacies. Pharmacies should use these materials to promote the service to the public and should ensure they coordinate their promotional activities with those of the PCT.

#### **Notification of results and contact tracing**

- 3.14 Where the pharmacy is responsible for notifying people of the result of testing and/or contact tracing, a locally agreed protocol will be followed that complies with the core requirements of the NCSP.
- 3.15 Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms<sup>x</sup>, shall be provided to the person. This should be supplemented by a referral to a service that can provide further advice and care where appropriate.

#### **Treatment of infection**

- 3.16 Where the pharmacy is commissioned to provide a treatment service, locally agreed guidance will be followed that complies with the core requirements<sup>xi</sup> of the NCSP. The pharmacy will assess the suitability of the person to receive the locally agreed antibiotic treatment, in line with the inclusion and exclusion criteria detailed in the PGD. Where appropriate a supply will be made; where a supply of the specific antibiotic is not appropriate, the person should be referred to the local sexual health services.

#### 4. Quality Indicators and Key Performance Indicators (KPIs)

- 4.1 The pharmacy has appropriate PCT-provided health promotion and other promotional material available for the client group, actively promotes its uptake and is able to discuss the contents of the material with the client, where appropriate.
- 4.2 The pharmacy is making full use of promotional material provided by the PCT.
- 4.3 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.4 The pharmacy participates in an annual PCT organised audit of service provision.
- 4.5 The pharmacy co-operates with any national or PCT-led assessment of service user experience.
- 4.6 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- 4.7 Pharmacists and appropriate support staff attend a PCT organised update meeting each year.
- 4.8 The following three KPIs are considered by the NCSP as being core for services commissioned to provide the relevant elements of the chlamydia pathway:
  - a) Number of chlamydia tests  
% of the target population each provider is responsible for testing.  
(Standard: performance against specific agreed targets for each participating community pharmacy that are linked to another PCT funded sexual health service).
  - b) Turnaround time from the date of the test to notification of results  
Time from date of test to notification of result by provider, laboratory or other provider as appropriate.  
(Standard: 90% of results notified within 10 working days of test taken).
  - c) Partner notification  
Rate of partner notification for chlamydia and gonorrhoea by provider.  
(Standard: at least 0.4 contacts per index case in large conurbations or 0.6 contacts elsewhere within four weeks).
  - d) Treatment rates  
% of chlamydia positive index cases receiving treatment.  
(Standard: 95% of index cases confirmed to have received treatment).

#### **Background information – not part of the service specification**

The following documents and websites provide background information on Chlamydia testing and treatment:

National Chlamydia Screening Programme

[www.chlamydia-screening.nhs.uk](http://www.chlamydia-screening.nhs.uk)

Standards for the Management of STIs (2009)

[www.medfash.org.uk](http://www.medfash.org.uk)

The Manual for Sexual Health Advisors

[www.ssha.info/public/manual/index.asp](http://www.ssha.info/public/manual/index.asp)

### **CPPE products which may support this service:**

Sexual Health: testing and treating (Open Learning Pack)

Contraception (Open Learning Pack)

Dealing with difficult discussions (Open Learning Pack)

Safeguarding Children (Open Learning Pack)

Child health: working with the NSF for Children, Young People and Maternity Services (Open Learning Pack)

<sup>i</sup> NCSP guidance documents, including the Core Requirements are available at [www.chlamydia-screening.nhs.uk](http://www.chlamydia-screening.nhs.uk).

<sup>ii</sup> [www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/PharmacyWhitePaper/index.htm](http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/PharmacyWhitePaper/index.htm)

<sup>iii</sup> You're Welcome quality criteria: Making health services young people friendly available at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4121562](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4121562)

<sup>iv</sup> Examples of PGDs are available on the PGD portal at [www.nelm.nhs.uk](http://www.nelm.nhs.uk).

<sup>v</sup> People requiring treatment for STIs should receive this free of any prescription charge or, if this is not possible (e.g. where FP10 prescriptions are used) and the service user is not exempt, they should be offered access to another provider if they wish. Medication for the treatment of STIs should ideally be supplied at the time of diagnosis.

<sup>vi</sup> Fraser Guidelines – based on a House of Lords Ruling; a health professional can give advice or treatment to a person under 16 without parental consent providing they are satisfied that:

- The young person will understand the advice;
- The young person cannot be persuaded to tell his or her parents or allow the doctor to tell them that they are seeking contraceptive advice;
- The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment; and
- The young person's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

<sup>vii</sup> Guidance available at [www.dh.gov.uk/sexualhealth](http://www.dh.gov.uk/sexualhealth).

<sup>viii</sup> Some PCTs test for gonorrhoea as part of the sample analysis. Where this additional test is undertaken, the person must be made aware of testing for gonorrhoea and provide informed consent for this.

<sup>ix</sup> The requirements for consultation areas are detailed in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 as amended ([www.dh.gov.uk/assetRoot/04/10/75/97/04107597.pdf](http://www.dh.gov.uk/assetRoot/04/10/75/97/04107597.pdf)).

<sup>x</sup> Commissioners may wish to consider the inclusion of condom supply as part of the service and the integration of participating pharmacies into the local Chlamydia testing programme.

<sup>xi</sup> National Chlamydia Screening Programme Core Requirements are available at [www.chlamydia-screening.nhs.uk](http://www.chlamydia-screening.nhs.uk).