Specification for Insertion and Removal of Subdermal Contraceptive Implants

1. Introduction
This service covers counselling, fitting, monitoring and removal of contraceptive implant.

In order to ensure that services provided are of a satisfactory standard, adherence to the following specification is mandatory for those practitioners who are inserting and removing sub-dermal contraceptive implants under this contract. Only insertions and removals performed by individuals in line with this specification will be reimbursed and evidence of accreditation will be required before any payments are made.

2. Background/Evidence Base
NICE Clinical Guideline 30 identifies the following priorities:

Contraceptive provision
• Women requiring contraception should be given information about and offered a choice of all methods, including Long-Acting Reversible Contraception (LARC) methods.
• All currently available LARC methods are more cost effective than the combined oral contraceptive pill even at one year of use.
• Intrauterine devices, the intrauterine system and implants are more cost effective than the injectable contraceptives.
• Increasing the uptake of LARC methods will reduce the numbers of unintended pregnancies.

3. Aims/Outcomes
• Increase in uptake of LARC
• Reduction in unintended pregnancy
• Reduction in under 19 pregnancies
• Reduction of termination of pregnancy

4. Service Outline/Standards
A register will be maintained by the service provider of all patients fitted with a contraceptive implant.

Sexual history taking: Practices will ensure that all patients have a full sexual history review which will ensure that the contraceptive implant is the most appropriate method of contraception based on medical evidence, clinical guidelines, sexual history and practice, and risk assessment.

Risk assessment: Practices will offer all patients chlamydia dual self-taken swabs (and HIV testing to all patients who live in Eastbourne, Hastings boroughs and Lewes district this includes the Havens) prior to recommending the contraceptive implant.

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Provision of information: Practices will ensure patient information is available for all clients - appropriate verbal and written information about all contraceptive options should be provided at the time of counselling to ensure informed choice. Understanding regarding implant use should be reinforced at fitting with information on effectiveness, duration of use, side effects and those symptoms that require urgent assessment.

Production of an appropriate clinical record: Practices will ensure there is adequate recording regarding the patient’s clinical, reproductive and sexual history, the counselling process, the results of any STI screening, problems with insertion, and the type and batch number of the implant, expiry date of the device and follow-up arrangements. If the patient is not registered with the provider, the provider must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes after obtaining explicit consent from the patient.

As part of good Clinical Governance Practices will be required to develop, implement, monitor and review the clinical quality of the service that they undertake.

All service providers will undertake a risk assessment to ensure adequate facilities and equipment are in place to deliver the service and identify the resources available to support the service. ESCC will require the following details:

- where the service will be delivered
- administration / IT systems – monitor demand / activity
- who would be primarily involved in delivering the services
- proposed roles and responsibilities
- robust communication systems
- arrangements for transfer of care to other services

- Develop appropriate systems for record keeping including patient assessment, follow-up/recall and an appropriate clinical record.
- An approved complaints system should be in place
- Regularly monitor access times

Specific service standards and responsibilities of the provider regarding young people

- All advice and information given to young people should be in line with East Sussex County Council’s policies for the provision of contraception and sexual health advice services for young people.
- All staff providing this service to young will assess and demonstrate in records that the young people are Fraser Competent.
- All staff working with young people will ensure young people are aware of the limits of confidentiality in line with Sussex Child Protection and Safeguarding Procedures as per overarching ESSC contract.
- All staff working with young people are expected to be responsive to the needs of individual young people regarding age, learning ability, culture, religion, ethnicity, sexuality and gender.
- All staff should have a current working knowledge of community provision offering sexual health and contraceptive services (including young person specific and outreach services).
DBS Check requirement
The table below sets out the factors considered when determining the need for DBS checks for all/some staff to delivering all/parts of the service. It is a requirement that DBS checks are refreshed every three years.

<table>
<thead>
<tr>
<th>Service</th>
<th>Subdermal Implants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specified Place</td>
<td>GP, or practice nurse and HCA</td>
</tr>
<tr>
<td>Frequency, Intensity</td>
<td>More than 4 times a week</td>
</tr>
<tr>
<td>Health Care / Regulated Activity?</td>
<td>Sexual health assessment including under 16s, fitting of SDCI associated STI testing</td>
</tr>
<tr>
<td>DBS type</td>
<td>Enhanced (post 2012) Check for Regulated Activity (Adults). This check involves a check of the police national computer, police information and the adults barred list.</td>
</tr>
<tr>
<td>Required for the following staff</td>
<td>For all GP and nursing and healthcare assistant staff delivering the service.</td>
</tr>
</tbody>
</table>

5. Referrals & Eligibility
Any woman who is a resident of East Sussex who is a registered or non-registered patient of the practice following clinical assessment and presentation of full choice of contraceptive method, taking into account clinical appropriateness of method and contraindications and exclusions (please also see specific service standards regarding young people). Complex contraception issues and all deep implant or none palpable implant removals must be carried out by the appropriately trained staff and should be referred through to the East Sussex Specialist Sexual Health Team (see contacts on page 5).

6. Equipment & Premises
Certain special equipment is required for implant fitting and removal. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation. A variety of removal forceps and facility for local anaesthesia provision may also need to be available. This specification also includes the provision of sterile surgical instruments which can be of the disposable type or obtained from Central Sterile Supplies Department (CSSD) and other consumables. These costs are included in the service price.

7. Accreditation & Training
Accreditation involves a demonstration of:
- skills involved in counselling for implants;
- knowledge of issues relevant to implant use;
- problem management and observation of insertion and removal;
- supervised insertion and removal of a minimum number of insertions as specified by the Faculty of Sexual and Reproductive Health Care (FSRH); and
- assessment of competence by a FSRH approved assessor.³

Practitioners (both doctors and nurses) undertaking this procedure should have undertaken appropriate education and training as directed by FSRH (see details on following link).

Evidence of current full accreditation - FSRH LoC SDCI: use either link above
Practitioners require reaccreditation every five years. To gain accreditation, the practitioner must have undertaken sufficient insertions and removals each year to maintain his/her competence. The FSRH recommends that the practitioner should carry out a minimum of six procedures per year, including at least one observed insertion and one removal and complete the CPD requirements as stated above on a yearly basis.

Practitioners should undertake regular Continuing Professional Development (CPD). The FSRH require practitioners to attend regular updates. Practitioners are required to attend an update once a year. The East Sussex Specialist Sexual Health Service provides a free annual contraception update day.

8. Payment/Cost

For 2015 - 2017 the price of:
- Implant insertion = £76.00
- Implant removal = £57.00

All signed up practices are suggested to provide C Card condom distribution to under 25s (see C Card specification). However this is not a requirement and practices may choose to provide this service and not sign up to the C-Card scheme. Condom distribution to over 25s is included as part of the payment within the SCDI consultation.

9. Monitoring, Audit & Reporting

The service provider will be required to obtain and maintain good quality and appropriate clinical records of the interventions delivered to patients through this service specification.

The service provider will also be required to produce an annual report. Service specific information to be included in the annual report is set out in the table below (please note data should be presented as a summary so that individual patients are not identifiable).

- Geodemographic data – postcode, age, ethnicity, gender as set out in minimum data set requirements.
- Number of Contraceptive implants fitted - Suggested READ Code 7G2AB
- Number of Contraceptive implants removed - Suggested READ Code 7G2H7
- Reasons for removal
- How long had the removed SDI been in situ
- Reporting of significant events and analysis in relation to the insertion and removal of contraceptive implants
- Monitoring of complaints Suggested READ Code 9U
- Chlamydia self care test for under 25s carried out prior or at fitting (target 100%)

The Commissioner will undertake an annual review and will consider compliance with the contract. Any aspect of compliance with this service specification can be considered. All reviews undertaken by the Commissioner will consider (not exhaustive):

- Outcomes for clients and patients
- Benchmarking of current knowledge and practice
- Who gains access to the service
- Quality of service
- Performance against agreed volume and service standards
- Client and patient user satisfaction
- Learning points identified.

The commissioner will assist with disseminating good practice and shared learning.
Subdermal contraceptive implants CPD

As described in accreditation requirements

10. Useful Contacts

Josephine Percival, East Sussex Specialist level three Contraceptive lead
(based at the two specialist service addresses shown below)
Josephine.percival@esht.nhs.uk

| 1st floor, Station Plaza Health Centre, Station Approach, Hastings, East Sussex TN34 1BA | Avenue House, The Avenue, Eastbourne, East Sussex. BN21 3XY |
| 01424 464750 | 01323 416100 |

Tony Proom - Strategic Commissioning Manager for Clinical Sexual Health
01273 335252
Tony.proom@eastsussex.gov.uk

Tracey Houston – Business Manager for Public Health
01273 481932
Tracey.houston@eastsussex.gov.uk

Chlamydia screening NAATs kits request from
http://www.eastsussexsexualhealth.co.uk/order-a-chlamydia-screening-kit.html
01323 462762

Condoms and lubrication
ccard.publichealth@eastsussex.gov.uk
Intra-uterine contraceptive device/system (IUCD’S) fittings

1. Introduction
This service covers fitting and advising, and removal of IUCD/S in primary care.

Adherence to this specification is mandatory for all practitioners providing this service to ensure a satisfactory standard of service. Payment will only be made if the Practitioner has provided evidence of accreditation and adhered to the specification.

This service specification does not include the use of Intrauterine System (IUS) for the management of menorrhagia in primary care. Complex IUD/S removal and contraceptive requirements should be referred to the appropriately trained staff within the specialist sexual health services.

2. Background and Evidence Base
NICE Clinical Guideline 30 identifies the following priorities relating to the provision of contraception
• women requiring contraception should be given information about and offered a choice of all methods, including Long-Acting Reversible Contraception (LARC);
• all currently available LARC methods are more cost effective than the combined oral contraceptive pill, even at one year of use;
• intrauterine devices, the intrauterine system and implants are more cost effective than the injectable contraceptives; and
• increasing the uptake of LARC methods will reduce the numbers of unintended pregnancies.

3. Aims and intended service outcomes
The aims and outcomes of this service are to:
• ensure that a full range of contraceptive options are provided by practices to patients;
• ensure that the availability of post-coital copper IUCD fitting for emergency contraception should be provided as a means of reducing unwanted pregnancies
• increase in uptake of long acting reversible contraception;
• create a reduction in unintended pregnancy;
• create a reduction in under 19 pregnancies; and
• create a reduction in the number of pregnancy terminations.

4. Service outline
This service specification includes:
• fitting, and removal of IUCD’S as appropriate;
• production of an up-to-date register of patients fitted with an IUCD/S. This will include all patients fitted with an IUCD. This is to be used for audit purposes;
• practices to undertake regular continuing professional development (CPD). Attendance at annual contraception update run by the local specialist sexual health services is recommended;
• provision of adequate equipment. Certain special equipment is required for IUCD/S fitting. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation. A variety of vaginal specula, cervical dilators, and equipment for cervical anaesthesia must also be available. An appropriately trained assistant needs to be present to support the patient and assist the doctor or nurse during the procedure;
• condom use for prevention of future infection (free condoms are provided to the practice if signed up to C Card scheme)
• provision of information. Written information should be provided at the time of counselling with information on follow-up and those symptoms that require urgent assessment; and
• production of an appropriate GP record. Adequate recording should be made regarding the patient’s clinical history, the counselling process, the results of any chlamydia screening, the pelvic examination, problems with insertion, the type and batch number of the IUCD, and follow-up arrangements. If the patient is not registered with the practice providing the service, the providing-practice must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes with the patients consent.

Standard thread and annual checking of IUD/IUS is no longer required as per current FSRH guidance.

Post 4-6 week fitting checks have now been removed as a standard from the FSRH IUCD guidelines (April 2015) however it is recognised that a check may be required if a women is unable to feel threads or for other complications post fitting. This service specification does not include follow ups relating to menorrhagia management

DBS Check requirement

The table below sets out the factors considered when determining the need for DBS checks for all/some staff to delivering all/parts of the service. It is a requirement that DBS checks are refreshed every three years.

<table>
<thead>
<tr>
<th>Service</th>
<th>IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specified Place</td>
<td>GP, or practice nurse and HCA</td>
</tr>
<tr>
<td>Frequency, Intensity</td>
<td>More than 4 times a week</td>
</tr>
<tr>
<td>Supervised</td>
<td>Unsupervised</td>
</tr>
<tr>
<td>Health Care / Regulated Activity?</td>
<td>Healthcare intervention regulated. Sexual health assessment of all ages including under 16s, physical examination, fitting of IUD/S, associated STI testing</td>
</tr>
<tr>
<td>DBS type</td>
<td>Enhanced (post 2012) Check for Regulated Activity (Adults). This check involves a check of the police national computer, police information and the adults barred list.</td>
</tr>
<tr>
<td>Required for the following staff</td>
<td>For all GP and nursing and healthcare assistant staff delivering the service.</td>
</tr>
</tbody>
</table>

5. Specific service standards and responsibilities of the provider regarding young people

• All advice and information given to young people should be in line with East Sussex County Council’s policies for the provision of contraception and sexual health advice services for young people
• All staff providing this service to young will assess and demonstrate in records that the young people are Fraser Competent.
• All staff working with young people will ensure young people are aware of the limits of confidentiality in line with Sussex Child Protection and Safeguarding Procedures.
• All staff working with young people are expected to be responsive to the needs of individual young people regarding age, learning ability, culture, religion, ethnicity, sexuality and gender.

• All staff should have a current working knowledge of community provision offering sexual health and contraceptive services (including young person specific and outreach services).

• Chlamydia NAATs screening is suggested by FSRH for all women under 24 before insertion of the IUCD/S (this can be taken by the women as self-taken lower vulvo-vaginal swab and can be a chlamydia screening programme postal test kit which would be funded via the chlamydia screening PHLSA for those aged under 24 and under); routine taking of precoil STI testing swabs in women aged 25 and over who have not been at risk of STI/HIV (see FSRH guidance 2015) is no longer recommended.

• If practitioners choose to take routine precoil swabs in women who are not at risk of STI’s this is not claimable through the STI testing and treatment and HIV testing PHLSA.

• The contraceptive services commissioned by NHS England area teams are an “additional service” defined in the standard GP contract (clause 9.3.1) as follows:

  1. The giving of advice about the full range of contraceptive methods including advice regarding IUD and SDI as they are part of the whole range

  2. Where appropriate, the medical examination of patients seeking such advice

For the purpose of this service specification medical examination would include precoil swab taking if required, under the additional contract.
Clinical Governance
As part of Clinical Governance Practices will be required to develop, implement, monitor and review the clinical quality of the service that they undertake.

All service providers will:

- undertake a risk assessment to ensure adequate facilities and equipment are in place to deliver the service and identify the resources available to support the service. ESCC will require the following details:
  - where the service will be delivered;
  - administration / IT systems – monitor demand / activity;
  - who will be delivering the services;
  - proposed roles and responsibilities;
  - robust communication systems; and
  - arrangements for transfer of care to other services.

- maintain appropriate systems for record keeping including patient assessment, follow-up/recall and an appropriate clinical record;

- an approved complaints system should be in place; and

- regularly monitor access times.

6. Referrals and Eligibility
Any woman, whether a registered or non-registered patient of the practice, who is a resident of East Sussex, following clinical assessment and a presentation of the full choice of contraceptive method, taking into account clinical appropriateness of method and contraindications and exclusions. All complex contraception issues should be referred through to the East Sussex specialist sexual health team. (Please also see specific service standards regarding young people)

7. Equipment and Premises
Certain special equipment is required for IUCD/S fitting and removal. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation. A variety of removal forceps and facility for local anaesthesia provision also need to be available. This specification also includes the provision of sterile surgical instruments which can be of the disposable type or obtained from CSSD and other consumables. These costs are included in the service price.

7. Accreditation and Training
Practitioners (both doctors and nurses) undertaking this procedure must have appropriate accreditation and have completed all relevant training as directed by FSRH. Accreditation involves a demonstration of skills involved in counselling, knowledge of issues relevant to IUCD/S use, problem management and observation of insertion and removal followed by supervised insertion and removal of a minimum number of insertions and removals as specified by the Faculty of Sexual and Reproductive Health Care (FSRH), and assessment of competence by a FSRH Faculty registered trainer.
An appropriately basic life support trained healthcare assistant also needs to be available to monitor the patient and assist the clinician during the procedure.
Evidence of appropriate training and accreditation should be supplied to the commissioner prior to commencing service provision.

FSRH Diploma and Letter of Competence:
- Evidence of current full accreditation - FSRH LoC IUD (see above link)
- To ensure clinicians are able to maintain competence they should be inserting at least one intrauterine method per month.

For recertification. See details on following link
http://www.fsrh.org/pages/Recertification.asp
• It is the responsibility of the practitioner to assess their own competence if accredited following career breaks. Specialist sexual health services can offer attendance and fitting a number of devices in busy IUCD/S clinics for a refresher and update in these circumstances.
• The FSRH requires a log of at least 12 insertions in 12 months or six in 6 months using at least two different types of device in unanaesthetised patients.

Practitioners should undertake regular Continuing Professional Development (CPD). The FSRH require practitioners to attend regular updates. The East Sussex specialist sexual health service provides a free annual update day.

8. Payments and Cost
Each practice contracted to provide this service will receive:
£81.31 per insertion
£38.00 per removal
£21.69 follow up)

All signed up practices are suggested to provide C Card condom distribution to under 25s (see C Card specification). However this is not a requirement and practices may choose to provide this service and not sign up to the C-Card scheme. Condom distribution to over 25s is included as part of the payment within the SCDI consultation.

9. Monitoring, Audit and Reporting
The service provider will be required to obtain and maintain good quality and appropriate clinical records of the interventions delivered to patients through this service specification. The service provider will also be required to produce an annual report. Service specific information to be included in the annual report is set out in the table below: (please note data should be presented as a summary so that individual patients are not identifiable).

• Geodemographic data – postcode, age, ethnicity, gender as set out in minimum data set requirements.
• A register of patients fitted with a IUCD/S
• Number of IUCD/S’s fitted
• Number of IUCD/S’s removed
• Reasons for removal
• How long had the removed IUCD/S been in situ
• Reporting of significant events and analysis in relation to IUCD/S service
• Monitoring of complaints

The Commissioner will undertake an annual review and will consider compliance with the contract. Any aspect of compliance with this service specification can be considered. All reviews undertaken by the Commissioner will consider (not exhaustive):
• Outcomes for clients and patients
• Benchmarking of current knowledge and practice
• Who gains access to the service
• Quality of service
• Performance against agreed volume and service standards
• Client and patient user satisfaction
• Learning points identified.

The commissioner will assist with disseminating good practice and shared learning.
10. Useful Contacts

Josephine Percival, East Sussex Specialist level three Contraceptive lead
(based at the two specialist service addresses shown below)
Josephine.percival@esht.nhs.uk

| 1st floor, Station Plaza Health Centre,          | Avenue House,                  |
| Station Approach, Hastings, East Sussex TN34 1BA | The Avenue, Eastbourne,        |
| 01424 464750                                    | East Sussex. BN21 3XY          |
|                                               | 01323 416100                   |

Tony Proom - Strategic Commissioning Manager for Clinical Sexual Health
01273 335252
Tony.proom@eastsussex.gov.uk

Tracey Houston – Business Manager for Public Health
01273 481932
Tracey.houston@eastsussex.gov.uk

Chlamydia screening NAATs kits request from
http://www.eastsussexsexualhealth.co.uk/order-a-chlamydia-screening-kit.html
01323 462762

Condoms and lubrication
ccard.publichealth@eastsussex.gov.uk

FSRH guidance on intrauterine contraception (2015)
http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraception.pdf
Sexually Transmitted Infections (STI) testing and treatment and HIV testing

1. Introduction
This specification covers the testing for Sexually Transmitted Infections (STI) and HIV and treatment of certain sexually transmitted infections at levels one and two sexual health service provision within primary care. This specification is for services to be provided in addition to any commissioned from General Practices by NHS England Area team through the General Medical Services (GMS) contract.

2. Background/Evidence Base
The first National Strategy for Sexual Health and HIV (2001)\(^5\) emphasised the need to broaden service provision external to traditional Genito Urinary Medicine (GUM) departments in order to increase access and provide choice for patients. It introduced three levels of service provision.

These levels were subsequently developed in the British Association of Sexual Health and HIV, ‘Updated standards for the management of sexually transmitted infections (STI’s) January 2014\(^6\)’. Level 1 (asymptomatic)
Level 2 (symptomatic)
Level 3 (specialist)

The Sexual Health Needs Assessment for East Sussex, recommended more investment in sexual health Level one and two services through community bases, such as primary care, in order to encourage increased access through geographically local services.

3. Aims/Outcomes
Within the East Sussex area, we are introducing a local strategic work plan to further this aim, and it is recognised that primary care has an important role in achieving systematic delivery of the key public health outcome framework targets which are:
- Reduction of unintended pregnancy.
- Increase in chlamydia detection to 2300 per 100,000 head of 15-24 year old population
- Reduce the prevalence of undiagnosed HIV by increasing screening numbers for HIV and preventing late diagnosis of HIV.
- In addition extending service provision will work towards the following ambition in the framework for sexual health improvement (2013)\(^7\)
- Reduce rates of STI’s among people of all ages
- Individuals understand the different STI’s and associated potential consequences.

\(^5\) The national strategy for sexual health and HIV (2001)
\(^6\) British Association of Sexual Health and HIV; ‘Updated standards for the management of sexually transmitted infections (STI’s) January 2014
\(^7\) A Framework for Sexual Health Improvement in England (2103)
Individuals understand how to reduce the risk of transmission.
- Individuals understand where to get access to prompt, confidential STI testing and
- Provision allows for prompt access to appropriate, high-quality services, including the
- Notification of partners.
- Individuals attending for STI testing are also offered testing for HIV.
- In addition to the above national outcomes and ambitions locally East Sussex County Council has developed local ambitions these are
- To improve access to sexual health services in East Sussex
- To increase the range of services available in community settings within East Sussex for
  registered and non-registered patients
- To increase the number of staff with additional skills
- To facilitate accredited learning programmes for staff

4. Service Outline/Standards

DBS Check requirement

The table below sets out the factors considered when determining the need for DBS checks for all/some staff to delivering all/parts of the service. It is a requirement that DBS checks are refreshed every three years.

<table>
<thead>
<tr>
<th>Service</th>
<th>STI &amp; HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specified Place</td>
<td>GP, or practice nurse and HCA</td>
</tr>
<tr>
<td>Frequency, Intensity</td>
<td>More than 4 times a week</td>
</tr>
<tr>
<td>Supervised</td>
<td>Unsupervised</td>
</tr>
<tr>
<td>Health Care / Regulated Activity?</td>
<td>Healthcare intervention regulated. Sexual health assessment of all ages including under 16s, sexual health physical examination and testing, venepuncture</td>
</tr>
<tr>
<td>DBS type</td>
<td>Enhanced (post 2012) Check for Regulated Activity (Children and Adults) - used when someone is undertaking regulated activity relating to both children and adults. This check involves a check of the police national computer, police information and the children's and adults barred list.</td>
</tr>
<tr>
<td>Required for the following staff</td>
<td>For all GP and nursing and healthcare assistant staff delivering the service.</td>
</tr>
</tbody>
</table>

This service specification sets out sexual health services to be provided by General Practices to their patients’ and non-registered patients where available. BASHH standards describe three levels of sexual health service (see details in Appendix A).

Services described in this specification are predominantly Level 2 services. This service specification funds primary care to undertake Level 1 and 2, in all Level 3 cases discussion and direction for treatment has to be through the specialist sexual health services GUM consultant. In some cases the specialist sexual health services GUM consultant may recommend that treatment is carried out in primary care. Specific circumstances where this may happen are set out under each of the clinical interventions below.

Local service specification details

Assessment and screening for STI’s including blood testing for Syphilis and HIV
Taking swabs or providing self-taken chlamydia trachomatis/ Neisseria gonorrhoea swabs for males and females, including self-taken anal and pharyngeal chlamydia trachomatis/ Neisseria gonorrhoea in Men who report Sex with other Men (MSM). MSM must have syphilis test taken on any genital ulceration presentation. MSM must be offered an opt out HIV test (target 80% uptake).

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8 [http://www.eastsussex.gov.uk/jobs/workingateastsussexcountycouncil/employmentpolicies/crbchecks.htm](http://www.eastsussex.gov.uk/jobs/workingateastsussexcountycouncil/employmentpolicies/crbchecks.htm)

9 British Association of Sexual Health and HIV; ‘Updated standards for the management of sexually transmitted infections (STI’s) January 2014
Opportunistic chlamydia screening: For those who are between the ages of 15 and 24 and have not attended for a sexual health related reason. Chlamydia screening programme postal self-test kits handed over the reception or as part of a consultation that is non-sexual health related will be reimbursed under the chlamydia screening postal kits service specification these payments will be based upon receipt of a correctly completed postal kit by the screening service and payment will be generated automatically back to the practice from ESCC.

Treatment of STIs: Treatment of STIs should be in line with recommendations in the BASHH guidance. Please note the specific local requirements relating to treatment of specific conditions.

Treatment of Neisseria gonorrhoea: Where gonorrhoea is suspected or diagnosed, the patient should be referred immediately to the level three specialist service, in cases where referral to the specialist service is identified as a barrier to patients taking up treatment, practices may offer treatment following discussion and agreement with the specialist sexual health service GUM consultant, before treatment commences. (see contact details). This is because of multiple drug resistance.

Treatment of genitally located warts: Genitally located warts in primary care should usually be treated with topical podophyllotoxin (Warticon) solution/cream, cryotherapy or imiquomod (aldara) only. Alternative treatment regimens should be agreed with the Specialist Sexual health GUM consultant.

Genitally located Herpes simplex:
All suspected Herpes simplex with active ulceration must be diagnosed via HSV RPR test and must also have a Syphilis blood test taken as a differential diagnosis. For any reoccurrences that occur over six times a year suppressive treatment advice should be sought from the Specialist Sexual health Service GUM consultant.

Provision of HIV and syphilis testing: HIV testing must be offered as an opt out test for all patients, with an expected minimum uptake target of:
• 60% in all patients who have a sexual health screen
• 80% in all MSM and black Africans.
• All MSM patients must have a syphilis test requested on the HIV blood sample
• All men and women with genital ulceration must have a Syphilis test as a differential diagnosis

In order to provide sexual health service described in this specification practices must be able to offer venepuncture for HIV and Syphilis testing.

Partner notification: All positive transmittable infection results will automatically be provided by the specialist service laboratory to the specialist services health advising team. The health advising team will contact practices to offer support with partner notification (please ensure patients are made aware the partner notification process). Positive results triggering this are:
• HIV
• Syphilis
• Gonorrhoea
• Chlamydia
• Trichomoniasis
• Lympho Granuloma Venereum (LGV)

Prevention of transmission of STIs: Practices should liaise with specialist sexual health services sexual health advisers for advice regarding behaviour change techniques and input for those who appear to be at increased risk of infection through unprotected sex with multiple sexual partners. Condoms will be supplied to all ages, under the C Card scheme for under 25s. Provision of opt out chlamydia screening self-tests to under 25s (self-test kits will be provided to practices by the specialist sexual health service).
Patient must be referred to Level 3 specialist service

The following must be formally referred by contacting the Level 3 services and organising appointment for follow up with a GUM medical Consultant only:

- All pregnant women with suspected STI and or HIV infection
- All suspected pelvic inflammatory disease (PID)
- All Syphilis newly diagnosed positive new or past infection individuals for commencement and assessment of treatment
- All suspected LGV
- All rectal symptomatic men and women
- All suspect tropical STIs and Treponemal infections (i.e. Yaws, Donovanosis (Granuloma inguinale), Chancroid.
- All suspected STI related syndromic reactions such as Sexually Acquired Reactive Arthritis (SARA) including Reiter’s syndrome
- All Epididymitis and Orchitis (Note: If a suspected testicular torsion then patient must be immediately directed to emergency services for assessment and potential emergency corrective surgery.)
- All pelvic inflammatory infection related to STI positive results.
- All unusual genital dermatological and ulcerative conditions

Balanitis
- Suspected Lichen Sclerosus: also known as ‘lichen sclerosis et atrophicus’ and ‘balanitis xerotica obliterans (BXO)’.
- Suspected Circinate balanitis

Vulval
- Suspected Lichen Sclerosus
- Suspected Lichen Planus

Provision of service in primary care for these patients must be agreed by the GUM consultant. Where treatment is not recommended in primary care, patients should be referred to other services in line with the Consultants’ advice.

Specific service standards and responsibilities of the provider regarding young people

- All advice and information given to young people should be in line with East Sussex County Council’s policies for the provision of contraception and sexual health advice services for young people
- All staff providing this service to young people will assess and demonstrate in records that the young people are Fraser Competent.
- All staff working with young people will ensure young people are aware of the limits of confidentiality in line with Sussex Child Protection and Safeguarding Procedures.
- All staff working with young people are expected to be responsive to the needs of individual young people regarding age, learning ability, culture, religion, ethnicity, sexuality and gender.
- All staff should have a current working knowledge of community provision offering sexual health and contraceptive services (including young person specific and outreach services).

5. Referrals and Eligibility
Any man or woman who is a resident of East Sussex, whether a registered or non-registered patient of the practice, following clinical assessment and confirmation they fulfil the criteria of level one and two services is eligible.

All Level 3 should be referred/discussed with the GUM consultant in specialist sexual health services (see specific service standards regarding young people).
6. **Equipment and Premises**

Certain special equipment is required for sexual health assessment and treatment. This includes an appropriate confidential room fitted with a couch and sink, swabs (NAATS, HSV RPR and amies swabs). A toilet for self-taken swabs and urine tests, and venepuncture equipment along with appropriately trained phlebotomist. A variety of speculums, sterile surgical instruments, test kits and other consumables. All these costs are included in the service pricing and expected to be obtained by the practice. Chlamydia screening programme postal kits for under 25s and condoms and lubrication will be provided via the services described in part 13 of this service specification under contacts.

7. **Accreditation & Training**

**Minimum Accreditation requirement for delivering this service**

It is a requirement that clinical medical and nursing practitioners attend the Sexual Transmitted Infections Foundation ‘plus’ (two day) Course (STIF) for GP’s & PN’s. The course is approved by the British Association of Sexual Health and HIV (BASHH) for those intending to provide a Level 2 service.

**Training support**

ESCC will organise and fund the initial ‘STIF plus’ two day training session for the lead doctor and nurse within the practice, with a once only payment made to support time spent on this activity. Where staffing arrangements change it may be possible to agree additional funding to enable services to continue. Subsequent annual CPD local sexual health updates will be organised by the specialist sexual health services. Places will be free to practice staff attending. Cover for the attending staff will be the responsibility of the practice not ESCC. Staff providing the service under this service specification will be expected to attend this event or demonstrate attendance at a similar educational day event.

To undertake training and accreditation as described within this PHLSA (please contact the strategic commissioning manager for clinical sexual health via public.health@eastsussex.gov.uk for more information and prior to booking to agree funding). The specialist sexual health services follow the British Association of Sexual Health and HIV (BASHH) protocols for management and treatment of most STIs, available via [www.bashh.org.uk](http://www.bashh.org.uk). Practitioners must work within these protocols with supporting advice from the specialist sexual health service consultants. The East Sussex specialist Level 3 services are commissioned to provide overall clinical leadership. The GUM consultant within this service is the clinical lead.

8. **Governance**

As part of clinical governance, GP Practices will be required to develop, implement, monitor and review the clinical quality of the service that they undertake.

All service providers will:

- Undertake a risk assessment to ensure adequate facilities and equipment are in place to deliver the service and identify the resources available to support the service.
- Develop appropriate systems for record keeping including patient assessment, follow-up/recall and an appropriate clinical record.

ESCC will require the following details:

- where the service will be delivered;
- administration / IT systems – monitor demand / activity;
- who will be delivering the services;
- proposed roles and responsibilities;
- robust communication systems; and
- arrangements for transfer of care to other services.
- maintain appropriate systems for record keeping including patient assessment, follow-up/recall and an appropriate clinical record;
- an approved complaints system should be in place; and
• regularly monitor access times.

9. Payment/Cost

LEVEL 1 (asymptomatic)
• Testing for HIV alongside STI testing and referring positive HIV patients to specialist services
• Formal consultation and assessment of asymptomatic patients by a nurse or doctor and full screening for STIs and HIV of all new registered or new attendance patients requesting consultation relating to sexual health. This will include:
• NAATS urine, vulvo-vaginal self-taken swabs for chlamydia and gonorrhoea for heterosexual self-defined men and women
• In addition for asymptomatic men who have sex with men, a self-taken pharyngeal and rectal NAATs swab
• HIV blood test
• Syphilis blood test

NOTE: chlamydia screening self-tests given over the reception counter or given during a non-sexual health consultation will be claimed separately under the chlamydia screening postal kits service specification. Chlamydia screening self-care tests can be obtained from the chlamydia screening office (see contacts in part 11).

Condoms and Lubrication will be provided by ESCC (see contacts in part 11)

LEVEL 2 (and level three management under supervision of GUM consultant)(symptomatic)
• Treatment of STIs (including epidemiological treatment of named contacts of STI)
• Treatment of genital warts
• Testing and treatment of simple genital herpes
• Hepatitis Testing and vaccination of men who report sex with other men
• Complex level three treatment/ follow up following direction from specialist level three services

Practices must offer both Level 1 and Level 2 services. This is to include venepuncture, in addition to taking part in the provision of condoms via the C Card scheme service specification and opportunistic chlamydia screening programme for under 25s to claim against this service level agreement.

<table>
<thead>
<tr>
<th>Level one</th>
<th>Level two</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Attendance: registered patient £20.35</td>
<td>First Attendance: registered patient £35.61</td>
</tr>
<tr>
<td>First Attendance: Non-registered patient £30.35</td>
<td>First Attendance: Non-registered patient £45.61</td>
</tr>
<tr>
<td></td>
<td>Follow up for treatment or retest relating to same episode £20.35</td>
</tr>
</tbody>
</table>

How to claim (examples)
Only one claim can be made per visit, for example a basic non-symptomatic screen first time with a registered patient would be £20.35. However if they subsequently are identified with an infection they would attract the follow up price in addition (£20.35). If a non-registered symptomatic patient attended they would attract the £30.35 on first attendance.

Please see chlamydia screening postal kits service specification for the Chlamydia self-test screen given, over counter or as part of non-sexual health consultation
10. Monitoring, Audit & Reporting

Each participating practice will obtain and maintain good quality and appropriate clinical records of the interventions delivered to patients through this service specification. To include (but not necessarily limited to):

- Geodemographic data – postcode, age, ethnicity, gender, sexual orientation as set out in minimum data set requirements.
- a register of participating staff, including training records
- Record data set on activity claimed through this service specification utilising the read codes in Appendix C
- Number of existing practice registrants receiving a first sexual health consultation
- Number of non-registered patients first sexual health consultation
- Total Number of patients first sexual health consultation
- Number of follow ups and reason for follow up attendance
- Number of STI screen’s
- Number of HIV tests in non-black African man and women and non MSM
  - Target: 60% of all sexual health screens should include HIV testing
- Number of HIV tests in black African men and women and MSM
  - Target: 90% of all sexual health screens should include HIV testing
- STI and HIV positive results (see suggested read codes in appendix A)
- If participating in C Card scheme and signed to the C card service specification
  - Condoms given out to under 25s under C card (to be reported via the C Card service specification)
  - Condoms given out to over 25s (to be reported via the C Card scheme specification)

A summary of anonymised activity should be provided to ESCC on a quarterly basis. An annual report summarising service performance and issues arising/opportunities for shared learning should be provided to the commissioner.

The Commissioner will undertake an annual review and will consider compliance with the contract. Any aspect of compliance with this service specification can be considered. All reviews undertaken by the Commissioner will consider (not exhaustive):

- Outcomes for clients and patients
- Benchmarking of current knowledge and practice
- Who gains access to the service
- Quality of service
- Performance against agreed volume and service standards
- Client and patient user satisfaction
- Learning points identified.

The commissioner will assist with disseminating good practice and shared learning
11. Contacts

<table>
<thead>
<tr>
<th>GUM Consultant – Dr Harish Patel</th>
<th>GUM Consultant – Dr Kazeem Aderogba</th>
</tr>
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<tbody>
<tr>
<td><a href="mailto:h.patel1@nhs.net">h.patel1@nhs.net</a></td>
<td><a href="mailto:Kazeem.adergoba@nhs.net">Kazeem.adergoba@nhs.net</a></td>
</tr>
<tr>
<td>1st floor, Station Plaza Health Centre, Station Approach, Hastings, East Sussex TN34 1BA</td>
<td>Avenue House, The Avenue, Eastbourne, East Sussex. BN21 3XY</td>
</tr>
<tr>
<td>01424 464750</td>
<td>01323 416100</td>
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Tony Proom - Strategic Commissioning Manager for Clinical Sexual Health
01273 335252
Tony.proom@eastsussex.gov.uk

Tracey Houston – Business Manager for Public Health
01273 481932
Tracey.houston@eastsussex.gov.uk

Chlamydia screening NAATs kits request from
http://www.eastsussexsexualhealth.co.uk/order-a-chlamydia-screening-kit.html
01323 462762

Condoms and lubrication
ccard.publichealth@eastsussex.gov.uk
Appendix A

National Level 1 intervention – (Asymptomatic)
Sexual history taking and risk assessment
Including identifying:
• safeguarding issues in under 18s and vulnerable adults with referral as appropriate
• the need for HIV post-exposure prophylaxis following sexual exposure (PEPSE)
• sexual assault with referral as appropriate
• full STI and HIV screening and STI treatment of asymptomatic infections (except treatment for gonorrhoea and syphilis) in women and men (except MSM)*
• Full screen men (not MSM)
• NAATs test for chlamydia and gonorrhoea from urine test (one hour since last passed urine)
• Blood test for HIV and syphilis
• Full screen women
• NAATs test for chlamydia and gonorrhoea from clinician or self taken lower vulvo-vaginal swab
• Blood test for HIV and syphilis
• HIV testing
• Screening for hepatitis B and hepatitis C and vaccination for hepatitis B
• Partner notification of STIs (locally supported and overseen by specialist sexual health)

Additional to level one but not attracting payment for these elements independently under this service specification unless part of a full sexual health consultation as described above:
• Including pre-test discussion and giving results
• Sexual health promotion
• Provision of verbal and written sexual health promotion information
• Condom distribution to those aged under 25 via the local C Card scheme as part of a sexual health assessment and consultation with a doctor or nurse
• Provision of condoms to those aged 25 and over as part of a sexual health assessment and consultation with a doctor or nurse
• Assessment and referral for psychosexual problems

National Level 2 intervention- (Symptomatic)
Incorporates Level 1 plus:
• STI testing and treatment of symptomatic but uncomplicated infections in men (except MSM)* and women including:
  • gonorrhoea if able to perform gonorrhoea cultures with rapid transport to the laboratory
  • Full sexual health and HIV testing of asymptomatic MSM.
• A full sexual health screen in MSM requires:
  • NAATS chlamydia/ Gonorrhoea self-taken
  - Urine
  - Rectal sample
  - Pharyngeal sample
  • Blood for
  - HIV
  - Syphilis
  - Hepatitis b care ab and ag (if not record of previous vaccination)

National Level 3 interventions (Complex / Specialist)
The following are not part of this service specification, patients presenting with the following should be referred to level three specialist services:
• STI testing and treatment of MSM*
• STI testing and treatment or instruction of treatment of men with dysuria and genital discharge**
- Testing and treatment of STIs at extra-genital sites
- STIs with complications
- STIs in pregnant women
- Gonorrhoea cultures and treatment of gonorrhoea***
- Recurrent conditions
- Recurrent or recalcitrant STIs and related conditions
- Management of syphilis and blood borne viruses
- Including the management of syphilis at all stages of infection
- Tropical STIs
- Specialist HIV treatment and care
- Provision and follow up of HIV post exposure prophylaxis (PEP)****

STI service co-ordination across a network including:
- Clinical leadership of STI management
- Co-ordination of clinical governance
- Co-ordination of STI training
- Co-ordination of partner notification

Specialist Services will also provide:-
- Teaching, supervision and advice to other health professionals & development of clinical protocols and monitoring standards

* The testing and management of men who have sex with men (MSM) has been defined as an element of specialist care at Level 3 because the majority of infections in this group are in the rectum and/or pharynx rather than the urethra and the management of these infections is more complex and requires specialist provision (see Standard 3). However, for asymptomatic MSM there may be some Level 2 services which have the full range of investigations available, and the necessary clinical and prevention skills, to effectively manage care.

** The appropriate management of men with dysuria and/or urethral discharge requires immediate microscopy (see Standard 3). This is usually only available at specialist GUM (Level 3) services so the testing and treatment of such men has been defined as an element of care at Level 3. However some other services, at Level 2, may be able to provide immediate microscopy (with the appropriate training and quality assurance) and management of such men would then be appropriate at these services.

*** Gonorrhoea culture is an essential test before treating gonorrhoea or giving empirical antibiotics to people with symptoms.

**** PEP ‘starter packs’ are often available in other settings such as Accident and Emergency or Occupational Health, but referral to a specialist GUM (Level 3) service is required for ongoing management and provision of antiretroviral drugs.
<table>
<thead>
<tr>
<th>Appendix B Commissioning responsibilities for sexual health</th>
<th>GMS / PMS</th>
<th>ESCC public health service agreement tier two agreement</th>
<th>Tier three specialist sexual health services</th>
</tr>
</thead>
</table>
| **Advice**                                               | - Sexual History Taking  
- Info re local GU provision  
- Info on contraceptive methods and availability  
- Signposting | - Sexual History Taking  
- Info re local GU provision  
- Info on contraceptive methods and availability | - Education and update  
- Clinical leadership across county for sexual health including contraception |
| **Contraception**                                        | - Choice of contraceptive methods  
- First and ongoing supply of oral contraceptive  
- First and continuing supply of injectable contraception  
- Emergency oral contraception  
- Assessment & referral for Vasectomy  
- Referral for female sterilisation  
- Signposting | - GMS/PMS services for non-registered patients.  
- IUCD/S (PHSA)  
- SDCI (PHSA) | - Assessment & treatment for Psychosexual problems  
- Psychosexual counselling  
- Complex contraception |
| **Management**                                           | - Pregnancy testing and referral  
- Referral for TOP assessment (BPAS)  
- Herpes – assessment and referral  
- Management of vaginal discharge  
- Genital warts – assess and refer  
- Symptomatic STIs – assess and refer  
- Signposting | - Assessment and symptomatic or indicated screening for STIs, taking or giving self-taken swabs/urine tests for males and females.  
- Treatment of none complex STIs and genital diagnosed conditions such as candidiasis, bacterial vaginosis  
- Prescribing 'take home' treatment of genitally located warts of under 3/12 treated duration  
- Management of recurrent (diagnosed via RPR testing) genitally located Herpes Simplex  
- Hepatitis B testing, immunisation  
- Testing for HIV and referring positive to specialist services  
- Treatment of positive Chlamydia patients  
- GMS/PMS services for non-registered patients.  
- Offer of chlamydia screening self-taken pack to all patients aged between 15-24  
- provision of above service for registered and non- registered patients | - Complex Contact Tracing  
- Management of psychosexual problems  
- Specialist HIV treatment services  
- Complex genito urinary medicine  
- Initiation of suppressive therapy for recurrent genital herpes simplex  
- Initiation of therapy for genital warts that do not respond to warticon and/or remain after three months of treatment.  
- Initiation of syphilis treatment STIs with complications  
- STIs in pregnant women  
- Gonorrhoea cultures and treatment of gonorrhoea  
- Support for sexual assault  
- Risk reduction behavioural counselling |
## Appendix C
Read codes for STI and HIV testing and treatment

**SHHAPT Code Look-up**

Sexual Health and HIV Activity Property Type Code – Summary of definitions

### A. DIAGNOSIS OF INFECTION, CONDITION OR DISEASE

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>CODE</th>
<th>DIAGNOSIS</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>C4</td>
<td>Gonorrhoea</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hepatitis B</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>First diagnosis</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Primary</td>
<td>A1</td>
<td>Hepatitis C</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>First diagnosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary</td>
<td>A2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Early latent</td>
<td>A3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiovascular</td>
<td>A4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neurosyphilis</td>
<td>A5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other late and latent</td>
<td>A6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Congenital</td>
<td>A7A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-specific urethritis</td>
<td>C4N</td>
<td>PID and</td>
<td>C5A</td>
</tr>
<tr>
<td>Genital</td>
<td>First</td>
<td>C10A</td>
<td>Ophalmia</td>
</tr>
<tr>
<td></td>
<td>Recurrent episode</td>
<td>C10B</td>
<td>BV and anaerobic</td>
</tr>
<tr>
<td>Genital</td>
<td>First</td>
<td>C11A</td>
<td>Balanitis/vaginitis/vaginosis</td>
</tr>
<tr>
<td></td>
<td>Recurrent episode</td>
<td>C11D</td>
<td>Other conditions</td>
</tr>
<tr>
<td>HIV</td>
<td>Known positive</td>
<td>H</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New diagnosis</td>
<td>H1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New diagnosis – acute</td>
<td>H1A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New diagnosis – late</td>
<td>H1B</td>
<td></td>
</tr>
</tbody>
</table>

### B. SERVICES PROVIDED

<table>
<thead>
<tr>
<th>SERVICE PROVIDED</th>
<th>CODE</th>
<th>SERVICE PROVIDED</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI</td>
<td>Chlamydia only</td>
<td>T1</td>
<td>Hepatitis B vaccination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>First dose</td>
</tr>
<tr>
<td></td>
<td>Chlamydia and gonorrhoea</td>
<td>T2</td>
<td>Second dose</td>
</tr>
<tr>
<td></td>
<td>Chlamydia, gonorrhoea and syphilis</td>
<td>T3</td>
<td>Third dose</td>
</tr>
<tr>
<td></td>
<td>Chlamydia, gonorrhoea, syphilis &amp; HIV</td>
<td>T4</td>
<td>Hepatitis B immune</td>
</tr>
<tr>
<td>HIV TEST</td>
<td>Antibody</td>
<td>P1A</td>
<td>PEPSE</td>
</tr>
<tr>
<td></td>
<td>Test offered and refused</td>
<td>P1B</td>
<td>Prisoner</td>
</tr>
<tr>
<td></td>
<td>Test not appropriate</td>
<td>P1C</td>
<td>Sex worker</td>
</tr>
</tbody>
</table>

### C. SUFFIXES TO SHHAPT CODES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>WITH CODE</th>
<th>SUFFIX</th>
<th>DESCRIPTION</th>
<th>WITH CODE</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharyngeal infection</td>
<td>B, C4, C2</td>
<td>O</td>
<td>given*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For use in Level 2 services only.

---

**Public Health Local Service Agreement 2015/16**

This service specification should be read in conjunction with the Public Health Local Service Agreement (PHLSA) contract document. In addition to the service specific elements.
CHLAMYDIA SCREENING POSTAL KITS FOR GPs

1. Introduction
The National Chlamydia Screening Programme (NCSP) in England is an opportunistic screening programme for genital chlamydial infection, targeting women and men between 15 and 24 years of age, who have been or are sexually active, attending a range of health care and non-health care settings. The national chlamydia screening target for 2015/17 is for a diagnosis rate of 2,300 cases of chlamydia per 100,000 population aged 15 to 24. Data from previous years has shown that chlamydia screening tests performed on patients in primary care have found a large proportion of positive cases.

Primary care is ideally placed to offer opportunistic screening to patients and this service is being developed to support the delivery of the chlamydia screening programme in East Sussex. Local coordination of the screening programme and treatment support is provided by the specialist sexual health services.

2. Background/Evidence Base
Chlamydia is the most common sexually transmitted infection (STI) in the UK, and it affects both men and women. Chlamydia is easy to treat once detected but the majority of cases are asymptomatic. Untreated Chlamydia can lead to long-term problems for men and women such as arthritic syndromes, impaired fertility and ectopic pregnancy. Prevalence is highest in sexually active young men and women under 25.

The annual cost of chlamydia and its consequences in the United Kingdom is estimated to be more than £100 million. There is growing evidence that active case finding for genital chlamydial infection, through targeted screening of at-risk populations, can significantly reduce the morbidity associated with this infection and its sequelae.

3. Aims/Outcomes
The aim of the service is to routinely offer self-taken Chlamydia postal screening tests to all male and female primary care users aged 15 – 24 years.

4. Service Outline/Standards
Screens use a self-taken low vaginal swab (females) or first catch urine sample (males) and ideally should be performed on the premises. GP Practices should were possible provide access to toilet facilities either on the premises or very close by and should encourage patients to deposit completed tests with the practice for posting. Completed screening kits can be returned through hospital courier service to The Conquest Hospital laboratory (see contacts) or by using the pre-paid paid postal envelope included in the kit.

Results will be sent to the local screening office who will deal with all notification, including negative and positive results, follow-up contacts and treatments for positive patients and their contacts.

5. Clinical Governance
As part of good Clinical Governance contractors will be required to develop, implement, monitor and review the clinical quality of the service that they undertake. All service providers will undertake a risk assessment to ensure adequate facilities and equipment are in place to deliver the service and identify the resources available to support the service.
DBS Check requirement

The table below sets out the factors considered when determining the need for DBS checks for all/some staff to delivering all/parts of the service. It is a requirement that DBS checks are refreshed every three years.

<table>
<thead>
<tr>
<th>Service</th>
<th>Chlamydia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specified Place</td>
<td>GP, pharmacy, youth service, any setting by any member of staff</td>
</tr>
<tr>
<td>Frequency, Intensity</td>
<td>More than 4 times a week</td>
</tr>
<tr>
<td>Supervised</td>
<td>Unsupervised</td>
</tr>
<tr>
<td>Health Care / Regulated Activity?</td>
<td>Handing of chlamydia self-care tests with no assessment or examination and no face to face consultation alone</td>
</tr>
<tr>
<td>DBS type</td>
<td>None required</td>
</tr>
<tr>
<td>Required for the following staff</td>
<td>None required for this element</td>
</tr>
</tbody>
</table>

6. **Referrals and Eligibility**

Providers should identify all individuals aged between 15 and 24 and opportunistically offer a self-testing postal screening kit.

7. **Equipment and Premises**

Chlamydia screening kits provided to the practice by the chlamydia screening office. Where possible, access to a toilet to enable patients to use the test on the premises should be provided.

8. **Accreditation & Training**

There is no specific training required as this service involves the handing of postal tests kits to all men and women who attend aged 15-24 years old which can be undertaken by reception staff.

9. **Payment/Cost**

Providers will be paid £5.00 per correctly completed received chlamydia screening postal test kit as reported by East Sussex Specialist Sexual Health Services to ESCC. The eligible population is defined as men and women who are aged 15 to 24 during the period 1 April 2015 to 31 March 2017.

10. **Monitoring, Audit & Reporting**

ESCC will monitor data received from the East Sussex specialist sexual health services.

---

10 [http://www.eastsussex.gov.uk/jobs/workingateastsussexcountyccouncil/employmentpolicies/crbchecks.htm](http://www.eastsussex.gov.uk/jobs/workingateastsussexcountyccouncil/employmentpolicies/crbchecks.htm)
## 11. Contacts

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Tracey Houston – Business Manager for Public Health  
01273 481932  
[Tracey.houston@eastsussex.gov.uk](mailto:Tracey.houston@eastsussex.gov.uk)

Chlamydia screening NAATs kits request from  
[http://www.eastsussexsexualhealth.co.uk/order-a-chlamydia-screening-kit.html](http://www.eastsussexsexualhealth.co.uk/order-a-chlamydia-screening-kit.html)  
01323 462762

Condoms and lubrication  
[ccard.publichealth@eastsussex.gov.uk](mailto:ccard.publichealth@eastsussex.gov.uk)