

# Tackling chlamydia

Local government's new public health role



Public health became the responsibility of local government when it transferred from the NHS to local authorities in April 2013. This briefing for councillors and officers explains the challenges and the opportunities they have to tackle chlamydia and reduce the burden of poor sexual and reproductive health in local communities

# Contents

Introduction – chlamydia explained	05
The policy context – rationale for screening	07
Local governments' new role	09
Ideas for success	10
Key questions to ask	11
Case studies	12
Want to know more?	14

## Acronym Glossary

**STI** – Sexually Transmitted Infection

**HPV** – Human Papilloma Virus

**PID** – Pelvic Inflammatory Disease

**NCSP** – National Chlamydia Screening Programme

**LA** – Local Authorities

**PHOF** – Public Health Outcomes Framework

**ROI** – Return on Investment

**GUM** – Genitourinary Medicine

**PHE** – Public Health England

**HWB** – Health and Wellbeing Board

**NHSE** – NHS England

# Introduction – chlamydia explained

## Sexually Transmitted Infections and poor sexual and reproductive health

Sexually Transmitted Infections (STIs) and unplanned pregnancy are amongst the biggest contributors to young people's poor health.<sup>i</sup> Particularly in the most deprived neighbourhoods in the UK.

The good news is that recent years have seen consistent falls in teenage pregnancy due to the application of successful strategies to tackle it. These included education, support and access to contraceptive services.

However young people still need support to improve their sexual health, a recent national survey on sexual behaviour reported that 16% of young men aged 16-24 will have had unprotected sex with more than one partner in the past year.<sup>ii</sup> Unsafe sex puts young people at risk of contracting STIs which can have serious consequences now and later in life.

The two most common STIs in young people are HPV, the virus which causes cervical cancer and chlamydia, a bacterial infection which can lead to infertility in women. The HPV vaccination programme has been widely successful with most young women taking up the offer of a vaccine while the delivery of chlamydia screening remains inconsistent across the country

## What is chlamydia?

Chlamydia is a sexually transmitted bacterial infection which affects around 2%-3% of sexually active young adults. Rates are higher in young people from deprived neighbourhoods.

Only 25% of women and 50% of men with the infection will develop symptoms. This means that people can be infected but unaware of it, and pass it onto their partners.

If left untreated, chlamydia can cause a number of complications, including: pelvic inflammatory disease (PID) which can lead to ectopic pregnancy and infertility in women; epididymitis (swelling of one of the tubes in the testicles) in men and conjunctivitis and pneumonia in babies born to mothers with chlamydia.

However, chlamydia is easy to diagnose and treat.

## The National Chlamydia Screening Programme

The National Chlamydia Screening Programme (NCSP) recommends that all sexually active men and women aged 15-24 be tested for chlamydia annually or on change of sexual partner (whichever is more frequent).

Screening for chlamydia should be commissioned as one part of a comprehensive package of sexual and reproductive health services providing treatment and prevention services. Chlamydia screening is an effective way to deliver good health promotion messages to young people and has been found to be widely acceptable among young adults.

The provision of information and support during screening ensures that young people have the knowledge to protect themselves from sexually transmitted infections, unintentional pregnancies and are empowered to take responsibility for their own health.

Screening should be delivered opportunistically, i.e. sexually active young adults should be offered a test when they attend services such as GPs, community sexual and reproductive health services, pharmacies, and specialist genitourinary medicine services. Additionally services can be provided cheaply through pharmacy or via self-sampling kits ordered through the internet or by text message.

## **Six common questions about chlamydia screening**

### **What are the health consequences of chlamydia infection?**

Chlamydia can cause complications including pelvic inflammatory disease (PID) an illness where female reproductive organs become inflamed which can in turn lead to ectopic pregnancy and infertility. These result in substantial healthcare system costs and considerable loss of quality of life to those affected.

### **What proportion of infections lead to complications if untreated?**

Around 10%-16% of untreated chlamydia infections result in the development of clinical PID.

### **What is the potential impact of chlamydia screening on PID and other health outcomes?**

Diagnosing and treating an individual's asymptomatic infection through screening reduces the duration of their infection. In turn, this reduces the chance of developing complications; clinical trials have shown that a single chlamydia screen can lower the risk of developing PID within one year by around a third.

### **What is the potential impact of screening on chlamydia transmission and prevalence?**

Reducing the duration of infection through treatment will reduce the time when someone is at risk of passing the infection on to others. Chlamydia screening and treatment can therefore reduce the transmission of chlamydia, and in turn reduce the prevalence of chlamydia. Mathematical models have been used to explore these effects under different scenarios.

### **Is chlamydia screening cost-effective?**

Current evidence on the cost-effectiveness of chlamydia screening suggests that screening sexually active men and women under 25 years old (i.e. the NCSP screening strategy) can be cost-effective.

### **Is chlamydia screening acceptable to young adults?**

Chlamydia screening has been shown to be widely acceptable to young adults in England, across a wide variety of settings. Recent work done by PHE has shown that health promotion during screening visits has a positive impact on young people's attitudes towards their sexual health.



# The policy context

## History of the National Chlamydia Screening Programme

Chlamydia screening was first recommended by an expert group convened by the Chief Medical Officer in 1998. This was in response to the dramatic rises in sexually transmitted infections being diagnosed at the time. The Department of Health rolled out the screening programme across England over several years following the 2001 publication of The National Strategy for Sexual Health and HIV. Chlamydia Screening aims to reduce transmission of infection as well as the consequences of untreated infection by identifying symptomless carriers and treating them. Until April 2013 sexual and reproductive health services were the responsibility of Primary Care Trusts but this responsibility has been transferred to local authorities (LAs).

## Department of Health Framework for Sexual Health Improvement

The Department for Health's Framework for Sexual Health Improvement published in 2013 sets out a range of ambitions for improving sexual health, reproductive health and HIV outcomes across a person's life-course. The Framework describes a comprehensive package of interventions and actions to improve outcomes – including high quality opportunistic chlamydia screening of young adults.

In addition the Department of Health has published a suggested service specification which includes provision of

chlamydia screening as a component of a comprehensive, integrated sexual and reproductive health service for an area's population.

## What does this mean for your local area?

Local authorities have an opportunity to build on a decade of progress in tackling chlamydia by ensuring good quality opportunistic screening remains easily accessible to young adults. A quick way to understand the chlamydia screening activity in your area is via your local chlamydia data. The Public Health Outcomes Framework is a website with a list of health indicators by local authority. These include three sexual and reproductive health indicators: chlamydia detection rate<sup>1</sup> (among 15 to 24 year olds), HIV late stage diagnosis and under 18 conceptions. More detailed data on STIs and sexual and reproductive health outcomes in your area is available for planning and monitoring delivery. Your commissioning teams will be aware of how to access this. The direct benefits of screening are well documented, individuals unknowingly carrying the infection can be treated together with their partners. Important messages on how to stay protected and prevent further infections can be delivered as part of good screening which empowers young people to take responsibility for, and to protect, their own future health.

<sup>1</sup> Formally called Chlamydia Diagnoses; this indicator title was changed in response to requests for greater clarity when it became clear that users were unsure of whether increasing diagnoses was the desired result. The new title reflects the importance of detecting symptomless infections in the population through increased testing. Finding and treating more infections will reduce the number of infected people who will develop serious consequences of infection and are able to pass on the infection to others.

## Ensuring your local Return on Investment (ROI)

Chlamydia screening is an effective way of identifying infected individuals in the population who may go on to develop serious problems as a result of infection. On average 8% of people tested in the chlamydia screening programme will have chlamydia. If left untreated between 10%-16% of infected women will go on to develop pelvic inflammatory disease, which damages the reproductive organs and can lead to ectopic pregnancy and fertility problems in later life. Chlamydia screening aims to prevent both the transmission of infection and the reproductive problems that result in transmission.

Testing men and women identifies infected individuals and provides an opportunity to deliver health promotion materials and information. These simple and short interventions can help change knowledge and attitudes, empowering young people to take responsibility for their own sexual health.<sup>iii</sup>

Chlamydia screening should be commissioned as one component of a wider sexual and reproductive health service for an area. Investment in chlamydia screening in a variety of services and venues will increase detection of infections and ensure that young people have access to STI testing in a variety of settings. Commissioning chlamydia screening in a strategic and integrated manner with other sexual and reproductive health services is more efficient than piecemeal delivery of disparate services. Ensuring that young people can access a simple test in a variety of settings is a more efficient use of resources than asking that young person to attend a specialist GUM (Genitourinary Medicine) service for a full consultation. Furthermore by ensuring that community settings are linked with GUM clinics those individuals at higher risk can be referred to specialist care quickly and efficiently. This will allow specialist providers to focus resources on more complex patients at a time of increased financial pressure in local areas and high demand on limited capacity in sexual health services.



# Local government's new role

Under the terms of the Health and Social Care Act 2012, upper tier and unitary authorities became responsible for improving the health of their population. The responsibility for public health was transferred from the NHS to LAs in April 2013.

This is backed by a ring-fenced public health grant and a specialist public health team, led by a Director of Public Health. This allocation will be a ring-fenced until at least 2015/16.

Each top tier and unitary authority has a health and wellbeing board (HWB) which has strategic influence over commissioning decisions across health, social care and public health. Statutory board members include a locally elected councillor, a Healthwatch representative, a representative of a clinical commissioning group, a Director of Adult Social Care, a Director of Children's Services and a Director of Public Health.

HWB members from across local government and the health and care system are responsible for identifying local need, improving the health and wellbeing of their local population and reducing health inequalities. The HWB is a key forum for encouraging commissioners from the NHSE, Clinical Commissioning Groups, LAs and wider partners to work in a more joined-up way. Central to achieving this is the HWB's responsibility for producing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS).

Local authorities will also have a statutory function to provide public health advice to clinical commissioning groups, while HWBs will have to monitor performance.

Local authorities are now in charge of commissioning sexual and contraception services over and above the GP contract as well as testing and treatment of other sexually transmitted infections with the exception of HIV treatment and care, which, has remained with the NHS and is organised by Specialist Commissioning in NHS England.

With regards to tackling chlamydia, local government holds a lead role for provision of treatment and prevention of sexually transmitted infections including chlamydia screening, and health promotion for sexual health and reproductive health and HIV.

# Ideas for success

- Ensure that chlamydia screening is embedded in Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. LAs have a responsibility for producing these along with the statutory function to provide sound public health advice.
- Check that the quality of local chlamydia screening data submitted to PHE is high. High quality data will ensure tests are correctly allocated to the right local authority and help commissioners to deliver services more effectively.
- Address chlamydia screening through multi-agency partnership working. By ensuring an integrated approach to sexual health, reproductive health and HIV you will be able to work more effectively over larger geographical areas to achieve greater levels of efficiency and effectiveness.
- Health and wellbeing boards can provide strategic influence. By building strong and honest relationships between commissioners and providers, you can ensure that chlamydia remains truly patient focussed.
- Clear and consistent communication to young people is essential. Consider how different forms of media can be used as a way of reaching out to young people to relay the important messages around condoms, contraception, STIs, wider health issues and how to access services.
- Consider appointing a 'senior champion' to address the sexual and reproductive health agenda within your council. Your local PHE Centre is a good source of information to brief partners and stakeholders and communicate key messages. Ensure there is good access to chlamydia screening and treatment, work with your providers about raising awareness of where screening and treatment is available. Consider key issues such as opening times and public transport access.
- By continuing to increase awareness of chlamydia you will not only educate and demystify, but also normalise screening as part of a routine health offer.
- Consider focussing messages to those groups at highest risk to help tackle inequalities.
- Ensure services are Young People Friendly accredited.

# Key questions to ask

- Are you aware of what your local data says about chlamydia? This will assist you in ensuring you are commissioning services which are effective.
- Do you have a sexual and reproductive health strategy? Does it include prevention as well as treatment?
- Are your sexual health, reproductive health and HIV services integrated? Do they link with health promotion schemes such as free condom provision?
- Those who work with young people often lack the confidence and skills to address sex and relationship. Ensure information about chlamydia screening, STIs and condoms are included in training for professionals working with young people.
- Are your services in the right place, open at the right time, well publicised and trusted by young people?

# Case studies

## Camberwell Sexual Health Service (Kings College Hospital): self-management vending machine

The self-management or 'self-vending' component at the Camberwell Sexual Health Service in Denmark Hill provides free male condoms, pregnancy test kits and chlamydia/gonorrhoea test kits (a self-swab for women and a urine pot for men). The vending machine is located in a relatively discrete location in the clinic and products are dispensed in a white bag which conceals the contents. In order to access self-management, clients have to register in the usual way, using touch screens in the waiting room and, if they are eligible, will eventually be directed to self-vend following a carefully designed decision analysis pathway.

## Development of a Sexual Health, Reproductive Health and HIV Network

In the South West of England a network and Office for Sexual Health was established in 2010. The Office is guided by the Programme Board and the Directors of Public Health Network for the South West. The Programme Board is chaired by a Director of Public and the day to day administrative functions are hosted by the Public Health team within South Gloucestershire Council. The purpose of the Programme Board is to provide leadership and co-ordination within existing structures, on all aspects of sexual and reproductive health including relationship and sex education; health promotion; preventing the spread

of sexually transmitted infections through testing and treatment; reducing teenage and unplanned pregnancy through good access to contraception and abortion services. By facilitating partnership working in terms of how commissioning bodies work together, advocating effective communication between NHS England, Clinical Commissioning Groups, Public Health England as well as LAs and providers of all types it aims to ensure that the needs of the population in the South West are met.

The Programme Board identify and agree work streams relevant to improving access and service development, resolving common issues and reducing health inequalities. Work streams are identified on the advice of its members (who are multidisciplinary) and the wider network. The Programme Board focus on areas of work where there is an unmet need that can benefit from a regional perspective and do not duplicate locally developed work.

For example the Programme Board oversaw the development of a quarterly indicator report which aimed to provide Directors of Public Health, local commissioners, providers and clinicians with timely and relevant comparative information about a range of sexual and reproductive health measures in order to support them in continuing to improve outcomes. The report is produced by the PHE Field Epidemiology Team in Bristol.

## Checkurself Website: Online chlamydia testing service for 16-24 year olds

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

Checkurself is a fresh youth-branded website commissioned by 16 LAs in London that allows users aged 16 to 24 years to order a chlamydia (and gonorrhoea) test kit online. The test kit arrives in a discrete envelope and results are received by any method the user chooses (email, text or phone), providing the confidentiality levels young people seek. The website also has a function where young people can find out where they can get treated should they test positive for chlamydia (and/or gonorrhoea).

Online testing can be commissioned from a variety of providers including acute trusts, local sexual and reproductive health service providers as well as several independent providers in England.

## Brentwood Young People's Hermit Health Shop

Brentwood is a relatively affluent area and had a small amount of funding available to tackle teenage pregnancy and other health issues. Typical of this type of borough it has its pockets of deprivation and a range of health problems affecting young people. Through a local partnership involving local government, health and the voluntary sector the idea of a health shop for young people was developed, which through consultation with young people and other key partners started very slowly being staffed by a single nurse and youth workers and offering a holistic approach to young people's health. Services that were offered included sexual health, smoking cessation and mental health support. As the service developed, it expanded to include GP services and more specialised sexual health services. When the Chlamydia programme was launched the highly committed and motivated staff were able to offer Chlamydia screening as part of an integrated service, which had a high acceptability to the service users.

The commissioners were very supportive as the service contributed to a range of key health objectives, it provided a springboard for new services and acted as a model of practice to be replicated across other areas. GP's were very supportive having a specialist service to which they could confidently refer young people. Councillors were pleased as the service met a number of their key priorities in meeting the needs of young people. Schools were more supported through improved links between the mental health services and schools. Young people were very keen on the service which met their needs in a comfortable and confidential setting, which was non-stigmatising and provided rapid and easy access to primary care and specialist service.

## Basildon sexual health service

Following concerns expressed by the three lead sexual health nurses (HIV, Contraceptive and GUM) that a relatively deprived area of Basildon was not seeing the numbers of people accessing sexual health services that would be expected, a small amount of funding was identified to trial a new nurse-led sexual health service located in the heart of a community in primary care premises that would otherwise be closed one afternoon a week.

The service was established and quickly saw a good number of local people who had never previously accessed sexual health services. These people were testing positive for a number of sexually transmitted infections enabling the service to treat a greater number of infections than would have been possible with the previous service infrastructure.

Partners were pleased as previously unidentified infections were being treated using an efficient initiative, which was able to address a number of key priorities such as the chlamydia screening and tackling inequalities in access.

# Want to know more?

## **Opportunistic Chlamydia Screening Evidence Summary**

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

## **A Framework for Sexual Health Improvement in England**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW\\_ACCESSIBLE.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf)

## **Components of chlamydia screening & the impact of screening on behaviour**

<http://www.chlamydia-screening.nhs.uk/ps/resources/web-survey/2014%20NCSP%20web%20survey%20report.pdf>

## **Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV**

<https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services>

## **You're welcome – Quality criteria for young people friendly health services**

<https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

## **Guidance on Achieving the Chlamydia Detection Rate**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/373105/NCSP\\_achieving\\_DR.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373105/NCSP_achieving_DR.pdf)

## **Integrating Chlamydia Screening into Core Services**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/373133/Developing\\_NCSP\\_services\\_locally.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373133/Developing_NCSP_services_locally.pdf)

## **Screening in GP surgeries and Community Pharmacies**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/373205/Developing\\_service\\_specifications\\_for\\_chlamydia\\_testing\\_and\\_treatment\\_in\\_GP\\_and\\_CommPharm.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373205/Developing_service_specifications_for_chlamydia_testing_and_treatment_in_GP_and_CommPharm.pdf)

- i Global burden of disease in young people aged 10–24 years: a systematic analysis Fiona M Gore MSc, Paul JN Bloem MBA, Prof George C Patton MD, Jane Ferguson MSc, Véronique Joseph MSc, Carolyn Coffey MSc, Prof Susan M Sawyer MD, Colin D Mathers PhD *The Lancet* - 18 June 2011 ( Vol. 377, Issue 9783, Pages 2093-2102 ) DOI: 10.1016/S0140-6736(11)60512-6
- ii Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal) Dr Catherine H Mercer PhD, Clare Tanton PhD, Philip Prah MSc, Bob Erens MA, Pam Sonnenberg PhD, Soazig Clifton BSc, Wendy Macdowall MSc, Ruth Lewis PhD, Nigel Field MBPhD, Jessica Datta MSc, Andrew J Copas PhD, Andrew Phelps BA, Prof Kaye Wellings FRCOG, Prof Anne M Johnson MD *The Lancet* - 30 November 2013 ( Vol. 382, Issue 9907, Pages 1781-1794 ) DOI: 10.1016/S0140-6736(13)62035-8
- iii Components of chlamydia screening & the impact of screening on behaviour <http://www.chlamydia-screening.nhs.uk/ps/resources/web-survey/2014%20NCSP%20web%20survey%20report.pdf>







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