CHLAMYDIA SCREENING – updated 16th March 2009

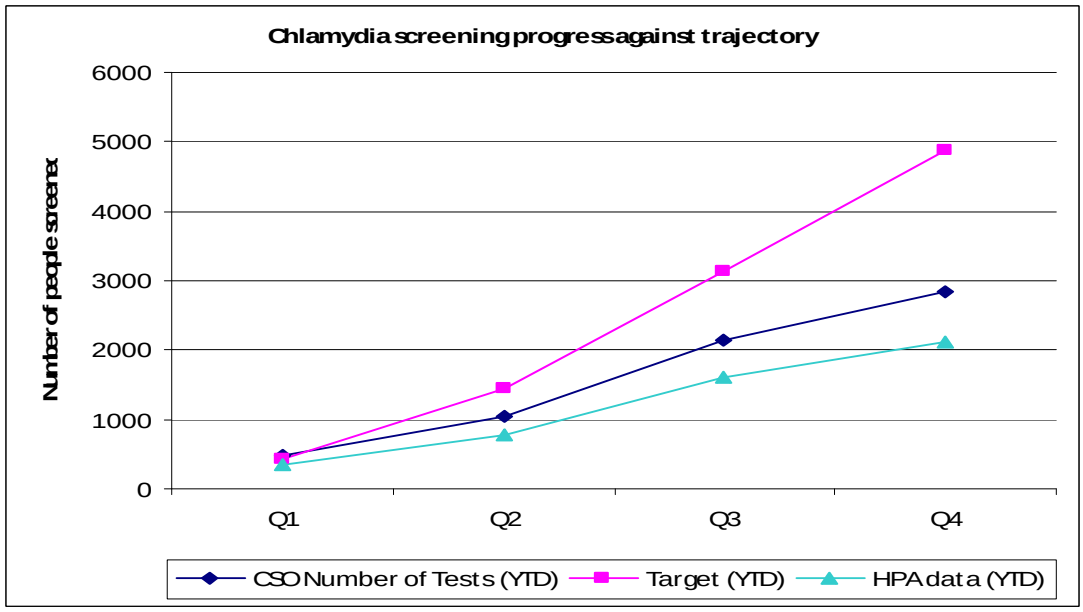
Current data

According to the chlamydia screening office (CSO), at the end of quarter 3 Harrow PCT had screened 2,138 people (7.5%). This data does not match with HPA database which shows only 1,596 people were screened (5.6%). The lab has been allocating tests according to PCT where the test was generated rather than where the person is resident. As a result, when the data is sent to the HPA, some tests are reallocated to other PCTs. Local analysis has shown that this has consistently resulted in Harrow's resident test numbers decreasing and Barnet, Brent and Hillingdon gaining from us – but losing to other PCTs.

Figure 1 Chlamydia Screens to mid February

Quarter	CSO Reported Tests (Qtrly)	CSO Reported Tests (YTD)	HPA data (+ confirmed HPCT postcodes YTD)	Difference between CSO and HPA data	Target (YTD)	Variance according to CSO	Variance according to HPA
Q1	475	475	338	137	**436**	39	-98
Q2	570	1045	771	137	**1436**	-391	-665
Q3	1096	2141	1614	235	**3144**	-1003	-1548
Interim Q4 (incomplete)	315 (J) 226(F) 169 TDL to mid Feb	2851	2107	217	**4872**	-2021	-2765

Figure 2 Chlamydia screening progress against target trajectory



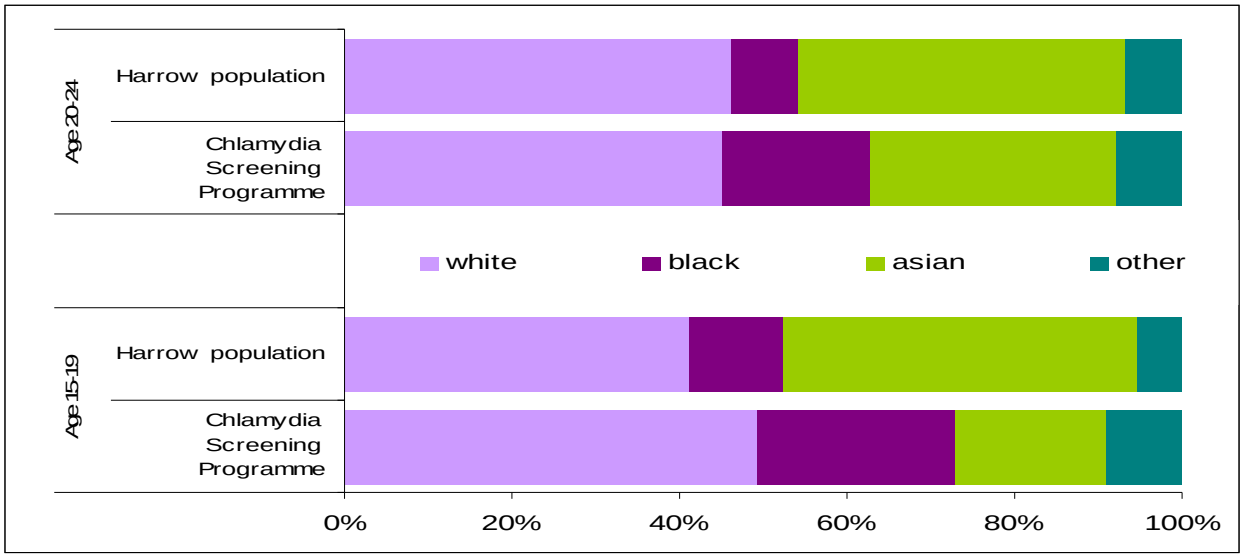
In 2008-9, PCTs are also allowed to include tests generated diagnostically in the CSP age group (non NCSP and Non-GUM tests). None of this data has been submitted to HPA from NWLH although almost all other Trusts in London have been able to do this. We have escalated this to the Deputy Chief executive of NWLH.

Current guidelines do not allow PCTs to include the GUM tests this year or in 2009/10 (contrary to our expectations). We are exploring the possibility of developing an additional contract with NWLH for the GUM tests to be separated from GUM tariff.

Age and ethnicity breakdown

The figure below compares those having chlamydia tests with the local population by age and ethnic group (broad categories only). Around half of all tests in each age band were from people identifying themselves as White (including Irish and white other). The Black ethnic groups are over-represented compared to the proportion in the general population whereas the Asian groups are significantly under-represented in the chlamydia screening programme.

Figure 3 Age and ethnicity of those having chlamydia tests compared to Harrow population (Q1-Q3 2008-9)



Data sources: HPA and GLA

Figure 4 is a table showing the proportion of people screened in each age and ethnic group. It shows that the Black groups have higher screening rates than any other group and that the coverage in these groups is above the national target of 17% for 2008-9. The Asian ethnic group has the lowest screening coverage.

Figure 4 Chlamydia screening coverage by age and ethnicity

	Age 15-19	Age 20-24
White	14%	13%
Black	24%	30%
Asian	5%	10%
Other	19%	15%

Data sources: Numerator from HPA and denominator from GLA

Both of these grpahs show that more emphasis needs to be made in targetting the young Asian population in Harrow to attend for screening.

Action to generate tests

Mailout to all 18-24 year olds: These went out in late November to mid December. The majority of young people in this age group have reported having received a letter. Numbers generated through this mail out have been disappointing although the CSO report a high number of calls after the letters were sent out.

Mailout of test kits: The results from Greenwich PCT pilot where test kits were sent to addresses rather than letters show a response rate of approximately 10% after 2 months. This option will be considered for 2009-10.

Outreach at colleges: The 5 dates of college outreach generated over 50 tests and had a positivity rate twice as high as the Harrow average. Using staff at a lower grade might make these events more cost effective. In 2009-10, we would like to explore using the "Street PR" team to do some of the evening events with a member of our team supervising them and able to give further advice.

Community groups: We have commissioned work from two community groups to reach the hard to reach communities. Initial feedback from their work has suggested that more work is needed with parents and more culturally appropriate promotional materials are needed. In addition to these groups, the Connexions office in building 9 has a drop in centre but has had little interest.

Pharmacies: Uptake from pharmacies had been very poor prior to January 2009. The provision of postal kits to pharmacists across the PCT and a training forum has lead to renewed interest in the programme. New resources have been developed to support the pharmacists e.g. Q&A sheet, aide memoire for completing the form; a new claim form; posters and contact cards. Many more test kits have been given out by pharmacists since the start of February and we are awaiting the laboratory data to see how many convert into tests.

In 2009-10, the provision of treatment and contact tracing by the pharmacists will be a key factor for the target next year and we will work with LPC to achieve a better service model.

GP tests: GP tests have formed the second largest source of tests. The practices are being sent letters to emphasise how close they are to their targets to encourage them to screen more young people. The contract with GPs for 2009-10 will be reviewed to include provision of treatment and partner notification.

Other PCT staff groups: We have given kits to health visitors and the Urgent Care centre. We await results to see the impact of these programmes.