

**Community Pharmacy
Service Specification for
Chlamydia Screening
(Enhanced Service)**



February 2011

1. Background

Genital *Chlamydia trachomatis* infection is the sexually transmitted infection most frequently diagnosed in genitourinary medicine (GUM) clinics in England. Prevalence of infection is highest in sexually active young men and women, especially those aged less than 25 years. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

Chlamydia screening is currently carried out across England as part of the National Chlamydia Screening Programme (NCSP). The objective of the programme is to control chlamydia through the early detection and treatment of asymptomatic infection, preventing the development of sequelae and reducing onward transmission of the disease. The aim is a multi-faceted, evidence based and cost effective national prevention programme in which all sexually active young men and women under 25 years of age and those under 16 years of age deemed Fraser competent are aware of chlamydia, its effects, and have access to services providing screening, prevention and treatment to reduce their risk of infection, the development of untoward sequelae and onward transmission. An opportunistic approach is used bringing on board a diverse combination of healthcare and non-healthcare screening venues to deliver the programme.

The NCSP covers the whole country and is managed by the Health Protection Agency. National standards apply to the programme and funding has been provided to Primary Care Trusts (PCTs) to commission the service.

The Chlamydia Screening Office (CSO), based at the Central Health Clinic (CHC) coordinates the service locally across Sheffield PCT. Screening, using first-void urine samples, is initiated in a range of settings, both clinical and non-clinical. Samples are sent to a laboratory for analysis using the nucleic acid amplification test (NAAT) and the results are returned to the CSO; patients are then informed of their result and contact tracing is conducted with people with positive results and treatment is offered to people who screen positive and their partners.

2. Service Description

- 2.1. The pharmacy will offer Chlamydia screening to males and females aged 15-24 on an opportunistic basis.
- 2.2. All females aged 15-24 seeking post-coital contraception through community pharmacy will be offered the service
- 2.3. The pharmacy will offer Chlamydia screening preferably via an on-site urine sample capture. Where this is not acceptable to the client or the pharmacy does not have on-site toilet facilities a postal kit will be offered. However, the client should be encouraged to return the urine sample to the pharmacy.
- 2.4. The pharmacy will provide advice to the patient on the reason for screening and the health risks from Chlamydia.

3. Aim and intended service outcome

- 3.1. The aim of the service is to reduce the pool of undiagnosed, untreated genital *Chlamydia trachomatis* in young sexually active males and females aged 15-24 by offering urine testing for genital *Chlamydia trachomatis*.

4. Service Outline

- 4.1. The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety (see section on premises).

- 4.2. The pharmacy will offer Chlamydia screening on an opportunistic basis to males and females aged 15-24 (e.g. for females a trigger could be a request for emergency hormonal contraception, dispensing contraceptive pill or for males the purchase of condoms), via on-site urine testing, using the pharmacy toilet facilities.
- 4.3. The pharmacy may choose to have a Chlamydia screening week or a young person's health promotion week – in a pro-active effort to increase screening.
- 4.4. Chlamydia testing kits and all relevant paperwork (consultation record, claim forms and patient information leaflets) will be supplied by the Chlamydia Screening Office, Central Health Clinic, Sheffield PCT.
- 4.5. If the client accepts the on-site testing, a first-void (ideally held for one hour) urine sample will be obtained and sent for testing for genital *C. trachomatis*.
- 4.6. The pharmacy will follow the clinical pathway (Appendix 1) for every client identified.
- 4.7. For every client identified, the pharmacist will ensure a consultation is undertaken and a record form completed (Appendix 2) and also ensure that the test kit forms are correctly completed. The pharmacist retains one copy of the consultation record and returns a copy to the CSO on a monthly basis.
- 4.8. For on-site samples the pharmacy will send the urine sample and the lab forms to the lab either by postage, or preferably via the local medical centre's lab run.
- 4.9. Whereby on-site testing is unacceptable to the client the pharmacy will provide a postal kit to the client, together with advice on completion of the test kit forms. The client must still be provided with a consultation and a consultation record form completed and advised to post the kit to the lab.
- 4.10. The consultation period is 10-15 minutes.
- 4.11. The pharmacy will provide each client with a patient information leaflet, as supplied by the CSO.
- 4.12. The pharmacy will strongly encourage on-site testing and offer postal kits as a secondary option.
- 4.13. The client will be advised of the result by the CSO via the communication method requested on the test kit form. The client will be managed and offered treatment, as appropriate, by the CSO. The CSO will also conduct partner notification and treatment of the partner(s) if required.
- 4.14. The pharmacy will offer a user-friendly, non-judgemental, client-centred and confidential service.
- 4.15. The pharmacy will provide support and advice to people accessing the service, including advice on safe sex, condom use and advice on the use of regular contraceptive methods, when required.
- 4.16. The pharmacy will link into local sexual health and community contraceptive services (GP, Sheffield Contraceptive and Sexual Health Service (SCASH), Genito-Urinary Medicine (GUM) as appropriate) so that there is a robust and rapid referral pathway for people who need onward signposting to services that provide on-going contraception, for example long acting reversible contraception (LARC) and diagnosis and management of STIs (see section 5).
- 4.17. If a client is believed to be under 16 years of age, the pharmacist must assess the client's 'Fraser Competence' (see section 13).

5. Referral

- 5.1. If the client discloses any sexual health symptoms or details circumstances of concern, during the consultation, they should be referred to GP, SCASH also known as Central Health Clinic, or GUM clinic as appropriate.
- 5.2. Patients requesting full sexual health screening (which could include blood tests for syphilis and HIV) should be referred to SCASH.

6. Duty of Pharmacy

- 6.1. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service (see section on training).
- 6.2. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within the service specification.
- 6.3. The pharmacist accredited to provide the service must ensure all staff operating the service are fully aware of the service specification and are monitored in delivery.
- 6.4. The pharmacy will maintain records of the consultation to ensure effective ongoing service delivery and audit. Records are confidential and should be stored securely for a period of two years. For a young person aged 16 or younger records should be kept for 10 years.

7. Premises

- 7.1. The pharmacy must have a private consultation area which ensures privacy when explaining the service and offering advice to clients in a way that ensures confidentiality. This is the same level as is required for the provision of the Medicines Use Review (MUR) service.
- 7.2. Ideally, the pharmacy has suitable toilet facilities and a risk assessment must be undertaken to ensure the client can access the facilities, escorted by a member of the pharmacy staff, without risk.

8. Training

- 8.1. The pharmacist and support staff must have completed the training offered by the PCT CSO to be accredited to provide the service.
- 8.2. The accredited pharmacist will be required to attend an update training event every year, as decided by the PCT.
- 8.3. The pharmacist will ensure that participating pharmacy staff are appropriately trained. This may be through the Safeguarding Sheffield Children service e-learning package:

<http://www.safeguardingsheffieldchildren.org.uk/welcome/sheffield-safeguarding-children-training>

- 8.4. Pharmacists and staff must be fully aware of their responsibility to maintain patient confidentiality at all times in accordance with Caldicott guidelines and the Data Protection Act.
- 8.5. Pharmacists and staff must be fully aware of their responsibility to safeguard children and refer appropriately as per local child protection procedures.

9. Audit

- 9.1. The pharmacy contractor must keep a record of the consultation (Appendix 2) for a period of 2 years. For a young person aged 16 or younger records should be kept until the young person will be 25 years old.
- 9.2. The following data will be recorded for audit purposes
- Date of test/request
 - On-site/postal kit
 - Age
 - Sex
 - Ethnicity
 - Disability
 - Time taken to complete consultation
- 9.3. This data will be requested by the PCT periodically.

10. Service Funding and Payment Mechanism

- 10.1 The Payment Schedule for the scheme is outlined in Appendix 5.

11. Quality Indicators

- 11.1. The pharmacy contractor should ensure the following:
- The appropriate health promotion literature is available for supply at the consultation;
 - The accredited pharmacist has undertaken CPD relevant to the service;
 - The pharmacy has a complaints procedure for monitoring the procedures provided;
 - Co-operation with any review of the client experience
 - Participation in any audit of the service.
- 11.2. The quality standards for the pharmacist are:
- Completion of relevant CPPE packages;
 - Accreditation by the Sheffield PCT.

12. Contacts

CSO: Rachel Henchley, Tel: (0114) 271 6812
Chlamydia Screening Programme, Sheffield PCT, 1 Mulberry Street Sheffield, S1 2PJ

CPDU: Jo Tsoneva, Tel: (0114) 305 1274
NHS Sheffield, 722 Prince of Wales Road, Sheffield, S9 4EU

SCASH: Central Health Clinic, Tel: (0114) 305 4000
Chlamydia Screening Programme, Sheffield PCT, 1 Mulberry Street Sheffield, S1 2PJ

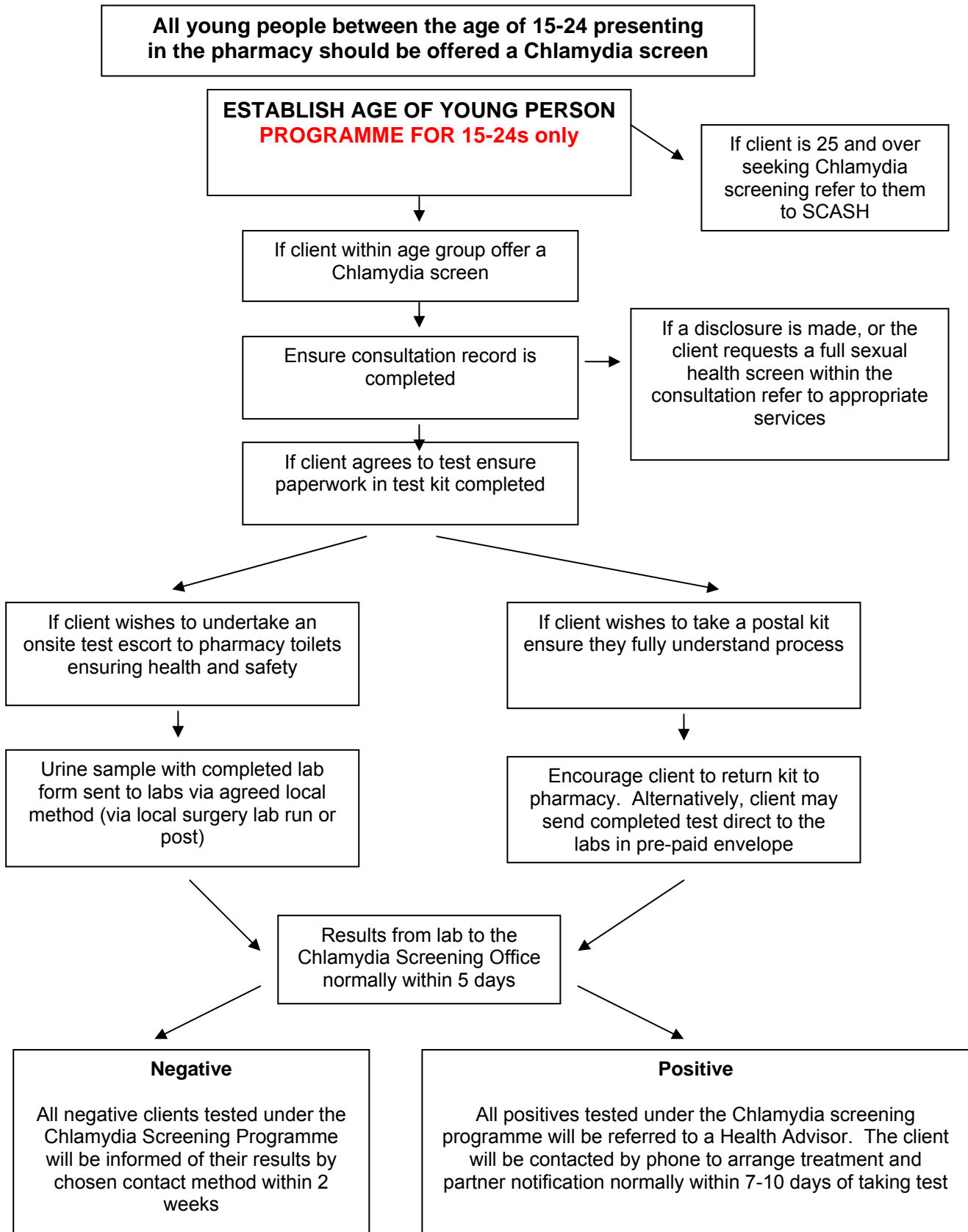
GUM: Tel: (0114) 276 6928
Royal Hallamshire Hospital, Glossop Road. Sheffield, S10 2JF

13. Fraser Competence

If a client is believed to be under 16 years of age, the pharmacist must assess the client's 'Fraser Competence'. Discussion with the young person should explore the following issues at each consultation. This should be fully documented and should include an assessment of the young person's maturity.

- Understanding of advice given;
- Encouraged to involve parents;
- The effect on the physical or mental health of young person if advice/treatment withheld;
- Action in the best interest of the young person.

Appendix 1: Patient Pathway for Chlamydia Screening

MANAGEMENT OF CHLAMYDIA SCREENING**PHARMACY PROTOCOL**



Appendix 2: Consultation Record Form (one copy to be retained at Pharmacy and one returned to the CSO)

PHARMACY CHLAMYDIA SCREENING SCHEME CONSULTATION MONITORING SHEET

Pharmacy Name:
.....
.....

Pharmacy Address:
.....
.....
.....
.....
.....

Consultation Date:
..... / /

CLIENT DETAILS

Surname:	D.O.B	Male <input type="checkbox"/> Female <input type="checkbox"/>
Forename(s)		

Ethnicity	Enter Ethnicity Code	Not given <input type="checkbox"/>
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Registered disabled <input type="checkbox"/>	Client presented for: Prescription <input type="checkbox"/> OTC Medicines <input type="checkbox"/> Retail goods <input type="checkbox"/> EHC <input type="checkbox"/>
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Explanation of screening <input type="checkbox"/>	On site screen <input type="checkbox"/>	Postal kit supplied <input type="checkbox"/>
Patient consented to result being sent to Sheffield PCT <input type="checkbox"/>	Screening kit ID No:	

Does the client require onwards referral to a Sexual Health Professional
 No Yes If 'yes' please tick: GP SCASH GUM Other

Reason for referral.....

How did the client hear about the scheme?

Assessment of competency for a young person under 16 years of age according to Fraser Guidelines

If you believe the client is under 16 a discussion with the young person should explore the following issues. Please complete the following assessment of competency

	Yes	No
Does the Pharmacist consider that the young person is able to understand the advice given?		
Has the Pharmacist encouraged the young person to involve his or her parents?		
Has the Pharmacist considered the effect on the physical or mental health of the young person if advice/screening is withheld?		
Does the Pharmacist consider action to be in the best interests of the young person?		

CONSULTATION DELIVERED BY:

Name: Signature

INVOICE



Pharmacy Chlamydia Service

TO: Chlamydia Screening Programme
 Sheffield PCT
 1 Mulberry Street
 Sheffield
 S1 2PJ

FAO: Rachel Henchley

<p>NAME AND ADDRESS OF PHARMACY</p> 	<p>CLAIM PERIOD:</p> <p>MONTH</p> <p>YEAR</p>
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	Tariff	Total number	Total cost of claim
Number of consultations resulting in on-site testing	£10 per test		
Number of consultations with supply of postal kits	£4 per kit		
Number of postal kits tested by CSO	£2 per returned sample	<i>To be completed by CSO</i>	<i>To be completed by CSO</i>
Total Payment due: <i>To be completed by CSO</i>			

Signed by accredited Pharmacist only

Signed Date

Print name

APPROVED BY:

Rachel Henchley Programme Co-ordinator	Signature
BUDGET CODE:	Date

Appendix 4: Ethnicity Codes



RECORDING OF ETHNIC GROUP INFORMATION FOR CLIENTS

This service, in line with other healthcare providers, collects information about the ethnic group of clients. This information can help us plan to meet the needs of the community and ensure that everyone has equal access to the health care we provide.

Please note we are not asking about citizenship or nationality, but about the ethnic group to which you feel you belong.

All the information we receive will be used and treated with the strictest confidence. Any planning information on general release will be anonymous with all names removed.

The classification is entirely voluntary but will help us to provide a better service. The level of care you will be offered at this service will not be affected by your decision to complete this form.

If you feel you are descended from more than one group please use the letter code for the one you feel you most belong to, or choose the 'Any other ethnic group' option.

A	White	British
B	White	Irish
C	White	Any other White background
D	Mixed	White and Black Caribbean
E	Mixed	White and Black African
F	Mixed	White and Asian
G	Mixed	Any other mixed background
H	Asian or Asian British	Indian
J	Asian or Asian British	Pakistani
K	Asian or Asian British	Bangladeshi
L	Asian or Asian British	Any other Asian background
M	Black or Black British	Caribbean
N	Black or Black British	African
P	Black or Black British	Any other Black background
R	Other ethnic groups	Chinese
S	Other ethnic groups	Any other ethnic group
T	Not stated	

Appendix 5: Payment Schedule

The pharmacy contractor will be paid according to the following schedule:

- A service fee of £10 for the provision of an on-site screening test;
- A service fee of £4 for the consultation and issue of a screening postal kit;
- An additional 'top-up' fee of £2 for each postal kit that is tested by the lab and identifiable to the issuing pharmacy.

Claim forms (Appendix 3) and copies of individual consultation forms should be submitted to the CSO on a monthly basis. The consultations forms must be patient identifiable for claims to be processed.