

**FINAL Explanation of NHS Local Delivery Plan data monitoring line technical note (PSA11d)**

NOTE	<p><b>EXPLANATION – read with the notated LDP document</b></p> <p><b>Information in this document refers only to PSA11d and not to any other NHS LDP data monitoring line</b></p>
1	<p><b>Detailed descriptor:</b> The inclusion of the term ‘test’ may appear to be confusing. This document applies to chlamydia (C) ‘screens’ only. Diagnostic tests are not included.</p>
2	<p>The <b>numerator</b> is number of men and women aged 15-24 years accepting chlamydia SCREENS through the National Chlamydia Screening Programme (NCSP) and Boots’ pathfinder project in London.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Definition of Screen = a test performed on an individual, under 25 who accepts the offer of, or requests a C test from a designated screening venue. Section 5.3 3<sup>rd</sup> Edition NCSP Core Requirements</p> </div> <p>the <b>denominator</b> is the ONS projection of TOTAL PCT population aged 15-24</p> <p><b>NB:</b> note difference in age group between LDP (15 to 24) &amp; NCSP ( less than 25)</p>
3	<p>Line 1 = The LDP <b>numerator</b> only counts:</p> <ul style="list-style-type: none"> <li>o Actual people (not tests) who have had a chlamydia <b>screen</b> through the NCSP</li> <li>o Actual people (not tests) who have had a chlamydia <b>screen</b> through the Boots’ pathfinder project in London (ongoing project to Nov 07)</li> </ul> <p>The following conditions must be met for screens to be included:</p> <ul style="list-style-type: none"> <li>o Individuals must be aged between 15 and 24 years inclusive on date of screen</li> <li>o Screens need to be undertaken using a NAATs platform.</li> <li>o The screening venue details must be in the HPA national database and have a unique code obtained from the HPA</li> <li>o The screened individual’s data must be collected on an NCSP approved request form</li> <li>o Those who have C screening prior to instrumentation e.g. pre TOP, pre IUD etc may be included, if reported on an NCSP form.</li> <li>o Data on management of NCSP positives and partners must be fed back from screening venue to the chlamydia screening office (CSO)</li> <li>o The core data and data on NCSP positives and partner notification is collated by the CSO and returned to the HPA</li> </ul> <p>Important: Screens will be allocated according to Post Code (PC) of residence. If no PC is given, the data will be entered as ‘Unknown’.</p> <p>Asymptomatic clients subsequently found to have signs or symptoms should be entered on the NCSP request form as “screen + symptoms” and managed accordingly – see section 5.3 figure 2 in 3<sup>rd</sup> Edition NCSP Core Requirements</p>
4	<p><b>Rationale</b></p> <p>Following further advice from the DH, it has been agreed that for the period 2007/2008, GUM screens will NOT be included; only NCSP screens and Boots pathfinder tests will be counted against the LDP line.</p>
5	<p><b>Data definition:</b> ‘Persons’ refers to individuals screened. Duplicate and/or repeat screens for the same individual, within the same year, will be removed from the LDP data. It is therefore most important that all programme areas use a <b>unique</b> identifier for <b>each person</b> not each test result.</p>

6	<p>In this line, where it refers to 'ALL C tests' – it actually means NCSP screens as defined above and Boots pathfinder.</p> <p>The LDP does NOT include</p> <ul style="list-style-type: none"> <li>○ People being screened under 15 or 25 and over</li> <li>○ Any contacts, regardless of age</li> <li>○ Screens from GUM</li> <li>○ Any <b>diagnostic test</b> from whatever source ie GUM, SH clinic or GP. In this context the NCSP definition of diagnostic is</li> </ul> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">NCSP definition of diagnostic test =  A test sought by a person who has STI symptoms or a test directed by a clinician as part of an STI work-up.  See section 5.3 &amp; Appendix 8 3<sup>rd</sup> Edition Core Requirements</p> </div> <ul style="list-style-type: none"> <li>○ Screens undertaken NOT using a NAAT</li> <li>○ Screens not submitted on NCSP request form &amp;/or data not sent to HPA.</li> </ul> <p>Line 2 = The <b>denominator</b> is the ONS projection of TOTAL population aged 15-24 within each PCT. It is NOT the NATSAL sexually active estimate.</p>
7	<p>The denominator assumes the post code of residence of the client, <b>not</b> the screening venue.</p>
	<p><b>Criteria for Plan Sign-off</b> = The activity counter:</p> <ul style="list-style-type: none"> <li>○ NCSP phases 1, 2 and 3 are expected to achieve a MINIMUM of 15% of ONS total population aged 15-24 accepting screens within the 12 months to March 2008.</li> <li>○ This percentage is worked out using ONS data</li> <li>○ NCSP phases 1 and 2 are also expected to show increased screening numbers over &amp; above those achieved to date and should exceed 15%</li> <li>○ NCSP phase 3 is expected to have started screening <b>and</b> have achieved 15% coverage.</li> </ul>
	<p><b>Further Information</b></p> <p>The 3<sup>rd</sup> Annual report for 2005/2006 is available on:  <a href="http://www.hpa.org.uk/publications/2006/ncsp/">http://www.hpa.org.uk/publications/2006/ncsp/</a></p> <p>The 3<sup>rd</sup> Edition of the NCSP Core Requirements which supersedes "Chlamydia Screening Programme Roll Out Data Manual" is available on:  <a href="http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/sti-chlamydia/default.htm">http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/sti-chlamydia/default.htm</a></p>

Q&A

1. Why is the denominator ONS and not the sexually active population, NATSAL?

The DH chose to use ONS because NATSAL was conducted in 2000 and was considered out of date. Also, NATSAL estimations were 'within' London & 'out of' London (i.e. rest of England) and not for individual PCTs. In contrast, ONS estimates are updated annually & are available for each PCT.

2. Why are repeat screens on the same individual within the year not counted in the LDP line?

This LDP line measures a proportion of the population aged 15-24 accepting a screen, so the data requires number of people, **not** number of tests. It is important that all programme areas ensure they are using a unique number for each person screened as outlined in the Core Requirements. Those areas not yet using a unique number are advised to change to this system. We are able to offer advice on how this can be achieved.

### 3. Why are GUM screens not included?

Initially it was planned that GUM screens would be included for the LDP line. However, these will already be reported to the HPA through the current aggregate KC60 returns and the new disaggregate reporting which is currently being developed. Additional reporting of GUM screens in the NCSP returns was considered to be an unnecessary duplication of effort at this time. Therefore, for the forthcoming LDP period 2007/2008, GUM screens will **not** be included against the LDP line.

Those areas currently sending information on GUM screens to the HPA NCSP team can continue to do so. This data will be held at the HPA.

### 4. Why are diagnostic tests not included?

The LDP line only counts NCSP screens and Boots Pathfinder screens. The 15% target was selected to reflect the fact that only these will be measured.

### 5. What happens to those with no Post Code of residence?

The LDP line requires the postcode of residence, not the postcode of the screening venue. If postcode of residence is not included on the request form, the data will be recorded under 'unknown' post code.

### 6. Why are Contacts not included?

When contacts receive treatment they are offered a screen, however, not all contacts elect to have a screen undertaken. Also, the current request form does not distinguish between contacts of screens and contacts of other chlamydia tests. Separating this data would be difficult. It will be possible to estimate the number of contacts for each programme area if required by DH.

### 7. What happens with the LDP line after April 2008?

The current planning process covers the period up to and including 2007/08. The Department of Health will advise regarding the next planning process i.e. from 2008/2009 when this has been agreed.

### 8. How will the LDP line be monitored?

Quarterly data will be provided by the HPA to the Department of Health. The Department of Health will be responsible for the performance management of this area.