Securing excellence in chlamydia screening outcomes on a shrinking budget

Sharon Foster\(^1\), Victoria Womack\(^1\), Sharron Ainslie\(^2\), Kate Folkard\(^2\), Kevin Dunbar\(^2\), John Saunders\(^2\)

\(^1\)Leeds City Council, \(^2\)Public Health England

BASHH Spring Conference, Glasgow 2015
National Chlamydia Screening Programme

- Opportunistic screening
- 15 to 24 year olds
- Annually / change of partner
- 2013
  - 1.7 million tests
  - ~ 140,000 diagnoses
Detection Rate Indicator

- June 2013: Public Health Outcome Framework Health protection indicator (Detection rate indicator)
  - \( \geq 2,300 \text{ diagnoses per 100,000} \)
Securing excellence in chlamydia screening outcomes on a shrinking budget
Securing excellence in chlamydia screening outcomes on a shrinking budget

Coverage targets

Outreach

- CASH
- GP
- Online
Securing excellence in chlamydia screening outcomes on a shrinking budget
2010 and 2011 data are NCSP data. 2012 – 2014 are CTAD data.

* April 2010 - March 2011 has been used as a proxy for 2010 calendar year
**Provisional data Q1 - Q3 2014 (coverage adjusted for incomplete year)
Chlamydia testing data for 15–24 year olds
Proportion of tests by testing service type
Leeds, Y&H and England
2013

Data Source: CTAD (TOP, Pharmacy, GP, CSHS, Not known and Other) and GUMCAD (GUM tests)
Testing Service Type “Other” - includes A&E, MIU, NHS walk in, Hospitals, Antenatal and Obstetrics, CSO, Education, Gynaecology and Fertility, Military, Occupational health, Outreach, Prisons and YOI, Remote testing and Youth centres

Securing excellence in chlamydia screening outcomes on a shrinking budget
Chlamydia testing data for 15–24 year olds
Relative contribution to DRI by service type
Leeds, Y& H and England
2013

Data Source: CTAD (TOP, Pharmacy, GP, CSHS, Not known and Other) and GUMCAD (GUM tests)
Testing Service Type “Other” - includes A&E, MIU, NHS walk in, Hospitals, Antenatal and Obstetrics, CSO, Education, Gynaecology and Fertility, Military, Occupational health, Outreach, Prisons and YOI, Remote testing and Youth centres
Summary

Success multifactorial

1. Fall in spend but exceeding DRI

2. Focus on delivery in core healthcare settings with high footfall and positivity

3. Targeted service provision to vulnerable groups

4. Online testing to support options for testing
Acknowledgements

Ana Harb
Erna Buitendam
CTAD Team
PHE HIV&STI Department
www.gov.uk
www.chlamydiасscreening.nhs.uk
John.Saunders@phe.gov.uk