

Terrence Higgins Trust

Norfolk

Chlamydia Screening Programme
(Norfolk CSP)

Screening Site Handbook

Version 9
July 2021

Version Control Table

Version Date	Version Number	Author/Reviewer	Comments
May 2015	5	Andy Mazzei - Terrence Higgins Trust (THT)	<ul style="list-style-type: none"> • Updated logos • Updated iCaSH service information • Updated THT contact information • Remove “Waveney/Suffolk” references)
June 2015	6	Andy Mazzei - Terrence Higgins Trust (THT)	<ul style="list-style-type: none"> • Updated to reflect new TDL screening kits
October 2016	7	Neil Howard - Terrence Higgins Trust (THT)	<ul style="list-style-type: none"> • Reviewed by Norfolk staff, Clinical Practice and Governance Manager - London, South and East and Sexual Health Advisers (iCaSH Norfolk) • Reviewed processes for under 16s • Updated management of negative results • Removed references to CTS1 and CTS2 forms • Updated returning completed tests to TDL • Reworded Gillick competence • Updated websites
July 2019	8	Neil Howard - Terrence Higgins Trust (THT)	<ul style="list-style-type: none"> • Reviewed by Norfolk staff, Norfolk Sexual Health Commissioner (Norfolk County Council) and Sexual Health Advisers (iCaSH Norfolk). • Reviewed to align with current PGD for chlamydia treatment (June 2019) • Reviewed to align with NCSP standards ,7th Edition (updated November 2018) • Updated websites, contact details and minor changes to service delivery
July 2021	9	Suki Dell and Neil Howard - Terrence Higgins Trust (THT)	<ul style="list-style-type: none"> • Reviewed by Norfolk staff (THT) and Sexual Health Advisers (iCaSH Norfolk). • Reviewed to align with current PGDs for chlamydia treatment (April 2021) • Updated websites, contact details and minor changes to service delivery

Content	Page
Purpose and National context	3
Aims of the Norfolk Chlamydia Screening Programme	3
What is chlamydia? Criteria for screening	3
Young people reporting symptoms and consent for screening	4
Specific consent issues - under 16s	5
Specific safeguarding issues - under 16s	5
Specific consent issues - Mental Capacity Act	5
Testing kit components	5
Completing the test form	6
Screening staff section (test form)	6
Providing a sample	6
Returning completed tests to The Doctors Laboratory (TDL)	7
Management of negative tests	7
Management of positive tests	7
Management of partners	8
Treatment of positive patients	8
Minimum time between tests	8
Post treatment follow-up	8
Staff training and support	9
Incident reporting	9
Ordering testing kits and other resources	9
Referring young people with symptoms to services for full STI screening	9
Referral for rape or sexual assault	9
Confidentiality	9
Sexual Offences Act	10
Gillick Competence	10
Fraser Guidelines	10
Appendix 1	11
Staff Read Record	12

Purpose

The purpose of this document is to give Norfolk Chlamydia Screening Programme (Norfolk CSP) sites a summary of the National Chlamydia Screening Programme (NCSP) Standards, 7th Edition (Updated November 2018) and outline the context and processes for local delivery co-ordinated by the Terrence Higgins Trust (THT) in Norfolk.

National context

The NCSP employs an opportunistic approach to chlamydia screening. Traditionally, opportunistic screening methods have been delivered in healthcare settings, but by involving a combination of health and non-healthcare screening venues, the NCSP extends opportunities for young people to be tested in locations they frequently visit. The purpose is to normalise the idea of regular chlamydia screening among young people so that they expect to be screened annually or when they change partner.

High quality chlamydia screening is an integral part of the offer of sexual health care that all young people should receive. By regularly testing and treating young people the NCSP will interrupt transmission of chlamydia and ultimately prevent infections. It ensures access in a variety of settings, allowing young people to take responsibility for their sexual health regardless of their location or proximity to specialist clinics. Additionally the offer of a chlamydia test in a wide range of settings is well received by young people and helps to normalise sexually transmitted infection (STI) testing. For many young people the offer of a chlamydia test will be their first contact with sexual health services and as such provides an important opportunity to support young people by improving knowledge and attitudes. The Norfolk CSP is part of this national initiative.

Aims

The Norfolk CSP aims to:

- Prevent and control chlamydia through early detection and treatment of asymptomatic infection.
- Reduce onward transmission to sexual partners.
- Prevent the consequences of untreated infection.
- Raise awareness and skills of health professionals to screen for chlamydia, and provide the information young adults need to reduce the risk of infection and transmission.

What is chlamydia?

Chlamydia is caused by a bacterium called *Chlamydia Trachomatis*. The bacteria can be found in the semen, vaginal fluids and urine, and the lining of the throat and rectum of people who have the infection. Chlamydia is easily passed from one person to another through vaginal, anal and oral sex, or genital contact, or the sharing of sex toys. This means that condoms, if used, will only offer some protection. Genital chlamydia is the most common sexually transmitted infection (STI) in the UK, being most common in males and females under 25.

Chlamydia is known as the 'silent' infection due to its lack of noticeable symptoms. **Roughly 75% of infected females and 50% of infected males have no symptoms so do not know they have it.** If left untreated it can spread to other parts of the body and cause pain, especially in the abdomen for females, and may lead to infertility. The remaining 25% of infected females and 50% of infected males develop symptoms which may show up 1 - 3 weeks after contact with chlamydia, many months later or not until the infection spreads.

Criteria for screening

The Norfolk CSP includes:

- Men and women under 25 (15 to 24 years old) of all sexual orientations who have ever been sexually active and who are offered, or request, a chlamydia test.
- Contacts/partners of those testing positive regardless of age.
- 15 year olds who meet the Gillick/Fraser criteria for consent to testing.

The Norfolk CSP does not include those who cannot give consent, anyone unwilling to give any means of contact for the purpose of result notification, and under 16s not deemed to meet Gillick/Fraser criteria. People should be encouraged to test annually or whenever there is a change in sexual partner. Additional repeat testing may be required according to risk assessment.

NB. Norfolk CSP testing kits should not to be used for diagnostic tests or screening related to infertility treatment.

Young people reporting symptoms

Young people reporting symptoms should be seen by a clinician, ideally within an [Integrated Contraception and Sexual Health Service \(iCaSH\)](#). See referring young people with symptoms to services for full STI screening on page 9. Non-clinical services should ensure that these referrals are made in a timely manner.

Some females may notice the following symptoms:

Unusual vaginal discharge, bleeding between periods, bleeding after sex, heavier periods (including those using hormonal contraception such as the pill), pain (and/or bleeding) during sex, pain when passing urine and lower abdominal (pelvic) pain.

Some males may notice the following symptoms:

A white/cloudy or watery discharge from the penis, burning and itching in the genital area, pain when passing urine and painful swelling of the testicles.

For both males and females:

There are rarely any symptoms if the infection is in the rectum, but it can sometimes cause discomfort and discharge. Infection in the eyes can cause pain, swelling, irritation and discharge. Infection in the throat isn't common and doesn't produce any symptoms.

NB. These are not comprehensive lists, so referral outside of the service's competence is essential for accurate diagnosis and treatment.

Consent for screening

The test is voluntary and young people must be given information to assist them in making an informed choice. This should include the fact that data collected as part of the National CSP will be used for national programme monitoring but the young person's name and address are not used. Consent must be obtained prior to testing and it is the practitioner's responsibility to obtain consent from the young person. The Norfolk CSP also tests all samples for gonorrhoea as well as chlamydia.

Consent is implied if the young person:

- Has been informed about chlamydia and gonorrhoea testing and what test results will mean for them, given the testing information sheet "Choose Chlamydia Testing..." (included in all test kits) and given the time to read, understand and ask questions prior to participating; **Plus**
- Has provided a sample; **Plus**
- Has competence to consent; **Plus**
- Has correctly completed a test request form, with support if applicable.

The testing information sheet, includes the NCSP’s patient information, and contains information about chlamydia, gonorrhoea, confidentiality and sexual health services.

Specific consent issues – under 16s

The NCSP Standards state:

- Anyone under 16 who has a test should be assessed for Fraser competency.

Where practitioners are offering or assisting clients under 16 with the test, they have a duty of care and are responsible for ensuring that those individuals are competent to make an informed decision to complete the test. The Fraser Guidelines can help assess competency (see page 10).

On the Norfolk CSP test request form (screening staff section) there is a tick box ‘If under 16, checked Fraser Competent’, which practitioners should complete (tick) if they deem that the child/young person under 16 has the capacity to consent to completing a test. If the ‘Fraser Competent’ box is not ticked by the practitioner, then the Norfolk CSP Sexual Health Advisers may contact the screening site to clarify whether the practitioner has assessed the competency of the child/young person.

Specific safeguarding issues – under 16s

The NCSP Standards state:

- It is recommended that all sexually active children under 16 should have a risk assessment for sexual abuse or exploitation.
- Any cases of a child under 13 should be discussed with a nominated professional responsible for safeguarding in that service or locality.
- Staff involved with regular, substantial and unsupervised contact with young people or vulnerable adults must be DBS checked.

Practitioners should adhere to their own organisation’s policy, procedures and training for safeguarding children and young people.

Norfolk CSP Sexual Health Advisers (SHAs) review all tests from under 16s and will either:

- Contact the young person directly, in order to complete a risk assessment for sexual abuse and/or exploitation over the telephone; in accordance with iCaSH Norfolk (Cambridge Community Service NHS Trust) policy and procedures or
- Contact the screening venue directly to clarify whether a safeguarding risk assessment had been undertaken.

Specific consent issues – Mental Capacity Act

The [Mental Capacity Act](#) should be followed for adults (and young people aged 16 – 17 years) with learning difficulties or disabilities or where there is impairment of decision making.

Testing kit components

Urine kit	Vaginal swab kit
<ul style="list-style-type: none"> • Urine collection container (cardboard) • Urine sample tube/bottle (plastic) • Urine sample tube/bottle transporter (plastic container) • Patient test request form • Patient information (Choose Chlamydia testing) • Doing your test (instruction flow chart) • Sealable pre-paid postal bag and instructions (laboratory) 	<ul style="list-style-type: none"> • BD ProbeTech swab/tube (with expiry date) • Patient test request form (supplied separately) • Patient information (Choose Chlamydia testing) • Instructions for Self-Collection of a Vaginal Swab • Sealable pre-paid postal bag and instructions (laboratory)

Completing the test form

The form is one side of A4 in four sections.

Section 1 (Bottle sticker). This needs to be completed with the young person's details and stuck to the urine testing pot/bottle or tube containing the vaginal swab. There is also a separate reference sticker (NORF#####). You are welcome to remove this and use it for your own records.

Section 2 (Your detail). This needs to capture as much information as the young person is willing to give. As a minimum, the Norfolk CSP needs "Last name", "First name", "Date of birth", "Postcode", "Mobile" and "Test date", for the management of results. If a mobile number is not provided, we must have either a full postal address, landline or email. Email is the preferred second method of contacting the young person and letters are rarely sent e.g. unable to contact a young person (patient), who has a positive result by mobile, email or landline.

Section 3 (Sexual orientation). Please encourage the young person to complete this section, even if they choose the "Decline to answer" option.

To the right of section 3, there are four bullet pointed pieces of information, with two "opt-out" tick boxes. The first opt-out box relates to the offer of being contacted in the future about the service or to suggest a repeat test. The second relates to permission to share the young person's result either with their GP or another provider (we would only do this if we were having difficulty in contacting the young person and we felt it was important and in their best interest).

Section 4 (Ethnic origin). Please encourage the young person to complete this section, even if they choose the "Not stated" option.

Screening Staff Section (test form)

This section should be filled in by those practitioners who are assisting young people with completing the test.

If the young person is **under 16**, you must assess competence using Fraser Guidelines and tick the box if you are assured that the young person meets the criteria (also see page 5 'specific consent issues – under 16s').

Your site code should have been added to the form by the Norfolk CSP, but if not, please add it yourself.

Ideally, we would like you to fill in the "Staff Initials" (the practitioner assisting with the test) and "Site Name" boxes, but these are not essential as your site code will identify you as part of the Norfolk CSP.

Providing a sample

The urine testing kit instructions included in each kit is laid out using a flowchart and instructs the male or female patient to make sure they have not urinated within an hour and that they must use the **first part of their urine**. This ensures that if chlamydia and/or gonorrhoea bacterium are present they will have had enough time to multiply and therefore be captured in the sample tube. **The sample tube should be at least half-full, although 5ml would be an absolute minimum. Any less than 5ml and the test becomes void.** If this occurs, [The Doctors Laboratory \(TDL\)](#) will report the result to the Norfolk CSP as an unprocessed test. The Norfolk CSP will then need to contact the patient to suggest they provide another sample.

The urine test can still be used during menstruation. However, urine testing alone misses possible asymptomatic rectal and oral (pharyngeal) infections. Providers should ensure that individuals who may have put themselves at risk through anal or oral sex are aware of the need to access an STI postal testing kit from www.icash.nhs.uk/expresstest or attend an iCaSH clinic if they have symptoms.

The vaginal swab kit instructions included with each kit are laid out in both written and pictorial form and instructs the female patient to insert the swab into the vagina and rotate the swab for 10-15 seconds making sure that it touches the walls of the vagina in order to collect a quality specimen. The swab test can still be used during menstruation. As with urine testing, possible asymptomatic rectal and oral (pharyngeal) infections won't be detected from a stand-alone vaginal swab. Providers should again ensure that individuals who may have put themselves at risk through anal or oral sex are aware of the need to access an STI postal testing kit from www.icash.nhs.uk/expresstest or attend an iCaSH clinic if they have symptoms.

Returning completed tests to The Doctors Laboratory (TDL)

Once completed, the sample (test) needs to be posted to The Doctors Laboratory (TDL) immediately (storing at room temperature if necessary), to ensure that the sample remains viable and results can be communicated within 10 working days as per NCSP guidelines. All samples received by TDL will be processed unless there is insufficient sample material or incorrect/non-labelled samples, in which case TDL will notify the Norfolk CSP. Completed samples (tests) **should not** be sent to the Norfolk CSP address.

Management of negative tests

Patients should receive their test results within 10 working days of the completed test being posted. The Doctors Laboratory (TDL) will text the young person directly if a mobile number has been provided on the form. **Current text message reads 'All results clear and negative, no further action needed. Chlamydia Screening Team'.**

If a mobile number has not been provided or a text message has failed to deliver, the Norfolk CSP will contact the young person by another method(s) provided on the test request form, if possible.

Patients under 16 will be contacted in person even if they have a negative result, unless the Norfolk CSP Sexual Health Advisers can establish, without doubt, that competence using Fraser Guidelines and safeguarding have already been addressed. (Also see page 5 'specific consent issues – under 16s' and page 5 'specific safeguarding issues – under 16s').

Management of positive tests

Patients should receive their test results within 10 working days of the completed test being posted. TDL will inform the Norfolk CSP of the results and the Norfolk CSP will then contact the patient via the method/s as detailed on their test form.

Sexual Health Advisers (SHA), iCaSH Norfolk will endeavour to contact all patients with positive results directly, and arrange free treatment for them and their partner(s). Any voicemail/answer-phone messages left by a SHA will be discrete and simply request that the patient phones back. A minimum of three attempts will be made to contact positive patients. Any patient with a reactive result for gonorrhoea will be contacted by a SHA and referred to an iCaSH clinic for confirmatory testing and treatment.

When TDL identifies a specimen as chlamydia positive, they will recheck the sample with a confirmatory test. If this second test has a negative result then this is known as an equivocal result, i.e. there has been no definite positive or negative result. In this instance the patient will be offered a repeat test by the SHA, but with the option of taking treatment anyway to err on the side of caution. **Ideally the test should be repeated before treatment is taken** (see section below on management of partners).

Young people testing positive for chlamydia will also be offered, by a SHA, the option of being sent a reminder 3 months later to have another test, as the risk of re-infection is higher for young people with positive test results compared to negative test results.

Management of partners

All Partner Notification (PN) is carried out by SHAs. Partners of patients who test positive via the Norfolk CSP will be offered free testing and free treatment even if they themselves are under 15, over 24, or do not live in the Norfolk area. Treatment will be offered via participating treatment sites such as Pharmacies, GP surgeries or directly through an iCaSH clinic

Chlamydia is very easily transmitted; therefore The British Association for Sexual Health and HIV (BASHH) recommend that a partner of a positive patient should be offered treatment even if they haven't taken a test. If the partner has not taken a test, they should be encouraged to do so - ideally before taking the treatment or at least within 24 hours of doing so. Treatment **must not** be delayed in anticipation of the result. The test will confirm whether the partner is positive, and if so, will allow the SHA to follow up any other necessary Partner Notification.

The only delay in taking the treatment will relate to how long after eating food or taking antacids the medication can be taken. This should be explained by the treatment provider, although this information will be in the information leaflet with the antibiotics.

Treatment of positive patients

The SHA will contact the patient and arrange with them to attend a suitable venue for treatment. Treatment is free to them and their partner(s).

It is recommended that the patient or partner receiving treatment should refrain from any sexual activity, including sexual activity using a condom, for 7 days whilst the infection clears up.

Treatment can be provided by GPs. Practice Nurses and Pharmacists can supply treatment for chlamydia once they've signed the Patient Group Directive (PGD). The PGDs are available via [Knowledge Anglia](#) (GPs and Practice Nurses) and [PharmOutcomes](#) (Pharmacists). Pharmacists who provide treatment must complete the Chlamydia Treatment section within [PharmOutcomes](#).

Minimum time between tests

A minimum of six weeks is recommended between tests. Repeating a test before this time may detect both viable and non-viable chlamydia bacteria.

Post-treatment follow up

Approximately two weeks after treatment there will be a follow up contact to the patient from a SHA to ensure compliance with treatment, abstinence from any sexual activity and to reinforce health education and follow up partner notification.

Staff training and support

Terrence Higgins Trust (THT Norfolk) is responsible for providing the necessary induction training, as well as refresher briefings in the form of regular email updates and input into CPD events. Practitioners who have received this input may cascade it to other staff members within the same service. You are also welcome to contact THT Norfolk directly for support (see contact details in appendix 1).

Incident reporting

All providers are responsible for their own governance, and for the investigation and resolution of incidents in order to provide assurance of governance and safety, to prevent recurrence, improve services and share learning.

The Norfolk CSP asks to be informed about any serious incidents related to the programme, in order to share learning, ensure that incidents are properly investigated and maintain an overview of any issues or problems surrounding the programme.

Ordering testing kits and other resources

Testing kits and other sexual health resources must be ordered online via www.youngandfree.org.uk/norfolk N.B Pharmacies need to order via PharmOutcomes.

THT Norfolk have also developed a range of free materials to support the promotion of chlamydia screening to 15 – 24 year olds, as well as other sexual health initiatives such as C-Card condoms for 13 – 24 year olds. See <https://youngandfree.org.uk/norfolk/norfolk-order-resources/>. In addition, the details of all screening sites and C-Card Points are publicised on THT's website www.youngandfree.org.uk

Referring young people with symptoms to services for full STI screening

Cambridge Community Services (CCS) provide Integrated Contraception and Sexual Health services (iCaSH) across Norfolk and other counties locally.

Norfolk iCaSH services are located in Norwich, Kings Lynn and Great Yarmouth. For more information about clinic times go to www.icash.nhs.uk or **Tel: 0300 300 30 30**

Referral for rape or sexual assault

The Harbour Centre (Norfolk) Tel: 01603 276381 (24/7 support line) Email: contact@theharbourcentre.co.uk Web: www.theharbourcentre.co.uk	The Ferns (Suffolk) Tel: 0300 123 5058 Email: contact@theferns-suffolk.org.uk Web: www.theferns-suffolk.org.uk
--	--

Confidentiality

All staff involved with testing, providing results, treatment or Partner Notification (PN) must adhere to national and professional guidelines concerning patient or client confidentiality.

The Norfolk CSP and TDL will keep records of all tests, treatments and person identifiable information on secure closed databases and safely stored paper records, if required. Anonymous data relating to numbers of tests completed, positivity, areas of prevalence, access of screening sites, etc. is shared between the Norfolk CSP, NCSP, Norfolk County Council (Public Health Norfolk) and Public Health England (PHE).

Young people under 16 are the group least likely to use protection (condoms) or contraception and concern about confidentiality remains the biggest deterrent to seeking advice. Stressing the confidential aspect of the Norfolk CSP, and knowing how the data will be used, may encourage people to accept the offer of a test.

Sexual Offences Act

The Sexual Offences Act 2003 classes it as an offence to have sex with anyone under 16 and statutory rape with anyone under 13. However it does not affect the ability of health professionals and others working with those under 16 in providing confidential advice or treatment on contraception, and sexual and reproductive health. The Act states that, a person is not guilty of aiding or abetting or counselling a sexual offence against a child where they are acting for the purpose of:

- Protecting a child from pregnancy or sexually transmitted infection
- Protecting the physical safety of a child
- Promoting a child's emotional well-being by the giving of advice.

Gillick Competence

A person under 16 (13 to 15 year olds) has the capacity to consent to medical treatment and intervention without parental involvement if he or she fully understands the medical treatment that is proposed. Such a person is said to be Gillick Competent.

Lord Fraser, the presiding judge in the 'Gillick case' (Gillick v West Norfolk, 1985) produced guidelines that specifically relate to contraception and sexual health to inform a health professional's decision to manage young people aged 13-15 without the involvement of a young person's parent(s):

Fraser Guidelines

It is lawful for doctors and sexual health professionals to provide contraceptive advice and/or treatment without parental consent, providing certain criteria are met. These criteria, known as Fraser Guidelines, were laid down by Lord Fraser in the House of Lords in 1985 and require the practitioner to be satisfied that:

- The young person will understand the professional's advice.
- The young person cannot be persuaded to inform their parents/carers.
- The young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment.
- The young person's physical and mental health are likely to suffer unless he/she receives contraceptive treatment.
- The young person's best interests require them to receive contraceptive advice or treatment with or without parental consent.

Although these criteria specifically refer to contraception, including condoms, the principles are deemed to apply to other treatments, including abortion and consent to testing for STIs.

Appendix 1

Any queries about the Norfolk CSP

There is information and support available for chlamydia screening programme delivery from the Terrence Higgins Trust (THT), which also offers training on engaging with young people, increasing confidence for all staff in discussing sexual health matters and offering a free condom service under the 13-24 C Card Scheme. Please contact THT using the details below:

Terrence Higgins Trust (THT) Norfolk

1a Oak Street

Norwich. NR3 3AE

Tel: 01603 226 666

Email: norfolksexualhealth@tht.org.uk

Websites: www.youngandfree.org.uk and www.tht.org.uk

Sexual health training: <https://THTNorfolktraining.eventbrite.co.uk>

Contacts for contractual issues

Public Health Norfolk: 01603 638 413 or email: phcontracts@norfolk.gov.uk

Useful information portals

National Chlamydia Screening Programme: <https://www.gov.uk/government/collections/national-chlamydia-screening-programme-ncsp>

Norfolk Local Pharmaceutical Committee (LPC): <http://psnc.org.uk/norfolk-lpc/commissioned-services/sexual-health-service/>

Knowledge Anglia: www.knowledgeanglia.nhs.uk You may need to register to access the site.

Norfolk Community Directory: <https://www.norfolk.gov.uk/norfolk-directory>. Information, advice, services and activities across Norfolk.

Bibliography

1. Public Health England, National chlamydia screening programme standards, 7th Edition (Updated November 2018) <https://www.gov.uk/government/publications/ncsp-standards>
2. British Association for Sexual Health and HIV (2019) *Standards for the management of sexually transmitted infections (STIs)*
3. Department of Health (2003) *Confidentiality Code of Practice 20*
4. Department of Health (2004) *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health*
5. The Sexual Offences Act 2003
6. National Chlamydia Screening Programme <https://www.gov.uk/government/collections/national-chlamydia-screening-programme-ncsp>
7. Mental Capacity Act 2005 Code of Practice
8. Nigel's surgery 8: Gillick competency and Fraser guidelines (<https://www.cqc.org.uk>)
9. Working Together to Safeguard Children, HM Government (2013). <http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>

