



Public Health
England

Chlamydia re-testing of positive cases: Models of existing practice

National Chlamydia Screening Programme

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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Summary

Following an evidence review and professional and public consultation, the National Chlamydia Screening Programme (NCSP) has updated case management for those testing positive for chlamydia to include the routine offer of re-testing, around three months after treatment. The following case studies give examples of delivery models of existing practice. Whilst these examples may prove useful in guiding you, the decision to re-test and the model you choose is entirely down to local determination.

The NCSP will continue to support both local authorities and providers both maintain and improve their high standards. The case studies give examples of transparent performance reporting, ongoing self-assessment, peer challenge and sharing best practice.

Case study

Wheatbridge CASH Clinic, Chesterfield

Services in Derbyshire have an excellent track record for re-testing. Patients testing positive are automatically offered a re-book at the time that their result is delivered. This would be a verbal offer and is followed up by a telephone call or text depending on the patient's preference. Derbyshire have a written protocol and procedure for their staff for re-testing that sits within their provider service specification. To meet their monitoring requirements the provider flags a confidential patient record to reflect a re-test following positive. Data is submitted to Derbyshire Community Health Services, the umbrella provider organisation for costs analysis. An element of time is saved by giving patients an immediate offer.

Case study

Glasshouse CASH Clinic, Nottingham City

In Nottingham City patients testing positive are counselled around the use of their medication, at this time they are also recommended to re-test after three months. An appointment is offered verbally but not given immediately unless accepted. Staff actively telephone follow-up positive patients to ensure they are correctly taking their medication. A reminder text is sent after the telephone call to remind patients to book a re-test. Figures for re-testing are collected in the clinic and submitted to the provider manager for monitoring.

Case study

Belfast GUM Clinic, Belfast City

Patients testing positive are automatically verbally offered a re-test at a time that their test is delivered. The appointment for the re-test is given at the time of delivering the positive result. Monitoring is crucial and the service is looking at the potential for an extension to timescales as they feel that the six week period that they currently recommend could lead to the potential for testing the same episode.

Case study

North of Tyne CSP

North of Tyne CSP makes a verbal offer of re-testing at three months post treatment. A text reminder is sent following the verbal offer, and a test kit is sent if this is the method the patient requests. There are frequent changes to the written protocol which will hopefully reduce as the service hones their procedure and discovers what works best. System reminders by date are set and the text is sent on that date. North of Tyne is working hard to understand how messages are delivered to patients to avoid creating anxiety.

Cost considerations

The cost of implementing re-testing will vary according to local practice model. The main costs that may be incurred through re-testing are provided below, and local areas may wish to consider these when implement re-testing.

Marginal costs may include:

- cost of consumables eg additional test kits – the number of additional test kits will vary according to the rate of re-testing, and whether kits are only provided to those who actually take a test (eg clinic based re-test), or if kits are provided that may not be used (eg wastage where test kits are posted or taken home and not returned)
- postage for postal test kits
- laboratory cost per sample tested
- cost per reminder sent (phone call/sms/letter)
- cost per test result delivery (phone call/sms/letter)
- treatment cost for positive chlamydia diagnosis

Opportunity costs to consider:

- non-recurrent set-up costs to invite patients to re-test (for example software installation to send out sms reminders). This may already be in place in several services, for example, local clinics may already have IT facilities set up to send out sms reminders
- additional staff costs (time needed for patient follow up, booking appointments, preparing postal test kits and carrying out retesting)

Worked example of potential impact on additional diagnoses

Figure 1 shows the potential impact of re-testing on number of diagnoses in a hypothetical local area consisting of 100,000 young people aged between 15-24 years. The calculation assumes that 25% of the population is screened in the first instance, 6% of whom are diagnosed to be chlamydia positive, and 15% of those re-tested are diagnosed as positive at re-test. The number of additional diagnoses made is shown for a range of re-testing rates between 10% and 50%. The cost per test may vary depending on local negotiations/arrangements.

In this scenario, re-testing 25% of those who test positive at three months would identify 56 additional diagnoses over the course of one year. Doubling this percentage would lead to 113 additional diagnoses.

Figure 1. Potential impact of re-testing on diagnoses in a hypothetical local area

