**Appendix A4 – Service Specification**

(Lot 4 - GP Chlamydia Screening & Treatment)

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| **Service** | Locally Commissioned Public Health Service **for Asymptomatic Chlamydia Screening and Treatment -** for both registered and non-registered patients with GP Practices  |
| **Authority Lead** | Uzmah Bhatti: Senior Public Health Insight ManagerRobert Fenton: Contract Officer |
| **Period** | 1st April 2022 – 31st March 2031 (3+3+3 with annual review) |

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| **1. Population Needs** |
| **1.1 National/local context and evidence base****National Context** Chlamydia is currently the commonest curable sexually transmitted disease in England. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated. Prompt treatment for Chlamydia is essential and reduces the risk of further infection and transmission (Department of Health 2013a).Nationally, there has been a marked increase in sexually transmitted infections (STIs) 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. In men, this includes epididymo-orchitis, testicular infertility and prostatitis and in women, pelvic inflammatory disease, ectopic pregnancy and infertility in women. Chlamydia causes a common cause of neonatal blindness known as trachoma. The number of diagnosed cases of chlamydia in the UK has increased since 2012. In 2019, there were 229.213 chlamydia diagnoses. The disease is frequently asymptomatic and goes unrecognised and untreated with long term health and social implications. Undiagnosed and untreated, there is an increased risk of the acquisition transmission of other STIs. **Nottingham**In 2020 only 17% of 15-24 years olds in Nottingham were screened for chlamydia, this has decreased significantly since 2012. The chlamydia diagnostic rate in Nottingham in 2020 was 559 per 100,000 compared to the national rate of 286 per 100,000. This was the highest amongst all but one similar (CIPFA) cities. **National Chlamydia Screening Progamme (NCSP)**The aim of the National Chlamydia Screening Programme (NCSP) is to reduce the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women so the opportunistic offer of asymptomatic chlamydia screening outside of sexual health services focuses on women, combined with reducing time to test results and treatment, strengthening partner notification and retesting. The National Chlamydia Screening Programme (NCSP) has changed to focus on reducing reproductive harm of untreated infection in young women.In practice this means that chlamydia screening in community settings, such as GPs and pharmacies, will only be proactively offered to young women. Services provided by sexual health services remain unchanged.Everyone can still get tested if they need, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.More details can be found here <https://www.gov.uk/government/collections/national-chlamydia-screening-programme-ncsp>  |
| **2. Key Service Outcomes** |
| This Locally Commissioned Public Health Service (LCPHS) specification defines an optional service beyond essential and additional services which General Practice are contracted to provide to all of their patients. No part of this specification is intended to alter, define or redefine essential or additional services covered elsewhere. This document sets out the specification for the Chlamydia Screening and Treatment LCPHS. In line with changes to the National Chlamydia Screening Programme in 2021, the service is aimed at only females aged 15-24 years of age as clinically appropriate. The service may be provided to both registered and non-registered patients.The provision of this service is designed to meet the sexual health needs of residents of Nottingham City; and address a number of the key indicators within the national Public Health Outcomes Framework (PHOF) to address Chlamydia diagnosis in 15-24 year olds. |
| **3. Scope** |
| **3.1** Aims and Objectives of Service**3.1.1 Aim**The service aims to provide a comprehensive accessible Chlamydia Screening and Treatment service which will contribute to the improvement of sexual health and wellbeing and reduce inequalities in sexual health. **3.1.2 Objectives**The key objectives of the Chlamydia Screening and Treatment service are to:1. Reduce the prevalence and onward transmission of undiagnosed chlamydia and help reduce the incidence of its complications.
2. Increase awareness of the risks of unprotected sex amongst the target local population through general promotion of the service.
3. Improve access and offer choice for asymptomatic patients requiring a Chlamydia screen in line with the Department of Health’s Framework for Sexual Health Improvement, BASHH guidelines and Medfash recommended standards.
4. Provide testing, health promotion, diagnosis, treatment and onward referral to appropriate services for the target population that may be at risk of contracting sexually transmitted infections.

This service reflects guidance for the National Chlamydia Screening Programme (NCSP) and is to be provided in addition to the essential services and the additional service for contraception in the GMS contract and the PMS Agreement. **3.2 Service Description/Pathway****Service Description**The General Practice providing this service (i.e. the Provider) will provide opportune, one to one consultations, advice and support to females aged 15-24 years old on the management of their sexual health including:1. Provision of Chlamydia screening, treatment, contact tracing and partner notification.
2. Advice and support about other sexually transmitted infections (STIs).
3. Promoting safe sex, including the use of and access to condoms.
4. Signpost to enable uptake of other sexual health services and health and social care professionals, as appropriate.
5. Offer a user-friendly, non-judgmental, non-discriminating, client-centred and confidential service.

The Provider will: 1. Advertise and actively promote Chlamydia screening to females under 25 by raising general awareness of Chlamydia and other sexual health issues. This should include the Provider designating specific wall space providing information on Chlamydia testing
2. Keep a register of all people accessing screening for Chlamydia.
3. For non-registered patients, the Provider must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes; after obtaining explicit consent from the patient’.
4. Consent. Informed consent should be given by the patient prior to insertion and recorded in the notes.
5. The Provider will ensure this service is provided in compliance with Fraser guidance[[1]](#footnote-1)and Department of Health guidance on confidential sexual health advice and treatment for young people aged less than 16 years[[2]](#footnote-2). Providers participating in the scheme **MUST** adhere to this child protection guidance. Further guidance is provided in the safeguarding section below.
6. Use the practice’s (ie the Provider’s) own resources for taking bloods, urine samples and/or swabs.
7. Explain the process that will then occur for both positive and negative Chlamydia results; ensuring patients are informed of positive test results.
8. Manage contact tracing and partner notification if positive results are returned to the GP practice.
9. Providers (i.e. General Practice) must issue FP10 prescriptions for collection by Chlamydia positive patients if this is the patient’s preferred treatment pathway.
10. Liaise with Nottingham University Hospitals (NUH) NHS Trust regarding any complications of treatment, patient and partner follow up.
11. Ensure that appropriate verbal and written information is available to the patient as per GUM training.
12. Ensure there are adequate backup / contingency plans in place for the continued provision of the service in the event of breakdown of equipment, key staff absence or supply chain problems.
13. Give advice on sexual health and practising safe sex to prevent re-infection and onward transmission of STIs, signposting into specialist services as necessary.
14. Give advice on contraception as per GMS contract and PMS agreements to prevent unplanned pregnancy.
15. Undertake regular continual professional development (CPD) provided by sexual health service team at Nottingham University Hospitals NHS Trust to ensure appropriate skills are maintained
16. Ensure practices are as young person friendly as possible. Minimum requirements are *‘You’re Welcome’* Details can be found at [www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services](http://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services)
17. Carry out a patient satisfaction questionnaire on a sample of 25 patients per annum.
18. Provide Nottingham City Council commissioners with such information as it may reasonably request for the purpose of monitoring performance and the contractor’s obligations under the service.

**3.3 Evaluation**The Provider shall ensure that the service is evaluated on an ongoing basis, to ensure it is operating effectively. This ongoing evaluation must cover all aspects of the service. The Provider will be expected to plan a full programme of evaluation, including feedback from service users and partner agencies. The Provider shall also work with the Commissioner, if required, to agree an evaluation framework and timetable. The Provider must make all evaluation data available to the Commissioner if requested within an agreed timeframe. The Provider is responsible for ensuring that appropriate information governance procedures are followed in respect to any service user data.**3.4 Population covered, eligibility and exclusion criteria, target groups**1. Females aged 15-24 years of age as clinically appropriate.
2. The service may be provided to both registered patients and patients registered with other City practices. For non-registered patients, the GP Provider must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes; after obtaining explicit consent from the patient.

**3.5 Access and referral sources (include self-referrals if relevant, and marketing)**Self-referral to a General Practice. |
| **4. Applicable Service Standards** |
| 4.1 Applicable national standards e.g. NICE* This service reflects guidance for the National Chlamydia Screening Programme (NCSP) and providers should ensure the service is continuously reviewed and updated to reflect new and emerging standards of practice, as appropriate
* The service must ensure that appropriate professional standards are maintained, updated and validated through clinical supervision and provision of relevant training to support reflective practice and CPD.
* The provider must ensure the competition of any appropriate documentation that is required to inform the National Chlamydia Screening Programme (NCSP) of infection.
* The National Chlamydia Screening Programme <http://www.chlamydiascreening.nhs.uk/ps/index.asp>
* National Chlamydia Screening Programme Standards - 7th edition<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759846/NCSP_Standards_7th_edition_update_November_2018.pdf>

4.2 Applicable local standardsAccreditationNottingham City Council must approve accreditation before the named practitioner can provide the service. All relevant staff engaged in the undertaking of these services are (where applicable) appropriately accredited and Enhanced DBS (formally CRB) cleared to the requirements of this service specification and conditions of this contract. As part of the contract management / audit process, evidence and/or assurance of this may be requested.* Professionals must update, maintain and develop their competencies and ensure they remain fully aware of the professional requirements for providing more specialised sexually transmitted infection services within Primary Care.
* Providers must identify their own training requirements to maintain the competencies to deliver this service.
* Providers must take up any other appropriate training as deemed to be required by the Commissioner.
* Doctors must hold and maintain a valid GMC registration.
* Nurses must hold and maintain a valid NMC registration.
* Doctors, Nurses and other health care professionals providing the service will be expected to have undertaken some training (or equivalent training) on Chlamydia Infection.

The Provider will also ensure that a health professional has received training on communicating with young people and Local Young People Friendly Guidance which is referred to*‘You’re Welcome’* which sets out the principles to help both commissioners and service providers to improve the suitability of NHS and non-NHS health services for young people. Details can be found at [www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services](http://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services)**Safeguarding** Local guidance on protection of vulnerable adults is available at:<https://www.nottinghamcity.gov.uk/ncaspb> National guidance on child protection ‘DfE (2015) Working together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. HM Government’. Is available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2> There is further national guidance from RCPCH (2014) Safeguarding Children and Young People: roles and competencies for health care staff (2014). Intercollegiate document. Royal College of Paediatricians and Child Health. Available at <https://www.rcpch.ac.uk/sites/default/files/Safeguarding_Children_-_Roles_and_Competences_for_Healthcare_Staff._Third_Edition_March_2014.pdf> Local guidance on child protection is available at:<http://www.nottinghamcity.gov.uk/children-and-families/are-you-worried-about-a-childs-well-being/>Local safeguarding children procedures. Available at <https://www.nottinghamcity.gov.uk/ncscp> **Professionals with a child safeguarding concern – Nottingham City**Children and Families Direct is the single point of access for support and safeguarding services within Nottingham City.Telephone: 0115 876 4800Email: candf.direct@nottinghamcity.gcsx.gov.ukFax: 0115 876 2927 Children and Families Direct is operational Monday to Friday 8:30am to 5:00pm.**Outside of these hours the telephone number should be used for emergency safeguarding enquiries only.****To make a Child Safeguarding Referral:**A Multi-Agency Referral form is available for professionals wanting to make a referral to Nottingham City Council Children's Services. Please find a copy of the template on the [website](http://nottinghamshirescb.proceduresonline.com/files/multi_agency_referral_form.docx) (<http://nottinghamshirescb.proceduresonline.com/files/multi_agency_referral_form.docx>)Once completed send by secure email to: candf.direct@nottinghamcity.gcsx.gov.uk**Note: Where there are concerns regarding a young person**, there is always a Safeguarding / Paediatric Consultant on call at Nottingham University Hospitals (NUH) who can offer advice with regard to safeguarding issues. During office hours of 9-5, telephone 0115 875 4595. Outside of standard office hours, please telephone the main QMC switchboard on 0115 924 9924 and ask to speak with the on-call Safeguarding / Paediatric Consultant. Providers may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for permission of the client to share the information. .**Serious Untoward Incidents (SUIs)**The Provider is required to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidents, including those detailed in the terms and conditions of the Contract.All SUIs must be recorded and reported to the commissioner as set out in Appendix E and also to NHS England in line with your GP contract.**Infection Control and Hygiene**In March 2013 GP practices were asked to register with the Care Quality Commission in terms of their compliance with the Health and Social Care Act (2008): *Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance.* It is vital that all staff working within General Practice demonstrate good Infection Prevention and Control in accordance with the Act. In order to register successfully with the Care Quality Commission and meet the requirements of this specification, practices will need to have in place the following: * Systems to manage and monitor the prevention and control of infection.
* Systems to provide and maintain clean and appropriate environments.
* Information available for patients and relatives concerning infections.
* Training for all staff in the prevention and control of infections.
* Policies and procedures in accordance with those listed in the Health and Social Care Act (2008).

In order to facilitate successful registration and continue to provide this service, practices should participate in the annual infection control audit process which will involve a formal audit of the environment and practice every 2 years. The practice will be responsible for developing a plan to address the actions raised by the audit and for monitoring progress against these actions. This service will not be commissioned from practices that do not meet the minimum standards for infection control.**Safety Alerts**The Provider must ensure that they are aware of any safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), Estates, and National Patient Safety Agency (NPSA) that apply to any equipment or patient safety concerns associated with this LCPHS and that these are acted upon. Details of action taken must be reported back to Nottingham City Council. Safety alerts are emailed to general practices and details can also be found at <http://www.mhra.gov.uk/index.htm> and [http://www.npsa.nhs.uk/](http://www.npsa.nhs.uk/%20) **Service Audit** Nottingham City Council may request an audit of activity for this Locally Commissioned Public Health Service (LCPHS) to substantiate the Providers claims. This audit will assess whether information recorded in the quarterly claim form (see appendix G) can be appropriately validated. The Provider should design their data collection to reflect these requirements as they may be asked to provide supporting evidence to Nottingham City Council’s Contracts team.In addition it is the responsibility of the Provider to:* Continually improve the quality of service delivery, for example, in response to audit (undertaking and completing the audit cycle), user and staff feedback (complaints, compliments, suggestions) and incidents.
* Continually review and be aware of relevant new and emerging guidance and recommendations and take the appropriate steps to assess and improve services to achieve current best practice.
* Ensure that appropriate professional standards are maintained, updated and validated through clinical supervision and provision of relevant training to support reflective practice and CPD.
* During the term of this specification fully co-operate in reviewing and improving/re-designing services at the request of the Commissioner, to include improving quality and performance monitoring.

**Training**It is the responsibility of the individual practitioner to source appropriate training.**Equality and Diversity**Nottingham City Council is committed to promoting equality, valuing diversity and addressing inequalities. It is the responsibility of the provider to ensure they undertake activity which values equality and diversity.**Monitoring Data (Demographics)**The Provider must record the patient’s age (as grouped below) and the council ward in which the patient resides. This information must be submit to the City Council on the quarterly ‘Claim Form’. This information will be used for evaluation purposes and to inform future commissioning. **Age Groups**: 13-15 years15-17 years18-24 years 25 -44 years45 and over**Ethnicity**The Provider must record the patient’s ethnicity). This information must be submit to the City Council on the quarterly ‘Claim Form’. This information will be used for evaluation purposes and to inform future commissioning. **Social Value**Nottingham City Council is focussed on reducing disadvantage and poverty by ensuring local residents are supported in accessing local employment and training opportunities and has created an Employer Hub in partnership with the DWP to help facilitate this.The Providers who are part of Nottingham City Council’s accreditation list to provide Locally Commissioned Public Health Services have access to all the Employer Hub recruitment and training services for free and they can be contacted on 0115 8762907. Further details of the Hub’s services are outlined in Appendix 5. |
| **5. Location of Provider Premises** |
| **The Provider’s Premises are located at:**The service will be delivered from General Practices premises located within Nottingham City Council geographic boundary, who have completed and signed the service specification for this service. Address as stated in the Services Contract. |
| **6. Required Insurances** |
| **Insurances and levels of cover required** The Provider will have an appropriate level of Employers’ Liability Insurance, Public Liability Insurance, Professional Indemnity Insurance and Product Liability Insurance as set out in contract terms. |
| **7. Performance Monitoring & Information Recording** |
| The Provider shall supply information on the performance and delivery of services to Nottingham City Council as detailed in the table below:

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| **Performance Indicator** | **Method of Measurement Reporting Method** | **Annual Target** | **Frequency of Reporting** |
| Demographic data to include * Ethnicity
* Residency – Ward
* Age
 | Details to be reported on a standard claim form (Appendix G) | N/A | Quarterly |
| Number of Asymptomatic Chlamydia ONLY screens offered and accepted by clients in the 15-24 target group |
| Number of treatments dispensed following a positive chlamydia screen |
| Serious Untoward Incidents | Serious Incident reporting form (Appendix E – SI(1)) | N/A | Immediately to:contracts@nottinghamcity.gov.uk |

Monitoring will also include quality and safety information required under the terms and conditions of the contract and should evidence that appropriate local delivery protocols are in place.It is important to continually monitor the service provision and actively report any unresolved issues to Nottingham City Council. Adverse incident reports and unresolved complaints must be brought to the attention of Nottingham City Council and this may involve discussion between the Local Authority and the service provider. |
| **8. Charges** |
| This agreement is to cover the period from 1 April 2022 – 31 March 2031 (3+3+3 with annual review)

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| **ASYMPTOMATIC CHLAMYDIA SCREENING SERVICE** | **Payment** |
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| Number of Asymptomatic Chlamydia ONLY screens offered and accepted by clients in the 15 – 24 target group | £5.00 per screen |
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| Number of treatments following a positive chlamydia screen in above group, as per specification | £5.00 per treatment |
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The Provider must complete in full a quarterly claim form (see Appendix G) detailing the number of services delivered and returned within agreed timescales. Full auditable records must be kept in the Practice of any claims made. The commissioning body may perform monitoring visits to practices and reserves the right to reclaim any amounts paid that are not fully evidenced. Please note that these records may be examined for verification purposes either as part of the annual review or at any other notified time.Nottingham City Council reserves the right to cap payments or activity if the budget for this Locally Commissioned Public Health Service (LCPHS) is exceeded at any point during the year. |

1. Fraser Guidelines – based on a House of Lords Ruling; A health professional can give advice or treatment to a person under 16 without parental consent providing they are satisfied that:

	* The young person will understand the advice;
	* The young person cannot be persuaded to tell his or her parents or allow the doctor to tell them that they are seeking contraceptive advice;
	* The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment; and
	* The young person's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment. [↑](#footnote-ref-1)
2. Guidance available at [Contraceptive services for under 25s | 1-Recommendations | Guidance and guidelines | NICE](https://www.nice.org.uk/guidance/ph51/chapter/1-recommendations) (https://www.nice.org.uk/guidance/ph51/chapter/1-recommendations). [↑](#footnote-ref-2)