

Report to: Health Overview and Scrutiny Committee

Date: 8th April 2008

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Report No: 1

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Report Title:
Chlamydia Screening Update

**Confidential /
Non Confidential:**
(delete as approp)

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(**Non-Confidential**) This report does **not** contain information which warrants its consideration in the absence of the press or members of the public
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Purpose:

Inform the committee of the progress towards the Chlamydia Screening target.

Recommendations:

For information

Decision:

Leave this section blank to be completed by Democratic Services Officer

Background Doc(s):

Text to go here about background documents

(for use on Exec Rep)

Signed:

Leader / Executive Member

Monitoring Officer

Date:

Summary:
(on its own page)

This document shows the three phased roll out of the chlamydia screening programme in Bolton. It highlights progress towards the target and compares Bolton to other areas in Greater Manchester and nationally. It

with background
docs)

also highlights plans to continue implementation and accelerate progress towards the target.

Background Information

Chlamydia Screening

In Bolton chlamydia screening is undertaken in partnership with the Greater Manchester Sexual Health Network 'Ruclear' programme. The screening is being rolled out in 3 phases.

Phase One

- Centre for Sexual health at Royal Bolton Hospital.
- The Parallel, Young People's Health Centre.

Both have been implemented successfully in these services, who now offer opportunistic screening to all those in the age range who attend. These two services undertake the majority of chlamydia screening in Bolton.

Phase Two

- Youth Offending Team.
- 360 Young People's Substance Misuse service.
- Contraceptive and family planning clinics across the borough.
- Lever Chambers walk-in centre.
- Some Youth Services (not all locations are appropriate.)

All have been implemented successfully.

The youth offending team and young people's substance misuse services offer screening to their client groups who are all within the target age range for the screening programme. This makes it much more likely that some of the more vulnerable young people will be screened as it is offered on site and by trusted professionals. The numbers are not huge but they are an important and vulnerable client group.

The family planning clinics in Bolton are now part of an integrated sexual and reproductive health service and are ideally placed to reach the older clients (19 to 24 years) not served by the young people's service. Screening is offered to all women who attend for services in community or hospital settings. It has been highlighted by analysing local data that screening numbers for the over 19 age group are much lower than for younger women. The integrated service is addressing this by setting up systems via receptionists to remind nursing and medical staff of the need to offer screening at every contact. They have also addressed the issue via regular team meetings with staff involved in community sexual and reproductive health services. The chlamydia implementation group will monitor improvements.

The walk in centre sees large numbers of women for a range of conditions and where appropriate will offer opportunistic screening for those in the target age range. The numbers have steadily increased at the centre. An extra two treatment clinics have been set up at Lever Chambers to allow the clients to return there following screening.

Youth Services have undertaken training and are starting to offer opportunistic screening where the setting is appropriate. The clinic in a box offered at two centres also offers screening. The targeted youth work supports a health curriculum and the staff involved offer screening.

Phase Three

- GP practices.
- School Nursing.
- Colleges and University.

GP practices have commenced training and early implementers are due to commence screening in May 2008. These are currently the PCT managed practices, with 3 ready to start screening by May. All GP practices have had a preliminary approach to be involved and will be officially invited to join the programme once the details of an incentive scheme has been approved. This should be by May 2008. Those practices with the highest numbers of patients in the age group will be targeted first.

School Nursing – 15 out of 17 high schools have a health drop-in, negotiations are due to start with schools about whether Chlamydia screening can be undertaken within drop-ins. The head of children and young people's services in the PCT is leading the re design of school nursing and adolescent health services provided to schools. The plan is to offer two levels of drop in services for schools to choose.

Level one will be health advice, sign posting and referrals with low level interventions and assessment. (Current service)

Level Two will be offering as above and a clinic in a box service including sexual health and contraception. This is the service that will also offer chlamydia screening.

Colleges and University - Two screening events have been held at Bolton College, several 6th forms and Bolton University. These are organised by RUclear leads and utilise local staff. The last event screened 52 young women. There will be 3 screening events per year at these venues, one at Freshers week, one at Christmas and one before the end of the academic year. The health volunteers at the university will be supplying postal screening kits as part of their work opportunistically from April 2008. Performance monitoring of screening is done centrally by the RUclear programme and the local implementation group then analyse data and plan accordingly to raise the levels of screening.

Performance

See charts below, the first is the cumulative screening for 07-08 and shows Bolton against other GM areas. The second shows a RAG rating of services screening in each area for the first 9 months of 07.

RU Clear cumulative tests 07- 08									
	Female			Male			Not Known		All Tests
	Total Tests	Positive	% positive	Total Tests	Positive	% positive	Total Tests	Positive	Total Tests
ALW	2015	251	12.46	831	122	14.68	31	1	2877
Bury	658	78	11.85	197	19	9.64	9	0	864
Bolton	981	122	12.44	200	31	15.50	19	4	1200
HMR	745	77	10.34	469	28	5.97	10	0	1224
Manchester	8224	755	9.18	1583	222	14.02	93	9	9900
Oldham	1469	169	11.50	354	34	9.60	23	2	1846
Salford	930	135	14.52	446	70	15.70	22	5	1398
Stockport	956	110	11.51	220	33	15.00	5	0	1181
Tameside	996	89	8.94	197	19	9.64	17	1	1210
Trafford	587	67	11.41	178	21	11.80	5	0	770
Postal Kits	621	39	6.28	376	46	12.23	2	0	999
UNKNOWN	48	5	10.42	23	6	26.09	3	0	74
TOTAL	18230	1897	10.41	5074	651	12.83	239	22	23543
Men tested			Cumulative GC results						
	% men tested			GC +ve CT +ve	GC +ve CT -ve	Total			
ALW	28.88		ALW	6	11	17			
Bury	22.80		Bury	1	1	2			
Bolton	16.67		Bolton	1	5	6			
HMR	38.32		HMR	4	1	5			
Manchester	15.99		Manchester	40	30	70			
Oldham	19.18		Oldham	15	9	24			
Salford	31.90		Salford	5	3	8			
Stockport	18.63		Stockport	2	4	6			
Tameside	16.28		Tameside	1	0	1			
Trafford	23.12		Trafford	1	2	3			
Postal Kits	37.64		Postal Kits	1	3	4			
UNK	31.08		UNK	0	1	1			
Total	27.83		Total	77	70	147			

Greater Manchester Chlamydia Screens first 9 months 2007/8

Indicative Totals based on screening site data - not data of residence excludes some pip data

Setting	ALW	BOLTON	BURY	HMR	MCR	OLDHAM	SALFORD	S'PORT	T
CASH	1090 11.8%	864 12.4%	596 11.4%	66 4.5%	6246 10.8%	1147 11.8%	810 8.1%	895 13.2%	4

WiC	584 16.9%	159 13.8%	110 20%	92 10.9%	68 10.3%		
GP	239 20.9%		58 12.1%	716 7%	83 7.2%	145 11%	132 7%
Criminal Justice	187 6.9%	31 19.3%	33 6.1%	204 8.3%	35 2.9%	156 10.9%	
Schools & Colleges	338 5.9%	Some PIP	some PIP	69 + PIP 11.6%	52 7.7%	103 11.7%	69 + PIP 7.2%
Youth & Community	54 4%	1	4 50%	1	27 14.8%	6	1
Antenatal			31 6.5%	16 6.25%	0	84 6%	1
Pharmacy	20 15%		1 100%	99 28%			
TOP/Gynae/acute			4 inc Mcr	57 12.3%	479 9%	79 11.4%	
LAC & Vulnerable	26 11.5%		8 12.5%	550 7.3%	122 9%	16 18.8%	26 7.7%
Other					12		
Drugs/MH	7 14.3%	16 25%	20 15%	189 6.3%			
Postal tests							
Indicative Total	2545	1071	717	923	8212	1642	1191 935

Red, Amber, Green based on actual screening compared with potential screens

The target for last year was to screen 15% of the 15 to 24 years population. Bolton achieved 4.4% and we are 60th out of 152 local authorities. The target is very challenging and depends upon good publicity and information for young people, and opportunistic screening being undertaken by a range of services. Bolton had planned to start implementation earlier than 2007 but a Greater Manchester Sexual Health Network decision was made to have a GM wide programme. This meant Bolton had to wait for this to be developed and delayed the start of the programme as all our early plans had to be changed. It has taken some time for the programme to become established. However it is encouraging

to note that in February 2008 we screened over 200 young people, the largest number so far.

Women's health services (including gynaecology and termination services) and the midwifery unit at the hospital have been approached but they have not yet agreed to participate. This is being followed up with the Medical Director and Head of Midwifery.

In conclusion, Bolton has implemented the first two phases of the screening roll out, and phase three is underway. Once women's health services are participating the numbers screened in the 19 – 24 age group will increase. We are also working with the local substance misuse service who will be offering screening to their clients, a large proportion of whom are in the target age group.

The performance of the screening programme is being monitored on a monthly basis.