



National Audit Office

Young people's sexual health: The National Chlamydia Screening Programme

Methodology

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1 We designed this study to consider the evidence behind the introduction of the Programme, the way it is delivered and the impact it has on its target population.

The main strands of our methodology were:

- **A survey of all Primary Care Trusts.** The survey was conducted via email and completed between April and June 2009. 144 of a total of 152 PCTs (95 per cent) submitted a return. The survey was addressed to Sexual Health Commissioners and primarily captured information on commissioning approach, cost data, relationship with Chlamydia Screening Office, engagement and performance of providers, partner notification activity, marketing and communications activities, general views on the Programme and obstacles to increased performance. The questionnaire was subject to review by the Health and Social Care Information Centre Review of Central Returns (ROCR) Committee who considered the data collection to be useful and reasonable (reference ROCR-Lite/09/0001). The questionnaire was pilot-tested with three PCT commissioners. The information from the survey of PCTs has not been subject to audit and therefore the spending figures which respondents provided may be affected by different interpretations of our guidance for completing the survey, by individual organisations. All completed questionnaires were signed off by the PCTs' Chief Executives.
- **A survey of all Chlamydia Screening Co-ordinators.** The survey was conducted via email and completed between April and June 2009; 82 of a total of 91 Co-ordinators (90 per cent) submitted a return. The survey primarily captured data on the nature of staff employed in Chlamydia Screening Offices, the activities they undertake, their views on the Programme and obstacles to greater performance. The questionnaire was subject to review by the Health and Social Care Information Centre Review of Central Returns (ROCR) Committee who considered the data collection to be useful and reasonable (reference ROCR-Lite/09/0002). The questionnaire was piloted-tested with three Chlamydia Screening Co-ordinators. NAO relied upon the assurance of each responding Co-ordinator that the data contained in his or her survey return was accurate.
- **Interviews with current and former key staff from the Department of Health, the Health Protection Agency and local Programme areas.** These interviews took place between August 2008, when we began initial exploratory work, and July 2009. We spoke with:
 - Department of Health STI policy team: Mark Bale, Andrea Duncan, Bill Jobson, Jane Mezzone and Kay Orton.
 - Department of Health National Support Team for Sexual Health: Teresa Battison and Cathy Hamlyn.

- Health Protection Agency: Elisabeth Adams, Sam Bracebridge, Mike Catchpole, Noel Gill, Gwenda Hughes, Cathy Ison, Marie Kernec, Mary Macintosh, Justin McCracken, Isabel Oliver, Johanna Riha, Kate Soldan and Maria Zambon.
- HPA Regional Facilitators for the Programme: Elisabeth Elliot, Ruth Hall, Adrienne Hegarty and Jenny Uffindell.
- Local Chlamydia Screening Co-ordinators: Meroe Bleasdille, Liz Cookson, Tracy Daszkiewicz, Doreen Donaldson, Pam Frost, Yvonne Kingston, Karl Pye, Tina Sharp, Joanne Wilson, Mary Jordan-Winter.
- Greater Manchester Sexual Health Network: Diane Cordwell, Neil Jenkinson, Eleanor Roaf, Emma Thompson.
- NHS Primary Care Trust commissioners of sexual health services: Gary Alessio, Rosie Gagnon, Val Messenger and Hong Tan.
- NHS public health professionals:

Lesley Bacon	Consultant, Sexual and Reproductive Healthcare, Lewisham Primary Care Trust
Sebastian Kalwij	NCSP GP Lead
Julietta Patnick	Director, NHS Cancer Screening Programmes
Chris Wilkinson	Consultant at Margaret Pyke Centre, London
Jane Woodland	Head of Screening and Public Health Programmes, East Midlands Strategic Health Authority
- Screening providers:

Simon Blake	Chief Executive, Brook
Connie Smith	Co-director of Westside Contraceptive Services, London
Paul Ward	Deputy Chief Executive of Terrence Higgins Trust
- Other experts:

Baroness Joyce Gould	Chair of Independent Advisory Group on Sexual Health and HIV
Alison Hadley	Department for Children, Schools and Families, Teenage Pregnancy Unit
Gill Gray, Lynn Hearton	Family Planning Association
Paddy Horner	Senior Lecturer, Bristol University

Nicola Low	Reader in Epidemiology and Public Health, University of Bern
Christine Robinson	President of Faculty of Sexual and Reproductive Healthcare, Royal College of Obstetricians and Gynaecologists
Judith Stephenson	Chair, Epidemiology and Social Science Group, Centre for Sexual Health and HIV Research
Beth Taylor	Chair, English Pharmacy Board
Kevin Fenton	Director, National Centre for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, US

- Other stakeholders:

Ravi Chana, Paul Eros	Roche Diagnostics
David Coorey	Director of Member Services, National Pharmacy Association

- An **'expert panel'** discussion of the emerging findings of our report was attended by:

Gary Alessio	Westminster PCT Sexual Health Commissioner
Paula Baraitser	Health Protection Agency Medical Advisor
Teresa Battison	Department of Health National Support Team for Sexual Health
Jan Clarke	Chair, National Chlamydia Screening Advisory Group
Tracy Daszkiewicz	Wiltshire Chlamydia Screening Co-ordinator
Pam Frost	Suffolk Chlamydia Screening Co-ordinator
Ruth Hall	South Central Regional Facilitator
Sebastian Kalwij	NCSP GP Lead
Mary Macintosh	Director, NCSP
Jenny Uffindell	London Regional Facilitator

- **Consultation with young people.** Fieldwork was conducted in March 2009 by the specialist research firm Freshminds, who surveyed 1,023 young people aged between 16 and 24, 467 of whom had been tested for chlamydia, and interviewed 34, to inform our understanding of young people's awareness of chlamydia and their opinions and experiences of testing. FreshMinds used Toluna plc, an online panel supplier, to recruit survey respondents and interviewees. Toluna are governed by both the ESOMAR (world organisation with 5,000 members in 100 countries, which promotes the value of market and opinion research) and MRS guidelines (which provide a code of conduct for all those engaged in market, social or opinion research) for managing panels. To ensure Toluna's panels are unbiased and representative of each country's population, panellists are recruited on an ongoing basis through multiple media sources using a broad array of techniques. Various recruitment methods and advertisement formats (banners, e-mails, keywords, text links, referrals, search engine), using a variety of advertising messages and a broad range of partners, are used to ensure an overall balanced membership.
- **Review of existing data and research.** The study team reviewed a range of existing academic papers and key documents and studies. Key sources included:
 - *Main report of the CMO's Expert Advisory Group on Chlamydia trachomatis*, Department of Health, December 1998.
 - *The national strategy for sexual health and HIV*, Department of Health, July 2001.
 - *Sexual Health, Third Report of Session 2002-03*, House of Commons Health Committee.
 - *Choosing Health: Making healthy choices easier*, Department of Health, November 2004.
 - *Chlamydia trachomatis in the United Kingdom: a systematic review and analysis of prevalence studies*, Adams *et al*, Sexually Transmitted Infections 2004, 80 (5): 354:362.
 - *Modelling the effectiveness of chlamydia screening in England*, Turner *et al*, Sexually Transmitted Infections 2006, 82:496-502.
 - *Screening programmes for chlamydial infection: when will we ever learn?* Low, N; BMJ, 7 April 2007.
 - *The cost-effectiveness of screening for genital chlamydia infection in the UK*, E Adams 2007, PhD thesis for the London School of Hygiene and Tropical Medicine, University of London.
 - *Epidemiological, social, diagnostic and economic evaluation of population screening for genital chlamydial infection*, Health Technology Assessment vol 11, number 8.
 - *The National Chlamydia Screening Programme in England: Core Requirements*, 4th edition, National Chlamydia Screening Programme, 2008.

- *Project SCREEn: Review of chlamydia control activities in EU countries, Final Report*, ECDC, May 2008.
- *Chlamydia Screening and Sexual Health Marketing – Research with Stakeholders*, COI for Department of Health, February 2009.
- *Chlamydia control in Europe*, European Centre for Disease Prevention and Control, June 2009.
- **International comparisons** were performed via our meetings with expert stakeholders, the Health Protection Agency and review of key international reports. We sought to draw comparisons with the approach to the Programme in England and summarised our findings in Appendix Two of the report.
- **Analysis of data supplied by the Agency**, on testing rates to date by PCT and on other aspects of the Programme such as positivity rates and partner notification. This data was used to illustrate screening activity under the programme and, in conjunction with the results of our survey of PCTs, to inform analysis of PCT costs against screening rates achieved.
- **Costs per test** were derived from our survey of PCTs in which the NAO requested various items of cost data from PCTs. 86 per cent of all PCTs (131 of 152) were able to provide a figure for their total spend on the programme for 2008-09. Response rates were lower on some more specific items making up this total, such as overheads and staff costs.

A principal measure used in our analysis was that of average cost per test in 2008-09. This is calculated as PCTs' total spend on the Programme in 2008-09 divided by the number of tests provided by those PCTs under the National Chlamydia Screening Programme. Note that this ratio excludes tests outside the Programme, which are, however, counted towards the Vital Signs indicator.

- **Potential savings** estimates are calculated as a comparison between two figures:
 - 1 The cost if all tests carried out in 2008-09 had cost £33, which is the Health Protection Agency's estimate of the cost per test achievable as screening volume increases, chlamydia screening gets better integrated in all community sexual health pathways, and collaborative procurement develops. This figure is based upon their detailed review of seven PCTs who achieved the Vital Signs indicator of 17 per cent testing in 2008-09; and
 - 2 The cost if all of the tests carried out in 2008-09 had cost the same as the average cost (£56), from our survey of PCTs, of all responding PCTs regardless of the screening rate achieved.

These savings calculations were made firstly on the basis of 2008-09 actual testing rates and then on the basis of the 2010-11 target of 35 per cent. The average figures were calculated using the same approach as outlined under the 'Cost per test' bullet point above.