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.


• 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:

- 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.

- 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.