



National Audit Office

National Chlamydia Screening Programme

National Audit Office survey of
Chlamydia Screening Co-ordinators

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Introduction

Background and main findings from the National Audit Office (NAO) survey of Chlamydia Screening Co-ordinators

1 The overall aim of the NAO's report *Young people's sexual health: The National Chlamydia Screening Programme* was to examine the value for money of the Programme. As part of this, the NAO conducted a census of all Chlamydia Screening Co-ordinators, who head local Chlamydia Screening Offices (CSOs) and coordinate chlamydia testing activity at a local level. The survey was conducted via e-mail between April and June 2009. There was a 90 per cent response rate, with only 9 of the 91 Chlamydia Screening Co-ordinators failing to respond. This document summarises their responses, which have been used to inform relevant sections of the NAO report.

2 The NAO report examined whether the Programme will be able to achieve its stated aims of reducing the levels of chlamydia infection in the population and the related consequences of untreated infection; and whether the local delivery model, in which individual Primary Care Trusts (PCTs) are free to devise and deliver testing and treatment services locally, is providing value for money.

3 The questionnaire was reviewed before use 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 pilot-tested with three Chlamydia Screening Co-ordinators.

The survey questions were structured as follows:

- Section 1 Chlamydia Screening Office operations and resources
- Section 2 Chlamydia Screening Co-ordinators' views of the National Chlamydia Screening Programme

Section 1

Chlamydia Screening Office operations and resources

This section asked about the role, responsibilities and resources of the Chlamydia Screening Co-ordinator.

1 Within which department does the role of local Chlamydia Screening Co-ordinator sit? (82 Co-ordinators provided data).

Department	Percentage	Responses
Providing	59	48
Public health	24	20
Sexual health	5	4
Commissioning	2	2
Other	10	8

2 What qualifications were required in the job description for the role of local Chlamydia Screening Co-ordinator? (78 Co-ordinators provided data; they could give more than one response, so the percentages below do not total 100).

Qualification	Percentage	Responses
Registered General Nurse	76	59
Undergraduate degree	44	34
Specialised contraception or sexually transmitted infections qualification	33	26
Management experience	26	20
Sexual health experience	23	18
Postgraduate qualification	22	17
Teaching experience	19	15

3 In what areas did you have experience before taking up the role of local Chlamydia Screening Co-ordinator? (82 Co-ordinators provided data; Co-ordinators could give more than one response).

Areas of experience	Percentage	Responses
Sexual health services	78	64
Young people services	68	56
Primary care	62	51
Project management	55	45
Acute care	44	36
Data management	32	26
Marketing	13	11
Commissioning services	9	7

4 Please state the average number of full time equivalent staff that were employed, or are expected to be employed, at your Chlamydia Screening Office in the following financial years: (82 Co-ordinators provided data).

Year	Mean	Minimum	Maximum
2008-09 (actual)	3.76	0.6	9
2009-10 (expected)	4.75	0.6	12
2010-11 (expected)	4.96	0.6	12

5 As at 31 March 2009, please indicate the Agenda for Change banding of the Chlamydia Screening Co-ordinator. (80 Co-ordinators provided data; 'Agenda for Change' is a pay scale banding within the NHS).

Agenda for Change band	Percentage	Responses	Pay rate as at 1 April 2009
Band 5	3	2	£20,170 – 26,839
Band 6	13	10	£24,831 – 33,436
Band 7	69	55	£29,879 – 39,273
Band 8a	14	11	£37,996 – 45,596
Band 8b	3	2	£44,258 – 54,714

6 In which area do you think least effective use of Chlamydia Screening Office staff resource is made? (79 Co-ordinators provided data).

Area	Percentage	Responses
Outreach work	30	25
Screening, notification and treatment	17	14
Training/responding to queries from screening venues	16	13
Marketing	13	11
Commissioning and managing external contractors	11	9
Data management	6	5
Other	4	3
Don't know	2	2

7 In which area would increasing Chlamydia Screening Office staff resource have the greatest effect in increasing screening rates in your programme area? (83 Co-ordinators provided data).

Area	Percentage	Responses
Assembling and distributing kits	53	42
Data management	11	9
Commissioning	8	6
Marketing	6	5
Outreach work	4	3
Training	3	2
Screening, notification and treatment	1	1
Don't know	8	6
Other	6	5

8 Please indicate who undertakes the following tasks in relation to the NCSP: (82 Co-ordinators provided data; Co-ordinators could select as many options as applied for each task).

Task	Venue (%)				
	CSO	PCT	Laboratories	Screening venues	Other
Screening	84	29	9	95	15
Sending test results to patients	96	2	11	5	4
Arranging treatment for people testing positive	98	5	0	12	46
Treating people who test positive	68	18	1	65	23
Partner notification	95	2	0	21	15
Data entry for core data from tests	80	2	27	2	1
Submitting core data to Health Protection Agency (HPA)	89	10	7	0	5
Collation of patient management	96	5	4	1	5
Submitting patient management information to HPA	94	94	4	0	2
Collation of non-GUM and non-NCSP ¹ screening data	41	38	44	1	11
Submitting non-GUM and non-NCSP ¹ screening data to HPA	50	34	18	0	10
Recruiting screening venues to NCSP	96	22	1	2	7
Training screening venues/providers	96	9	0	4	6
Responding to queries from screening venues	99	7	2	1	1
Performance management of screening venues	88	44	0	1	2
Quality assurance procedures	93	29	6	2	1
Assembling and distribution of test kits	87	5	11	4	22
Outreach work	87	20	0	18	39
Marketing	90	50	0	2	17

NOTE

1 'Non-GUM and non-NCSP' data relates to tests which are conducted in community settings not registered with the Programme and tests which, although they took place in registered settings, were not reported to the Programme.

Section 2

Chlamydia Screening Co-ordinators' views of the National Chlamydia Screening Programme

This section asked what Chlamydia Screening Co-ordinators thought had worked well in their area and how things could be done more successfully.

9 Has the role of local Chlamydia Screening Co-ordinator been what you expected? (77 Coordinators provided data).

	Percentage	Responses
Yes	73	56
No	27	21

10 For each of the following areas, please indicate whether or not you feel that you need any further training to enable you to fulfil your role as local Chlamydia Screening Co-ordinator:

Area	Yes (%)	No (%)	Not part of my job (%)	Responses
Marketing	61	34	5	73
Commissioning services	60	12	28	77
Managing commissioning services	55	17	28	77
IT	55	42	3	76
Project management	51	47	2	77
Data management	51	47	2	77
Clinical issues	13	82	5	74
Providing training to screening venues	6	94	0	77

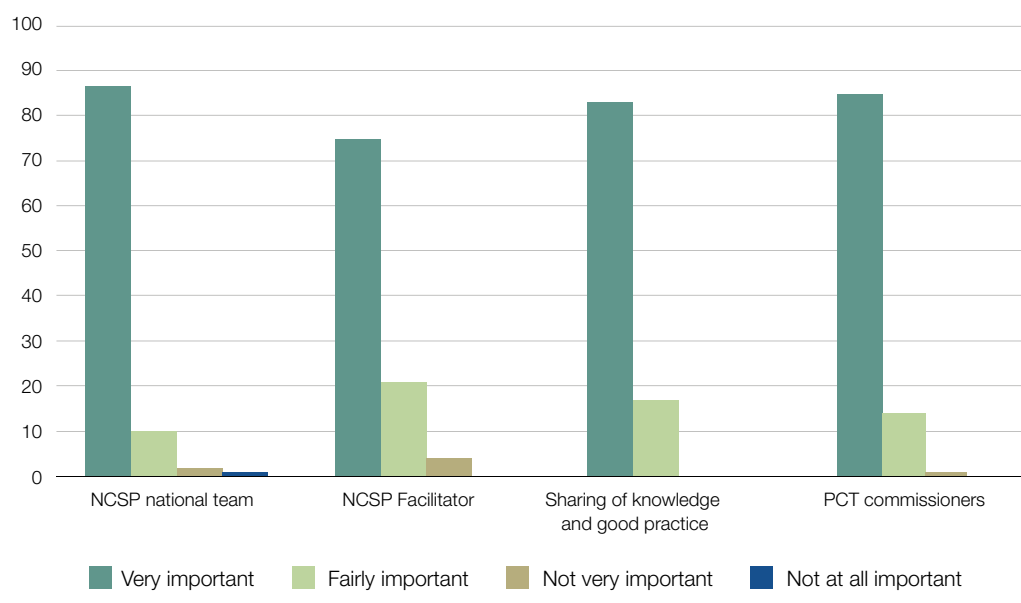
11 If you answered 'Yes' to any area in the above questions please indicate in which area your greatest priority for further training lies. (70 Co-ordinators provided data).

Area	Percentage	Responses
Commissioning services	26	18
Marketing	19	13
Project management	16	11
Data management	14	10
IT	11	8
Managing commissioned services	7	5
Clinical issues	6	4
Providing training to screening venues	1	1

12 Please indicate below the importance you attach to the following sources of support for increasing screening rates and how satisfied you are with the support received in your programme area. (80 Co-ordinators provided data).

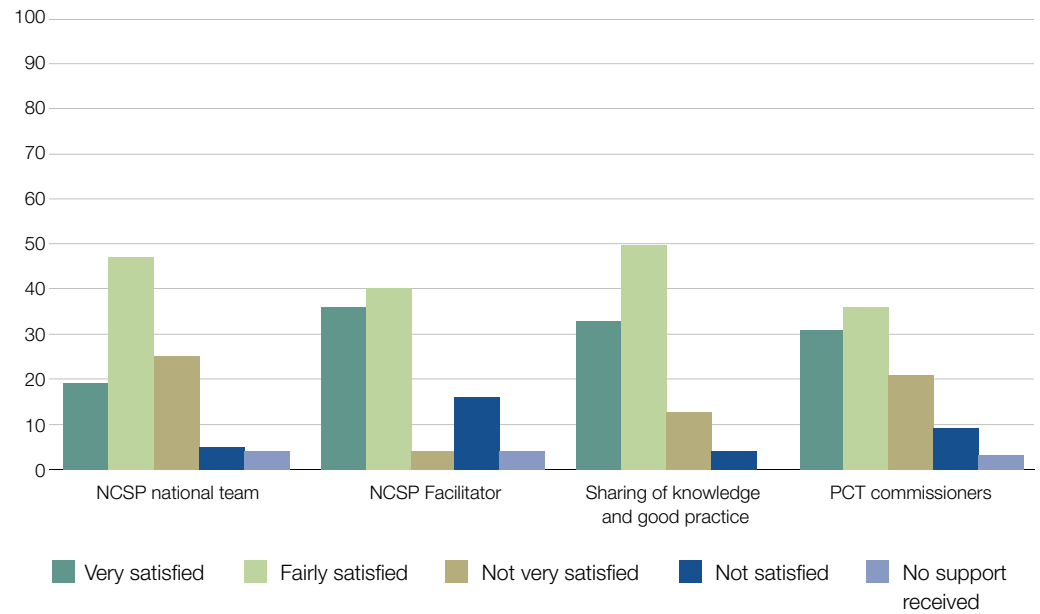
Importance attached to the following sources of support for increasing screening rates

Percentage



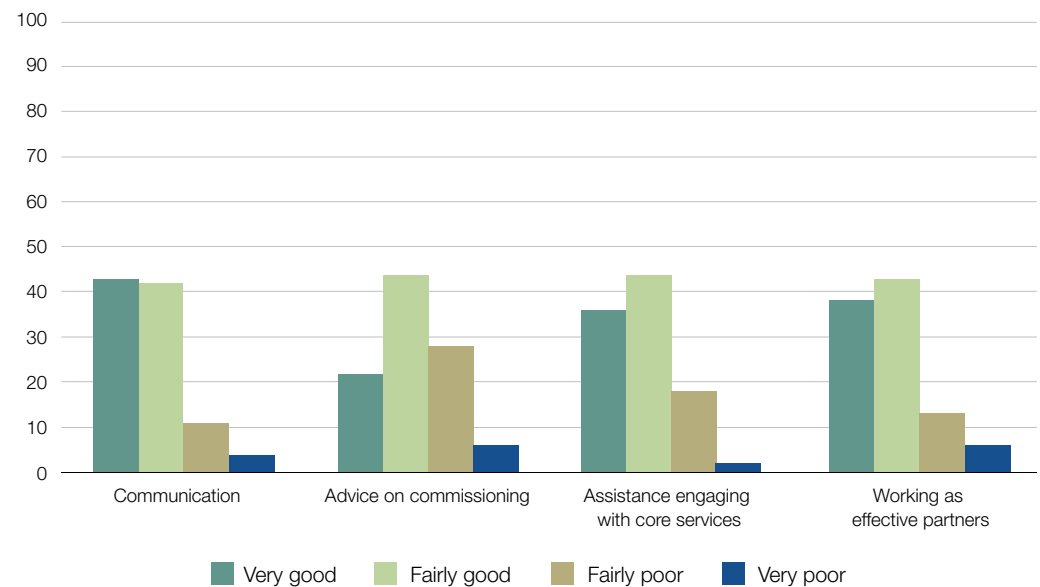
Satisfaction with the support received from the following sources

Percentage



13 How would you rate the following aspects of the relationship between the local Chlamydia Screening Co-ordinator and the PCT commissioner/s in your programme area? (80 Co-ordinators provided data).

Percentage



14 What are your top three priorities for measures that you intend to take to meet the increased NCSP screening targets for future years? (68 Co-ordinators provided data, each Co-ordinator could select up to three responses).

Priorities to increase screening	Percentage	Responses
Increasing activities at existing venues	72	49
Increasing the number of GPs participating in NCSP	43	29
Increase marketing activity	40	27
Mail-outs to target age group	34	23
Increasing the number of pharmacies participating in NCSP	28	19
Increasing the number of other venues participating in NCSP	26	18
Increasing the number of contraceptive and sexual health services participating in NCSP	16	11
Other	13	9
Bringing non-NCSP activity within the NCSP: getting all screens/tests reported locally to the NCSP	10	7
Increase fees/incentives to NCSP providers	10	7

15 Do you think your PCT/s will meet the 2009-10 screening target of 25 per cent? (82 Co-ordinators provided data).

	Percentage	Responses
Yes	44	36
No	21	17
Don't know	35	29

16 What, in your view, are the three greatest obstacles to progress towards the PCT/s in your programme area achieving higher screening rates? (82 Co-ordinators provided data; each Co-ordinator could select up to three responses).

Obstacles	Percentage	Responses
Marketing	36	29
More staff	14	11
Engage GPs	13	10
More support	10	8
Commissioning	8	6
Funding	5	4
Other	15	12

17 In your view, what one thing if resolved would most improve the effectiveness of the NCSP in your programme area? (80 Co-ordinators provided data).

	Percentage	Responses
Problems engaging GP surgeries	61	50
Ineffective marketing of NCSP	59	48
Lack of staff at CSO	43	35
Administrative burden of data collection and reporting	32	26
Problems engaging pharmacies	26	21
Lack of support from PCT commissioner/s	23	19
Problems engaging contraceptive and sexual health services (including young peoples' sexual health services)	18	15
Lack of guidance from NCSP national programme team	17	14
Lack of support from Regional Facilitators	2	2
Lack of opportunity for sharing best practice with other CSOs	1	1
Other	5	4