

# Chlamydia Connects

The eNewsletter from the NCSP

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Issue No 59

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## Welcome message from Dr Mary Macintosh

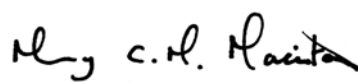
In December the Department of Health (DH) announced the Vital Signs Indicator (VSI) targets for 2009/10 and 2010/11. The screening volume for chlamydia testing is retained as an indicator and needs to increase to 25 per cent and 35 per cent of young people under 25 respectively over the next two years. This is a major challenge but attaining these levels is an essential component to impact on the high prevalence of chlamydia in this population.

Young people carry a disproportionately high burden of sexually transmitted infections. Indeed nearly two thirds of chlamydia infection occurs in the under 25's despite this group making up only 12 per cent of the population. Factors contributing to this increased risk in young people include their having higher numbers of partners and concurrent relationships than in the older age groups. In addition, young people may lack the knowledge and experience which provide the skills needed to negotiate safer sex.

Understanding how to empower young people at the outset of their sexual lives is key to improving their future reproductive well being and sexual health. The issue of Sex and Relationships Education (SRE) in schools is of concern to young people and has been a topic from the outset for the UK Youth Parliament who have consistently said that the SRE being taught in school is "too little, too late, too biological and doesn't provide enough (if any) information on relationships". The delivery of high quality Personal Social and Health Education (PSHE), which should include sexuality among its themes, is essential in providing young people with the necessary information and skills to be able to negotiate and engage in safer sexual behaviour.

The Government's intention to make PSHE and SRE statutory, (announced in October 2008 in response to a national review of SRE) will raise its profile in schools and will ensure that all young people receive more consistent advice and support.

We have some way to go but involving young people and understanding their views is paramount and this newsletter reports on some of the work that is being undertaken in this field.



Director,

NHS National Chlamydia Screening Programme

- NCSP 2K8
- Events diary

## Links

[Sexually Transmitted Infections and Young People in the United Kingdom: 2008 Report](#)

[NSCP Chlamydia Screening: Quick wins and sustainable service: Hitting the target without missing the point](#)

[Sex Education Forum- National Mapping Survey of On-Site Sexual Health Services in Education Settings: Provision in FE and sixth form colleges](#)

[Version 2 NCSP Evaluation form](#)

## Contact us

[NCSP Team](#)

[NCSP Website](#)

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# Review of progress towards the Vital Signs Indicator (VSI).

VSI 2009/10 and 2010/11

**Mary Macintosh, Director, NCSP**

The forthcoming VSI of 25 per cent for 2009/10 and 35 per cent for 2010/11 will require significant increases in sexual health and young people's services provision at local level to deliver an effective service. Planning and effective commissioning is essential, and the National Chlamydia Screening Programme (NCSP) team is committed to the support of commissioning for a sustainable future.

The national NCSP team continues to work with the English National Commissioners Board in highlighting the future needs for the programme. In addition two regional workshops focusing on future sustainable commissioning have been held in the East Midlands (December) and the North West Region (January). These workshops are now being offered to other regions, to find out more please contact your Regional Facilitator.

These target levels are themselves an important driver for the progress of the service but as we all know, the NCSP is not just about levels of activity screening and the NCSP is in the process of developing an information tool to reflect progress with the development of the service at national level. Future newsletters will contain further information on this.

## Denominator data - update

**Johanna Riha, Information Management Lead, NCSP**

To clarify the situation around denominator data for 2008/9: some PCTs have reported a difference between denominator data used by the HPA and those used by the PCTs as part of their plans against the VSI 2008/9 for chlamydia. Therefore, the DH has issued revised denominator figures for 2008/9. These figures are all based on denominator estimates supplied by PCTs, and signed off by the SHA. From the third quarter onwards, all figures published by the HPA will be based on these revised PCT figures.

If these data do not match the denominator figures used in your plans please notify the Information Management Team as soon as possible (Ncspdata@hpa.org.uk). We apologise for any inconvenience this may cause you.

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# Implementing the Programme

**Communication messages for young people**

**Carla Maurici, Communication Manager, NCSP**

Earlier this year the NCSP and the DH undertook a piece of research with young people under 25. The research was conducted by the agency, Define, and took place in three areas: North West, East and South West of England.

This research was undertaken to inform the development of appropriate and compelling communication messages that will support the Programme Areas to drive the target audience towards chlamydia screening. The results from this showed some good news!! Among our target audience awareness of chlamydia as a problem is high and awareness that you can get a test for chlamydia is also high. However, there are still widespread misconceptions as to what the test will involve and there is also inertia in this audience.

We are also carrying out research amongst screening providers and local chlamydia screening staff which includes finding out what can be done to support them. These pieces of research will help us to develop resources that will be available for you to use locally.

In the interim, top line learning points from the research that can be incorporated into your marketing and communication approaches as powerful messages include:

- **CHLAMYDIA IS INVISIBLE:** the invisibility of chlamydia increases concern significantly and explains the need for testing.
- **CHLAMYDIA IS SERIOUS:** can cause real damage that young people want to avoid - causing own infertility through ignoring risk is the core motivation. But this only becomes real when allied to invisibility and prevalence.
- **CHLAMYDIA IS EASILY SPREAD:** a very powerful and impactful statement that makes young respondents sit up and think about their own risk.

It was clear from the research that each message (invisibility, seriousness, spreadability) on its own is easily disregarded and disconnected from. One message on its own is insufficient to create personal relevance or concern (such is the desire amongst young people to distance themselves from the issue).

The research concluded that to create effective communication we need to have two clear strands in all messages, the first being to make the issue a personal one and the second to make screening normal for young people.

### **Public Involvement Project - London**

#### **Paula Baraitser, Medical Advisor, NCSP**

The National Chlamydia Screening Programme has been working in partnership with Poplar Housing and Regeneration Community Association (HARCA), Tower Hamlets Primary Care Trust and the Terrence Higgins Trust to pilot a programme of user involvement in the NCSP.

A group of young people were recruited through local youth services to participate in a 10 week course on sexual health led by the Terrence Higgins Trust. The NCSP led three of the sessions. During these sessions they:

- learnt about chlamydia and chlamydia screening,
- visited local sexual health services to obtain a chlamydia test and reported on their experience,
- commented on and influenced the new look NCSP website during a session with our Communications Manager,
- developed lesson plans to train their peers about sexual health.

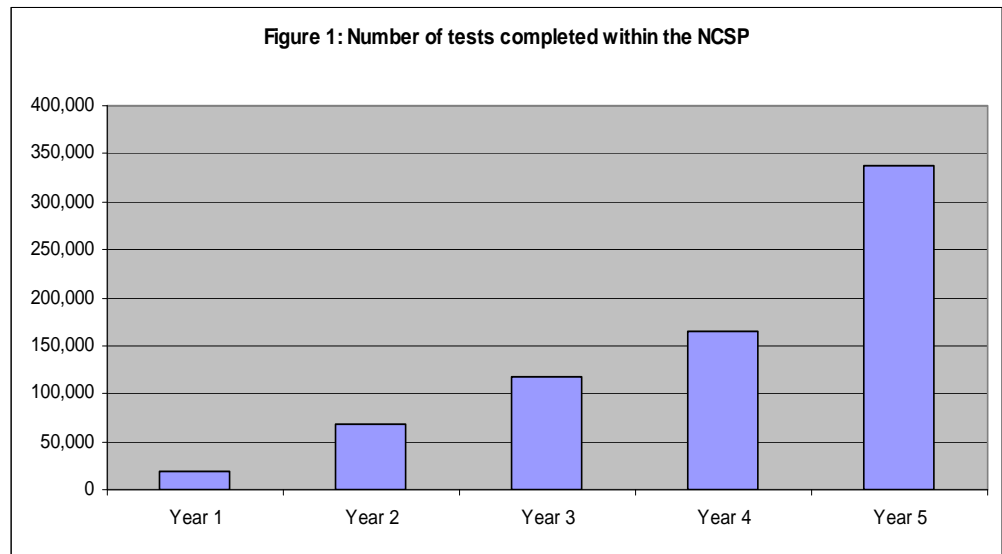
During 2009, the NCSP will develop its user involvement programme to support other programme areas to implement similar initiatives and develop a group of users who will advise the national team. For more information please contact Carla Maurici.

### **Engaging young people in the NCSP – the data**

#### **Janice Hunkin, Chlamydia Surveillance and Prevention Scientist**

The NCSP was set up in 2003 to control chlamydia through the early detection and treatment of asymptomatic infection in men and women aged under 25 years due to their high rates of chlamydia infection. The programme has been rolled out in three stages with all 152 PCTs participating in the programme from March 2008. With the staged roll out of the programme, there has been a year on year increase in the number of under 25 year olds tested over the past five years; the NCSP

has witnessed almost a 20 fold increase in tests from over 18,000 in year one, to over 337,000 in year five (see Figure 1).

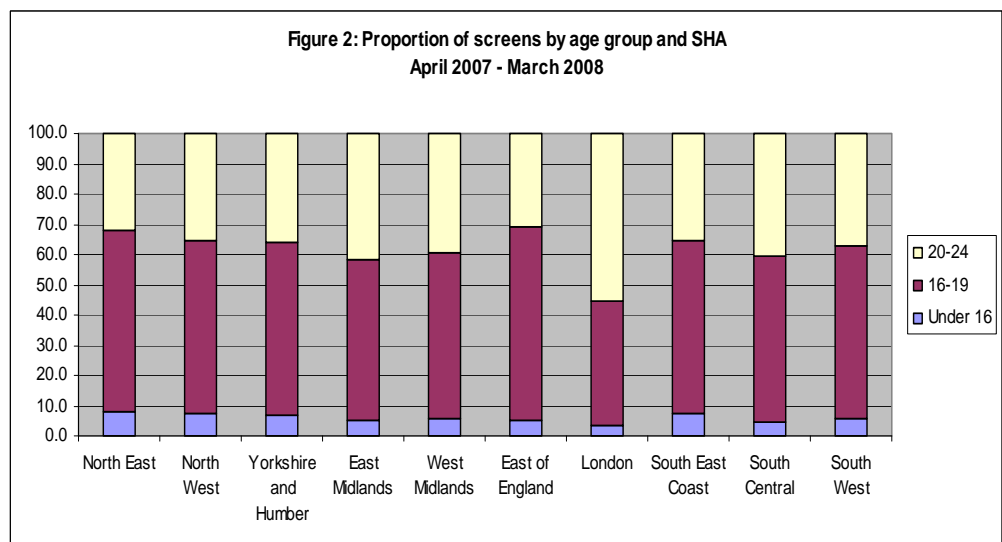


Source: Data as of 30.10.08 NCSP, England

To date, over 1, 000,000 tests have been performed. 9.9 per cent of females and 10.1 per cent of males tested were positive for chlamydia. Figures from last year (2007/08) show that among females the highest positivity was in 16-19 year olds (10.7 per cent) and among males the highest rates of positivity was in 20-24 year olds (11.8 per cent).

Disparities have continually been present in the proportion of tests done among men vs. women tested as part of the programme. Since 2003, 74.5 per cent of all tests have been carried out in females. However, the proportion of men and women tested has changed over time - tests in males have increased markedly from 7.5 per cent in year one to 29.2 per cent in year five. In both males and females, the majority of tests have been in the 16-19 year old age group (51.4 per cent); 20-24 year olds account for 42.8 per cent of all tests and the remaining 5.7 per cent were in under 16 year olds.

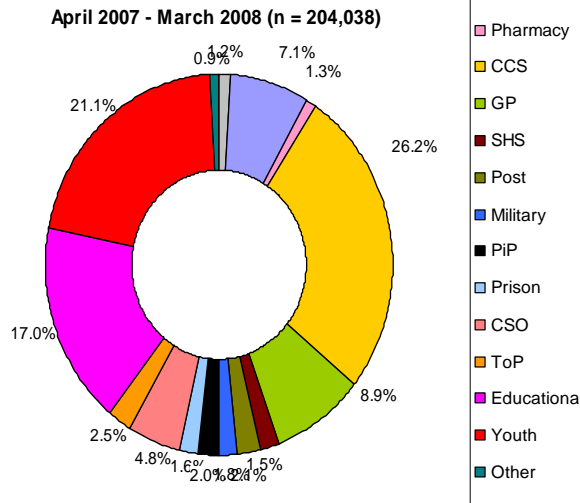
Based on data from 2007/8, across Strategic Health Authorities (SHAs) 16-19 year olds contributed the largest proportion of tests, with the exception of London (see Figure 2). Nationally, under 16 year olds, although an important target group, contributed a small proportion of all tests. The highest proportion of tests among under 16 year olds was in the North East (7.9 per cent).



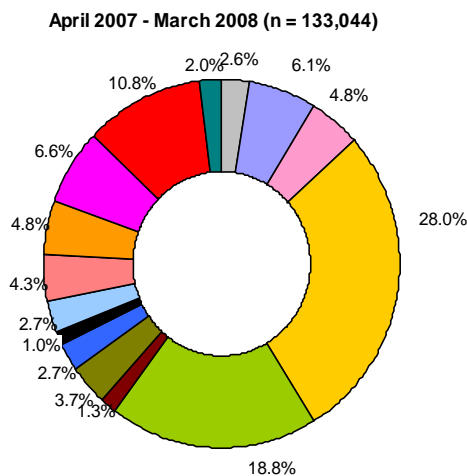
Source: Data as of 30.10.08 NCSP, England

A diverse range of screening venues have been used over the years to engage young people as a reflection of the differing needs within this age range. Community Contraceptive Services (CCS) provides the largest proportion of tests year after year, although this contribution is decreasing over time as more venues come on board. After CCS, the second largest contributor differed according to age group – for under 20 year olds youth services made up 21.1 per cent of all tests and for 20-24 year olds general practices provided 18.8 per cent of all tests (see Figures 3 and 4).

**Figure 3: Proportion of screens by venue type in under 20 year olds**



**Figure 4: Proportion of screens by venue type in 20-24 year olds**



Source: Data as of 30.10.08 NCSP, England

The need to continue successful engagement of young people in the NCSP is clear and this engagement must expand in order to meet the VSI target of 17 per cent for 2008/09. It is important that PCTs consider the sex and age of those individuals being screened in order to ensure equitable access.

For more facts and figures please see the [Sexually Transmitted Infections and Young People in the United Kingdom: 2008 Report](#).

**NB. All data (Apr 2003 to Sept 2008) as of 30.10.08 and based on VSI criteria.**

## **National Mapping Survey of On-site Sexual Health Services in Education Settings: Provision in FE and sixth-form colleges**

The national survey from the Sex Education Forum “National Mapping Survey of On-site Sexual Health Services in Education Settings: Provision in FE and sixth-form colleges” published in 2008 found that thousands of young people on college campuses across England are receiving vital advice and help on their sexual health.

The report shows that more than two thirds of further education and sixth form colleges provide on-site sexual health services - but in 106 colleges young people are missing out on help and advice.

To find out what is happening in your area, view the full report via the links section of this newsletter.

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## **Communications**

**Carla Maurici, NCSP Communications Manager**

### **NCSP Campaign update**

The DH has undertaken a detailed capacity analysis to inform a national awareness campaign for chlamydia screening. However, the findings from this work show that current services would be unable to respond to a high profile public awareness campaign.

Both the DH and the NCSP remain committed to promoting chlamydia screening through a national communications strategy. However, it is important that a range of testing opportunities is available in every area.

The DH and NCSP will take account of quarter three and four data before deciding when to implement a national campaign. In the meantime, both the DH and NCSP will focus on supporting development of communications to those delivering frontline services in order to generate testing opportunities and get more health professionals on board.

### **Ministry of Defence Pilot**

The Ministry of Defence (MOD) is working to raise the profile of sexual health issues across the military. This has provided a timely opportunity for partnership working between the MOD and the NCSP to run a joint initiative which will provide clear guidance on working successfully within military venues. A pilot is currently being planned in association with the MOD, local Programme Areas who have a military facility in a pilot area will be contacted with regards to this pilot project shortly.

The pilot will be evaluated by both the MOD and the NCSP.

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## **News in brief**

### **Staff news**

*The NCSP is delighted to welcome the following new members of staff:*

Sharon Verne – NCSP Regional Facilitator – East Midlands

Wendy Elliott – NCSP Regional Facilitator – East of England

*The NCSP is sad to be saying goodbye to:*

Ginny Belson – NCSP Regional Facilitator- East OF England. We all wish Ginny well in her new role.

**The NCSP also wishes to give a special thank you and mention to Dr. Harry Mallinson for his significant contribution to the understanding and control of chlamydia. Harry retires from his role as Chair of the Chlamydia Diagnostic Forum at the HPA and will be missed by all his colleagues.**

Harry began working on chlamydia in the Public Health Laboratory Service (PHLS) in the early 1980s. His first papers were in collaboration with GU specialists in Liverpool. At that time there was no recognition

that "family planning "services should involve not only contraception but also prevention of avoidable infertility; tackling chlamydial infection by prevention and accurate detection seemed key to this.

Harry's detailed laboratory work and meticulous data collection and analysis provided much of the initial evidence and support for screening. In 1986 he and his team began by offering testing to women having cervical smears in Family Planning Clinics, resulting in the first paper on community based testing in the UK. He has written over 70 papers and numerous reports and had a pivotal role in setting up the pilot chlamydia screening programme.

Since the implementation of the NCSP, Harry has worked to support the programme directly by contributing enormously and sharing all his expertise with us, on numerous local, national and international committees which we are very grateful for.

### **NCSP initiative evaluation template**

The purpose of the NCSP initiative evaluation template is to help inform best practice and strengthen local programmes. Thank you to all those coordinators who have submitted completed evaluations. We would, however, like to take this opportunity to encourage *all* coordinators to use the template as a matter of routine. The template not only provides a useful tool to help you to plan and evaluate your initiatives but will also enable the NCSP regional and national teams to develop evidence-based guidance on best practice.

Version 2 of the template is now available on the NCSP website. This is accompanied by a worked example. You can access these via the links on this newsletter.

If you have any questions about the template or would like further training or support on using the template please contact your Regional Facilitator.

Completed templates should be returned to your Regional Facilitator.

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## **Events**



### **NCSP 2K8**

#### **Carla Maurici, Communication Manager, NCSP**

The fifth Annual Conference of the NCSP took place at the Queen Elizabeth II Conference Centre in London on Thursday 11<sup>th</sup> December.

The conference entitled *NCSP 2K8*, opened with a welcoming address from Dr Mary Macintosh, Director of the NCSP. This address highlighted the achievements made via the programme which began five years ago, as a key component central to the vision of modernisation of sexual health services. Dr Mary Macintosh said "What appeared groundbreaking at the outset is now being introduced into everyday practice: offering screens to men, developing access for young people compatible with their lifestyle, involving pharmacy directly in both screening and treatment, and benefiting from technology developments".

In the morning, the focus of the conference was on the importance of engaging and empowering young people under 25, so that they choose chlamydia screening. Attention was given to strategically planning and implementing messaging for local users and highlighted how

partnership working with young people's agencies could help to achieve goals. Dr Paula Baraitser, NCSP Medical Advisor, also presented on the importance of ongoing Public Involvement Projects in line with national policy guidance and best practice.

In the afternoon, the theme switched to encouraging a broader focus for World Class Commissioning of chlamydia screening activities. Guidance was given on how to inform sustainable commissioning and delivery models to ensure managed growth of a strong public health programme of chlamydia prevention and control. This was followed by a series of short presentations on high impact actions that have been employed to help support immediate expansion of the programme.

The NCSP annual conference, organised by the Health Protection Agency, attracted over 550 key participants. This included chlamydia screening coordinators, commissioning leads, public health specialists, laboratory personnel and representatives from sexual health and other services involved in supporting the programme, general practices, contraceptive services, GUM clinics and a variety of other health care professionals.

### Events diary

The NCSP lists events for information only and takes no responsibility for any event except for those specifically organised by the NCSP.

The NCSP are not responsible for the content of external internet/web sites.

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|------------------|----------|---|
| 28 <sup>th</sup> | January  | Peer Education Approaches to Sexual Health.<br>Sheffield City Centre Venue.<br><a href="#"><u><i>In It Together! - A Seminar on peer education approaches to sexual health - Centre for HIV &amp; Sexual Health</i></u></a> |
| 30 <sup>th</sup> | January  | BASHH/The Faculty of Sexual and Reproductive Health joint meeting.<br><a href="#"><u><i>BASHH/The Faculty of Sexual and Reproductive Health joint meeting, Link</i></u></a>   |
| 7 <sup>th</sup>  | February | RCN Fertility Nurses Group annual conference and exhibition, RCN Headquarters, London W1.<br><a href="#"><u><i>RCN Fertility Nurses Group annual conference and exhibition - RCN</i></u></a>                                |
| 11 <sup>th</sup> | February | Seminar of Sexual Health Leads, Bedfordshire, Letchworth Hall.  |
| 5 <sup>th</sup>  | March    | Brook Annual Sexual Health Conference and Awards 2009 – safeguarding young people's right to confidentiality.<br><a href="#"><u><i>Brook Annual Sexual Health Conference and Awards 2009, Link</i></u></a>                  |
| 17 <sup>th</sup> | March    | Westminster Education Forum, Sexual Health and Teenage Pregnancy Seminar, London.<br><a href="#"><u><i>Book Online - Westminster Health Forum</i></u></a>   |
| 22 <sup>nd</sup> | April    | Nursing in Practice Conference, Newcastle Racecourse.<br><a href="#"><u><i>Nursing in Practice - Events</i></u></a>   |
| 19 <sup>th</sup> | May      | Nursing in Practice Conference,   |

Bridgewater Hall, Manchester.  
[Nursing in Practice - Events](#)

|                                     |               |   |  |
|-------------------------------------|---------------|---|--|
| 20 <sup>th</sup>                    | June          |   | RCN Sexual Health Forum Conference and Exhibition.<br><a href="#">RCN Sexual Health Forum conference and exhibition - RCN</a>  |
| 28 <sup>th</sup> - 1 <sup>st</sup>  | June–<br>July | 1 | BASHH/ISSTDR Spring Meeting 2009, QEII Conference Centre, London.<br><a href="#">BASHH/ISSTDR Spring Meeting 2009, Link</a>  |
| 6 <sup>th</sup> - 9 <sup>th</sup>   | September     |   | BPC 2009 British Pharmaceutical Conference, Manchester Central.<br><a href="#">RPSGB.org: British Pharmaceutical Conference</a>  |
| 22 <sup>nd</sup> - 23 <sup>rd</sup> | September     |   | Nursing in Practice Conference, Business Design Centre, London.<br><a href="#">Nursing in Practice-London,Nursing in Practice,2009,London,United Kingdom,Medical Pharma Surgical &amp; Healthcare Products</a> |
| 9 <sup>th</sup> -11 <sup>th</sup>   | November      |   | IUSTI World Conference, Cape Town<br><a href="#">IUSTI2009</a>   |