

LAA TARGET - ACTION PLAN

LAA Indicator No.	NI 113
Lead Partner Organisation	PCT
Technical Data Expert	Mike Donnison, PCT
Indicator Owner (Sign Off)	Caron Grainger, PCT / Andy Walmsley, CLYP
Reporting Frequency	

SCS Theme:	Health, well-being and independence People of Coventry living longer, healthier, independent lives	SCS Priority:	People in Coventry will enjoy healthier lives which will contribute towards them living longer in the future and being able to lead independent lives There will be reduced health inequalities between communities Improve sexual health and reduce the under 18 conception rate
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1: LAA Target

Indicator Description	Baseline & Year	Target 2008/09	Target 2009/10	Target 2010/11	Success Criteria
Prevalence of Chlamydia in under 25 year olds Screening: Percentage of the resident population aged 15-24 accepting a test / screen for Chlamydia (Years 1, 2 & 3) Prevalence: Number of positive diagnoses for Chlamydia in the resident population aged 15-24 (Years 2 & 3 only).	06/07 3.3%	16.5%	17.5%	18.5%	Achieving the Chlamydia screening target will produce the following outcomes; <ul style="list-style-type: none"> • Increasing awareness of sexually transmitted infections (STIs). • Increasing access to STI testing. • Increasing the overall sexual wellbeing of the young people. Which will help reduce health inequalities across the city. • Reduction in sequelae of undetected/untreated infection

LAA Target information

The Chlamydia screening programme is a National programme to increase opportunistic access to Chlamydia screening for 15-24 year olds. In

2007/08 the PCT tested 3.3% (1614) % of its eligible population (men and women aged 15-24). This compares with an SHA-wide performance of 4.0% (4.9% across England). The PCT has agreed performance trajectories of screening 16.5% of the eligible population rising to 17.5% in 2009/10 and 18.5% in 2010/11. This equates to 8409 screens in 2008/9 or just over 700 screens per month.

The National Chlamydia screening programme is delivered through Coventry's Chlamydia screening programme (CSP), based at Coventry & Warwickshire hospital via 99 host sites in the City (not all of whom are active screening sites)

From 2008, PCTs will also be able to report data on chlamydia tests which are not undertaken as part of the National programme. PCTs will be able to count data collected by laboratory or community information management systems. This will allow screens that are carried out at all venues outside of GU Medicine and the local programme to be included against the national target. From July 2008 all partner notifications will also count towards the target.

2: Equalities and Community Cohesion Implications

Summary of overall negative/ positive impacts on target groups/areas:

Chlamydia prevalence and overall poor sexual health is associated with deprivation. It is difficult to determine the overall prevalence of Chlamydia within the population due to 80% of infected females and 50% of infected males being asymptomatic. However from current screening results, Coventry has an average of 40% higher than the national positivity rate. Chlamydia 'hotspot' areas are strongly correlated to the teenage pregnancy hotspot wards. The Chlamydia hotspots wards include Wyken, Radford, Tile Hill, Foleshill, Stoke Aldermoor, Willenhall, Coundon, Hillfields, Earlsdon, City Centre.

The aim of the Chlamydia screening programme is to increase access to opportunistic screening to young people that may not normally access GUM services. The Chlamydia screening programme are working in partnership with teenage pregnancy to increase access to contraception and screening in hotspot wards (i.e. development of the C-card scheme and location of services). Within Coventry there are currently 99 sites able to deliver screens on an opportunistic basis. These include the following sites/ programmes:

- ASC pharmacy scheme (based in hotspot wards)
- CASH service/Clinic in a Box
- Schools & colleges
- GP practices
- SHADOW/ Youth workers
- Opportunistic tests in pubs & clubs
- Programme of testing at Warwick University

- Other one-off events
- Bpas

It is also working with UHCW to increase the number of screens being carried out antenatally, in gynae & at CRM.

3: Strategic Summary

Description of key activity or activities that may contribute towards achieving target

Due to the high priority on achieving this target, an LDP business case was approved in signoff to secure funding for the expansion of the Chlamydia screening programme (CSP). A summary of the main actions to achieve this target include; (For further detail see Chlamydia Action Plan.)

1. Increasing the Chlamydia screening programme (CSP) team capacity;
2. Communications & advertising
3. Service expansion
4. UHCW activities
5. Commissioning/ performance monitoring

Specific actions can be linked with the teenage pregnancy strategy to increase access to contraception and Chlamydia screening in hotspot wards. For example implementation of the C-Card scheme (A condom distribution scheme linked to GOT IT? Chlamydia screening) that will be piloted in hotspot wards before city wide roll out. A similar approach has been used in implementing Chlamydia screening within ASC pharmacies.

Progress on this target and development of actions will be monitored on a monthly basis at the PCT Board, Provider Services Technical meeting and quarterly via the Chlamydia Steering Group & Sexual Health Partnership Meeting.

4: Delivery Plan – Performance Monitoring of Actions

Ref Nr	Planned Action(s)	Target/ Milestone	Link to Other Plans	Lead Officer	Progress <i>To be completed as part of quarterly monitoring.</i>
1	CSCP service capacity	Approval of LDP	Chlamydia Action	Ruth Tennant,	

Ref Nr	Planned Action(s)	Target/ Milestone	Link to Other Plans	Lead Officer	Progress <i>To be completed as part of quarterly monitoring.</i>
		business case to release funds - August 2008 Increase capacity within CSP/ recruitment of additional staff. Recruit by end 2008.	Plan, LDP Business case, Sexual Health & HIV strategy 2008-2011	Paul Sykes/ Sarah Crowther	
2	Communications & advertising	Approval of LDP business case to release funds - August 2008 Promotion campaign Sept 2008- Feb 2009	Chlamydia Action Plan, LDP Business case, Sexual Health & HIV strategy 2008-2011	Ruth Tennant CSP	
3	Service expansion	Chlamydia LES Oct 2008 start Develop & expand opportunistic screening events FRESHERS- Sept 2008 then ongoing Pharmacy LES Revised ASC- April 2009	Chlamydia Action Plan, LDP Business case, Sexual Health & HIV strategy 2008-2011	Vivienne Parish/ Juliet Hancox CSP Vivienne Parish/ CSP CSP	

Ref Nr	Planned Action(s)	Target/ Milestone	Link to Other Plans	Lead Officer	Progress <i>To be completed as part of quarterly monitoring.</i>
		Workplace screening Ongoing			
4	UHCW activities	Increase screens generated at UHCW July 2008 Develop system to collect out of CSP data Locally Oct 2008, Input to HPA by Dec 2008		Ruth Tennant	
5	Commissioning/ performance monitoring	Performance monitoring screening rate of providers Oct 2008 Develop monthly performance monitoring system Oct 2008		Vivienne Parish	

5. Performance Indicators

Indicators - Performance Monitoring of Indicators

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Ref Nr	Description	Baseline	Target 08/09	Q1	Q2	Q3	Q4	Target Met Yes/No
NI 113	Prevalence of Chlamydia in under 25 year olds Screening: Percentage of the resident population aged 15-24 accepting a test / screen for Chlamydia (Years 1, 2 & 3) Prevalence: Number of positive diagnoses for Chlamydia in the resident population aged 15-24 (Years 2 & 3 only).	06/07 3.3%	 16.5%	4.125%	8.25%	12.375	16.5%	No
Other indicators that will be used to track progress, including disaggregated measures for target groups.								
NI 112	Under 18 conception rate Rate per 1,000 15-17 year olds (3 year ave) % change since 1998 N.B. Target linked due to correlation between teenage pregnancy and Chlamydia hotspots and access to contraception.	55.6 ONS 2006 data -8.2%	50.21 per 1000 by 2009 -17%					No
	Uptake of C-card registration (including Chlamydia screen) within C-Card pilot in hotspot wards.	2008 New scheme 0 registered	Target 2008/09 6 registration & 6 distribution points	Q1 Scheme not established	Q2 Scheme not established	Q3 C-card Coordinator recruited	Q4 6 registration & 6 distribution points	

Indicators - Performance Monitoring of Indicators							

6: Funding & Planned Spend

Funding & Planned Spend	2008/09	2009/10	2010/11	Total	Comment/Rationale
Coventry PCT Chlamydia screening programme costs	£188,000	£188,000	£188,000	£564,000	Overall programme costs including salaries of Chlamydia screening team.
LDP additional recurrent funding	£47,318	£64,818	£64,818	£176,954	For actions as mentioned in LDP business case above for expansion of programme
LDP additional non-recurrent funding	£18,000			£18,000	For actions as mentioned in LDP business case above for expansion of programme

7: Risk Assessment

Ref No.	Risk	Mitigating action
1	Chlamydia target is not met.	Local monthly performance monitoring system being developed to take action quicker than HPA data quarterly data would allow. Increase in range of providers delivering the screens.
2	Chlamydia screening sites don't feel they are responsible for the delivery of the target.	Continual performance monitoring and contact with screening sites. Chlamydia screening targets written into SLAs with providers and forms part of their performance monitoring. Maintenance of enforcing the importance of this target for the overall sexual health and wellbeing of the young person and priority of the target.
3	Providers feel unable to offer the Chlamydia screen due to confidence issues.	Chlamydia screening programme providing one-on-one training. Peer training sessions and sharing of good practice training sessions and information via GOT IT newsletter.

Ref No.	Risk	Mitigating action