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Changes to the National Chlamydia Screening Programme Public Health Outcomes Framework (PHOF) Detection Rate Indicator (DRI) Benchmarking

In June 2021, the National Chlamydia Screening Programme (NCSP) changed to focus on reducing the harms from untreated chlamydia infection.

These occur predominantly in young women and other people with a womb or ovaries* so opportunistic screening should focus on this group, combined with reducing time to test results and treatment, strengthening partner notification and re-testing after treatment.

In practice this means that chlamydia screening in community settings (e.g. GP and Community Pharmacy) will only be proactively offered to young women and other people with a womb or ovaries. Services provided by sexual health services remain unchanged and everyone can still get tested if needed.

These changes will allow the redistribution of existing resources from male opportunistic screening to additional screening in females and improved management of positive cases (partner notification and retesting).

Given the change in programme aim the PHOF DRI benchmarking thresholds have been revised and will be measured against females only. There is no change to the calculation of the DRI, which will continue to be reported at the population level with male and female breakdowns.

If female screening activity was maintained at the current level, a PHOF DRI benchmark of around 3,100 per 100,000 aged 15 to 24 (Female) would achieve a similar distribution of UTLAs across RAG ratings as currently seen. However, the changes in the programme aim to keep the existing levels of screening activity but focus them on screening women and other people with a womb or ovaries to further lower the risk of long-term harms from chlamydia infection.

This will be achieved by the redistribution of existing resources from male opportunistic screening to additional screening in females and improved management of positive cases. Given this shift in activity, it is expected that an increase in female diagnoses will be observed further emphasising the need to set higher PHOF thresholds.

A new female-only PHOF benchmark DRI of 3,250 per 100,000 aged 15 to 24 (Female) will be included in the PHOF from January 2022.

The amber rating category has been widened to ensure it is more reasonable and achievable. This is also more comparable to other RAG rated PHOF indicators relating to sexual and reproductive health (i.e. under 18s conception rate and HIV late diagnosis).

Using 2019 data and given assumptions around increased female diagnoses, it is estimated that with the new female-only PHOF thresholds more UTLAs would meet green and amber ratings. 69% of UTLAs would remain in the same RAG rating category as with the current persons PHOF thresholds, 28% would move to an improved rating and 3% would see a drop in rating.

*This includes transgender men, and non-binary people assigned female at birth, and intersex people with a womb or ovaries.

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Fig.1 RAG rating distribution of UTLAs comparing current persons DRI and female-only DRI using 2019 data and given assumptions around increased female diagnoses

Current Persons PHOF thresholds		New female-only PHOF thresholds	
RAG rating	UTLAs (%)	RAG rating	UTLAs (%)
≥2,300	37 (24.5%)	**≥3,250**	37 (24.5%)
1,900 - <2,300	37 (24.5%)	**2,400 - <3,250**	74 (49.0%)
<1,900	77 (51.0%)	**<2,400**	40 (26.5%)

Data from 2019 was selected as it represents the last year with complete data that was not affected by changes to service delivery due to the COVID-19 pandemic - in 2020 chlamydia testing activity and diagnoses decreased by around 30%.

Benchmarking has been assessed against 2020 data, and to check the impact on RAG ratings if there is a transitional period during which UTLAs are not able to realise the increase in female diagnoses estimated. In both cases, the new female-only DRI of 3,250 with the widened amber banding represents a reasonable distribution compared with the RAG ratings observed with the current benchmark persons DRI of 2,300.

Female-only benchmarking will be applied from the beginning of calendar year 2022 and first reported against the 2022 data that is due to be published in Autumn 2023. RAG benchmarking will be removed from the current indicator in the 2021 data that will be published in Autumn 2022.

Fig 2. PHOF reporting and application of RAG benchmarking

Reporting Time	Data Published	Suggested change to RAG benchmarking
Summer/Autumn2021	2020	RAG reported against current DRI (2,300, Persons)
Summer/Autumn2022	2021	RAG benchmark removed
Summer/Autumn2023	2022	RAG reported against new DRI (3,250, Female)

Evaluations will be undertaken to identify any short- or long-term impacts of the COVID-19 pandemic on service delivery. Further evaluation work will be routinely undertaken to assess if any adjustments to the PHOF DRI benchmarking may need to be made in the future.