

**PRIMARY CARE COMMUNITY PHARMACY**

**LOCAL PHARMACY SPECIFICATIONS**

**Chlamydia Testing and Treatment**

**and**

**Gonorrhoea Testing Service Document Control Sheet**

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**Specification for Chlamydia Testing and Treatment and Gonorrhea Testing Service**

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1. **Background/Introduction**

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* 1. Chlamydia and Gonorrhea are currently the most common curable sexually

transmitted infections in Scotland.

* 1. The consequences of Chlamydia and gonorrhea infection can be severe,

particularly for women in whom infection may lead to pelvic inflammatory disease, ectopic pregnancy, infertility and chronic abdominal pain. They may however be asymptomatic and spread unwittingly, hence the need to encourage asymptomatic at-risk people to be tested.

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1. **Aim of Service**

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* 1. To provide testing for Chlamydia and Gonorrhea with treatment of Chlamydia and signposting for Gonorrhea treatment using the location and convenience of community pharmacies within NHS Ayrshire & Arran.

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1. **Objectives of Service**

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* 1. To increase public awareness of sexually transmitted infections, particularly

Chlamydia and Gonorrhea, and to increase access to sexual health advice

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* 1. To offer the opportunity to be tested for Chlamydia and Gonorrhea infection

using a postal test kit regardless of gender.

* 1. To provide treatment for positive cases of Chlamydia within the pharmacy and

signposting for Gonorrhea treatment to Sexual Health Services or GP Practice.

* 1. To support full contact tracing of positive cases by integration of the pharmacy

service with local specialist sexual health services.

* 1. To collect data to support evaluation of the service.

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1. **Service Outline**

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* 1. All pharmacy contractors in Ayrshire & Arran are eligible to participate in this

service. Pharmacies will offer a user-friendly, non-judgmental, client centered confidential service.

* 1. All males or females over the age of 13 may be offered or request to be tested for

Chlamydia and Gonorrhea.

* 1. Patients who are showing signs that indicate a sexually transmitted infection, must

be advised and encouraged to attend their sexual health clinic or their GP practice for further investigation.

* 1. When a person agrees to be tested, the pharmacist will provide a postal dual

Chlamydia and Gonorrhea testing kit consisting of: a urine specimen container; vaginal swab; patient information leaflet on how to use the test; and an appropriate laboratory request form and postage paid envelope.

* 1. Patient will send urine sample to NHS Ayrshire & Arran laboratory service for

testing.

* 1. Results of this test will be notified to the community pharmacist who will then

contact the patient with the outcome and offer treatment to the patient and their sexual partner(s) if that outcome is positive for Chlamydia, or signposting for treatment for Gonorrhea.

* 1. Patients who are excluded as being suitable for treatment under the Patient Group

Direction for the supply of Doxycycline first line, or Azithromycin second line if Doxycycline contraindicated, should be referred to Sexual Health Services or their GP. Pharmacists can contact Sexual Health Services by telephone on 01294 323228.

* 1. The pharmacist will require to sign the Patient Group Direction for the supply of Doxycycline Capsules and Azithromycin Capsules. Doxycycline and Azithromycin should be readily available within the community pharmacy to allow prompt treatment.
  2. Contacts of the positive case can present in the same pharmacy for treatment

under the PGDs.

* 1. In event of positive case of Gonorrhea the pharmacist will advise the patient of

the importance of referral to specialist sexual health services for full review and contact tracing and with the patients consent transfer their details to the specialist sexual health services via the telephone or by post.

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1. **Training**

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* 1. A contractual requirement will be that community pharmacists successfully

complete training from the Community Pharmacy Advisor.

* 1. The service provider and staff should participate in any local training initiatives

identified by NHS Ayrshire & Arran.

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| **6.** | **Health and Social Care Staffing Act** |
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| 6.1 | The Health and Care (Staffing) (Scotland) Act 2019 (“the Act”) places requirements on the Health Board stating that: “In planning and securing the provision of health care from another person under an contract agreement must have regard to the guiding principles for health and care staffing, and the need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place” |
| 6.2 | The service provider will ensure that appropriate staffing arrangements are in place for the operation of this service. |
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| **7.** | **Termination** |
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| 7.1 | The provision of this service can be terminated by either party by providing THREE month’s written notice |

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**8. Breach of Contract**

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* 1. Where prima facie evidence of a breach of the terms of this service comes to the

notice of NHS Ayrshire & Arran the matter will be referred in the first instance to the pharmacy contractor concerned for comment. If appropriate, the pharmacy contractor will be invited to submit proposals for the rectification of the breach. Failure to provide a satisfactory response, or to rectify the breach, will result in the matter being referred to the Chief Executive of the NHS Ayrshire & Arran for consideration by the NHS Board and determination of any further action or sanctions to be taken, including termination of the contract under this service and recovery of any payments made in respect of services which have not been provided.

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**Appendix 1**

**Chlamydia treatment – supply by pharmacists**

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| Pharmacy stamp/contractor number |  | | | | | | | |
| **Patient name:** | | | | **Patient CHI number:**  If known | | | | |
| **Patient date of birth:**  **Age:** | | | | **Patient Address:** | | | | |
| **Reason for supply**  (Tick one box) | | Notification of positive chlamydia test | | | | | | |
| Partner notification ofpositive chlamydia test | | | | | | |
| **Authorisation to supply**  (Tick one box) | | Referral from sexual health advisor/ community nurse  Positive Lab test – written confirmation | | | | | | |
| Gender: | | Male/ Female/ Prefer to say | | | | |  | |
| Method of contact | | Letter / telephone/ | | | call back / best time | | |  |
| Date result received from Lab | |  | | |  | | |  |
| Chlamydia result +ve / -ve | |  | | |  | | |  |
| Gonorrhoea result + ve/ -ve | |  | | |  | | |  |
| Date patient contacted | |  | | |  | | |  |
| Reminder sent 2 weeks later minimum of 3 follow up phone calls Yes/No | | Contact 1  Contact 2  Contact 3 | | |  | | |  |
| **Inclusion and Exclusion Criteria checked** | | Inclusion | | | Doxycycline (First Line) | | | Azithromycin |
| Individuals aged 13 or over with positive uncomplicated Chlamydia diagnosis  **(excluding rectal Chlamydia: referral to Sexual Health is recommended)** | | | Individuals aged 13 or over with positive uncomplicated Chlamydia diagnosis  **(excluding rectal Chlamydia: referral to Sexual Health is recommended)** |
| Asymptomatic individuals aged 13 or over who has had sexual contact with someone with a positive chlamydia diagnosis | | | Asymptomatic individuals aged 13 or over who has had sexual contact with someone with a positive chlamydia diagnosis |
| Exclusion | | | Children under the age of 13 | | | Children under the age of 13 |
| Pregnancy or risk of pregnancy | | | Pregnancy or risk of pregnancy |
| Breast feeding | | | Breast feeding |
| Symptoms suggesting another STI or suspected complicated chlamydia | | | Symptoms suggesting another STI or suspected complicated chlamydia |
| Allergy to Doxycycline or another tetracycline or any excipients | | | Allergy to Azithromycin or any excipients |
| Taking medicines that interact with Doxycycline | | | Taking Medicines that interact with Azithromycin |
| Individuals with Myasthenia Gravis | | | Individuals with Myasthenia Gravis |
| Individuals with Lupus Erythematosus | | | The presence of rectal chlamydia |
| Individuals with fuctose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency | | | Severe hepatic impairmant |
| **Medication to be supplied**  (Tick one box) | | Doxycycline 100mg capsules/tablets (14 x 100mg)(First Line)  Azithromycin 250mg capsules/tablets (8 x 250mg) | | | | | | |
| **Dose frequency and duration:** | | Doxycycline 100mg twice a day for 7 days | | | | | | |
| Azithromycin 1 gram as a single dose followed by 500mg daily for 2 days | | | | | | |
| **Consent to treatment.**  I can confirm that the information provided above is a true reflection of my individual circumstances and I give my consent to take part in the NHS A&A Community Pharmacy Chlamydia/ Gonorrhoea testing treatment/testing service and to the sharing of appropriate information with the sexual health team to allow partner notification. | | | | | | | | |
| **Signature of patient:** | | | | | | **Date:** | | |
| Contact made with sexual health team for partner notification | | | Yes/No | | | | | |

If child protection concerns are noted please contact Child Protection Service. If not competent to consent, patient should be referred to their GP or to a sexual health clinic.

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