



PRIMARY CARE COMMUNITY PHARMACY

LOCAL PHARMACY SPECIFICATIONS

CHLAMYDIA TESTING AND TREATMENT

AND

GONORRHOEA TESTING SERVICE

Document Control Sheet

Title:	Chlamydia Testing and Treatment and Gonorrhoea Testing Service
Document Status:	FINAL
Document Type:	Guidance
Version Number:	V7.0
Document location:	Joint Pharmacy Drive
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Owner:	Anne Shaw
Approved By:	Joint Pharmacy Team
Date Effective From:	1 st April 2026
Review Frequency:	Annually
Next Review Date:	FEB 2027

Revision History:

Version:	Date:	Summary of Changes:	Responsible Officer:
V0.1	Sept 2020	Version Control and Updating Current Specification	Anne Shaw/Carolyn Dickson
V1.1	Feb 2021	Version Control and Updating Current Specification	Anne Shaw/Carolyn Dickson
V2.1	Mar 2022	Updating Service Specification	Anne Shaw/Carolyn Dickson/Alyson Stein
V3.1	April 2023	Updating Service Specification	Kirstie Church
V4.1	March 2024	Updating Service Specification	Iain Fulton
V5.1	April 2025	Updating Service Specification	Kirstie Church
V6.1	Jan 2026	Updating Service Specification	Kirstie Williams

Approvals: this document was formally approved by:

Name & Title / Group:	Date:	Version:
Joint Pharmacy Team	March 2021	V2.0
Joint Pharmacy Team	April 2022	V3.0
Joint Pharmacy Team	May 2023	V4.0
Joint Pharmacy Team	May 2024	V5.0
Joint Pharmacy Team	September 2025	V6.0
Joint Pharmacy Team	April 2026	V7.0

Dissemination Arrangements:

Intended audience:	Method:	Date:	Version:
Community Pharmacists	Email	April 2021	V2.0
Community Pharmacists	Email	April 2022	V3.0
Community Pharmacists	Email	May 2023	V4.0
Community Pharmacists	Email	June 2024	V5.0
Community Pharmacists	Email	September 2025	V6.0
Community Pharmacists	Email	April 2026	V7.0

Linked Documentation:

Document Title:	Document File Path:

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Specification for Chlamydia Testing and Treatment and Gonorrhoea Testing Service

1. Background/Introduction

- 1.1** Chlamydia and Gonorrhoea are currently the most common curable sexually transmitted infections in Scotland.
- 1.2** The consequences of Chlamydia and Gonorrhoea 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.

2. Aim of Service

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

3. Objectives of Service

- 3.1** To increase public awareness of sexually transmitted infections, particularly Chlamydia and Gonorrhoea, and to increase access to sexual health advice.
- 3.2** To offer the opportunity to be tested for Chlamydia and Gonorrhoea infection using a postal test kit regardless of gender.
- 3.3** To provide treatment for positive cases of Chlamydia within the pharmacy and signposting for Gonorrhoea treatment to Sexual Health Services or GP Practice.
- 3.4** To support full contact tracing of positive cases by integration of the pharmacy service with local specialist sexual health services.
- 3.5** To collect data to support evaluation of the service.

4. Service Outline

- 4.1** 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.
- 4.2** All males or females over the age of 13 may be offered or request to be tested for Chlamydia and Gonorrhoea.
- 4.3** 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.
- 4.4** When a person agrees to be tested, the pharmacist will provide a postal dual Chlamydia and Gonorrhoea 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.
- 4.5** Patient will send urine or vaginal swab sample to NHS Ayrshire & Arran laboratory service for testing.
- 4.6** 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 Gonorrhoea.
- 4.7** 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.
- 4.8** 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.
- 4.9** Contacts of the positive case can present in the same pharmacy for treatment under the PGD's.
- 4.10** In event of positive case of Gonorrhoea 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.

5. Training

- 5.1** A contractual requirement will be that Community Pharmacists successfully complete training from the Community Pharmacy Team.

- 5.2** The service provider and staff should participate in any local training initiatives identified by NHS Ayrshire and Arran.

6. Health and Social Care Staffing Act

- 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 a 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.

7. Termination

- 7.1** The provision of this service can be terminated by either party by providing THREE month’s written notice

8. Breach of Contract

- 8.1** 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.

Chlamydia treatment – supply by pharmacists

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 of positive 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 impairment
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		

<u>Date</u>	<u>Version No.</u>	<u>Description of Amendments</u>	<u>Ratified By</u>	<u>Date to be Reviewed.</u>
30/04/2024	V4.1	Sections 6 & 7 added to SLA	Joint Pharmacy Team	Feb 2025
09/04/2025	V5.1	Addition of vaginal swab added to section 4.5. 5.1 Changed to Community Pharmacy Team from Advisor	Joint Pharmacy Team	Feb 2026
09/12/2025	V6.1	Reviewed no changes.	Joint Pharmacy Team	Feb 2027