

# Timelines to be seen, test results and treatment for chlamydia

2019 BASHH National Audit

# Relevant standards

BASHH/MedFASH *Standards for the Management of Sexual Health Services* 2014:

- People with STI-related needs *offered* to be seen or assessed within 2 working days (WD) of first contacting the service (98%)
- People with STI-related needs *seen or assessed* within 2 WD of first contacting the service (80%)
- Lab reports (or preliminary) within 5 WD (2019 standards: 4 WD) of specimen receipt (97%)
- People having STI tests who can access results within 10 WD (2019 standards: 8 WD) (95%)

*2019 Standards* (post-audit): Treatment within 3 weeks (85%)

BASHH 2018 *“Hot six” key metrics/criteria for sexual health services*: Turn-away rate from walk-in services

# Objectives and method

To audit:

- Time to being seen after contacting sexual health service
- Time to CT/NG NAAT results
- Time from positive CT result to treatment
  
- Survey of STI clinics (level 3 and/or 2)
- Case note review of individuals with chlamydia but **not** gonorrhoea or syphilis

# Site survey

221 sites responded:

- 42 (19.0%) were CaSH sites offering level 2 STI services only
- The rest were mainly integrated, although some offered CaSH or GUM only clinics on some days

Median open hours were 35/week

# Mode of access

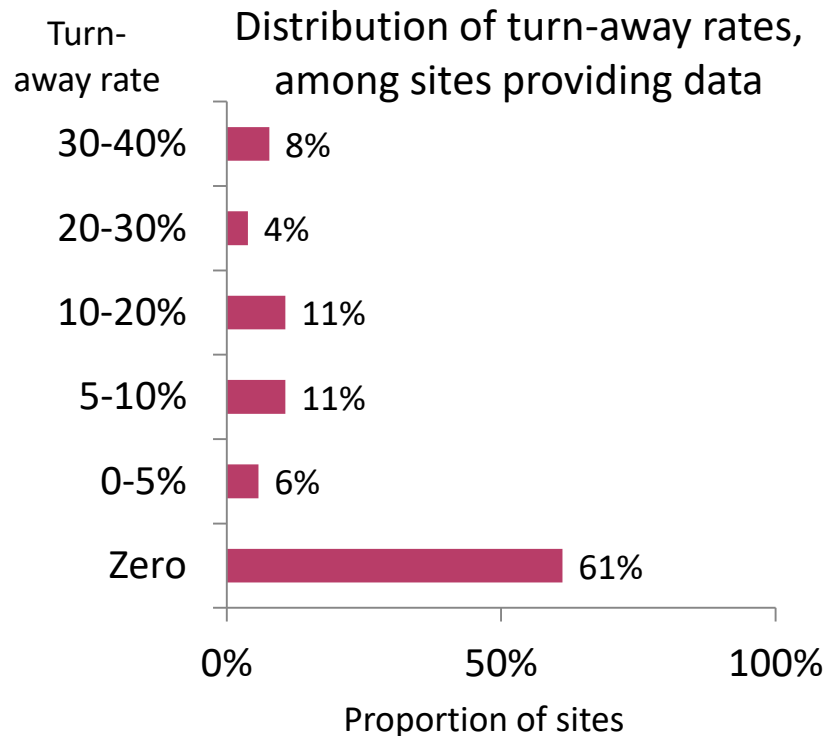
- 67.0% (148) offered both appointment and walk-in access
- 26.2% (58) were appointment-only
- 6.8% (15) were walk-in only

Of 163 sites offering walk-in, 72 (44.2%) said they tried to collect some demographic information about individuals turned away

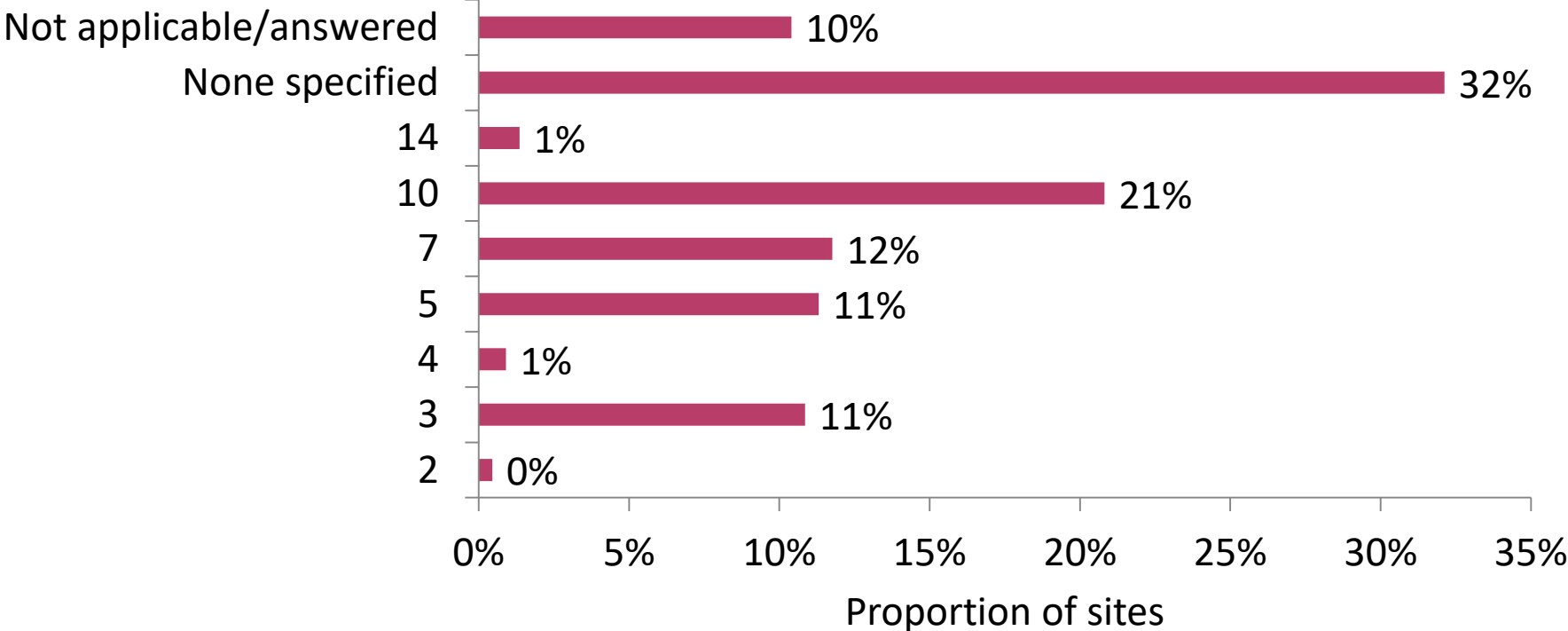
# “Hot six”: Turn-away rate for walk-ins

103 sites (63.2% of those offering walk-ins) provided data on how many people seeking walk-in access were and were not seen, on the last open day:

- Average turn-away rate: 6.3%
- Total turn-aways: 265



# According to contract/service spec, what *should* be turnaround time in working days for CT/NG NAAT



# Case-note review

6138 individuals with chlamydia but  
*not* gonorrhoea or syphilis

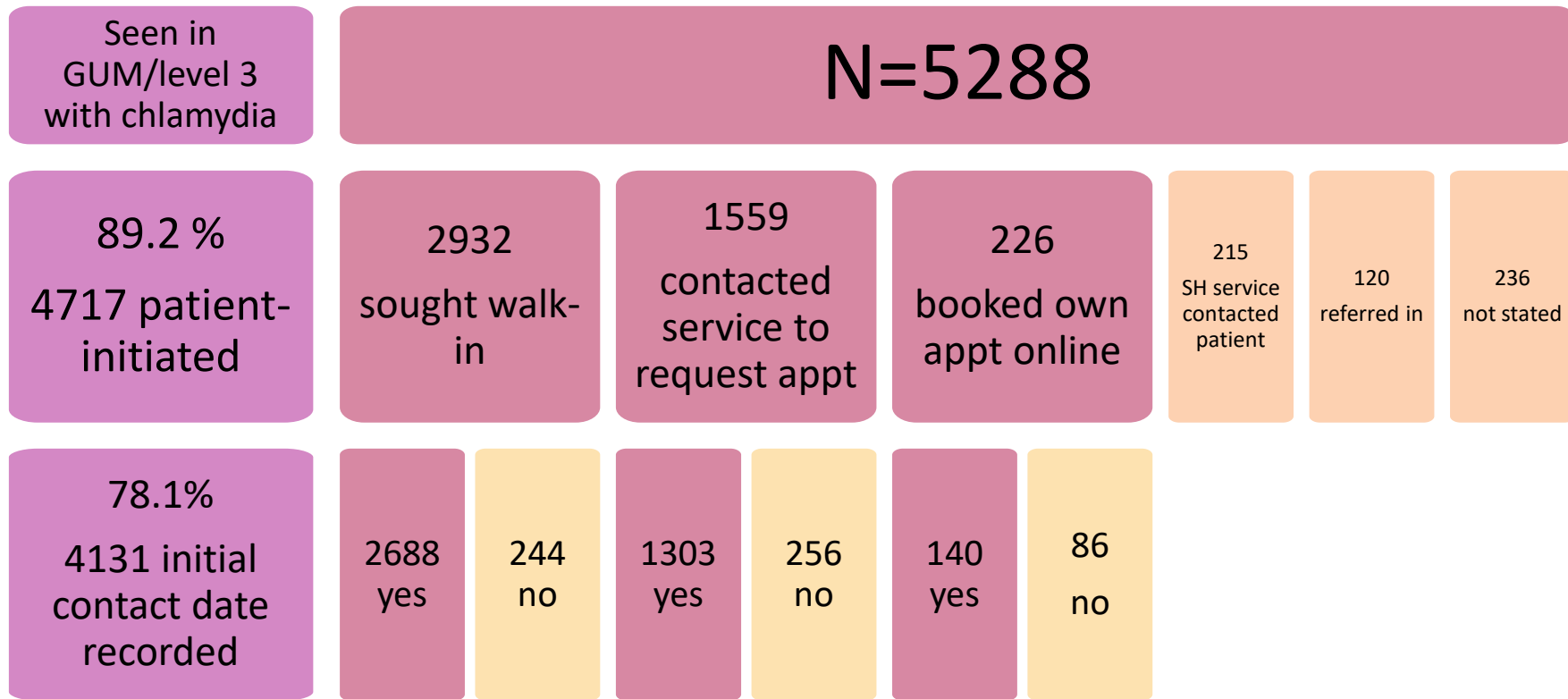


# Characteristics of audited individuals

Total	All: 6138	GUM/level 3: 5288	All: 100.0%	GUM/level 3: 100%
Current gender:				
Female (including trans)	3115	2637	50.7%	49.9%
Male (including trans)	2544	2233	41.4%	42.2%
Non-binary or other	6	6	0.1%	0.1%
Not answered	473	412	7.7%	7.8%
Possible higher priority:				
With symptoms of STI	1557	1556	25.4%	29.4%
Attended as STI contact	1057	1022	17.2%	19.3%
Both	308	283	5.0%	5.4%
Neither	3216	2427	52.4%	45.9%
Possible lower priority:				
Female, non-emergency LARC as main reason for attendance, no STI symptoms nor contact	195	159	3.2%	3.0%

Time to be seen

# Initial contact/request for care: data for calculating time to be seen



# Access targets

4717 patient-initiated GUM/level 3 attendances

4131 (87.6%) date of first contact recorded

586 (12.4%)  
not recorded

4083 (86.6%) time to be seen reported

48 (1.0%) not  
reported

3609 (76.5%)  
≤2 WD

474 (10.1%) 3 or more WD

166 (3.5%)  
*could have been*  
≤2 WD

112 (2.4%) *could*  
not have been ≤2  
WD

196 (4.2%)  
not reported

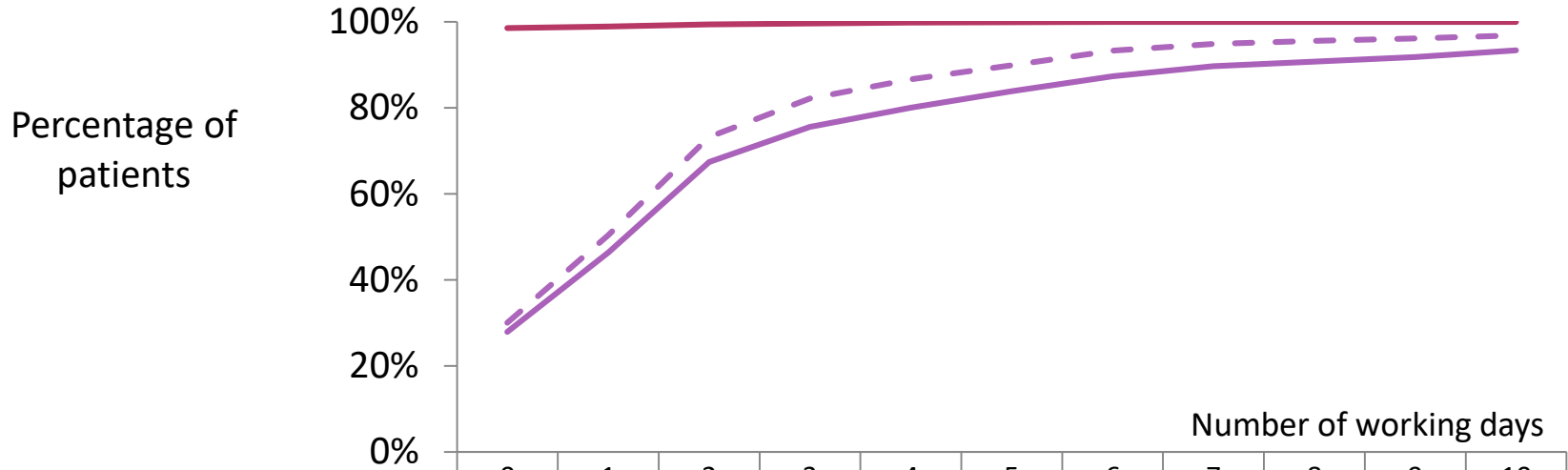
~~Access outcome~~  
Access outcome  
(target 98%):

86.6% hit

20.1% missed

13.6% unknown

## Cumulative time in working days to be seen in clinic, from patient-initiated request, excluding cases with missing data



	0	1	2	3	4	5	6	7	8	9	10
Sought walk-in	99%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%
Requested/booked appointment	28%	46%	67%	76%	80%	84%	87%	90%	91%	92%	93%
Requested/booked appointment - priority	30%	50%	73%	82%	87%	90%	93%	95%	96%	96%	97%

— Sought walk-in

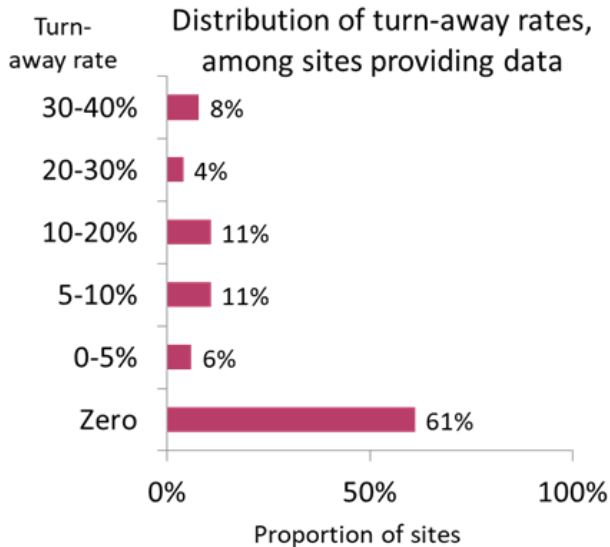
— Requested/booked appointment

- - Requested/booked appointment - priority

# However...

## Site data: turn-aways when open for walk-ins

Average turn-away rate: 6.3%



## Case-note data appear incompatible with site data

- By case-note data, 99% of walk-ins were seen on day of initial contact/attempt
- This doesn't record people who come back after being turned away
- Access target results may not be reliable

Time to test results

# Place of sampling for CT/NG NAAT

	Number	%
GUM/integrated level 3 clinic:	4551	74.1
*Of these, already tested positive when first seen	59	1.0
<b>Tested in GUM and not already positive</b>	<b>4492</b>	<b>73.2</b>
Other sexual health clinic (level 2)	723	11.8
Self-test (eg requested online)	451	7.3
Different clinic setting, eg GP	242	3.9
Outreach or other non-clinical setting	112	1.8
Not known/answered	60	1.0

\*Based on subsequent question about time to clinician review of test result



# Time to test results

4492 individuals had initial CT/NG NAAT sample taken in GUM/integrated level 3 clinic:

- 74.1% (3327) clinician reviewed result within 5 WD
- 24.3% (1091) clinician reviewed result later than 5 WD
- 1.6% (74) not recorded or not reported

# Patient access to test results

4492 individuals had initial CT/NG NAAT sample taken in GUM clinic:

- 71.0% (3190) attempt made to inform patient within 10 WD
- 3.1% (138) first attempt to inform patient later than 10 WD
- 25.9% (1164) not recorded or not reported

Time to treatment

# Time to treatment

5288 (100%) seen in GUM/level 3 with chlamydia

95.2%

5035 treated in service

2.9%

154 elsewhere  
(inc bought)

1.9%

99 not treated/  
unclear

79.0%

4177 within  
15 WD

5.5%

289 not within 15 WD

10.8%

569 not  
stated

3.7%

196 could have  
been sooner

1.8%

93 could  
not/not stated

# Conclusions

# Results compared with standards

Standard	Limited to:	Best case scenario	Worst case scenario
Offered to be seen/assessed within 2 WD (98%)	Patient-initiated GUM/level 3 attenders	97.6%	80.0%
Seen within 2 WD (80%)	As above	89.9%	76.5%
Lab report within 5 WD (97%): audited as clinician review	Initial CT/NG NAAT sample taken in GUM/level 3 clinic	75.7%	74.1%
Patient access to result within 10 WD (95%): audited as attempt to inform	As above	96.9%	71.0%
Treatment within 3 weeks (2019 standards: 85%)	GUM/level 3 attenders	92.8%	79.0%

# Limitations

Incomplete recording and reporting of data, eg dates/timelines for:

- First contact/attempt to access service
- Clinician review of lab report
- First attempt to inform patient of result

Increasing complexity of service models – which cases to include?

Pathway issues:

- Attendances not initiated by patient
- More than one clinic attended per episode
- Attendances/treatment not at first opportunity – eg regular attenders who book ahead
- Decisions to treat prior to positive test result

**Timelines are hard to audit!**

# Recommendations

- Include lab turn-around in SLA/contract, and monitor locally
- Ask and record when attenders first made contact/attempted to be seen, and monitor access
- If access standards not met, assess groups turned away
- Examine data and discuss any issues in regional meetings and with commissioners



# Acknowledgements

- Thanks to all clinicians who participated
- Planning group: L Anderson, N Fitzgerald, L Goodall, V McNamara, A Menon-Johansson, H Wiggins
- Other National Audit Group members: V Apea, S Brady, E Buitendam, L Bull, C Cunningham, L Cunningham, S Davies, S Estreich, A Hughes, H Iveson, E McCarty, H McClean, N Pal, K Perez, H Price, D Raha, C Saing, J Saunders, A Sullivan (chair), M Symonds, S Tayal, H Wallace, H Ward, A Williams