



LUSTRUM

Limiting Undetected Sexually Transmitted
Infections to RedUce Morbidity

Accelerated Partner Therapy (APT) Training Guide

The LUSTRUM team strongly support the use of this resource within the NHS. Please cite as follows:
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Glossary of Terms and Abbreviations

APT	Accelerated Partner Therapy
Test & Treat Pack	Accelerated Partner Therapy self-sampling and treatment pack
BCT	Behaviour Change Techniques
CNWL	Central and North West London NHS Foundation Trust
CT	Chlamydia trachomatis
EPT	Expedited Partner Therapy
GCU	Glasgow Caledonian University
HIV	Human Immunodeficiency Virus
HCP	Healthcare Professional
IP	Index Patient
PGD	Patient Group Directions
PID	Pelvic Inflammatory Disease
PN	Partner Notification
REC	Research Ethics Committee
SHA	Sexual Health Adviser
SP	Sex Partner
STI	Sexually Transmitted Infection
UCL	University College London



About this Training Guide

This training guide will take you through how to deliver APT in a series of simple steps.

The training guide covers:

- i. Background and overview of APT
- ii. APT in five steps
- iii. Details of how to deliver APT steps

Additional on-line training resources are available to support you [web link xxxxxxxxx]. Your clinic's APT champion/PI will also be able to help if you have further questions.

This trial is funded by the National Institute for Health Research as part of the LUSTRUM programme, aimed at improving sexual health by preventing STIs and reducing undiagnosed HIV (www.lustrum.org.uk). LUSTRUM partner institutions are University College London (UCL), Glasgow Caledonian University (GCU), NHS Greater Glasgow and Clyde, CNWL NHS Trust, Barts Health NHS Trust, Brighton and Sussex Medical School, University of Birmingham, University of Bern. The Principal Investigator is Professor Claudia Estcourt. The trial has ethical approval from (XXXXXX) Research Ethics Committee (REC): Reference Number XXXXXX.

Overview of APT

APT is a UK version of Expedited Partner Therapy (EPT). APT is defined as “a Partner Notification (PN) strategy that reduces the time for sex partners to be treated and includes remote or face-to-face sex partner assessment by an appropriately qualified healthcare professional” (Estcourt et al., 2012, p.21). APT is safe and meets UK prescribing guidelines. Previous exploratory / pilot studies have indicated that APT can reduce index patient re-infection, treat a higher proportion of sex partners, reduce time to treatment and is feasible and acceptable. It also seems to be cost-effective. (Estcourt et al., 2012; Estcourt et al., 2015; Sutcliffe et al., 2009). In this trial, the form of APT we will use will be an immediate telephone consultation with the sex partner(s) during the index patient's clinic visit. The index patient can then take a test and treatment (Test & Treat Pack) back for their sex partner(s) or the sex partner(s) can opt to have the Test & Treat pack sent to them by post. We are doing the LUSTRUM APT Trial to see, whether APT is cost-effective for large numbers of patients and different types of sex partners across different parts of the UK.

Patients may prefer different kinds of PN approaches for their different sexual partners. When your clinic is in the intervention phase, APT should be offered to eligible patients alongside routine PN options, such as routine patient referral and / or provider referral, depending on your own clinic's practice. Index patients will decide on the method of PN for each of their sex partners. Some index patients will choose APT for only one of their partners, some will choose APT for many of their partners and for others they will not choose APT at all. The idea of patient choice is central to delivering APT.

1.1 The way we have developed the APT Training Guide

This training guide has been developed to make sure that APT is delivered by health care professionals in each service in the best possible way. We have worked with patients, members of



the public and a wide range of health care professionals to work out the optimal means of delivering APT. We have drawn upon behavioural science (*see appendix*) to understand in depth *how* APT works and how delivering APT can be improved. Much of this is applicable to how PN is offered in general. This training guide represents the end product of this process.

Because we have worked with many health care professionals to develop the training guide you may find that much of what we outline in this guide about *how* to deliver APT is already very familiar to you. It may actually be core to your professional competencies and reflect the skills you use on a daily basis. However, some of what we suggest may seem like a new, or a slightly different way, of using your routine skills to deliver PN.

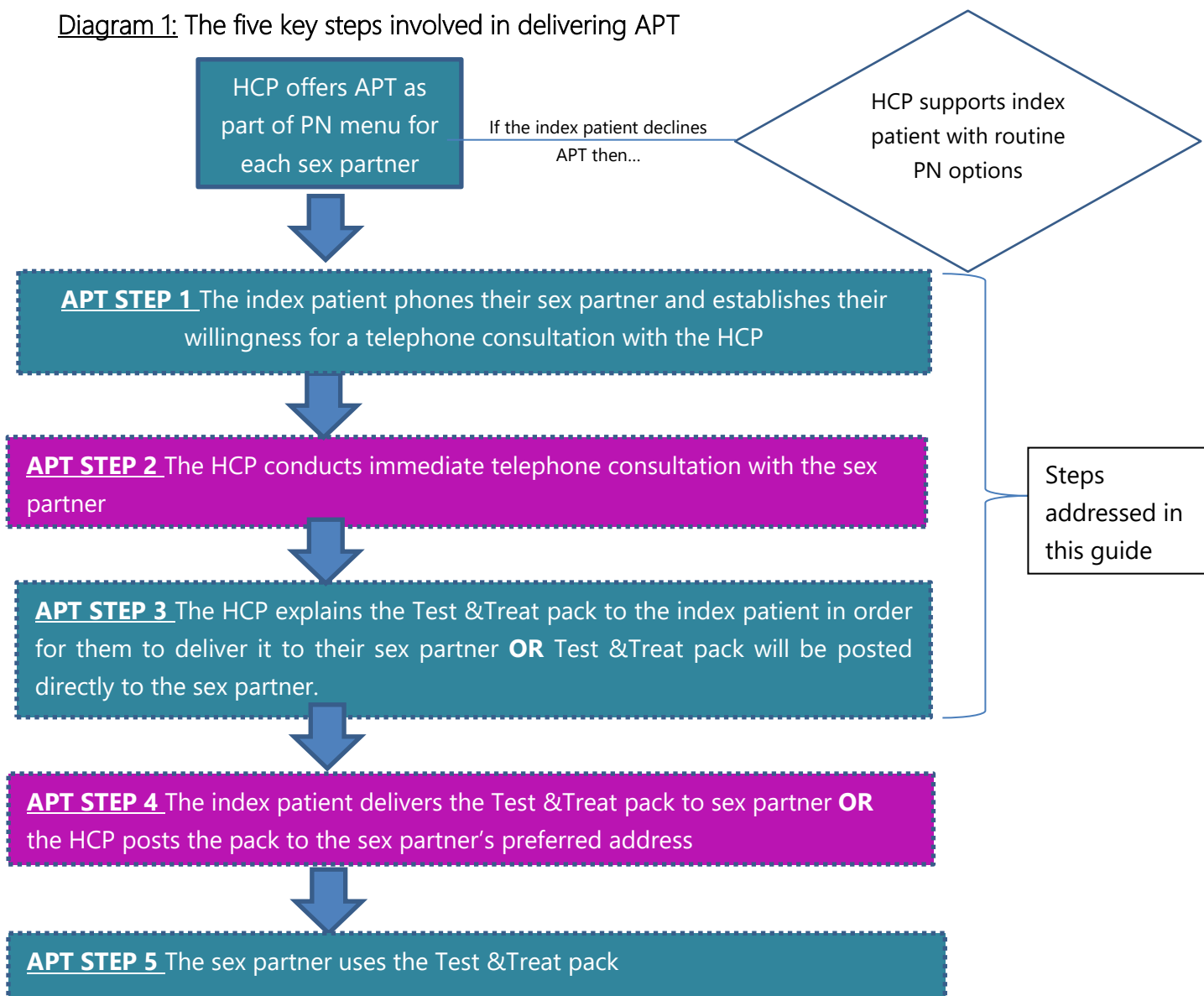
It is important that certain parts of the APT Intervention Training Guide are followed exactly as suggested. These are highlighted in purple. However, at other times it is important for you to use your professional judgement to make decisions about how to adapt the APT Intervention Training Guide to particular patients or situations. Within the guide we are clear about what are **core elements to be delivered all the time with each new index patient** and what are potential adaptations to the way the intervention is delivered. We also clearly signal where we think you should use your professional judgement to make small adaptations to how you deliver APT.

1.2 The five key steps involved in APT

APT works by reducing the time to get sex partners treated compared to routine practice in order to prevent the index patient becoming re-infected and preventing ongoing transmission to new sex partners. It only works by giving patients choice and patients being willing to help with getting their sex partners tested and treated quickly and safely. The diagram below gives an overview of the five key steps of APT. APT involves different people doing different things at different times. This guide provides detailed explanation of the first three steps, which will be delivered by you as health care professionals.



Diagram 1: The five key steps involved in delivering APT



Step 1: The index patient chooses APT and calls their sex partner

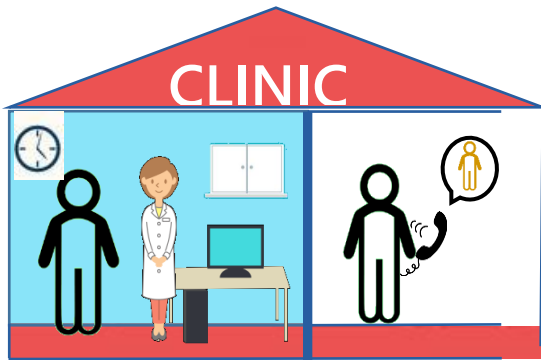
Preparing the consultation room, you will need:

- Telephone
- Computer
- Overview of APT
- Calling your partner checklist
- A Test & Treat pack

Within the rooms where you might be offering APT it is important to make sure that there is a phone available and that you have access to a computer. Make sure you also have copies of the 'Overview of APT' (you will find this on RELAY and on your shared APT drive) and 'Calling your sex partner



check list' available to share with the index patient. The 'Overview of APT' is important to help the index patient to become familiar with the steps of the APT process in order for them to understand what APT involves, what they need to do and when, and to enable them to make a decision for each of their sex partners as to whether APT is the right choice of PN. **If these essential preparations have not taken place do not offer APT.**



The index patient chooses APT and calls their sex partner

Working with index patients who are

considering APT

Following good PN practice, it may be helpful to find out if sex partners know that the index patient is visiting the clinic on that day. When offering APT as a PN option **it is essential to highlight that APT is a quick and direct way of getting their sex partners treated.** However, choosing APT does involve more activities and in most cases the index patient delivering the Test & Treat pack directly to their sex partners and providing some guidance around use of the pack. **It is essential that you let the index patient know how long the appointment is expected to last and show them the 'Overview of APT' so that they can better understand what APT involves.** You must also assess whether the index patient will be willing and able to hand deliver a Test & Treatment pack or if they would prefer you to post the pack to their sex partners. **Clearly the sex partner also has to be happy with this.** Use your professional skills to assess whether there is any reluctance for the index patient to deliver the pack.

Using your professional judgement, consider whether it would be beneficial to encourage the index patient to make the phone call to their sex partner by normalising APT by outlining that other people have found APT helpful. If needed, you can also mention examples of patients who told their partners about their diagnosis and how this has helped their relationships.

Assisting the index patient with making the call to their sex partners

Some index patients may be nervous about making the call to their sex partner and may need some support. Just use your professional judgement to decide how much support each index patient may need.

It may be helpful to ask the index patient if they would like you to be present when they make the call or if they prefer to do this in private. If they are unsure, you can outline the support that you could offer to them (e.g. resolve instantly any questions the sex partner may have in relation to the STI). It may also be helpful to suggest to the index patient that the call should be time limited (e.g. "...why don't you give your sex partner a *quick* call and come back.") This can help frame expectations of how long this step of APT will take.



In our pre-trial research study we found that people want to be reminded of the key things they need to cover within the brief call with their sex partner. We've developed a checklist to help the index patient keep their focus within during the call to their sex partner. Each of the key things covered in the checklist is designed to maximise the sex partner's engagement with APT and to encourage them to do the telephone consultation with you. **It is essential to make sure that the index patient knows the key things they must cover within the brief call to their sex partner. Using a copy of the check list, discuss with the index patient the need for them to communicate to their sex partners five key things on the call; 1) they are calling from the sexual health clinic, 2) they have been diagnosed with chlamydia, 3) chlamydia is a treatable STI and that they are getting treated 4) the sex partner may have chlamydia even if they don't have symptoms; 5)the HCP can ring them immediately to discuss the quickest and easiest ways to testing and treatment by receiving a Test & Treat pack without needing to come to the clinic and waiting to be seen.**

You can suggest to the index patient that their sex partner might find it helpful to compare the advantages and the disadvantages of choosing the APT route, versus other PN approaches (e.g. sex partner needing to come to the clinic), to help them make an informed decision about whether they want to use APT.

Use your professional judgement to decide whether it may also be helpful to suggest that the index patient focusses on the *health issues* (i.e. the need for getting tested and treated) *rather than the emotional issues* on the call. You can suggest to the index patient to communicate to their sex partner the need to focus on the positive aspects of treatment and emphasise the immediacy of APT treatment. Index patients can suggest to their sex partners to consider the health risks and the potential negative health consequences of not engaging in the APT call.

Consider offering the index patient a copy of the 'Calling your sex partner check list'. This provides a very concise list of the five key things the index patient must convey within the initial call to their sex partner.

The 'Calling your sex partner check list'

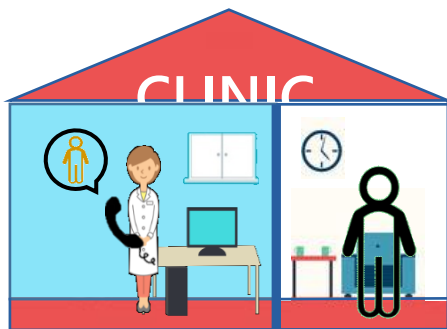
- 'I'm calling from the sexual health clinic'
- 'I've been diagnosed with chlamydia'
- 'Chlamydia is a sexually transmitted infection that can be treated - I'm getting treated'
- 'You may have chlamydia even if you don't have symptoms' (do not blame anyone)
- 'The quickest and easiest way of getting tested and treated is for the sexual health adviser to call you now. Please answer the phone even if it is from a No-Caller ID number. They will do a quick consultation with you over the phone and discuss how you can be tested and treated by receiving a Test & Treat pack without needing to come to the clinic and waiting to be seen'.

Whenever possible, you need to ensure that the index patient makes the call to their sex partner from their own phone and not from an NHS phone-no caller ID to encourage the sex partner to pick up.



Step 2: The telephone consultation with the sex partner

Once the index patient has chosen APT for a given sex partner, and the sex partner is happy to proceed with APT, you will need to **conduct a telephone consultation** with the sex partner. This consultation will be like a typical PN interaction in which you **state who you are (and where you are calling from)**, collect details of the sex partner and their postal address, take a sexual history and STI/HIV testing history, establish safety to provide treatment, discuss the need to abstain from sex until both partners treated, and address any other relevant health issues. However, you must also accomplish additional APT-specific elements, for example, discussing Test & Treat pack delivery options with the sex partner. Because you won't be there when the sex partner uses the Test & Treat pack you must also discuss what the Test & Treat pack contains and how to use it. It is likely that some patients will not be concerned at all about the Test & Treat pack, for example if they have used self-sampling services before but some people may be anxious about what the pack contains and their own ability to use the pack.



The telephone consultation with the sex partner

Preparing for the telephone consultation

To prepare for the telephone consultation in line with routine clinical practice, ensure the index patient is not in the consultation room or within earshot during the consultation with their sex partner. Make the sex partner aware the index patient is out of the room and that the telephone consultation is confidential. If possible ensure that you conduct the APT assessment for index patient and their sex partner(s) to ensure continuity. This telephone consultation closely resembles a typical face to face clinic consultation with a chlamydia contact. You should establish whether the sex partner is an existing clinic attendee, logging patient ID in cases where the sex partner has previously attended and taking locally agreed demographic information to register them as a clinic patient. RELAY, the study webtool provides a structured proforma which will guide you through the telephone consultation. Assuming it is clinically appropriate for the sex partner to have APT, the following points should be discussed as part of the consultation:



Working with sex partners who are considering APT

Much of the content of the APT telephone consultation is very similar to what you would discuss in routine practice. The summary box below can help you frame the consultation.

Key elements that can help you frame the telephone consultation with sex partner(s):

- Provide an 'overview of APT' to the sex partner. This will help them to understand better what APT involves and what they will need to do.
- Stress the confidential nature of the telephone consultation and underline that the index patient is not in the room.
- Inform the sex partner how long the telephone consultation is expected to last (approximately 10 minutes) and inform them that APT is a fast route of getting treatment (e.g. they don't need to wait for an appointment and come to the clinic).
- Explain to sex partner that they may have chlamydia even if they don't have any symptoms.
- Explain to sex partner the long-term health consequences of untreated infection and the possibility of re-infection and passing on the disease.
- Explain to sex partner the 'window' period and underline the importance of testing and treatment.
- Explain to sex partner the Test & Treat pack and how to use it.

Please note that this training guide does not include the medical assessment of safety of prescribing. This will be done by PGD or as you would normally do during a routine medical consultation.

It is unlikely that the sex partner is familiar with APT. They may be uncertain about how it will work and what the process will involve. **It is essential that you describe the 'Overview of APT' to enable them to understand what APT involves, why it might be quicker than other PN options and what exactly using APT will entail.** It may be helpful to encourage sex partners to make a decision by thinking through the pros and cons of engaging with APT.

If the sex partner is feeling emotional, you could suggest they break down the issues taking one step at a time, prioritising health issues, starting first with treating the chlamydia, before dealing with the emotional issues. You could also emphasise the positive impact that testing and treatment will have on them and their relationship (e.g. fresh start, can start having sex again).

You should tell the sex partner how long the telephone consultation typically lasts (approximately 10 minutes). **Remember you must stress that using APT is a very quick and easy way to get treated. Otherwise sex partners might just use the traditional clinic route because that's what they may be used to. It is also essential that you stress the confidential nature of your consultation and clearly explain that the index patient is not within earshot and that you will not repeat what is said in the consultation to the index patient.**

Use your professional skills and judgement to decide how much information the sex partner may need in relation to developing their understanding of STIs, and ensuring that they have an understanding of the likely consequence of reinfection if treatment is not sought and make sure they know the benefits of early treatment. **It is necessary to explain to the sex partner what untreated infection may mean for them, their sex partners and perhaps for the wider public health.** Reassure them that if they fully engage with APT this will result in them being treated quickly and reduce the



chance of the negative consequences of infection for them and of reinfection to any of their sex partners (including the index patient).

As you would in normal practice, be ready to discuss the window period and highlight that sex partners of people with chlamydia are usually treated before they get their test results.

If the person has no symptoms it is important to explain the likelihood of them being asymptomatic yet still being infected. You might also need to explain the potential to pass on asymptomatic infection to other people.

Explaining the Test & Treat pack to encourage use of all kits and the return of samples

When you explain the Test & Treat pack to sex partners you need to outline what it contains:

- Health promotion, information and instruction leaflets
- STI self-sampling and HIV and syphilis self-sampling kit
- Self-completion test-request laboratory form
- Pre-paid envelope to post back the samples
- Antibiotic treatment for chlamydia

You also need to remember to:

- Go through with the sex partner the Test & Treat pack.
- Explain to the sex partner the importance for taking the self-sample first before taking the medication and the likely outcomes if they don't follow the order correctly.
- Explain to the sex partner how to undertake the self-samples
- Discuss the additional sources of support in relation to using the Test & Treat pack
- Encourage sex partners to use the pack and all of its contents
- Emphasise the importance of the HIV self-sample and confirm its added value to the testing process
- Explain the testing process, the viability of the samples and anticipated time of getting back the results

Especially in cases where the sex partner is reluctant to engage with the HIV self-sample, you need to explain that:

- HIV, Syphilis, Gonorrhoea and Chlamydia testing is part of routine screen for heterosexuals (this is what they would normally do if they were to visit the clinic).
- It is optimal to do all tests
- If they don't want to do the blood self-sample, then they should complete the chlamydia & gonorrhoea self-samples and send them back.

Within the telephone consultation use your professional judgement to decide how much information the sex partner needs about the Test & Treat pack and how much support and information they may need about how to use it. You may wish to assess if they have used any self-sampling kits before. Also consider assessing how the sex partner is feeling about using the pack.



Please outline that you will go through the pack and its contents on the phone but also discuss the additional sources of support; the instructions within the pack itself; the on-line resources that are available to support the person when they are actually using the self-sampling kits; the fast track telephone number to health advisers at the clinic

Use your professional judgement in relation to the depth and detail to go into, but it is essential that you talk through the appearance and contents of the Test & Treat pack highlighting the order of doing things. You need to explain why they need to take the self-sample first before taking the medication and what is the likely impact if they don't follow the order correctly.

With people who are clearly anxious about using the pack when they receive it, try and focus them on ensuring they have a quiet and comfortable place in which to engage with the pack. It may be useful to talk in positive and encouraging terms about how you know they will manage to use the pack and that you know that many other people successfully manage. If they have used self-sampling packs before you could remind them of their prior success.

Within the telephone consultation it is essential that you explain the rationale for all the self-sampling kits and treatment and the order in which to complete them. You need to also state what the health consequences will be if the person doesn't do the chlamydia and gonorrhoea self-sampling or take the treatment. You must also emphasise the importance of the HIV and syphilis self-sample and confirm its added value to the testing process (i.e. that HIV and syphilis are treatable infections and that early detection can dramatically reduce the chance of ill-health). Please state that it is best to do all the self-samples included in the pack and this is recommended for everyone.

However, if they do not want to do the blood self-samples (HIV and syphilis), then re-assure them that this is OK but they must return the chlamydia/gonorrhoea sample.

Some people will be concerned about the viability of samples that are posted and the accuracy of the test results. Please reassure them that such samples are valid and lead to accurate diagnosis. Clarify that these are not immediate result home tests – the testing is done in the laboratory using the same tests as are done in clinic.

Ensuring the return of the samples

It is essential that you talk through the importance of returning the samples. Please provide clear instructions to the person on how to post back the self-samples and explore any perceived barriers to them returning the samples. Confirm the timeframe within which the sex partner plans to post the samples back (e.g. negotiate that the sex partner will return the self-samples and take the antibiotics within 1 to 2 days of receiving them).

Please explain how and when the person will receive their test results after posting their samples back (depending on which laboratory your clinic is using). You can also draw the sex partner's attention on the fact that a lot of people return their samples and get their results successfully.

Making sure the sex partner takes their treatment

As you know, taking treatment for a suspected infection is not a problem for many people who think that they may have been exposed to, or acquired chlamydia or other STIs.



In cases where the sex partner is reluctant to take treatment/antibiotics prior to receiving test results, you need to highlight that all sex partners of people with chlamydia are usually treated before they get their test result by:

- Reminding the sex partner of the 'window' period
- Explaining time needed for sex partner to get their test results back
- Explaining the consequences of having sex before completion of treatment and receiving test results

As you would do routinely, explain the correct treatment dosage and how to take it. If it is relevant and people are concerned about the expense of unnecessary treatment, then be ready to explain about the increased cost to the NHS of treatments if infections are not effectively treated.

Use your professional judgement to assess whether you think there is any potential for the sex partner not to take the treatment for chlamydia when they receive the pack. It might be helpful to directly ask if the person understands why they need to take the treatment even if they aren't experiencing any symptoms. You may need to highlight the negative long-term health consequences of non-compliance with treatment. You should also highlight the negative health consequences of not abstaining from sex during the treatment period. You need to raise awareness of the gravity of the long term health consequences for themselves, and potential future partners. It may be important to stress the positive aspects and the health benefits of taking the treatment and confirm that this is for their health benefit. You may want to ask the sex partner to confirm if they are willing to take the treatment within the next 24 or 48 hours from when they receive the Test & Treat pack.

Ending the call and confirming intentions to use Test & Treat pack

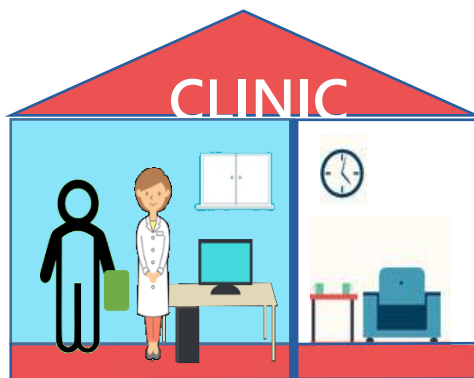
Please remember to confirm that they are aiming to use the pack, the timeline within which they are planning to use it and when they are planning to send back the self-samples and take treatment. Confirming this timeline is likely to encourage the person to use the pack. Ensure that you have the details of their preferred postal address for sending the pack if appropriate.

Towards the end of your telephone consultation begin a process of confirming that the sex partner understands what they need to do, and if they see any problems in doing it. Use your professional judgement to tailor the degree of support and information you give in providing solutions to these perceived problems, or if you think it would be more helpful to encourage the person to develop their own solutions. Finally you should provide a clinic telephone number (e.g. Health Advisers telephone line), remind them that this phone number will be stated in the information they receive in the Test & Treat pack, and encourage them to phone if they have questions or any problems with the pack.

Step 3: Supporting the index patient with delivering the Test & Treat pack (if this is a chosen delivery route)



APT will only work if the pack is actually delivered to the sex partner and the sex partner uses the pack. If the index patient does not want or is unable to deliver the pack themselves then you will need to post it. Some index patients may need some support to deliver the pack.



Supporting the index patient with delivering the Test & Treat pack

Preparing for the second part of the consultation with the index patient

If you think it is safe for the index patient to deliver the Test & Treat pack, you must focus upon preparing the index patient to deliver it. Using your judgement and skills tailor the interaction with the index patient ensuring they understand what they must do by talking through the process and going through the pack and its contents. **Please ensure you have a pack at hand to show the index patient.**

Supporting the index patient to deliver the Test & Treat pack

- Make sure you have the sex partner's Test & Treat pack ready in the consultation room
- Go through the Test & Treat pack with the index patient, showing them the contents and highlighting the information indicating additional resources available for support (if needed).

Please show the index patient the pack, drawing their attention to its appearance and the various aspects of the contents. Reassure them that you have already discussed how to use the pack in detail with their sex partner and highlight the additional resources available to support the sex partner (the on-line resources, the information leaflets within the pack).

Use your professional skills and judgment to decide whether you need to offer the index patient further encouragement to deliver the Test & Treat pack. For some people it may be useful to remind them that, for their sex partner, this route will save time and avoid visits to the clinic. Ensuring that they understand that APT offers a direct route to getting tested and treated rapidly and returning to a normal sex life may also be useful.

Other ways to support the index patients may include, normalising the process of delivering the Test & Treat pack by highlighting that many people have successfully delivered the pack to their partners. For some people it may be helpful to remind them of the consequences of their sex partners not getting tested and treated, for example, that it is likely to lead to them getting re-infected if they are continuing to have sex. Decide whether it feels appropriate or necessary to mention consequences such as untreated infection leading to consequences such as ectopic pregnancy and infertility.

Some people may also need support dealing with the emotions they may be feeling about the STI. It may be useful to suggest they break down the situation into smaller steps and prioritise addressing the health issues rather than the emotional issues first. Other people may need positive



encouragement and approaches such as affirming your belief in their capability. Equally supporting the index patient with ideas that they are 'doing the right thing' by providing their sex partner with the opportunity for quick and convenient testing and treatment may be helpful.

Securing commitment to delivering the Test & Treat pack

- Ask the index patient to confirm their intention to deliver the pack
- Ask the index patient when and how they plan to deliver the pack to their sex partner
- Remind the index patient about the follow up telephone call

Towards the end of the consultation if you feel it is necessary, or helpful, consider ways of ensuring that the index patient is committed to delivering the pack. Asking them to confirm their intention to deliver the pack may be useful and asking them to specify details of when and where they will deliver the pack may also be beneficial. You should also remind the index patient that they will be receiving a telephone follow up call in a couple of weeks to check that all went well with their treatment and to see how they got on with delivering the Test & Treat pack to their sex partner.

We hope you find this training guide a useful and helpful tool for your APT consultations.

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APPENDIX

For the purpose of the LUSTRUM APT Chlamydia PN Trial, we are treating APT as a PN intervention aiming to change the behaviour of the people involved in the process [index patient and sex partner]. APT as a PN strategy involves a combination of different behaviours initiated by different people, such as the healthcare professional delivering APT, index patients choosing APT as a PN strategy and sex partners receiving treatment via the Test & Treat pack. These behaviours need a combination of behavioural support to help the healthcare professional deliver APT, the index patient to follow the APT steps and deliver the Test & Treat pack to their sex partner and the sex partner to engage with the pack (testing and treatment). Complex interventions, such as APT are often difficult to be implemented, replicated and identify the active ingredients that make the intervention work. This is usually due to the absence of a detailed description of the intervention and the specific components involved.

The behavioural science framework used to develop the training guide

This intervention training guide is based on the Behaviour Change Wheel Framework as developed by Michie and colleagues (2014) and provides a detailed analysis of each of the steps and the relevant behaviours involved in the APT intervention process and suggested Behaviour Change Techniques (Michie et al., 2013) adjusted to the APT intervention context to support intervention delivery, fidelity and facilitate process evaluation. According to Michie and colleagues (2011a; 2011b; 2013) BCT refer to “an observable, replicable, and irreducible component of an intervention designed to alter or redirect causal processes that regulate behaviour”; as a result, a BCT is proposed to be an “active ingredient (e.g., feedback, self-monitoring, and reinforcement)” (Michie et al., 2013, p.2; Michie et al., 2011a; Michie et al., 2011b).