LUSTRUM
Limiting Undetected Sexually Transmitted Infections to RedUce Morbidity

Accelerated Partner Therapy Chlamydia Partner Notification Randomised Controlled Trial

This trial is part of an NIHR funded £2.5 million Programme Grant for Applied Research, Apr 2016-Mar 2021. The Principal Investigator is Prof Claudia Estcourt, Glasgow Caledonian University & Central & North West London NHS Trust.

The trial aims to improve outcomes of partner notification for people diagnosed with chlamydia in 16 sexual health services in England and Scotland by comparing a new form of partner notification with routine practice. It will involve around 6000 patients and includes a full cost-effectiveness analysis and process evaluation (impact on services assessment).

Accelerated Partner Therapy (APT) is a relatively new form of partner notification which has shown promise in previous studies by treating a greater proportion of sex partners and doing so more quickly than routine PN methods (Estcourt et al., 2012; Estcourt et al. 2015).

APT involves the health care professional (nurse, health adviser or doctor) conducting a telephone medical consultation with the sex partner(s) of the person with chlamydia (index patient) during the index patient's clinic visit.

The telephone consultation covers exactly the same areas as would be done with a face to face consultation and follows the clinic's own Patient Group Direction (PGD) for sex partner treatment, if the health care professional is not a prescriber. Should any areas of the consultation raise concern (eg symptoms requiring examination, safeguarding issues) the health care professional facilitates sex partner assessment in clinic.

If medically appropriate and agreed by both the sex partner and index patient, the index patient is given an APT pack to give to their sexual partner. Alternatively, the pack can be posted to the sex partner. The APT pack contains information, an STI & HIV self-sampling kit and the appropriate first line antibiotic (according to local clinic protocol). The sex partner completes the self-sampling kit & sends it back to the clinic then takes the antibiotics.

Points to note:

- APT complies with General Medical Council and Royal Pharmaceutical Society (aligned to Nursing and Midwifery Council) guidance on remote prescribing.
- If the health care professional concludes that it is not appropriate to provide treatment this way, he / she arranges an appointment for the sex partner to attend clinic for face to face assessment.
- The sex partner becomes a patient of the clinic at the point of the telephone medical consultation and the clinic assumes duty of care. Positive test results are managed according to routine clinic protocols.
- The telephone consultation includes all routine elements of care which would otherwise be delivered face to face by a prescriber or by PGD.
- This model of care with PGDs for telephone consultations for sex partner treatment was used successfully in previous studies (Estcourt et al., 2012; Estcourt et al. 2015).
- No adverse events were reported.
- Healthcare workers delivering APT interventions will work to locally agreed clinical assessment protocols for issue of POM for Chlamydia (we suggest PGD training as a competency based framework)

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- Individual services have developed localised management pathways to facilitate delivery of APT interventions in clinical settings. These pragmatic approaches include: delegated authority to issue from named consultant, real time review and sign off, based upon fulfilment of prescribing criteria via delegated assessment.

For further information and support on delegated authority to issue from named consultant, real time review and sign off, based upon fulfilment of prescribing criteria via delegated assessment, please contact Prof Claudia Estcourt, claudia.estcourt@gcu.ac.uk

References and resources:

Estcourt C, Sutcliffe L, Cassell J, Mercer CH, Copas A, James L, et al. Can we improve partner notification rates through expedited partner therapy in the UK? Findings from an exploratory trial of Accelerated Partner Therapy (APT). Sex Transm Infect. 2012 Feb;88(1):21–6.

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