



# LUSTRUM

Limiting Undetected Sexually Transmitted  
Infections to RedUce Morbidity

## The LUSTRUM Accelerated Partner Therapy Intervention

*How to deliver APT*

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# Background to optimising APT

- Evidence from previous trials suggest that APT can be more effective than routine PN
- Until now we have not known exactly which components are responsible for APT working or how we could build on past success and improve ways of delivering APT
- So, evidence shows that APT works for *some* people *some* of the time, but we wanted to learn from past experience, from the research evidence and from engaging with people who deliver and receive PN, how we could improve APT so it works for *more* people *more* of the time

# Background to optimising APT

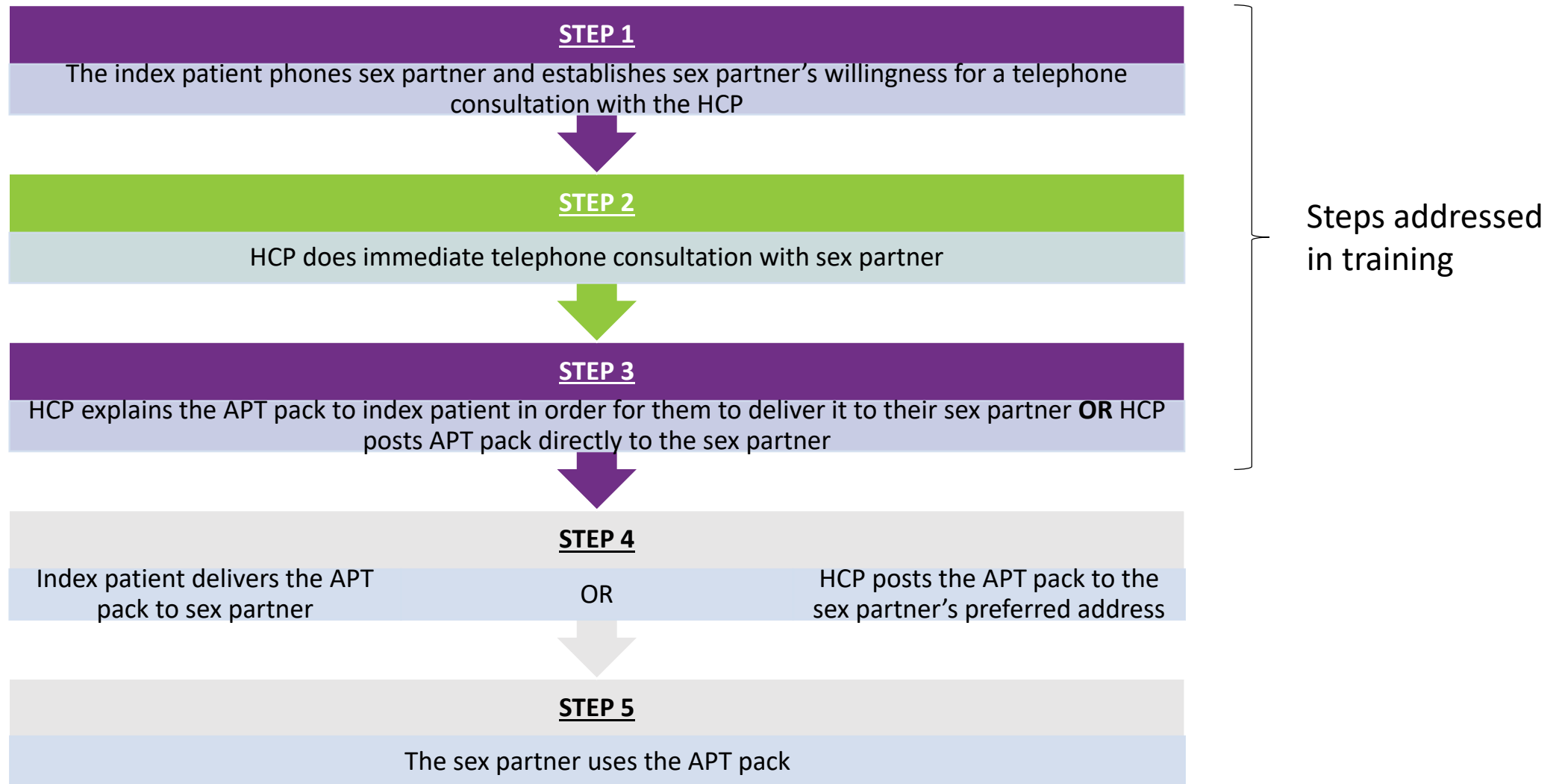
- We have spent two years analysing and integrating all kinds of data to specify the ways that APT can be implemented in the best possible way
- Unlike most implementation interventions in health care, this means we have an evidence-based set of guidance (this training and the manual) that shows how best to deliver APT
- Because we are using APT as part of a trial, we also need the APT to be delivered in the same way across different clinics (i.e. Glasgow APT needs to be same as Bournemouth APT and that people understand how to deliver APT in detail)

# Optimising APT in practice

- In the slides that follow we show you how you can deliver APT in an optimal way
- This builds upon existing PN practice
- Recognition that much is contextual and requires, a range of professional skills and judgements to deliver
- *Highlights the APT Essentials (in order to deliver the APT intervention)* and provides suggestion and guidance for how you may want to deliver APT.

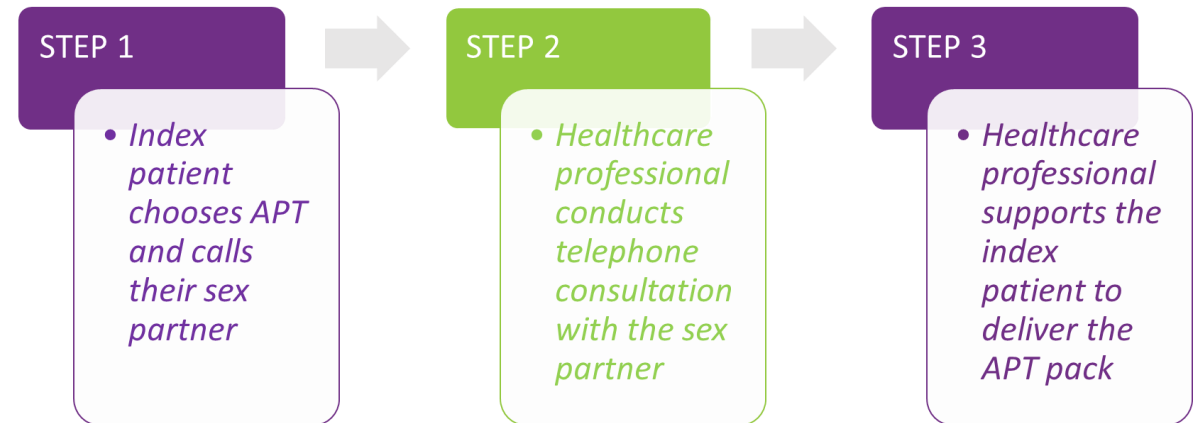
*Remember you have local APT champions, the research team and the research manual to help you after today*

# APT Overview: *The 5 key steps involved in APT*



# Aims for the session

1. How to offer APT among other PN options (STEP 1)
2. How to conduct an APT telephone consultation with sex partner (STEP 2)
3. How to deliver APT (STEP 3)
4. Demonstration of APT essentials
5. Discussion and key points
6. Practice role plays in small groups
7. Feedback and reflections



# Step 1a: Index Patient Consultation, Choosing APT: *'Put the accelerated into APT'*

## APT Essentials

1. Get the index patient interested in APT
2. Highlight that APT is the *quickest way* of getting their sex partners tested and treated
3. Paint real life scenarios where APT is desirable or advantageous

**Why you need to do it: Seek buy-in to APT.** Get the index patient interested in this approach so they want to know more about it. They need to know very early on that APT *accelerates* PN safely if it feels like the right choice for them and their partners

# Step 1a: Index Patient Consultation, Choosing APT: *Enable an informed choice*

## **APT essentials:**

1. Give the index patient an overview of APT
2. Tell them how long APT takes
3. Work out if they can deliver an APT pack in the next 48 hours
4. Check if the index patient is willing/able to hand deliver the APT pack or if they prefer the postal option

**Why you need to do it:** To let them make a practical and informed choice of whether APT is right for the particular partner and let them learn enough about APT so they know what is about to happen and what they need to do

To get the index patient focussed on the practicalities of APT and the PN process there and then rather than start dealing with the emotions aspects.

**How to best achieve this:** Use the laminated visual of APT to facilitate the discussion

# Step 1b: Support the index patient to make the call: *priming the index patient for APT*

## **APT essentials:**

1. Does the sex partner know the index is at clinic?
2. Does the sex partner know the index has an infection?
3. Have we acknowledged concerns and any safety considerations?
4. Does the index prefer you to be in the room whilst they call?

**Why you need to do it:** APT works by getting difficult conversations over and done with rapidly, with on hand support from HCP. As a result of the acceleration, anxiety peaks early on when compared to other PN approaches

**How to best achieve this:** Give the index patient “Calling your sex partner checklist” and check they understand the six points they need to cover.

## Demonstration of STEP 1: *Index patient consultation*



# Questions about Step 1: Index patient consultation

- Based on the material discussed what are the similarities that you can identify with your current practice?
- What potential barriers you think you may encounter with patients during step 1?
- How can you resolve those barriers?
- Can you list the things that you feel are most important during this step?
- Any other questions?

# Step 2: Sex Partner telephone consultation:

## *Orientation to APT*

### **APT Essentials:**

1. Inform them that APT is a rapid route of getting treatment (e.g. no need to wait for an appointment and come to the clinic)
2. Stress confidentiality and underline that the index patient is not in the room
3. Say how long the telephone consultation will last (approx. 10 mins)
4. Provide an 'overview of APT'

**Why you need to do it:** To let the sex partner make an informed choice and understand the relative benefits of APT compared to other PN choices

## Step 2: sex partner APT consultation recap

- Remote management pathway for chlamydia contacts which meets regulatory frameworks for management and treatment of patients
- Undertaken by a suitably trained and experienced HCW working to local PGDs and management pathways for STI contact
- Incorporates sexual history and risk assessment of patient to enable safe and appropriate issue of epidemiological treatment for asymptomatic (or minimally symptomatic contacts)

# Step 2: Sex Partner telephone consultation:

## *Explaining the APT pack*

### **APT Essentials:**

1. Explain the APT pack and its contents
2. Explain why they need to self-sample and take treatment (emphasise that these are sequential steps)
3. Explain how to take the self-samples (online video clip) and reinforce these are same tests as used in sexual health clinics
4. Promote full STI & HIV sampling
5. Explain results turnaround and time to results
6. Reassure the sex partner about the viability of the samples in post

**Why you need to do it:** Some people will never have seen a self-sample pack before so it is important to explain the pack in detail as the sex partner will be using it alone. The HIV test is seen as particularly stigmatising and its important to normalise it and also highlight that it is OK not to do the blood tests if they are seen as a problem but to do the chlamydia tests as a minimum. Seek commitment to return dual NAAT sample as a minimum

# Step 2: Ensuring sex partner compliance with treatment

## APT Essentials:

1. All sex partners of people with chlamydia need to be epidemiologically treated
2. Advise on asymptomatic infection and potential risks of not taking treatment
3. Explain the treatment regimen, and process if complications/non-adherence
4. Explain risks of sex before completion of treatment and/or results and potential consequences
5. Secure commitment when they will commence treatment following receipt of APT pack and why this is important for sex partner and their contacts

**Why you need to do it:** previous work highlighted sex partners were confused about epidemiological treatment and had limited understanding of undiagnosed infection.

# Step 2: Supporting sex partner sample return

## **APT essentials:**

1. Highlight the importance of returning the samples
2. Provide clear instructions on how to post back the self-samples and explore any relevant barriers
3. Negotiate and confirm the timeframe within which the sex partner will post back the samples (e.g. within 1day/ 2 days of receiving the APT pack)

**Why you need to do it:** sample return is central to the PN process – asking people to specify a plan for returning samples will work better than simply asking them to return samples.

## Demonstration of STEP 2: *Sex partner consultation*



# Questions about Step 2: Sex Partner consultation

- Based on the material discussed what are the similarities that you can identify with your current practice?
- What potential barriers you think you may encounter with patients during step 2?
- How can you resolve those barriers?
- Can you list the things that you feel are most important during this step?
- Any other questions?

# Step 3: Supporting the index patient with the delivery of the APT pack

## **APT essentials:**

1. Go through the APT pack with the index patient, show them the contents of the pack and highlight the support information (e.g. online resources, information leaflets, clinic numbers)
2. Reinforce that APT is easy and helps get life back on track
3. Remind the index patient about the follow up telephone call at 2/52 and the check up postal test at 3/12

**Why you need to do it:** Since the sex partner will be self-managing care, it is important that the index patient has some understanding of pack contents to reinforce what was discussed in the phone consultation.

# Step 3: Supporting the index patient with the delivery of the APT pack: Uncertain index patients

## APT Essentials

1. Secure commitment to deliver the pack: how & when
2. Check confidence and any potential barriers – discuss alternatives if indicated
3. Provide support and affirmation
4. If needed, remind them of the health consequences if their sex partner is not treated

**Why you need to do it:** These are classic techniques used to help turn peoples intentions into actual reality. They may be useful for index patients who are having doubts about their ability to deliver the packs

# Demonstration of STEP 3: *Supporting index patient with delivery of the APT pack*



# Questions about Step 3: supporting index patient to deliver the pack

- Based on the material discussed what are the similarities that you can identify with your current practice?
- What potential barriers you think you may encounter with patients during step 3?
- How can you resolve those barriers?
- Can you list the things that you feel are most important during this step?
- Any other questions?

# Role play exercise

## Role play scenarios & feedback

- Step 1 - The Health Care Professional discussing PN options with the index patient (Tia James)
- Step 2 - The Health Care Professional conducting an APT telephone consultation with Tia James' partner (Jay Bright)
- Step 3 – The Health Care Professional supporting Tia James to deliver the APT self-sampling pack her partner (Jay Bright)



# Demonstrated Role Play

**Caroline, 44 has returned for chlamydia treatment following an asymptomatic screen last week.**

**PMH:** nil, **DH:** nil, **Allergies:** nil, **C/ception:** IUD

**LSI:** 2/52 ago, UPVI with Bob, committed steady;  
2/12 ago with One-off MP (uncontactable) in Italy.  
Nil others last 6/12 or 12/12

Caroline chooses APT for Bob and prefers to call him without HA present

**Bob, 43, asymptomatic. He & Caroline had been living apart for a few months but now trying to make a go of it. He is willing to have APT consultation.**

**PMH:** nil, **DH:** nil, **Allergies:** nil

**LSI:** 2/52 ago, UPVI with Caroline, committed steady;  
Nil others last 6/12 or 12/12

Bob is happy for Caroline to take him the APT pack & agrees to do tests & take Rx that night