

Trainer guidance for delivery of 3Cs slide set

The 3Cs slide set contains a comprehensive set of trainer notes for each slide and is designed to be delivered within an hour including time for questions and discussion, and ensuring that the registration form and evaluation sheets have been completed.

As it is intended to engender an interactive session where staff ask questions and discuss solutions to embedding integrated basic sexual health in their practice, you may find that you do not follow the slides in order or miss some as you have discussed them or because time is running out.

Whether you have a comfortable full hour, or the session is curtailed for any reason, the following is a list of key points that it is really important that you cover in the session. They are chosen because the results from the SW randomised controlled trial evaluated them as statistically significant in increasing chlamydia screening, and/or interviews with staff after they had received the intervention or who participated in the 2013 research highlighted them as particularly important.

Key point	Note to trainer
Policy for delivering chlamydia screening has changed and should now be delivered as part of integrated sexual health services	Mention BASHH and NCSP. Point of the session is to help them establish practice that reflects that change using an evidence based model.
Evidence based intervention from several studies including randomised controlled trial	Practices in intervention group screened 76% more patients than those in control groups. Adherence to the model important.
Screening for chlamydia is very important in identifying and treating infection, as well as preventing transmission.	Help them identify opportunities to screen – <i>“make every contact count”</i> .
Present their patient footfall and current chlamydia screening rates to them	Show them that there are multiple opportunities to offer 3Cs – remind them to offer at end of every consultation with young adult where possible/appropriate.
Sequelae for chlamydia infection are painful, difficult to manage and expensive to treat.	Identifying chlamydia through NAAT is effective and it responds well to treatment.
Reinfection is significant in the likelihood of developing sequelae, therefore treatment and partner notification imperative.	Ensure they are aware of local pathways for treatment and partner notification.
Establishing reminders to make 3Cs routine are vital	Routine offer, using computer prompts, posters and invitation cards all significantly increased testing rates in rct. Make sure you discuss each of these separately – who will put them up, add to computer system etc? Start straightaway.
Staff know which test they are using for chlamydia screening	Make sure staff feel clear about which swab/pot/form or testing kit to use, and that they have easy access to them.
Establish how the staff are going to get the patient to complete and hand in the chlamydia test	Ensure there is discussion about which loo they can use (or perhaps behind curtain in consultation room if acceptable to patient) and who they are going to hand the test in to. Who will complete the form? Unpick any issues around this.

What is a comfortable script for the staff to use?	Ask staff how they would say it, does using the poster as an opener work for them?
Patients want to receive chlamydia testing <i>and</i> contraceptive services in general practice.	Patients wish to receive what <i>feels</i> like a routine offer, based on age group and asymptomatic nature of chlamydia. It's all about what and how you say it. They prefer general practice as discreet and accessible.
Patients think it makes sense to combine the 3Cs and are happy to be offered it <i>every</i> time they visit	Patients may not visit more than once a year, or even if they do they see the sense in checking whether their contraception is OK or another chlamydia test appropriate.
Patients want to complete the test <i>immediately</i> in the surgery	Research this year adds to existing evidence that the only way to get completed tests is to ask them to do it straightaway before leaving the surgery.
All staff have a part to play	It helps if all staff know what the 3Cs is, and what their involvement could be e.g. receptionists giving out invitation cards and receiving samples.
Flexible intervention	This is designed to accommodate existing local pathways for testing, treatment, partner notification.
Brief intervention	Offer when you can, one 'C' better than none! Encourage them to get started and familiarity will engender ability to undertake it quickly.
The next session is basic HIV training	Mention that it will cover myth busting like pre-test counselling and insurance records, as well as information on testing guidelines and indicator illnesses.
They contact you with any queries/advice needed	