The impact of establishing a local-enhanced service for treating sexually transmitted infections in primary care
Sohal H, Creighton S, Figueroa J, Gibb A

Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

CRD summary
This study determined the clinical and economic impact of the diagnosis of sexually transmitted infection (STI) in primary versus secondary care. The number of tests rose over the study period, but the number of STIs diagnosed remained relatively unchanged. An inequity in service provision, between general practices, also continued at the same level after the introduction of the locally enhanced service, despite the economic incentives. The study had some methodological limitations, which might affect the validity of the authors’ conclusions.

Type of economic evaluation
Cost-effectiveness analysis

Study objective
The aim was to determine the clinical and economic impact of establishing a locally enhanced service in sexual health, and to compare the outcomes in the diagnosis of sexually transmitted infections (STIs), such as chlamydia trachomatis and neisseria gonorrhoea, in primary versus secondary care.

Interventions
Diagnostic tests and further follow-up for the two STIs were compared in two settings, which were primary care (general practice) and secondary care (genitourinary medicine, GUM, clinic).

Location/setting
UK/primary and secondary care.

Methods
Analytical approach:
This economic evaluation was based on data from a single study and the time horizon was not clearly stated. The authors did not explicitly report the perspective.

Effectiveness data:
The clinical data came from an electronic database, which included all specimens collected in the areas of City and Hackney in London (UK) over the period from April 2002 to March 2005. The City and Hackney Primary Care Trust developed a locally enhanced service, which facilitated the diagnosis and treatment of STIs in primary care. This project involved 32 of the 51 general practices in the area. The clinical data were compared before and after the introduction of this locally enhanced service. The key clinical endpoint was the number of diagnoses made in the different settings.

Monetary benefit and utility valuations:
Not relevant.

Measure of benefit:
The benefit measures were the number of chlamydia tests taken and the number of cases of gonorrhoea and chlamydia diagnosed. These data were derived from the clinical study.

Cost data:
The health services were the STI tests, and annual retainer fees and positive diagnosis fees for the participating surgeries. The resource use was based on data from the electronic database used for the clinical data. All costs were derived from National Health Service (NHS) reference costs with local adjustments. The price year was 2006 and the costs were in UK pounds sterling (£).

Analysis of uncertainty:
Not investigated.

Results
The number of chlamydia swabs taken increased from 19,995 in 2002 to 23,425 in 2004. There was an eightfold difference in the number of positive chlamydia diagnoses per 1,000 registered patients, between the locally enhanced (0.8) and the non-enhanced (0.1, p<0.03) general practices. However, this difference was present before the introduction of the enhanced service and continued as the service was introduced.

There was considerable variation in the number of STIs diagnosed. In individual enhanced service general practices, the mean number of diagnoses made per surgery was 4.91 (range: 0 to 17, standard deviation: 5.5). Ten of the locally enhanced service surgeries made no STI diagnoses, despite being paid the £2,000 retainer fee. Stable trends in the rate of STIs diagnosed were observed during the study period.

The cost per case of STI diagnosed was £930 in general practice and £1,405 in the GUM clinic. However, the GUM clinic diagnosed a further 2,724 STIs in 2004. If these were included in the calculation, the final cost per STI diagnosed at the GUM clinic fell to £646.

Authors' conclusions
The authors concluded that the number of tests performed rose over the study period, but the number of STIs diagnosed remained relatively unchanged, despite the introduction of the locally enhanced service. An inequity in service provision between general practices also continued at the same level, after the introduction of the service, despite the economic incentives.

CRD commentary
Interventions:
The rationale for the selection of the comparators was clear in that the two settings for STI diagnosis were compared. However, some of the outcomes were not directly comparable due to a lack of data.

Effectiveness/benefits:
The clinical analysis had some limitations, which might affect the validity of the comparison. The administrative database did not provide appropriate data to investigate all the required aspects of the implementation of the enhanced service. The authors noted that the demographic characteristics of the patient population and the patterns of care in the two settings could not be investigated as the data for these were not available. This could have introduced confounding factors into the clinical assessment. The authors also considered the role of primary care clinics that did not participate in the programme, but the comparison with participating practices was not clearly carried out. These issues should be considered when assessing the validity of the clinical study.

Costs:
The viewpoint was not explicitly stated, but the types of costs included and the source used suggest that it was that of the NHS. The unit costs and quantities of resources used were presented separately. The price year and the period during which the resource use data were gathered were reported. No statistical analyses of the costs were carried out.

Analysis and results:
Average cost-effectiveness ratios were calculated to synthesise the costs and benefits, although the use of an incremental analysis would have been more appropriate. The design of the study prevented a detailed comparative analysis of the cost-effectiveness of the two settings. The issue of uncertainty was not addressed.

Concluding remarks:
The study had some methodological limitations, which might affect the validity of the authors’ conclusions.

**Funding**
Not stated.

**Bibliographic details**

**PubMedID**
18192294

**DOI**
10.1136/sti.2007.025981

**Original Paper URL**
http://sti.bmj.com/cgi/reprint/84/3/235

**Other publications of related interest**


**Indexing Status**
Subject indexing assigned by NLM

**MeSH**
Chlamydia Infections /diagnosis /economics /therapy; Costs and Cost Analysis; Delivery of Health Care /economics /organization & administration; Gonorrhea /diagnosis /economics /therapy; Humans; London; Primary Health Care /economics /organization & administration; Sexually Transmitted Diseases /diagnosis /economics /therapy; Venereology /economics /organization & administration

**AccessionNumber**
22008101117

**Date bibliographic record published**
13/05/2009

**Date abstract record published**
08/07/2009