

The relative clinical effectiveness and cost-effectiveness of three contrasting approaches to partner notification for curable sexually transmitted infections: a cluster randomised trial in primary care

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Plain English summary

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When people are diagnosed with a sexually transmitted infection (STI), their sexual partners often also need treatment. This helps prevent further spread of infection, and protects the person diagnosed from being reinfected. Support for informing and treating partners about such infection ('partner notification') is traditionally provided by sexual health services. However, more STI testing is done in general practice nowadays and England's National Chlamydia Screening Programme depends on large-scale STI testing in this setting.

Doctors and nurses in general practice are less used to supporting partner notification. People diagnosed with a STI at a local practice may have different needs from those seen in a sexual health clinic.

We were commissioned by the Health Technology Assessment programme to carry out a randomised controlled trial exploring three different approaches to partner notification for people diagnosed with a STI in general practice. This proved to be very difficult, as it turned out, unexpectedly, that there were very few practices able to do enough chlamydia testing for the study to be feasible.

In this report, we explore the challenges we experienced in recruitment; the work we did to improve recruitment; and how well it worked. We reflect on lessons learned for future studies from what proved ultimately to be a study that could not be completed and scaled up as planned.

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This report

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