for latent TB in selected cases. We are the only unit in UK to have used this regimen.

The prevalence rate of latent TB was higher than anticipated at 15%. Identifying active TB cases further demonstrated that this is a group worth targeting. These preliminary results led to an extension of this project.

O16 ACCESS TO GUM CLINICS IN THE UK – A WORSENING PICTURE?

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Background/introduction In 2004 the Department of Health introduced a mandatory target for 100% of all patients in England to be offered 48-hour appointments by 2008. In 2010 these targets were removed and in April 2013 further changes to healthcare provision were introduced, with local authorities commissioning GUM (genitourinary medicine) services.
Aim(s)/objectives To assess the effect of recent commissioning changes to the accessibility to GUM clinics.
Methods During November 2014 male and female researchers telephoned all UK GUM clinics that were open for more than one day per week. Researchers contacted clinics twice: firstly presenting with symptoms consistent with an acute sexually transmitted infection and secondly requesting an appointment for an asymptomatic screen.
Results Of 236 clinics contacted, 89% could accommodate symptomatic 'patients' within 48 h with 53% of these on a walk-in basis only. Suggested waiting times ranged between 20 min and 3 h. 20% of asymptomatic 'patients' were unable to book an appointment and 58% of appointments were offered within 48 h. 86% of asymptomatic 'patients' were offered either a walk in service or appointment within 48 h.
Discussion/conclusion Overall 88% of 'patients' could be offered a time to be seen in a GUM clinic within 48 h, lower than last year's figure of 95% and the BASHH standard of 98%, suggesting service access has deteriorated. Further work will include a postal questionnaire to lead clinicians to evaluate their expectations on service access and visits to 33% of GUM clinics to explore the relationship between suggested waiting times and reality.

O17 WHEN'S BEST TO TEXT? OPTIMUM TIMING OF SMS APPOINTMENT REMINDERS

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Background/introduction Throughout healthcare settings 'did not attend' (DNA) rates impact heavily on service efficacy and are estimated to cost the NHS £600 m per year. Short message service (SMS) texts have been shown to reduce the DNA rates amongst Sexual Health patients.
Aim(s)/objectives The aim of this project was to assess the optimum timing of SMS appointment reminders and its impact on the non-attendance rates in our HIV and Sexual Health service.
Methods For three consecutive four week periods between 30/12/2013 and 06/04/2014, in addition to the routine 'on the day' SMS reminder an extra reminder was sent 1, 2 or 3 days prior to patient appointments. Data was collected concerning patient attendances during these periods for pre-booked appointments for HIV and Sexual Health patients. Statistical significance was calculated using Fisher's Exact test and Pearson's correlation coefficient as appropriate.
Results Attendance was monitored for 1,271, 1,215 and 1,264 patients in each 4 week group respectively. Amongst HIV patients, DNA rates fell as the time increased between the appointment and sending the extra SMS reminder. For Sexual Health patients, DNA rates fell as the time was decreased between the appointment and the extra SMS reminder. For both patient groups the gradient of this fall was statistically significant.
Discussion/conclusion This small project has demonstrated the optimum timing of SMS reminders appears different for HIV and Sexual Health patients. HIV patients had lower DNA rates when texted further from the appointment time, whereas Sexual Health patients DNA'd less often if texted nearer to their appointment. Further work is needed confirm the generalisability of our findings and reasons underpinning them.

O18 USE OF A NOVEL QUEUE MANAGEMENT SOFTWARE PROGRAM TO IMPROVE PATIENT SATISFACTION AT A LARGE URBAN GUM CLINIC

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Background/introduction Since opening a new clinic there has been high patient flow particularly at weekends. Even with adequate staffing and patients performing self-triage, waiting times sometimes exceed three hours. This frequently resulted in patient aggression towards reception staff, poor patient feedback about waiting times and staff complaints with incident reporting forms (IR1). In October 2014 – new software was introduced to improve patient satisfaction.
Methods Upon entry to the clinic all symptomatic patients were registered on the program which automatically sent a text message informing them of their place in the queue. They were then

Abstract O17 Table 1 When is best to text

	DNA Rate SMS sent 1 day prior to appointment	DNA Rate SMS sent 2 days prior to appointment	DNA Rate SMS sent 3 days prior to appointment	1 vs 2 days (*p*)	1 vs 3 days (*p*)	2 vs 3 days (*p*)	Correlation coefficient (*p*)
HIV Patients	16.60%	16.30%	10.24%	1.0000	**0.0483**	0.0534	**0.042**
Sexual Health Patients	8.26%	9.96%	11.16%	0.1609	**0.0167**	0.3665	**0.014**