P151 DEVELOPING AN ASYMPTOMATIC SCREENING PATHWAY FOR MEN WHO HAVE SEX WITH MEN

Sinead Cook, Nicola Lomax, Rachel Drayton*. *Department of Sexual Health, Cardiff and Vale UHB, Cardiff, UK*

10.1136/sextrans-2017-053232.195

Introduction Many sexually transmitted infections (STIs) are known to disproportionately affect men who have sex with men (MSM) in the UK; therefore regular easily accessible asymptomatic screening is vital among this group. Asymptomatic screening pathways that allow healthcare support workers (HSCWs) to see patients can reduce long clinic waits, which may encourage more people to attend for screening and increase capacity for screening.
Methods We developed and trialled an asymptomatic pathway for MSM within our service. This extended our existing pathway, which allowed asymptomatic service users to complete a questionnaire and see a HCSW, to include MSM, as it previously had not. The service was piloted, then implemented and audited.
Results A 5 month audit of 45 notes showed that the pathway is generally being used appropriately. 93% (27/29) service users were offered referral to a health advisor when indicated by the pathway and two were offered referral without any clear indication. This resulted in 29(64%) men seeing a health advisor for health promotion after completing their STI screen as 2 men declined. All patients received appropriate Chlamydia, Gonorrhoea, HIV, Syphilis and Hepatitis B testing, but 7 (16%) were not tested for Hepatitis C when indicated by the pathway. 4(9%) men had an STI (Chlamydia or Gonnorhoea).
Discussion We believe this model can reduce clinic visit duration. This should increase accessibility and acceptability and also allow trained staff to manage more complex patients, while allowing for risk identification and health promotion among asymptomatic MSM who may also be at higher risk.

P152 STAFF SATISFACTION IMPROVEMENT WORK: ACTIVELY ASKING, LISTENING AND RESPONDING TO THE CONCERNS OF OUR STAFF

Anna Hartley, Andy Williams, Merle Symonds*, Janet Barter, Vanessa Apea. *Barts Health NHS Trust, London, UK*

10.1136/sextrans-2017-053232.196

Introduction Contract tendering and service integration has resulted in great uncertainty for sexual health staff. Our service has recently integrated with sexual and reproductive health (SRH) and is currently under tender. We aimed to review and address the satisfaction of our staff.
Methods An online survey was disseminated to staff at our sexual health service.
Results 73% of staff responded: 13 doctors, 9 nurses, 6 technicians, 15 health advisors/psychologists, 8 receptionists, 8 administrators, 3 anonymous. On a scale of 1–10, staff rated: feeling valued 5.9; enjoying work 6.4; day-to-day support 5.7. Scores were lower among receptionists (4, 4.1, 3.6 respectively). 61% felt day-to-day issues were dealt with in a timely manner. Cascade of information from management to staff was deemed 'too little' by 53%. 34% stated they did not have the opportunity to contribute to decisions affecting them. Staff found it easier to raise concerns with their line manager (6.7/10) than with management (5.7/10). These scores were lower among receptionists (3.6/10, 4/10 respectively).
Discussion Improvement work is addressing the issues raised by our staff. Initiatives include: Staff Member of the Month Award; Daily team huddle actively including receptionists, addressing day-to-day issues; Psychology session with receptionists to better understand their concerns; Clinic has relocated to be next to reception (rather than on a different floor); A buddying system for incoming SRH staff; Regular integration emails from management and whole team briefings.
Discussion Our survey demonstrates the need to actively ask, listen and respond to staff's satisfaction, especially during such uncertain times.

P153 USING INFORMATION TECHNOLOGY TO IMPROVE LINKAGE INTO SEXUAL HEALTH CARE IN PATIENTS RECEIVING HIV POST EXPOSURE PROPHYLAXIS FOR SEXUAL EXPOSURE (PEPSE) IN EMERGENCY DEPARTMENTS

[1]Rebecca Metcalfe*, [2]Claire Gaughan, [3]Kim Kilmurray, [4]Louise Carroll, [5]Kay Pollock, [1]Martin Murchie, [2]Hannah Smith. *[1]Sandyford Sexual Health Service, NHS GGC, UK; [2]Emergency Department, Queen Elizabeth University Hospital, NHS GGC, UK; [3]Emergency Department, Glasgow Royal Infirmary, NHS GGC, UK; [4]Public Health Protection Unit, NHS GGC, UK; [5]Pharmacy Production Unit, NHS GGC, UK*

10.1136/sextrans-2017-053232.197

Introduction HIV PEPSE should be commenced within 72 hours (ideally 24) after possible exposure to HIV. Patient education on PEPSE includes advice on attendance at Emergency Department (ED) if outside opening hours of local sexual health services (SHS). Our healthboard serves a population of 1.2 million with four EDs. An initial four month audit revealed 12 patients who received a 5-day starter pack of PEPSE at ED and no communication between departments; patients were told to self-refer to SHS. We recognised there was no robust mechanism to ensure these high risk patients were not lost to follow up (LTFU). HIV testing at baseline was also poor in this setting, highlighting importance of linkage into SHS.
Methods HIV PEPSE 5 day pack leaflets were altered to ask the dispensing clinican to refer patient via secure email or telephone message to the sexual health advisers.
Results Prospective four month re-audit revealed 19 patients attended ED for PEPSE and all subsequently attended SHS for follow up(100%). 12/19(63%) were referred by email, 6/19 (32%) via answering machine, 1/19(5%) self referred. 11/19 (60%) reported unprotected receptive anal intercourse with someone from a high risk group.
Discussion Following implementation of the email/telephone referral intervention, we found an increased number of patients received HIV PEPSE from EDs in the health board area and all were successfully linked into sexual health services. We cannot be sure that this increase is due to the prevention of patients being LTFU; other reasons include an increased awareness of PEPSE and where to obtain.