

**Abstract P166 Table 1** If you build it, they will come

Infection	Number of diagnoses	Number of diagnoses	Clinic increase	PHE increase	2013 Clinic	2013 PHE
	2008	2013	2008–13	2008–13	STI in MSM	STI in MSM
Syphilis	116	516	345%	13%	94%	81%
Gonorrhoea	208	3055	1369%	95%	95%	63%
Chlamydia	539	2346	335%	–8% (in GUM settings)	66%	17%
HIV	175	381	118%	–17%	87%	49%

**Discussion/conclusion** There was a significant disproportionate rise in the detection of infection compared to attendances. This suggests the intervention was successful at reaching the high risk groups targeted.

### P167 WEEKLY CASE REVIEW AND TELEPHONE FOLLOW UP TO IMPROVE MANAGEMENT OF PELVIC INFLAMMATORY DISEASE (PID) IN A SEXUAL HEALTH CLINIC

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**Introduction** Previous audits of our management of Pelvic Inflammatory Disease (PID) have shown poor compliance with guidelines, including missing pregnancy testing (PT) in 47% and no follow up in 66%.

**Aims** To improve management and follow up of PID.

**Methods** We introduced a weekly notes review of all PID cases attending our sexual health service. Clinicians received feedback about incorrect antibiotics, or failing to do pregnancy testing (PT). An unsolicited phone call was made to patients not attending 2 week review, to discuss symptoms, treatment completion, partner treatment and abstinence. This is a review 4 months September–December 2014.

**Results** 101 patients were treated for PID. 25% did not have a PT documented. Overall 46% received recommended antibiotics (30% in the first 2 months, 64% in the last 2 months). 29% attended for review. Phone calls reached 28% of the remaining patients. 90% of patients contacted or attending had completed treatment. 53% still had symptoms

**Discussion** Weekly review allowed for regular feedback to clinicians about documentation and management. Pregnancy testing rates were improved on previous results, though still of concern. Antibiotic prescribing was initially poor, probably due to a recent change in protocol. This improved over the course of the 4 months, suggesting the value of weekly targeted feedback. Unfortunately, phone calls were often unsuccessful, though patients were happy to receive calls. A significant number of patients still had symptoms, undermining our previous assumption of cure where patients failed to attend follow up. To improve telephone follow up, pre-arranged times or methods of contact may be worth trialling.

### P168 INTRODUCING CHANGE, IMPROVING PRODUCTIVITY IN TIMES OF AUSTERITY...CAN IT BE DONE?

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**Background/introduction** A number of service changes (expanded opening hours, increased access to contraception)

were implemented within existing resource and were successful at reversing GUM declining attendances trend. We describe and evaluate a “grass roots” process used in our clinic to do this.

**Aim(s)/objectives** The aims were to evaluate:

- Impact of the process on staff motivation and team dynamics
- Staff perspective on the change process

**Methods** Clinical leads outlined change triggers and engaged team in vision development during a series of away mornings. Subsequently, staff members took lead on designing, planning and implementation of work streams. All staff were invited to complete a survey monkey questionnaire exploring personal experience of change, impact of change on team dynamics and job satisfaction 3 months afterwards.

**Results** 17/19 potential respondents completed the questionnaire either fully or partially. 9–11/17 (53–65%) felt they were very supported in the process. 11–14/17 (65–82%) felt the team work was collaborative and problem solving. 7/14 had no change in their job satisfaction, rated as good. 2/14 rated their job satisfaction as very poor before the process, but no one (0/14) did so afterwards. No staff rated their job satisfaction as excellent before the changes and 1/14 did so afterwards. Factors cited by staff to positively influence the process were feeling valued, a clear vision, using the SMART goal model to problem solve. 9/17(53%) would recommend this process to other departments.

**Discussion/conclusion** We have delivered effective change whilst empowering individuals and teams and improving patient care, all within resource.

### P169 EVALUATION OF A PATIENT INFORMATION LEAFLET DESIGNED TO AID THE PATIENT EXPERIENCE OF A NEWLY INTEGRATED SEXUAL HEALTH SERVICE

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**Background/introduction** Four services merged to create one new integrated sexual health (SH) service following a tender process. A new hub opened and six spoke clinics remained in existing locations. To address concerns about the implementation of integration a patient information leaflet (PIL) was designed explaining the new service (including how clinics might be different for returning patients, all services offered, and explanation of STI/HIV testing).

**Aim(s)/objectives** To evaluate the PIL.

**Methods** The new PILs were handed to all patients across the service (excluding two young persons services) at reception to read before seeing the clinician. During the first two weeks of role out patients were asked to complete a paper feedback form about the PIL.