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

Infection	Number of diagnoses 2008	Number of diagnoses 2013	Clinic increase 2008–13	PHE increase 2008–13	2013 Clinic STI in MSM	2013 PHE 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.

Results 92 feedback forms were returned (20 [22%] from the hub and 72 [78%] from four spokes). 4 (5%) males: 86 (96%) females, median age 30 years (range 16–64). Knowledge of services offered improved from median 4/10 (range 1–10/10) to median 10/10 (range 1–10/10) after reading the leaflet. 33/66 (50%) patients not originally attending for an STI screen would consider or agree to screening after reading the leaflet (36/82 [44%] for HIV testing respectively). The leaflet received an overall rating of median 10/10 (range 5–10/10).
Discussion/conclusion Overall the leaflet was well received and improved patient's knowledge of services offered, and uptake of STI/HIV testing. Females provided the majority of feedback most likely due to spokes previously providing primarily contraceptive services. More work needs to be done to encourage males to attend the spoke clinics.

P170 ASSESS THE RISK BEHAVIOURS AND SAFER SEX PRACTICES AMONG MALE ATTENDEES IN A SEXUAL HEALTH SETTING

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Background/introduction During the year 2011, 8511 males received services from the sexual health clinics island wide. At present there is only limited information on the risk behaviours of male attendees. Information on risk behaviours related to STI /HIV transmission is helpful in planning suitable prevention interventions.
Aim(s)/objectives The objectives were to determine the sexual partners responsible for transmitting STI/HIV and to understand the practice of safer sex.
Methods Study was a clinic based prospective study conducted for a one year period using an interviewer administered questionnaire.
Results 983 attendees were interviewed. 50% admitted sex with a casual female, 12% with a casual male, and 13% with CSW (commercial sex workers). 20.5% used alcohol frequently and 5.9% used drugs and 1.4% injected. 6.7% gonorrhoea, 8.2% nonspecific urethritis (NSU), 7.5% herpes and 0.7% HIV were transmitted by CSWs. Female casual partners were responsible for 3.7% gonorrhoea,8.3% NSU, 6.6% herpes and 0.8% HIV. MSM contacts were responsible for 10.6% of gonorrhoea, 4.5% NSU, 7.6% of infectious syphilis and 0.8% of HIV. Only 9% used condoms correctly. Non use of condoms were not due to unavailability but for other reasons as worried about satisfaction (24.6%) and faith in the partner (25.6%).
Discussion/conclusion Casual partners for unsafe sex is a concern. MSM and CSW are remained as an important source of infection. More males contracted infections via casual partners. Low condom use remains another concern. Therefore strategies used for prevention need to be revisited also emphasising on general population where casual partners represent.

P171 ACTIVE RECALL OF HIGH-RISK MSM BY TEXT MESSAGE

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Background/introduction PHE recommends high risk MSM test 3 monthly. We introduced recall of high-risk MSM for HIV/sexually transmitted infection (STI) testing by short message service (SMS).
Aim(s)/objectives To assess effectiveness of SMS recall by re-screening rate and number of incident STIs.
Methods From January 2014, MSM who reported condomless anal intercourse with a non-regular partner in the last 3 months were offered an SMS 3 months later inviting them to rescreen. We compared the testing rate of the first 100 eligible MSM in the 12 weeks following SMS with a historical control group of 100 MSM who attended in January 2013. Proportions were compared using a two-tailed Z-test.
Results Median age was 30 y (IQR: 26–36 y) for SMS group and 29y (IQR: 25–35 y) in controls. 44% of SMS group retested compared with 19% of controls ($p < 0.001$). 32% of SMS group were diagnosed with an STI at retest (14/44; SMS) vs. 16% (3/19; control). HIV was diagnosed in 2 of SMS group and 1 in control group at retest.
Discussion/conclusion Active SMS recall for MSM is associated with a statistically significantly higher retesting rate. The high proportion of MSM with STIs at re-screening reinforces the importance of active recall, especially using SMS reminders which are cheap and easy to facilitate.

P172 IMPLEMENTATION OF ALCOHOL SCREENING IN PATIENTS ATTENDING A LARGE WALK-IN SEXUAL HEALTH SERVICE WITHIN LONDON

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Background UK national guidelines advocate a role for sexual health services to offer routine screening for high-risk alcohol consumption in patients. Screening for alcohol misuse and offering brief interventions in this setting has been shown to be acceptable to clinicians and patients. In August 2014 the Fast Alcohol Screening Test (FAST) was incorporated into the sexual history proforma in a London Genitourinary Medicine (GUM) clinic.
Aim An audit was undertaken to assess the use of the FAST tool and management of patients with a positive FAST result.
Methods A retrospective case-notes review of randomly selected patients attending the GUM clinic in October 2014 was performed. Information was collected on patient demographics, sexual history, sexually transmitted infections, completion of FAST tool and action dependent on outcome of risk assessment.
Results 169 case notes were reviewed: 55% female and 45% male, mean age was 30 (range 17–74) years. The FAST tool was completed in 87% (147/169) of case notes. Of patients screened, 86% (127) identified as low risk, 10% (15) increasing and 4% (5) high risk (hazardous drinkers). Of hazardous drinkers, 90% (18) had a documented action for risk reduction; 56% (10) had verbal advice documented, 22% (4) accepted written advice, 22% (4) accepted referral to a sexual health advisor.
Conclusion Clinician completion of the FAST tool within the sexual history proforma in a busy clinic was high, with some scope for improvement. Of the relatively low number of hazardous drinkers identified, most accepted only brief verbal advice in clinic.