Methods All booked asymptomatic screens from 1st December–13th January 2015 were analysed. These patients were registered and self-triaged as per normal and analysis of the electronic patient record was performed on the 27th January.

Results During this period 285 patients attended via the online booking service and the majority (91%) were asymptomatic and seen by the health care assistants. The median (min, max) number of appointment each weekday was 10 (1, 31) and 39% of these patients were from the local two boroughs.

Abstract P179 Table 1 Asymptomatic screens

Description	Male	Female	Total
Number	139 (49%)	146 (51%)	285 (100%)
Age in years, Median (range)	30 (21–58)	27 (18–47)	
Sexuality			
Heterosexual	106 (73%)	137 (99%)	243 (85%)
Bisexual	2 (1.4%)	1 (0.7%)	3 (1%)
Homosexual	37 (25%)	0	37 (13%)
Ethnic origin			
White	98 (67%)	100 (72%)	198 (70%)
BME	30 (21%)	25 (18%)	55 (19%)
Not stated	18 (12%)	14 (10%)	32 (11%)
Sexually transmitted infections			
Chlamydia	3 (2.1%)	5 (3.6%)	8 (2.8%)
Gonorrhoea	2 (1.4%)	2 (1.4%)	4 (1.4%)
Trichomonas vaginalis	0	1 (0.7%)	1 (0.4%)

Discussion/conclusion The majority of patients used the online booking service correctly. Further work is required to increase the range of services available via online booking.

P180 THE HOLY GRAIL, IS IT POSSIBLE? – A QUALITY IMPROVEMENT APPROACH USED TO INCREASE PRODUCTIVITY, CAPACITY AND OFFER A HIGH QUALITY AND TIMELY WALK-IN SEXUAL HEALTH SERVICE WITHIN EXISTING RESOURCE

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10.1136/sextrans-2015-052126.223

Background/introduction Patient feedback consistently informed us that they disliked waiting to be seen. Our Sexual health clinic (SHC) was facing challenges of low staff morale, uncertainty around future tendering arrangements and declining attendances. Quality improvement methods were used to empower the multidisciplinary team to find solutions for improvement and two priorities emerged, to see walk-in patients on time and to extend our evening clinic provision from two to four per week.

Aim(s)/objectives

Aims:

- To reduce the average waiting time for walk-in patients in a SHC by 50%.
- To see every walk-in patient within 20 min of the allocated slot time by April 2015.

Objectives:

- Increase productivity by 15%.
- Extend evening clinic provision within existing resource.
- Introduce asymptomatic quick check service.

Methods A quality improvement approach, using the Institute of Healthcare Improvement's model for improvement was used. The whole multidisciplinary team (MDT) met bi-monthly and ideas were tested using plan, do, study, act (PDSA) cycles. Measurement was introduced using statistical process control charts.

Results The quick check service shows a 40% increase in uptake, from 10 to 14 patients (average), (range 4–23). We introduced minimum patient allocated numbers, following these interventions there is a 42% reduction in average waiting times from allocated slot time (31 min pre and 18 min post intervention). Our productivity last month increased by 14%.

Discussion/conclusion A quality improvement approach was a successful method to improve the quality of our services, respond to patient feedback and effect change in a sexual health clinic.

P181 RETROSPECTIVE AND PROSPECTIVE ANALYSIS OF THE INPATIENT MANAGEMENT OF EPIDIDYMO-ORCHITIS

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Background/introduction Epididymo-orchitis, a common urological diagnosis in men aged 18–50, has significant sequelae if inadequately treated. Causative organisms in patients under the age of 35 are most commonly sexually transmitted infections. In patients over 35 enteric Gram-negative organisms causing urinary tract infections are more prevalent. Empiric treatment should be commenced as per guidelines until results of investigations are known.

Aim(s)/objectives To evaluate inpatient management of epididymo-orchitis.

Methods Data was retrospectively collected from June to December 2014 for all epididymo-orchitis patients diagnosed clinically. Information was obtained from notes, radiology and pathology databases. A 3 month prospective study is ongoing to improve investigations and antibiotic prescribing.

Results 7 of 26 inpatients diagnosed with epididymo-orchitis were under 35 years of age and 19 over 35. 19 were diagnosed with unilateral epididymo-orchitis and 7 bilateral. 4 patients developed abscesses, and 1 had an orchidectomy. 6 had a first-void urine, 14 a mid-stream urine, and 3 a urethral swab. 9 patients were discharged on doxycycline and ciprofloxacin, 7 with ciprofloxacin monotherapy. Duration of treatment as an outpatient ranged from 7 to 42 days.

Discussion/conclusion Current inpatient management of epididymo-orchitis varies significantly, and a third of patients are being discharged on doxycycline and ciprofloxacin, a combination not recommended in the BASHH guidelines. BASHH recommends cefuroxime +/- gentamicin for management of inpatients over 35 years of age; however in view of the risk of clostridium difficile this may require updating. This and our ongoing prospective study may provide results to help recommend appropriate antibiotics for inpatients with epididymo-orchitis.

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Abstract P181 Table 1 Inpatient antibiotics for patients diagnosed with Epididymo-orchitis

Age	<16	<20	20–29	30–39	40–49	50–59	60–69	70–79	80–89
No of patients	3	1	1	4	7	4	3	2	1
Doxy				1					
Cipro	1			1	1				
Doxy/cipro				1	3	1		1	
Gent							1		
Gent/cipro							1		
Gent/Cipro									
Ceftriax				1					
Gent/cipro/Doxy						1			
Taz/Doxy	1							1	
Taz/Cipro						1			
Taz					1				
Taz/Flucon					1				
Augmentin		1			1		1		
Cephalexin						1			
Ceftriaxone/ doxy			1						
Ceftriaxone/									
Cipro/doxy					1				
Doxy/Cipro/Mero									1

P182 CLINICAL CASE NOTE REVIEW: ARE ALL APPROPRIATE UNDER- 16S BEING TESTED FOR CHLAMYDIA AND GONORRHOEA?

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10.1136/sextrans-2015-052126.225

Background/introduction The number of young people under the age of 16 diagnosed with Chlamydia Trachomatis and Neisseria Gonorrhoea continues to rise annually. STI testing is essential to promote safe sexual practice, minimise stigma and monitor levels of anti-microbial resistance.

Aim(s)/objectives This project aimed to determine the percentage of under- 16s who were not tested for chlamydia and gonorrhoea between January and April 2013. The role of testing was established with aims including:

- Comparison of attendance, testing and infection rates of males and females.
- Analysis of documented reasons for not testing.
- Percentage of eligible patients not documented to have been offered a sexual health screen (SHS).

Methods 200 patients were randomly selected by attendance at sexual health clinics over a four month period. Information was then gathered on each consultation using NaSH software. Information gathered included gender, age at consultation, tests requested and clinic attended.

Results Results showed that 56% of patients were not tested for chlamydia and gonorrhoea; 6% were not documented as having been offered a SHS. Reasons for not testing are documented below in descending order of prevalence:

Reason	Untested population (%)
SHS up to date	37
SHS declined	18
SHS not indicated	14
First time sexual activity	12
Not sexually active	10
Too early for SHS	4

Discussion/conclusion The rate of failure to document the offer of a SHS is reassuringly low. Rates of attendance and infection were highest in females. Healthcare professionals should continue to encourage testing of the sexually active and ensure offers of SHS are documented.

P183 TRICHLOROACEITIC ACID (TCA) – A FORGOTTEN TREATMENT FOR GENITAL WARTS?

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10.1136/sextrans-2015-052126.226

Background/introduction Genital warts (GWs), are the most common STI in the UK. They can have a huge psychological impact on patients and can be very difficult to clear. There has been little research and few RCTs comparing treatments. In Glasgow, TCA is reserved for patients that standard treatments have failed.

Aim(s)/objectives To describe the use of TCA as a treatment for persistent and recurrent GWs and to review the local practice and protocol.

Methods We conducted a retrospective case review of all patients who received TCA in 2013 in our integrated sexual and reproductive health service with follow-up to the end of 2014. Patients were identified by prescriptions of TCA on our electronic patient record.

Results TCA was used on all types of warts in a variety of multiple locations. 20 out of 27 patients achieved clearance with TCA in 2013 (74%) and of these, 5 experienced recurrence in 2014 (25%). Patients with some level of immunosuppression may benefit from TCA treatment and respond earlier than those with a fully functioning immune system.

Discussion/conclusion TCA is an effective treatment for persistent and recurrent GWs; either used alone or with an adjuvant therapy, with relatively few side-effects. It can provide patients who have exhausted many/all other treatment options, positive results and improve mental well-being.

This audit also highlights the importance of improved documentation of warts by our staff and closer adherence to the existing clinic protocol for the management of GWs.

P184 EXPERIENCE OF THE TENDER PROCESS AND INTEGRATION OF SEXUAL HEALTH SERVICES: STAFF SURVEY

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Background/introduction In September 2013 four services merged to form a new integrated sexual health (ISH) service under a new NHS provider following a tender process.

Aim(s)/objectives To ascertain staff experience of the tender process and integration of sexual health services.

Methods All staff were asked to complete an online survey in 01/2015 (via SurveyMonkey®). Staff who did not transfer to the new NHS provider or who left the service before 01/2015 were not included.

Results 23/38 (61%) staff members (including medical, nursing, administrative and allied health professionals) responded. 5/23 (22%) were entirely/predominantly from a genitorurinary background and 9/23 (39%) entirely/predominantly contraception

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