



**Guy's and St Thomas'**  
NHS Foundation Trust

# **Challenges of implementing Antimicrobial Stewardship in Sexual Health services using a patient-staff co-design approach**

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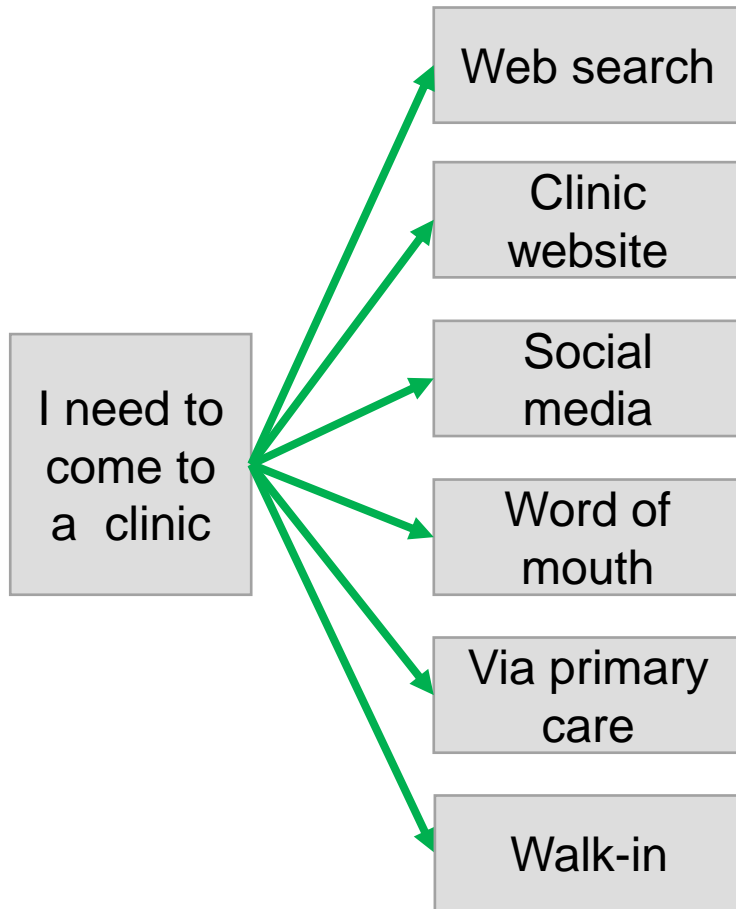
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- I have no disclaimers or conflicts of interest to declare

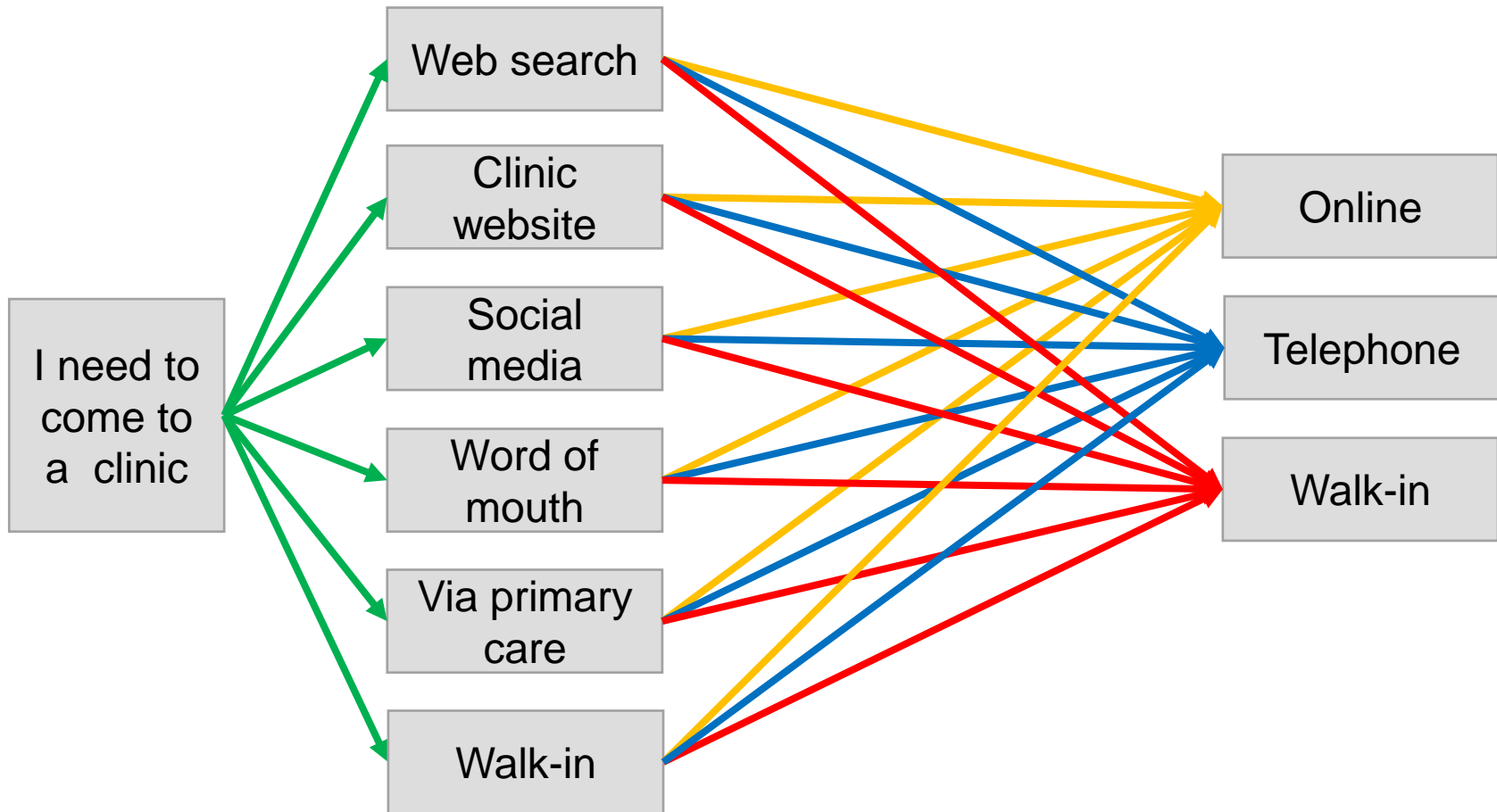
# Priorities

- **Managing access to service**
  - Standard messaging
- **Standardise workflow**
  - Develop standard guides for managing conditions via virtual clinics

## Accessing services



# Accessing services- setting up patient interactions



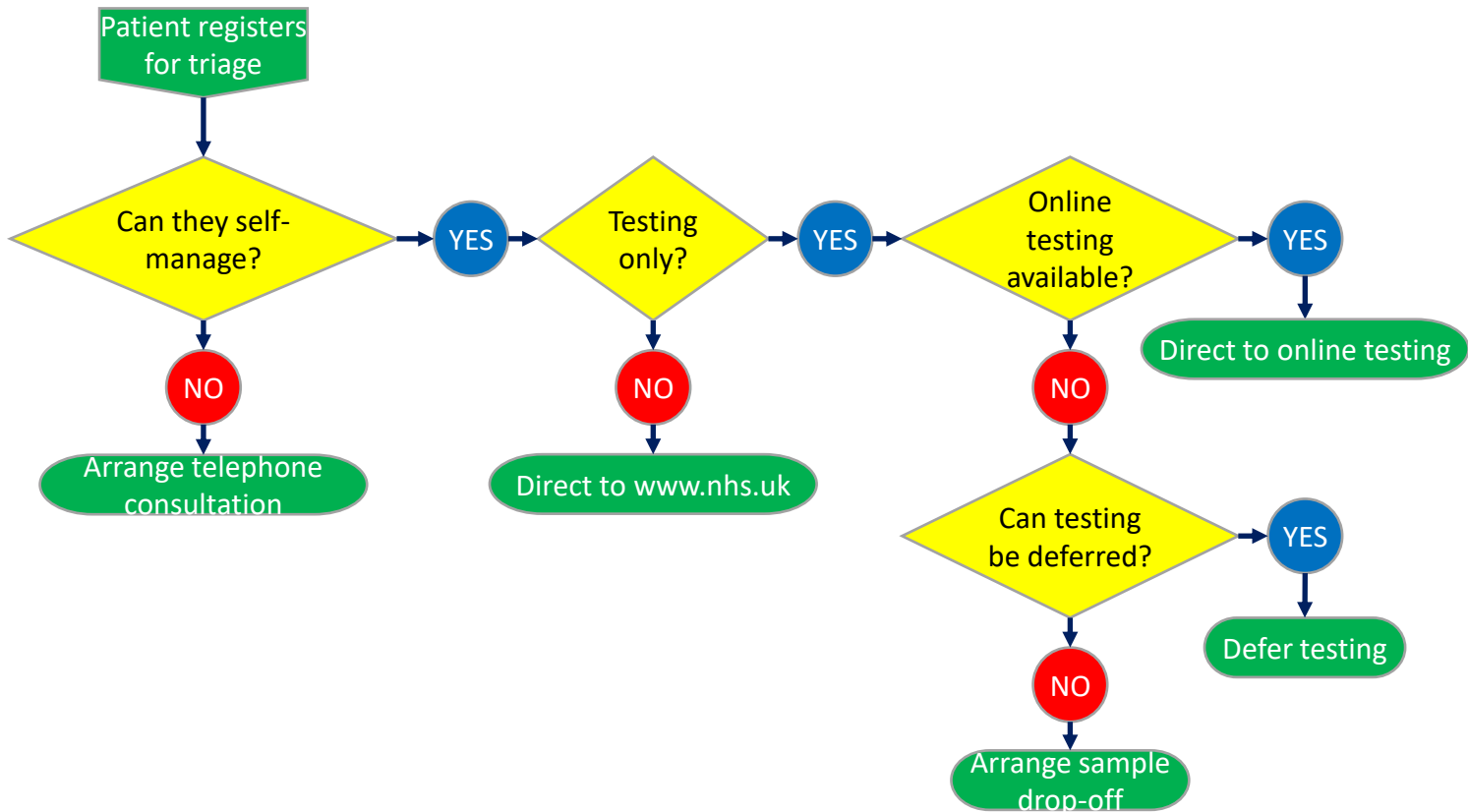
# Patient interactions

- **Prefer virtual to face-to-face**
- **Allow patients seeking interactions to have an interaction**
  - Generate a contact list for triage
  - Get key identifiers:
    - Name
    - Date of birth
    - Telephone number
    - Post code of residence
  - Additional data (good to get, if have the infrastructure to deliver)
    - Availability window
    - Preferred mode of contact (email/telephone)

# Options for generating a contact list for triage

- **Online booking**
- **Text for a slot**
- **Call and leave a message**
- **Drop in a slip in clinic**

# Triage overview





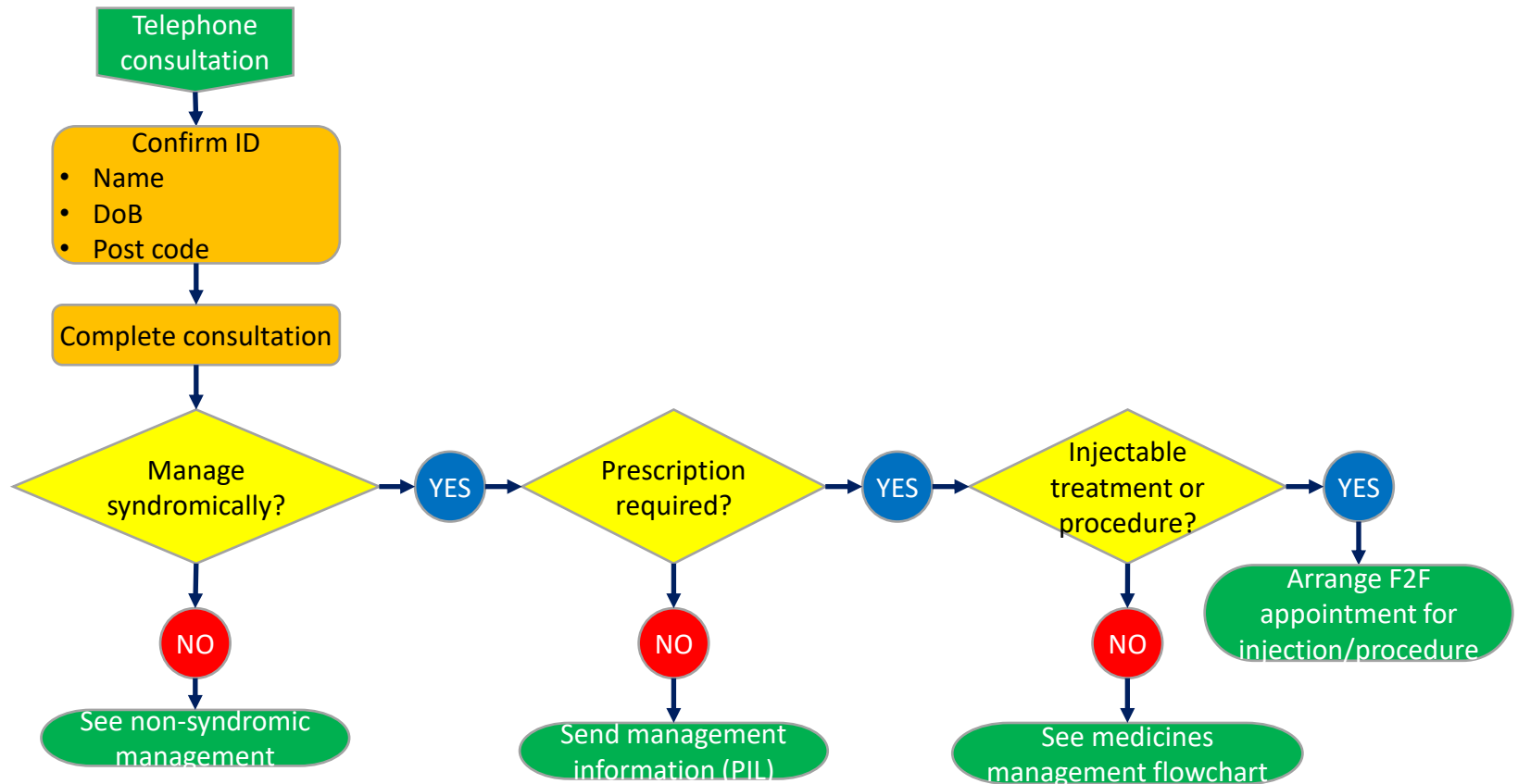
# Triage

- **Ensure identifiers are correct**
  - **Get reason for contact**
    - Is it for testing only (including asymptomatic contacts)
      - Direct to online testing
      - No online testing? Can you arrange sample drop off?
    - Can they self-manage?
      - Symptoms of BV/thrush/UTI- direct to NHS website ([www.nhs.uk](http://www.nhs.uk))
    - Failed self-management
    - STI symptoms/treatment
    - HIV exposure/PEP/PrEP
    - Contraception
    - Sexual assault/DV/sexual difficulties
    - Other genital symptoms
- Arrange a telephone consultation

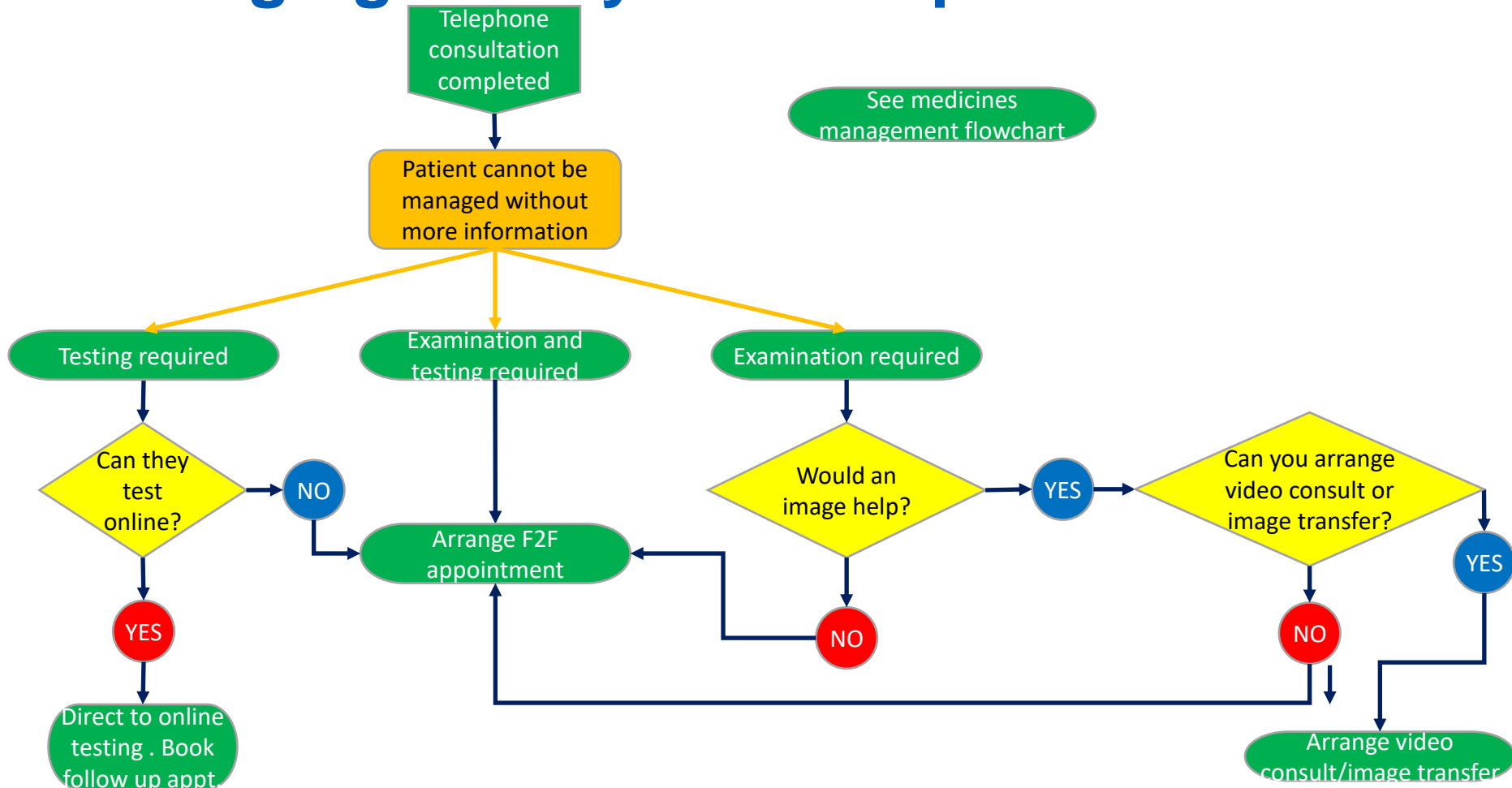
# Telephone consultation

- Ideally done by most senior decision maker
- Telephone consultations requires skill +/- training
- Can be telephone appointments or opportunistic calls
  - Appointments require waitlist management
  - Opportunistic calling may result in non-answered phones

# Telephone consultation overview



# Managing non-syndromic presentations



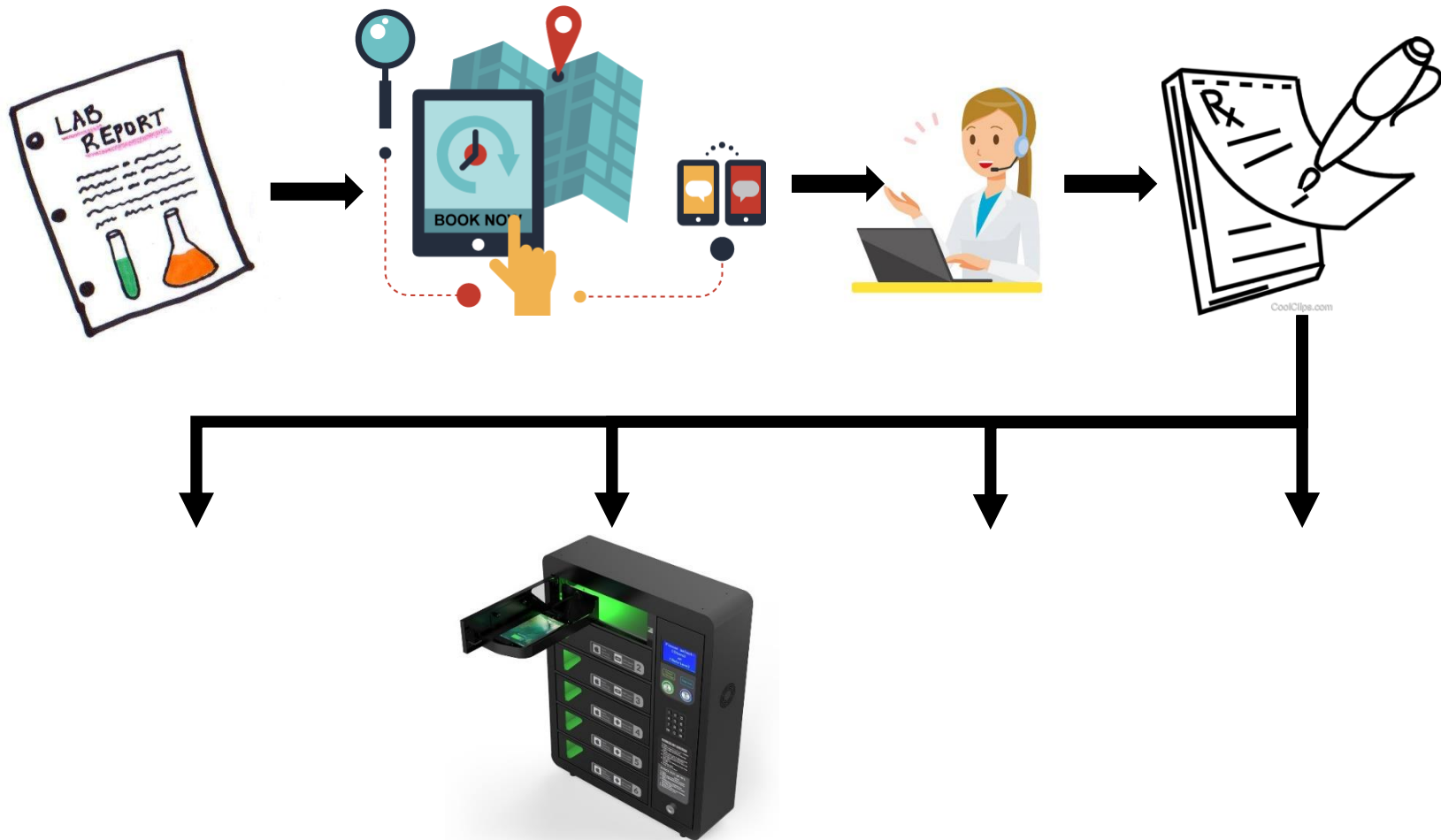
# Face-to-face interactions after a virtual consult

- **Make sure that consultation is adequately documented**
  - Avoid duplication of information gathering
  - Checklists help- particularly for procedures
- **Structuring the patient journey into modules helps**
- **Communication within teams and with patients is key**

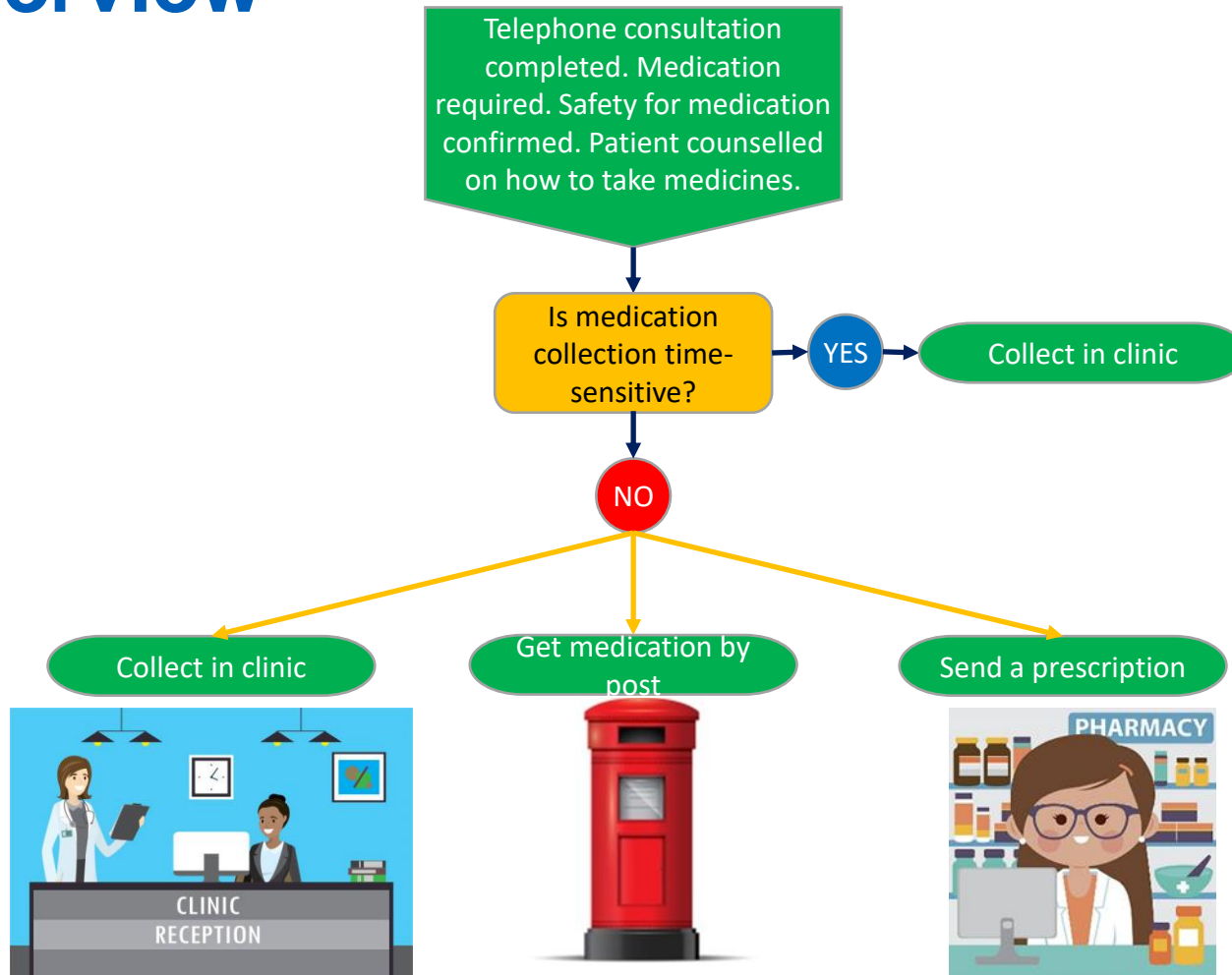
# Medicines management

- **Medicinal products need to be stored securely**
  - Even if packaged for collection
- **Where over-labelled medicines packs are used for dispensing in clinic:**
  - The over-label should not be obscured
  - The responsibility of delivering the medication is with the prescriber
    - A registered non-prescriber can dispense to a patient in a F2F encounter
    - If dispensing medication to a pack for posting or collecting, the responsibility of allocating the pack to a patient and preparing the packed medicine cannot be delegated by the prescriber to anyone other than a registered pharmacist

# Remote management of results pathway



# Medicine management after virtual clinic: overview





# Treatment delivery

- **Collect in clinic**

- After a telephone consult
- “over-labelled” packs assigned to patient
- Packs labelled with patient identifiers
  - Name
  - Date of birth
  - Address/postcode
- Packs stored in safe area (as per local medicines management protocols)
- Patient comes in at convenience
- Staff (socially distanced confirm name, DoB, address)
- Deliver labelled pack. Ask patient to open it and confirm that it contains medication they are expecting.



# Treatment delivery

- **Postal medication delivery**
  - After a telephone consult
  - “over-labelled” packs assigned to patient
  - Packs labelled for posting
  - Packs sent by recorded or special delivery to patient
- **Pharmacy delivery**
  - If you have access to a pharmacy that can do medication delivery
    - Send prescription to the pharmacy with patient address for posting
- **Post a prescription**
  - FP10 prescriptions can be posted to patient
    - Not great practice as shifts F2F contact from clinic to pharmacy



# Stakeholder engagement

- **Ideally all change management should have**
  - Patient engagement
  - Staff engagement
- **All changes should be aligned to a vision proposition that is developed as part of the patient and staff engagement**
- **Patient and staff engagement should be a dynamic and continuous process**

# Evaluation- clinician feedback

- **Per consultation feedback:**
  - 1. Did you feel that this consultation medium was appropriate for this patient interaction? (Reason if not yes)**
  - 2. Did you feel that you managed to elicit all the information you needed from the patient during the consultation? Yes/No**
  - 3. Did you feel that you managed to give all the information you wanted to give to the patient? Yes/No**
  - 4. What would you have done differently if the patient was in front of you? (text)**

# Evaluation – Clinician feedback

- **Monthly feedback:**
  - 1. Was the virtual clinic set up correctly?**
  - 2. Would you be able to confidently classify and allocate your patient to virtual (telephone)/ Virtual (video)/Virtual (text based)/ face to face?**
  - 3. Did the technology work consistently well for you?**
  - 4. Did you feel comfortable using the technology?**
  - 5. Would you prefer virtual consults over F2F consults if they are appropriate?**
  - 6. Do you see virtual clinics as a viable option for patients in your service in the long term?**

# Consider in-depth interviews

- 1. How has your experience of virtual consultations been?**
    1. What went well
    2. What did not feel right
  - 2. What are the benefits of virtual clinics to the patient?**
  - 3. What are the benefits of virtual clinics to the clinic?**
  - 4. When would video clinics be preferred over telephone clinics**
  - 5. How prepared did you feel to do a virtual clinic?**
  - 6. What resources would you think may have helped with doing the virtual clinics**
  - 7. What support do you think would be crucial to deliver virtual clinics to an excellent standard?**
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# Patient feedback

**Consider sending a questionnaire to the patient after the telephone consult**

- **How likely are you to recommend our service to friends and family if they needed similar care or treatment?**
  - Please can you tell us the reasons for your answer:
- **Care you received / your appointment**
  - When contacting the service to make an enquiry or speak to a healthcare professional, how easy was it to get through?
  - Were you informed about how long you would have to wait?
  - Were you involved as much as you wanted to be in decisions about your care and treatment?
  - Did you have confidence and trust in the staff treating you?

# Patient feedback

- **Information and communication**
  - Did clinic staff tell you who to contact if you were worried about your health condition or treatment after your consult?
- **Overall**
  - Was the main reason you contacted the clinic today dealt with to your satisfaction?
  - Overall, did you feel you were treated with respect and dignity by the clinic?
- **If you have any other comments or suggestions about the clinic or the care you received today, please write them in the box below:**



# Clinic activity review

- **Who are the patients who were excluded in the new model**
  - Look at attendance characteristics pre- and post lockdown
    - Young people?
    - High-risk MSM?
    - Vulnerable adults?
      - Homeless
      - Street drug users
      - Learning difficulties
      - Mental health issues
    - Ethnic minorities and migrants
    - Domestic violence/sexual assault

# Clinic activity review

- **Who are the patients who were excluded in the new model**
  - Did we see fewer (relative number vs absolute number) of patients of interest?
  - Do we have data on those patients turned away
    - Difficult with telephone as no data on those who couldn't get through
- **Who would benefit from virtual consultations?**
- **Who would not find virtual consultations acceptable?**
- **What would the workforce skillmix look like for a predominantly virtual clinic?**
- **What would the clinic structure look like for a mix of virtual and F2F encounters?**

# Evaluation

- **Use Plan-Do-Study-Act model**
- **Plan**
  - List change ideas (SMART) being implemented
  - List measurable outcomes
- **DO (time bound)**
  - Implement changes
  - Plot measurable outcomes as a run-chart (y: outcome x: time)
- **Study**
  - Look at outcome measures trend- is it an improvement/desired?
- **Act**
  - What have we learned from the changes? Do we need more change ideas?
  - Generate new PDSA cycle

# What would you take forward in the post-COVID lockdown?

- **Identify what went well and could be adapted for future use**
- **Who are your stakeholders (for each change idea)?**
  - Patients
  - Staff
  - Directorate management
  - Commissioners
  - IT
  - Pharmacy
  - Community organisations (to reach out to unreached populations)
  - BASHH/BHIVA
- **Engage with stakeholders and make a business plan**

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