Attitudes

Reference 1 - 3.46% Coverage

R That’s okay. That’s fine. And what about relations amongst staff. Have people been… Do you feel like they’ve been supportive? Has there been resistance?

P I think everybody now, everybody has really embraced it. I think the majority of staff think it’s a great idea. And we like having it. It’s useful to have.

00:07:55

R And do you feel like this is because they really like the test, or this is because they also maybe like trying new things?

P Possibly a combination of both.

Reference 1 - 2.80% Coverage

P Yes, so just reminding people. So, the thing that we found over at [clinic] was initially everyone was very excited about it, and we got quite a lot of numbers initially over the first week or so. But then the numbers dropped because people then forget to do it.

Reference 2 - 10.17% Coverage

P No, I think people have been very excited about it. Who wouldn’t be excited about a test that potentially you could give to a patient in 30 minutes? As I said in the beginning, people do tend to forget, and you have to just keep reminding them. But the more we use it, the more it’s going to be part of what we do. It’s just something different at the moment, and change is always different.

00:09:22

 But no, I think the staff have embraced it very well.

R Was there any resistance to the idea?

P No, I suppose we would have to trust the machine, so maybe there’s a little bit of resistance from there. Initially, people think, so if it says chlamydia negative, are we going to go on that? Because we are so used to it being sent to the lab, and we trust what the lab results are. But again, over time, it’s about trusting the machine, isn’t it?

R Right. And do you feel like the data that you’ve been collecting now is going to help?

P Yes, absolutely, yes.

Reference 3 - 7.41% Coverage

P Yes. So, hopefully once all the data’s been collected and looked at, then it’s going to show that it mirrors the results in the lab. Which will then give staff more trust and faith in this machine actually does work.

R So I guess it would be difficult to add up a test based on data collected somewhere else?

00:11:01

P Yes, well, it’s the same with anything, isn’t it? With any kind of research or anything, a lot of the time you’re just reading it in an article and you’re going on what they’ve said. If it’s been done properly then I suppose you would trust someone else’s data collection, but it’s always better to get your own.

R And potentially participating in the process?

P Yes, it helps.

Reference 1 - 1.67% Coverage

We’d be quite sad to see them; well we are sad to see them go now. Literally, as we speak, we’ve run out of the cassettes, so we’re back to our old way of doing things. So these are going to take two weeks now, obviously, for the patients to get their results. But no, it has been really good.

Reference 2 - 5.59% Coverage

R And what about everyone else that works in the clinic? Were they quite happy to work with the test, would you say? Were they quite supportive?

00:15:26

P Yes. I think so. To begin with I think where we all work different hours, different days, and with different people. I think again, this is nothing to do with the machine. I think we weren’t really given enough information early enough.

 A couple of people came in from a week on leave, or a few days off, and all of a sudden all these machines were here and they were told we’re doing this now. That was just a lack of communication at our end, so I suppose it caused a little bit of frustration because they had to learn over again what to do with it.

 And we had a new lady start, and she got a bit flustered because obviously she was trying to learn everything from the beginning, and then all of a sudden the new things came in. But everybody’s taken it on board, and I don’t think anyone’s had any problems with them at all.

Reference 3 - 4.16% Coverage

P Well, we are being taken over by a different NHS Trust at the moment, so things are all a little bit uncertain at the moment, so we have no idea. It’s literally only just happening within the next few months. So we don’t know what the situation is for our end. That’s something that somebody would have to talk to [clinic lead] about.

00:18:16

 That’s [name] who is the Lead in all of this. But I know that everybody here in the clinic has been happy with it, so I can’t see why not. It’s something that definitely needs looking at to see whether or not everybody else is on board with it. Everybody likes it, nobody’s been negative about it, so that’s got to be a good thing, hasn’t it?

R I see.

P Yes, we’re very happy.

R Yes?

Reference 1 - 8.54% Coverage

R Would you say that there was any resistance among the staff in terms of using the platforms?

P No, I think there was confusion initially. But it’s like any new thing. It’s about learning how you can manage incorporating a new care. And it’s just about learning to do something different, that’s all.

 So, no, I think if there was any resistance it was to do with the fact that they had to fill in lots of forms. But that again was because when you’re in the middle of doing a research project, there’s paperwork that has to be filled in, and we all know that. It just sometimes meant that you might be running slightly later because it’s just another form to have to fill in when you’re already perhaps chokka

R So, in all of that, how then do you manage the confusion and make sure everyone is on board?

P So, basically what we’ve done is that a few of us have then… So, you take people in there. Make sure that they know exactly how they’re doing. Check exactly how they’re filling the forms in. And just make sure that there’s somebody here every day that actually is aware of how to do it correctly, so that if anybody’s got questions then they can ask. We’re a small team here, so it’s not difficult.

R All right. And that helps?

P Yes.

Reference 1 - 19.20% Coverage

R And what would you say were the reaction to the test? Like if you had to describe your own reaction to the test, and then your colleagues?

P When we got the result, or do you mean...?

R No, just in general to the test being available, and being here.

P I think for my colleagues I think it was brilliant. Because the feedback, and the response, they were really interested in it, and they really wanted to run with it. And it was just like this new service that was going to be able to just give that result that bit quicker, and there was great potential for it. So yes, yes I think for them, looking at it from their point of view, putting myself in their position I think it was great, yes.

R So those members of staff would actually give the result to the patient?

P Yes, definitely.

R And what about you?

00:05:23

P For me, honestly I probably kind of, because I didn’t really get too involved with it to be honest. I had a very limited involvement in it. And what was good about here was we were allowed to have as much involvement in it as we wanted to. And for those that are more clinical minded, it was great for them, it was just like, you could see the excitement. It was like, oh we’ve got things, we’ve got things, you know. But then when the result came, good or bad, it still gave you that feeling of, oh great, it was good. You know, they didn’t have to wait so long for their results, and stuff like that. So yes, good all round I think, yes.

Reference 1 - 2.19% Coverage

I’m a bit of a go getter, I suppose. So when this came about I was like, yes, I’d love to get involved; and [clinic lead], who was the doctor leading it, she said, oh, it’s you Healthcare Assistants who are kind of going to be running it a bit because you’re going to be the ones doing the samples and running the machine.

Reference 2 - 13.94% Coverage

Some other issues we’ve had have been the results haven’t matched up with our lab and that’s been quite tricky because obviously we were using the lab before so many of the nurses and doctors here consider that the gold standard, and if this is negative then why did [the company] say it was positive when we were given stats from the [the company] people saying it was like 99 or 100% accurate and stuff. So that was a bit tricky because there were some occasions where we had patients coming in and they’d been told one week that they were positive and the next week they were negative, and then we’d do another one and it was negative.

00:03:15

 So, obviously false positives and false negatives are a things, it was just difficult to manage that in the moment when you’ve got a negative in front of you and you had a positive last week. What do you do, do you treat, do you not treat?

R Yes.

P But apart from that I think it was okay.

R So two main obstacles, I guess, one is sticking it into the pathway that already exists.

P Yes.

R And the false positive and negatives that are also linked to then how the trust is being built and what the attitudes are.

P Yes, because some people had an attitude towards [the company] that it was amazing, it is amazing, it’s state of the art technology that we could do a swab and give someone a result on the same day, that’s brilliant, and for certain groups of people that we see in the clinic that is just so useful. But then when these discrepancies came up it kind of made you question which one do we trust almost? Do we trust the brand new machine that we’ve got or do we trust the one that we’ve been using for a long time? So that’s tricky, but the kind of way that I rationalized it in the end was that you’re going to get false positives either way. When we send off our swabs anyway now we can’t fully trust that they’re going to be correct. You can only really trust a culture which we don’t do, so I… Yes, I kind of accepted that things weren’t going to match up the whole way.

Reference 3 - 16.70% Coverage

R I see. Do you feel like there was a lot of enthusiasm towards the machine, or maybe a bit of resistance or a mix or both?

P A mix of both, totally dependent on who it was. So I’m all for new technology, I think it’s really cool. A lot of people come to the clinic saying, oh, you guys don’t do same day testing; this other clinic in Central London does same day testing. From like [clinic name], I think, they have, I don’t know whether they used the machine but people come in quoting it.

R It’s a Cepheid, so that’s an hour and a half actually.

P Oh, is it, so it’s not as quick but they get it on the same day?

R Yes, potentially.

00:09:50

P Yes, so people come in saying, oh, you don’t do that? So for us to be able to say we do that, that was pretty cool.

R Right.

P And, yes, it just depended, but some people were… Generally everyone was really enthusiastic about it, nobody was like, no, I don’t want to do that. So that was good because there was no down side to it of just another test that you can do and an even better one if you can find out on the day whether to treat them or not.

R Yes.

P That was really good. Towards the end when we were getting our own data of when it wasn’t matching up some people took more of a should we be doing this if it’s not matching up? But it’s science, it’s not going to match up 100% of the time because it’s looking for gene markers and stuff, they’ve not got 100% accuracy.

R No.

P So how can…

R And do you feel like you would keen to talk to people, if it was to be adopted you’d be keen to kind of manage that? Would you be talking to your colleagues?

P Me personally?

R Yes, because you said that you’re quite happy with this.

P Yes.

00:11:11

R So would you be trying to [overtalking].

P Definitely, and people who were reluctant to begin with definitely got more because it’s more it really works for the patients that you worry won’t come back, or the patients who say they’re a chlamydia contact and then on [name of the test] it would show that they’ve got both chlamydia and gonorrhoea. You can treat them on the day and then in a weeks’ time they’re not infectious any more as long as they abstain from sex. So there are kind of bonuses that came with that. Or like there was an occasion where someone came in for a contraceptive injection and it turned out they had chlamydia and they’d no idea, they had no symptoms, nothing; so those bonuses were amazing.

R Yes.

Reference 4 - 6.28% Coverage

P I don’t know, giving it to everybody who came in, I’m not sure if that would really work. I quite liked that we picked up certain groups so once clinicians understood that it was really good for those groups of people then it became so much more taken up, if that makes sense?

R Yes.

P Because in the beginning it kind of felt like, oh, another thing we need to do for the people who come in, but once it was picked up that it was actually from all these high risk groups then it worked out really well. But, yes, I think, people would be able to b4e… It was just new because the norm is to go to the lab and wait two weeks for results, once you suddenly have a result with you in half an hour that’s a big difference and it changes how you deal with the person on that day. So, I think, those kinds of changes in the beginning were different for people, and then once it got smoother people were more enthusiastic.

Reference 1 - 13.26% Coverage

R And do you feel like, in general, there was enthusiasm around the new machine or resistance?

P Bit of both.

R Right, okay.

P Particularly around the symptomatic men, just I’ve been trained all my life for microscopy so that’s always what I want to go to if someone’s got symptoms. And it was weird saying, oh, we could eliminate two things but we still haven’t said if there’s actually a discharge that needs treatment. So that was the main thing that was complicated was when it came to the symptomatic patients. It told us gonorrhoea was there but it still didn’t tell us the sensitivity.

00:07:19

 So the treatment would have been the same regardless of the machine for gonorrhoea because if they didn’t want to come to microscopy.

R Yes.

P If that makes sense.

R Right, so, in some cases, it’s not as useful?

P But that’s all on the adaption, that’s what we were told to try it on.

R Yes.

P So we do have patients who won’t come here for microscopy. So it was useful for them but we were using it almost as a first line, and I’d much rather have had it as a backup. So if they refuse to come here or they can’t come for microscopy then we can at least tell them it’s not chlamydia, or it is chlamydia.

R Right, and did you have those discussions within the team?

P Yes, we decided to try it because we knew it was a pilot so we thought we might as well do as much as we can and try it all and see how it works.

Reference 1 - 6.24% Coverage

But yes, I think, I’m all for new patient testing, so I think it’s a good thing. But if the result, if the test can be done slightly quicker, or we had more than one machine, I think that would be even better. And if we could have an image on the TV as well, that’d be even better.

00:02:31

R The goal.

P Yes. Within about five minutes. So yes, that would be brilliant.

R Yes.

Reference 2 - 14.78% Coverage

R You mentioned that there were discrepancies. I’m not involved in the clinical studies at all, so I don’t really know what the data say.

P Oh okay, right.

R But do you feel like that impacted the way you think about the test?

00:03:50

P No, not necessarily, no. I mean I still think there’s a... That probably needs a little bit more looking into, those ones where it was, you know, I don’t think, I think [clinic lead] is looking into that at the moment, so I’m not really involved in that side of it. But for the patient doing a, particularly for men, the urine test it doesn’t matter if you take one sample, or two samples out of it, it doesn’t really matter to them. The women are doing two swabs, but actually they didn’t seem to be too worried about that, doing that like that. So I think for the patient, I don’t think it’s a big hassle doing that. And actually if they get a result sooner.

Reference 3 - 10.98% Coverage

R And do you feel like the test was received well, or there was some sort of resistance, or people weren’t sure about the test? Even also the staff.

P About using it? The staff?

R Yes.

P I don’t think so, no. I mean I think it was something that the healthcare assistants kind of took on board, and... Because they were doing all the testing, I think they seemed pretty enthusiastic about it as far as I could see. So I don’t think there was a lot of resistance to that. In fact I think they felt they were involved in part of the, you know, the clinical side of things. So I don’t think so, not that I perceived.

00:05:22

R Okay. No, no I’m just wondering.

P Yes.

Reference 1 - 35.07% Coverage

I am a little concerned about its validity, and how accurate it is. I think it’s a good tool for the patients, I think it’s very nice for them to have a seeming diagnosis within half an hour. But, obviously we take another sample as well, I haven’t seen the evaluation yet, but I think there may be some discrepancies, and that slightly concerns me.

 Because I’m dealing with patients who perhaps are anxious about infection, or anxious about contacts, and I’m telling them one thing from [the name of the test], and the actual reality might be different. Or maybe the other results aren’t correct. I don’t know. Then I’m worrying about everything. So it’s a... I like it, but I kind of am anxious about it.

00:01:32

R Yes. So having this new technology can actually resolve the anxiety?

P Yes.

R If you like... This feeling is shared by others?

P I think so. I think so. Yes, I think, we just sort of think, mm. People that we think perhaps would have been positive, or negative, and people that were thinking maybe would be negative are positive. We’re worrying about that, but maybe we’re over worrying it. And maybe because the patient is here, and we’re seeing them, sometimes it’s, mm, we’re surmising, whereas we probably can get a cold result two weeks later, we’re not so much attached.

 I think it’s the emotional attachment to the result, and to the patient. Because I’m thinking, I want this to be the correct result for this patient who is sitting in front of me. Whereas if you’re giving them a result over the phone, or by text, it’s anonymous, it’s kind of colder. It’s detached. Do you understand?

R Yes. This is very interesting.

00:02:25

P Yes. So that’s my thoughts. I like it, but I’m anxious about it.

R Do you think there is something about witnessing the process as well?

P What, that I like, or?

R Or maybe that it also contributes to the anxiety, because you’re actually seeing this machine working here...?

P Yes.

R Rather than that being sent to the lab...?

P Yes.

R And you kind of don’t know what’s happening there, you just get the results.

P Yes. I think exactly that also. Because you’ll look at it and think, mm, do I trust this result? I’m not sure. And we also do microscopy here just to cover. I trust that more, because I can, I’m looking at it under the microscope, and I’m seeing, and I think that’s what I think I see. The machine, I think is that to be trusted, I’m not sure.

Reference 2 - 5.81% Coverage

R So there was a lot of kind of shared anxiety about the validity of the results?

P I think so, yes.

R Were there any other worries?

P For me personally, no. I don’t know what the other staff think, I don’t, I think it was fine. It was easy to use, the NHS are very good at processing the samples, easy to give results to patients, we give results to patients all the time. So, that’s not a problem.

Reference 3 - 7.01% Coverage

R Do you have any other comments?

P No. I think I would like reassurance about its validity, and I’d like to see the abuses of the order, and correlate that against the NAT, and what the sort of corresponding results were. So that’s going to be interesting.

R Yes. And if that was okay...

P Then I’d be fine.

R Then would you just [inaudible]?

P Then I think I would be fine with it, yes. Once that’s validated I’d be fine. But I need to have that, otherwise I think, I’m not sure.

Clinic facilities

Reference 1 - 2.38% Coverage

R And do you feel like, the facilities of the clinics have been facilitating the process in terms of the space…

P Yes, it’s been fine actually.

R And how the clinics are set up and where they pathways…

P Yes, yes.

R So, that was quite easy to insert the new technology?

P Yes, no, that wasn’t a barrier at all.

R Okay, great.

Reference 1 - 5.57% Coverage

P So, at [clinic] it was a lot easier because our lab is slightly bigger. We just had to move a few things around a little bit to accommodate the machines because they’re not small machines, are they? But, yes, we found space, there was no problems with that. And so, the fridges that you supplied, we had room for them anyway. So, that was, again, no problem.

 I’m not sure about here. Because I didn’t get into implementing it here, so I’m not sure if they had any problems that side. But yes, we just had to move stuff around.

Reference 1 - 2.73% Coverage

Our only problem, which is nothing to do with the [company] machines, is the fact that we’ve got a very small area to work in. We have the three machines, but we’ve never had enough people to be able to get in the space to be able to use the three machines at the same time. Because our sluice, that we have them kept in, is so tiny. That’s been slightly inconvenient, but that’s no reflection on the device. It’s just the fact that we’ve got a very small amount of space to use it.

Reference 2 - 3.70% Coverage

R So would you say that within the clinic the lack of space was a disadvantage when it comes to easing that process?

P Yes, I think so because obviously the machines are not small, so they take up space in our area. We also needed to have clean, sterile trolleys for us to be able to use which have been taken from another area, and larger bins; just little tiny things.

 Because it was only a temporary thing, then obviously we had to work around the space that we had taken up and work around it individually. Which was fine, it was absolutely fine.

 If we had more room, and we didn’t have to do everything in such a small space, it would be fabulous.

Reference 3 - 1.70% Coverage

Literally the only thing is the amount of space that we have had to take up. The machines themselves aren’t particularly big, but we’re a very small clinic, so we have a very small amount of space anyway, so obviously that was the only reason. But everybody else quite liked it, so no problem at all.

Reference 1 - 5.88% Coverage

P Because if we go to do outreach clinic, so we’ll say when we go to [outreach clinic], for example, to do the under 18s clinic there, we don’t have a refrigerator there. So, we can’t take [company] with us because obviously, we can’t refrigerate the cartridges. They’re out about six or seven hours, the girls when they go over there in total. So, we’re limited to only using [company] here at the moment.

R And do you think that if the machine would get adopted, then you would use it in those outreach clinics as well?

P Only if we can access refrigeration space. Because obviously, the cartridges ideally need to be refrigerated, and we can’t guarantee that they would be because we don’t have that facility in the outreach clinic at the moment.

R Yes, so they would potentially require additional investment on top of the platforms right?

P Yes, yes.

Reference 2 - 2.63% Coverage

R Of course. What about the clinic itself? Is it easy to accommodate those platforms and potentially more platforms in the future?

P Yes from a space point of view, that’s not an issue. From the space point of view, that’s absolutely fine. It’s just the waiting. And obviously, the more platforms that you have, the less time you’re going to have to wait for a machine to be free.

Reference 1 - 19.94% Coverage

R And you say that some didn’t want to wait 30 minutes?

P Yes.

R So what did you do in those cases?

P It depends on… Most of them were recent contacts so we would have covered them with antibiotics anyway. So then we just called them and let them know the result. Some people left and we called them and they came back for their treatment, so some of the young people are at home and as soon as you call them and say, you’ve got chlamydia, there were back at the clinic within five minutes, so that also worked. It did work that way as well.

R Right, I see.

P But the negative ones we were quite happy to just text them. Some people were calling them, some people were texting them, it depends on the technology we had.

R Would you say the young people are more impatient?

P Just the general population are quite impatient.

R Okay.

00:03:17

P Because if we didn’t pick it up beforehand and they’d already been waiting for two hours to be seen, then we do the history and then we say we can do a same day result but it’s going to take another half an hour, then we find out both machines are in use and it’s actually going to be another hour sometimes they’re just get a bit impatient by them. It’s a very small waiting room which doesn’t help.

R I see, yes. So do you think the facilities that you have in the clinic may make it more difficult for the test to be adopted then? For example, you would need a bigger waiting room, would it help?

P Or a different waiting rooms. So, potentially, in previous services when we’ve done finger prick samples for HIV we’ve had two waiting rooms. So you could put somebody waiting for that result in a different waiting room, so it didn’t feel like there were as many people because those people were waiting somewhere completely different.

R Yes, right.

00:04:18

P That’s quite a big ask to try and facilitate in some premises.

R Yes.

P We’ve got Room 9 here that we could use if we were doing it here, so we’ve got a waiting room for when we’re doing microscopy. So while that’s being read they wait in Room 9 so we do have the room here we use for that.

R So that would work better?

P Yes.

Reference 1 - 2.26% Coverage

R I see, okay. And use of facilities, there was enough space?

P Oh yes.

R Yes.

P Yes, that’s not a problem.

R This is not a problem?

00:05:08

P Yes.

Collaboration and communication

Reference 1 - 4.70% Coverage

R What about the members of staff that you are overseeing?

00:02:12

P Yes, so we catch up generally. I’m usually here on a Wednesday so I catch up with [nurse] and we go through if there’s any problems, and she will discuss that with me anyway.

R And do you feel like their workload has been…?

P Yes, because also they are trying to enter stuff into the database as well. But then I’m also counter-checking some of that information just to check that it is all correct. So, yes, it has taken them some time as well. So, bringing it up in every meeting, just making people aware, and showing them how to use the machines as well. So, yes, a little bit.

Reference 2 - 3.46% Coverage

R That’s okay. That’s fine. And what about relations amongst staff. Have people been… Do you feel like they’ve been supportive? Has there been resistance?

P I think everybody now, everybody has really embraced it. I think the majority of staff think it’s a great idea. And we like having it. It’s useful to have.

00:07:55

R And do you feel like this is because they really like the test, or this is because they also maybe like trying new things?

P Possibly a combination of both.

Reference 3 - 0.56% Coverage

I think communication with everybody in terms of implementing it has been good.

Reference 1 - 11.49% Coverage

R Okay, so you’ve been using it with patients, and you said you were also encouraging others?

00:01:07

P Yes, so just reminding people. So, the thing that we found over at [clinic] was initially everyone was very excited about it, and we got quite a lot of numbers initially over the first week or so. But then the numbers dropped because people then forget to do it.

 So, it’s just about keeping that motivation. Because you do. You’re in a busy walk-in clinic and you’re just doing all the tests quickly, and then you are like, oh damn it, I forgot to do the other test that they wanted. So, it’s just about reminding them and setting them up for the day. That’s it really.

 And then I’ve been helping [consultant], the doctor, to input some of the data onto the data sheet as well.

R Right, so you said that people may forget, but this is why the test is not being used to provide results.

P Yes, so we were just doing them on anyone we could to get as much data as possible. But it was reminding staff to do that extra swab or to get another urine sample to put through the machine.

Reference 1 - 6.59% Coverage

R What about the training provided? Was it enough? I know they are relatively easy to use but…

P Yes they are, absolutely. I don’t know. I’m not sure if [clinic lead], who was the one that was in charge of it all, whether she had the original training, and then she just passed it on to the rest of the staff? I don’t know how that works. Is that what usually happens?

00:16:57

 Does a member of staff come to want to the clinic and normally show one person, and they pass it on. I don’t know. How is it usually done?

R I think it differs from one clinic to another.

P I don’t know what the training was. I was one of those people that came back after three or four days off and was asked to do a couple of things. There was a bit of lack of communication from our end here.

 I think one of the nurses, the Lead in it, would have had some training of some sort, and then she just literally grabbed a few people and said right we’re doing this. This is how it’s done, off you go. And it’s fine because it was very limited training. We didn’t need a lot of training at all. It was all very simple. And once we were shown we were all on it; it was absolutely fine.

Reference 1 - 1.68% Coverage

R Did you collaborate with others within the clinic?

P Yes, all of our support workers were using the machines. All of the staff were filling in their portions of the form As or the form Cs or the form Ds. Yes, so all of us were doing it, yes.

Reference 2 - 3.66% Coverage

R So, in all of that, how then do you manage the confusion and make sure everyone is on board?

P So, basically what we’ve done is that a few of us have then… So, you take people in there. Make sure that they know exactly how they’re doing. Check exactly how they’re filling the forms in. And just make sure that there’s somebody here every day that actually is aware of how to do it correctly, so that if anybody’s got questions then they can ask. We’re a small team here, so it’s not difficult.

R All right. And that helps?

P Yes.

Reference 1 - 4.08% Coverage

P What else? Clinicians getting involved with it, so whilst people were at the meeting a lot of people still needed further instruction of what to do, so some people needed to know what [the company] was, we were just calling it [the company] in the clinic, that was our informal way of calling it. Some people needed telling what it was all about and some people didn’t understand. Yes, it was tricky kind of fitting it into the clinic in the beginning but then once things got smooth and we had more people doing the machines and more people collecting samples then it was a lot easier, I’d say.

Expected impact

Reference 1 - 10.59% Coverage

Would there be any other impact?

P Well certainly antibiotic resistance. So, for contacts, that’s going to make a huge impact because we do wait for… In certain cases, we might…

00:10:39

 So, patients may come in and say I’m a contact of whatever. And depending on what that is or depending on when they last had sex with somebody, we may actually give them treatment on the day, and some people may ask for that as well. And we would do that without knowing the results.

 Actually, it’s really useful to have that information going, it is actually negative, you’re outside of the window period, so we don’t need to give you anything.

 So, antibiotic resistance is going to be a huge impact, and I think that is really where it’s going to make its mark

R Right, so public health generally?

P Of course. And we know that ceftriaxone resistance, we have seen a few cases, gonorrhoea is extremely resistant. So, all of those things are really going to affect it. So, yes certainly, that’s going to be a huge impact for that.

R And in terms of how the clinic works, would some people be more affected than the others?

P Well, if you’re giving treatment where you don’t need to I guess, that’s the thing. So, you might save money, you might save anxiety, you might save them treatment they don’t need, side effects and all the rest of it. And we’re also then saving on the antibiotics and decreasing the risk of resistance as well, which I think is all a good thing, so yes.

Reference 1 - 3.51% Coverage

Better for the patient, absolutely, because if they come in as a contact of say gonorrhoea, whereas normally we would have to treat them and then wait on their results, we’ll go on the result of [company] test, and say yes or no whether you need treatment there and then.

 So, in that way, it’s going to be good, but it is just… Yes.

Reference 2 - 8.99% Coverage

R So, do you feel like now having worked with it, and I know that you haven’t really used it as an adopted technology in the clinic, but do you feel like if the clinic goes with the idea, do you feel like that point of care task will improve the service?

P Yes.

R In a significant way?

P It will improve the patient experience, patient satisfaction that they’re getting the result there and then. Especially if they are a contacted chlamydia or gonorrhoea. They come in and can be quite nervous, a bit scared, a bit unsure. We can’t give them a yes or no answer at the moment, they have to wait for their results.

 But this is going to hopefully relieve their anxiety within 30 minutes, whether it’s positive or negative, and we can act on it. So, yes, I think it would do, yes. With any point of care test with an instant result is going to be better.

Reference 1 - 7.17% Coverage

So of course if we have a feeling that somebody has possibly got chlamydia, or whether we’ve looked under the microscope and we’ve seen something else under there. And thought they may have this because they’ve been with a partner that has.

 So to be able to do it on the machine and get that result within half an hour. If we’ve got a confirmed positive within half an hour, it saves a lot of time and effort for follow-up phone calls, conversations, and stuff like that. Again, being on the [location], we can get them back pretty quickly for treatment.

R You can also avoid the presumptive treatment, I suppose, where it would be unnecessary, maybe?

P Obviously it depends on the circumstances of the patient, and the history they’ve told us, but if they’d been in contact with a positive chlamydia or gonorrhoea, as long as we have the information that we need, then they would be treated anyway.

00:06:20

 But if they’re completely unaware that they’ve got anything, then obviously having the results within such a short period of time means that the partner notification can all be done a lot quicker. We don’t have to wait for two weeks, which means there’s less risk of them going out and infecting somebody else, so it’s all positive, very positive indeed.

Reference 2 - 6.99% Coverage

R So let’s imagine that the test would be adopted in the future, in the clinic. You’ve already mentioned that ideally you would need more space for the test, if it was meant to be there permanently. Is there anything else that will have to be changed within the clinic, or the pathway of patients, or some of the patient groups, or… I don’t know, maybe changing responsibilities [overtalking].

P No I don’t think so because we’re a nurse-led clinic, so obviously all of our clinics are led by nurses and they run the show. And obviously us being the healthcare assistants, we tend to do the testing, so we would probably do more of them than the nurses would.

 But I can’t see that there would be any need for any change at all really. The only thing is obviously with outreach because the girls go out to a few different areas. For example, this afternoon there’s a couple of the girls are out at a different clinic doing an under 18s walk-in, and they wouldn’t have the facilities to… Well they’ve probably got more space to do that actually, but as this trial’s gone on they haven’t had a machine out there. So if we were to adopt it full-time, then obviously we’d have to look at the other areas of where we go and do outreach stuff.

Reference 3 - 2.81% Coverage

R Yes.

P And about seven days in the fridge, from what I vaguely remember. So the fact that a few evenings where we’ve had quite a few late evenings, and knowing that the tests will take half an hour. If we’re all due to finish in 15 minutes, we would save the samples, put them in the fridge overnight, and then do them the following morning. Which is very handy, so we know we don’t have to rush around and do them. We can just save them and do them the following day. So that was always handy.

Reference 4 - 2.05% Coverage

Which of course would be the same as if we were to go out to different clinics out of the units here. Those samples could all be collected, and then just put in the fridge and done the next day. So there wouldn’t necessarily have to have a machine at and near these clinics because they could all be just done here, and brought back. So yes, that would be good.

Reference 1 - 15.26% Coverage

 Okay. And have you shared your views on point-of-care testing with others, or have others shared those views with you?

P No. Not at the moment. I think also, from our point of view really, until we get a sort of breakdown of the comparisons between the two, I think that will make it much easier for us. And also, we have to be quite wary with the fact that saying to people, oh yes, we can tell you within half an hour when you’ve got chlamydia or gonorrhoea because we have to still be able to manage the flow-through of our clinic.

 And I think, at the moment, particularly while we’re still in this sort of stage that we’re at now, if it goes out, oh yes but sexual health can tell you within half an hour, we would be absolutely inundated with mainly asymptomatic screens and we’re a tier level three service.

 So, it means essentially that you might have more people coming here for asymptomatic screens, than perhaps doing freetest.me or something that takes three to five working days to get your results back, when we’ve got no other reason to see that person. And then potentially appointments for people that actually do need to be seen really here, are going to become fewer. Yes.

R So, that test would improve the service in that way? And potentially the patient experience?

00:13:59

P If it potentially improved the patient experience. However, I think you then… Obviously, when you go in for a test you want the result as quickly as you can get it and I understand that. But I think it does mean that you would get an influx of people coming here for an asymptomatic screen that they could easily have done online because they genuinely do not need anything else from us. Because they could perhaps learn quicker here, rather than through a freetest.me kit.

 I think then you could be a victim of your own success, in the fact that then appointments for people that are coming here, maybe for an asymptomatic screen, but who also perhaps needs vaccinations or contraception, their appointments they’re going to have to maybe wait a little bit for their appointment because we have a deluge of asymptomatic patients that just want to know quicker.

R I see. So, there is a risk there? Yes, I understand.

P Yes.

Reference 2 - 3.24% Coverage

And if we knew toward, obviously window period dependant, using it as a test before we treated somebody that was say, a chlamydia contact for example, then it could have a beneficial effect.

00:16:59

 It’s going to reduce the amount of over antibiotic use if you treat someone who’s a contact before you know actually what their definitive result is. Which is obviously sometimes what happens at the moment, which you could possibly eradicate with the [company] machine.

Reference 3 - 1.26% Coverage

I think it definitely has a place. Particularly perhaps for screening people before you treat them so that we hopefully can impact on the growing antibiotic resistance we’re seeing.

Reference 1 - 13.98% Coverage

R Okay. Do you know if the test was to be adopted would there have to be any other changes, pathways or, maybe, better facilities at the clinic?

P So we have them on trolleys at the moment, a more permanent space for them would be better, I think; having them on a table would be better. Some other kind of labelling method, I think, would be better. I was thinking something like a test tube rack that was numbered so you could see the order that you did them throughout the day.

R Right.

P And then a space for both [test name] number. I suppose then if you’re talking about actually in the clinic we wouldn’t be doing the study with them, so you could just have the patient identification number on them and that could be it, I suppose.

00:07:52

 What else would I change? Having everybody being trained on it, I think, trained to use it as well would be useful. Otherwise it just felt a bit like clinicians were just handing us samples to put on, whereas, if they could potentially do it themselves.

R I see.

P Then it could maybe go a bit smoother.

R Yes, and there wouldn’t be a delay of people waiting for others.

P Yes, exactly, like waiting for one of us Healthcare Assistants to be free to do it. And, also, if we could perfect that, get their results before they’ve even been seen then that would be ideal.

R Yes.

P But, obviously, there was a constraint on that because we only had two machines, that’s half an hour for each sample, so there’s only a certain amount you can do before someone has to be seen.

R And the clinic is quite busy, how many people do you see daily?

P It depends, so a clinician will see one person for half an hour, so that’s two an hour. So if you’ve got an average of ten clinicians, and on a really good day we can get through like 60 people in a day but that depends on which clinic you’re at and who’s in and who’s off sick and who’s on leave and all that so it really varies. And in our under 25s clinic it’s about 14 a day and they’re only open two days a week, so it’s really different.

Reference 1 - 14.67% Coverage

R And do you feel like, in general, there was enthusiasm around the new machine or resistance?

P Bit of both.

R Right, okay.

P Particularly around the symptomatic men, just I’ve been trained all my life for microscopy so that’s always what I want to go to if someone’s got symptoms. And it was weird saying, oh, we could eliminate two things but we still haven’t said if there’s actually a discharge that needs treatment. So that was the main thing that was complicated was when it came to the symptomatic patients. It told us gonorrhoea was there but it still didn’t tell us the sensitivity.

00:07:19

 So the treatment would have been the same regardless of the machine for gonorrhoea because if they didn’t want to come to microscopy.

R Yes.

P If that makes sense.

R Right, so, in some cases, it’s not as useful?

P But that’s all on the adaption, that’s what we were told to try it on.

R Yes.

P So we do have patients who won’t come here for microscopy. So it was useful for them but we were using it almost as a first line, and I’d much rather have had it as a backup. So if they refuse to come here or they can’t come for microscopy then we can at least tell them it’s not chlamydia, or it is chlamydia.

R Right, and did you have those discussions within the team?

P Yes, we decided to try it because we knew it was a pilot so we thought we might as well do as much as we can and try it all and see how it works.

R Yes, and do you think that’s it’s going to be adopted. Do your feel like your practice would change in the future?

P I’m not sure.

R Not sure, yes.

Reference 2 - 9.65% Coverage

P By the end of it we did end up with patients saying, well, I heard you can do the same day result, so word had got out. Someone did come in saying they insisted on that test.

R And how did you manage that situation?

P Well, we still had the machine so we could do that. He was a contact anyway so he fitted the criteria and he was under 18, so it was something we could do, which was good.

R Can you now imagine what’s going to happen if you don’t adopt that test?

P There will be some people who are upset.

R Yes.

P There will be a few, particularly [clinic name], a lot of them might be a bit upset because they like getting the same day results.

R Yes.

P I’m sure everyone would like to be told instantly that everything was negative.

R Yes.

00:11:27

P It’s the same with the finger prick test for HIV, we still get people requesting that even though we know the sample covers for a short window period.

R Yes.

P They still prefer something on the same day.

R Yes.

P So that’s going to be interesting to see what happens.

Reference 1 - 2.70% Coverage

And I think for antibiotics stewardship it’s, you know, if we’re avoiding giving out antibiotics when they don’t need it, it’s obviously better that way. So, yes.

Patient experiences and expectations

Reference 1 - 4.64% Coverage

R And you have been using that test to provide results to patients already?

P Yes, absolutely. After the trial I think there was a small amount of time that we were in both. I can’t remember how long it was, but I think it was after the first trial, wasn’t it? Then we were allowed to give results to the patients via [company] rather than ours. And then I think the end of September we’ve been doing it all; we haven’t been sending any of ours off.

 So they’ve been very pleased. It’s made things a lot easier because if somebody is just having the test done for chlamydia and gonorrhoea, and maybe some bloods done as well, the bloods get done here in-house. And they’re normally done within the week, so the patient’s getting all of their results within a week rather than two weeks. So yes, that’s been really good.

Reference 2 - 12.40% Coverage

Obviously with everything being a trial we didn’t want too many people getting used to getting their results so quickly when everybody previously had had to leave it for the two weeks. Otherwise other patients would say to other people, I got my results within four days, and of course once the trial was over and we’re finished, we’re going back to everything else. We didn’t want to give them too much too quickly because as soon as we go back to our old way of testing it’s going to be the two weeks again.

 And of course being [location] everybody knows everybody, so they’d all be going around saying I got my test results back in four days, and that’s not going to be that way. So obviously we had to be a little bit careful, we didn’t want to get too excited. But no, it did make a huge amount of difference.

R This is very interesting that you have to, in a way, manage patients’ expectations.

P And I think it’s very different being [location]. Have you ever been?

R No, unfortunately not. I never got a chance.

00:03:38

P It’s very small, and everybody knows everybody, so when you have patients sitting in the waiting room, the chances are they’re going to know somebody in there. It’s just one of those things; it’s a small island. So there’s always word of mouth because we are the only clinic on the island. It’s completely different to anywhere else in the country.

 So when somebody says to their friend, I’ve got my check-up and I’m okay, and I received my texts within the week, then they will then pass it on to their friends. And say oh well I’m going to go up there if the results come back that quickly.

 So of course we had to leave it just to tell them that they would come back in a week, rather than the half an hour that we could have given them their results. Otherwise they would get, like I said, they would get, not over-excited, but the word-of-mouth would spread that everything gets back a lot quicker.

 And their expectations then, after the trial had finished, would be too high, and we wouldn’t be able to confirm to them. So that’s why we were just a little bit careful to [overtalking].

R They don’t necessarily realise what’s happening backstage.

Reference 3 - 3.77% Coverage

R So how does it feel now to not be able to use those tests anymore?

P It’s slightly frustrating. We had one of the ladies in this morning that said I’ve just done this on the [company] on the lady, and I said no, we haven’t got any more cartridges; we can’t do them. So she’d only just realised that we’ve run out of cartridges, so we’re not doing them now.

 By the time everyone got used to them, and we’re all happy with it, and we’re quite enjoying the way that it works. Now it’s stopped we’ve got to remind everybody that we’re back to the other way of doing it, so yes, slightly frustrating. We did say it would be sad when it finishes, but it is what it is.

Reference 1 - 23.15% Coverage

R And patients were, I assume...?

P They were quite receptive. Yes, they were. Yes, yes, because to them it was like, oh, I’m going to get my result really quickly. And I’ve noticed that we’ve got a lot of patients, no matter how old they are, they want their results. And a lot of the questions are, that I would get as admin, can I get my results today? Well actually, with this new trial, yes you can. So yes, it was good.

R Do you feel you will be now getting patients to demand it?

P Funny enough, last week I had a conversation with a patient who had been in, and had used this trial, and wanted to know if they could come back, and wanted to know whether they could do this instant trial again. So we kind of had to explain what was happening, and so on, and so forth. So I think they would, definitely. I think if it was to go, to continue, or whatever, I think they would.

00:07:57

R Yes, there would be a demand from patients?

P I think so, yes. Because people want everything quick, don’t they?

R Yes.

P It doesn’t matter what it is.

R Yes. Do you have any other comments?

P What happens now? What happens now?

R I don’t know.

P Oh.

R Because I don’t... I work for [name of university] team, so we just work on the research.

P Okay.

R We don’t really know what’s happening with the company at the moment.

P Right, okay.

R So we don’t know if they have more...

P But this sort of thing...

R [Inaudible].

P They’ll always be looking into developing tests that...

R Yes. So the ideal is to develop a test that would provide results for Chlamydia, gonorrhoea, mycoplasma, and TV.

00:08:48

P Brilliant.

R So there are ball parks.

P Hurry up and get on with it.

R Right.

P Come on, the demand is there. Yes, yes, that would be brilliant.

Reference 1 - 11.63% Coverage

R And you say that some didn’t want to wait 30 minutes?

P Yes.

R So what did you do in those cases?

P It depends on… Most of them were recent contacts so we would have covered them with antibiotics anyway. So then we just called them and let them know the result. Some people left and we called them and they came back for their treatment, so some of the young people are at home and as soon as you call them and say, you’ve got chlamydia, there were back at the clinic within five minutes, so that also worked. It did work that way as well.

R Right, I see.

P But the negative ones we were quite happy to just text them. Some people were calling them, some people were texting them, it depends on the technology we had.

R Would you say the young people are more impatient?

P Just the general population are quite impatient.

R Okay.

00:03:17

P Because if we didn’t pick it up beforehand and they’d already been waiting for two hours to be seen, then we do the history and then we say we can do a same day result but it’s going to take another half an hour, then we find out both machines are in use and it’s actually going to be another hour sometimes they’re just get a bit impatient by them. It’s a very small waiting room which doesn’t help.

Reference 2 - 6.29% Coverage

P And that was to save them from having to come to ward room to get a microscopy done, so we don’t have a microscope.

R Yes.

P So like an interim measure.

R I see, and you said that once the team got used to it…

00:06:15

P We all started requesting them.

R All right.

P For people who didn’t necessarily fit the criteria but we knew actually we wanted to get results straight away, so we actually started asking for it on different patients.

R Yes.

P Like vulnerable adults, complex cases.

R Yes.

P So once we knew it was there we were actually requesting it. But, normally, these were the patients who would happily wait because they’d want that half an hour result.

Reference 3 - 3.65% Coverage

P By the end of it we did end up with patients saying, well, I heard you can do the same day result, so word had got out. Someone did come in saying they insisted on that test.

R And how did you manage that situation?

P Well, we still had the machine so we could do that. He was a contact anyway so he fitted the criteria and he was under 18, so it was something we could do, which was good.

Reference 1 - 13.02% Coverage

P But I think patients generally I think were happy to, I mean I must have done less than half a dozen really. I probably wasn’t involved in it as much as other people at other satellite clinics. So, but I think patients were happy to, you know if we offered it, were happy to accept it. So yes.

R So the patient experience probably improved with a test like that?

P I think so, if we had more than one machine. And of course if you’re the first one going through the machine that’s great, because you know you’re going to be done in half an hour. But if one test has just gone in, and then you have a patient that needs a test, you know then it’s going to be at least 45 minutes, or so. But it’s still acceptable if you can contact people, and they’re happy to come back if its positive. Yes.

Leading

Reference 1 - 17.39% Coverage

So, my role is I am the lead overall. That’s looking after how we are implementing in the clinic. So, I have disseminated the information to the inter staff, one at either site who have them also disseminated out as well.

 So, essentially summarising how to use the kit, who we’re going to use it on, how to collect the data. So, we’ve created little spreadsheets and things so that they can collect the data folder explaining how we do it, and to do it the same at both sites. And how many samples we want to collect.

 Also, I have been entering the data into the database as well and having a look at all of that. So, I guess I’m overseeing that bit of it.

00:01:04

R So, you don’t necessarily use it?

P I have also used it as well. And especially when the machine wasn’t working then, yes. I fixed one of them here, the other one I couldn’t fix. Well, with talking to [company] over the phone we managed to fix one of them, but the other one we didn’t.

 So, yes I know how to use the machines. So, I have used it, but because I am generally in clinic, it’s everybody else that uses it as well. So, all of the above.

R So, would you say the process has increased your workload in a significant way?

P Mine? My personal workload?

R Yes.

P Yes. So, after we finish I need to go through the database and enter all that data in from this site, which takes a considerable amount of time. And counter checking the results from the machine to our results as well. So, yes, it does take quite a bit of time to do that. In terms of the day to day stuff, generally, if I’m around I might just put the sample in. It doesn’t really take that much longer. But it’s the actual entering the data onto the database and checking it all is the bit that does take a bit of time.

R What about the members of staff that you are overseeing?

00:02:12

P Yes, so we catch up generally. I’m usually here on a Wednesday so I catch up with [nurse] and we go through if there’s any problems, and she will discuss that with me anyway.

R And do you feel like their workload has been…?

P Yes, because also they are trying to enter stuff into the database as well. But then I’m also counter-checking some of that information just to check that it is all correct. So, yes, it has taken them some time as well. So, bringing it up in every meeting, just making people aware, and showing them how to use the machines as well. So, yes, a little bit.

Reference 1 - 2.55% Coverage

R Who else would you say played a crucial role in that process so far?

P Do you mean actually processing the results and things like that?

R The process of the local validation.

00:03:35

P That would be [clinic manger]. She’s obviously our clinical service manager, yes. She would be the main one for that, yes.

R So, she’s the one making decisions, I assume right?

Local considerations for implementation

Reference 1 - 12.40% Coverage

Obviously with everything being a trial we didn’t want too many people getting used to getting their results so quickly when everybody previously had had to leave it for the two weeks. Otherwise other patients would say to other people, I got my results within four days, and of course once the trial was over and we’re finished, we’re going back to everything else. We didn’t want to give them too much too quickly because as soon as we go back to our old way of testing it’s going to be the two weeks again.

 And of course being [location] everybody knows everybody, so they’d all be going around saying I got my test results back in four days, and that’s not going to be that way. So obviously we had to be a little bit careful, we didn’t want to get too excited. But no, it did make a huge amount of difference.

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So of course if we have a feeling that somebody has possibly got chlamydia, or whether we’ve looked under the microscope and we’ve seen something else under there. And thought they may have this because they’ve been with a partner that has.

 So to be able to do it on the machine and get that result within half an hour. If we’ve got a confirmed positive within half an hour, it saves a lot of time and effort for follow-up phone calls, conversations, and stuff like that. Again, being on the [location], we can get them back pretty quickly for treatment.

R You can also avoid the presumptive treatment, I suppose, where it would be unnecessary, maybe?

P Obviously it depends on the circumstances of the patient, and the history they’ve told us, but if they’d been in contact with a positive chlamydia or gonorrhoea, as long as we have the information that we need, then they would be treated anyway.

00:06:20

 But if they’re completely unaware that they’ve got anything, then obviously having the results within such a short period of time means that the partner notification can all be done a lot quicker. We don’t have to wait for two weeks, which means there’s less risk of them going out and infecting somebody else, so it’s all positive, very positive indeed.

Reference 1 - 20.63% Coverage

R But... You were scared. And do you feel like, do you think the process was smooth, or how would you describe it? Not necessarily, were there any other problems?

00:02:29

P It depended on the clinic that you were at. One, the clinic that I initially did the [name of the test] at was a lot more, was a lot calmer. And you could just kind of do everything methodically. Whereas at one of our other clinics where it can be quite hectic, and quite crazy, and the patients are...

R Yes.

P Yes. So I did find it a little bit intrusive, in that I just thought it kind of put pressure on the admin staff. It kind of put a little bit of pressure on the HCAs that were doing it. Just in terms of trying to get it to run smoothly, and integrate it into the process. But that was my own personal feeling.

R Did you feel like it was just another thing to deal with in that setting?

P As I say, depending on the clinic. Yes.

R But in that more chaotic one.

P Yes, I did, and I felt kind of, not sorry for her, but I felt that it was... I felt that it added a little bit more pressure to what could already be a pressurised day. And yes, that’s it really.

R I see.

P But as I say, that was that one particular clinic. At the other clinic it was just like, oh yes, no problem at all.

00:04:03

R So at the other clinic it was easier to integrate that probably?

P I thought it was, yes. I thought it went smoother, yes. But, and then of course we... Yes. Because there’s more of us here, I felt that it just seemed to fit in here, it was a little bit easier to fit in I thought. Yes.

Implementation process

Reference 1 - 4.40% Coverage

Apart from the initial stages where the machines didn’t work, and it took a little bit of time for all that to get sorted out. And then when it eventually worked, then it’s been fine. But those initial stages where nothing was working and there were a lot of USB sticks, and we were trying to fix things, and it didn’t work. That bit was quite frustrating. And it did delay everything for probably at least a week before they were actually working, up and running, that we could actually use.

 So, that bit was frustrating, but once we got the machines running and we’re into the swing of things, it’s been okay.

Reference 2 - 2.65% Coverage

And unfortunately, I know there is a time limit to it, but it’s probably the worst time of year to do it because people are generally flitting in and out of holiday mode. It’s not the best time I feel, but yes. It is what it is.

R We realise August is always tricky.

P Yes, so I think September when people are all back to the swing of things is better, but, anyway.

Reference 3 - 5.12% Coverage

I think it’s a real shame that there is this rush towards trying to finish the service evaluation, and there’s a deadline for it. I understand why there is a deadline and that needs to be in any case anyway. It’s just that it would be nice to have that run a bit longer I think because that is where actually…

 That is the stuff that we actually need to build up the business case, and if you’re only doing it for two weeks it’s really difficult to come up with data from that to say… I think ideally at least a month, but we haven’t got that so, that’s the only thing I would say that is the bit that would be nice to have run a bit longer. But I understand why, and I get it. Can’t change it, it is what it is.

Reference 1 - 4.49% Coverage

P No, I think it’s been really, really easy. It was good that we had the demonstration so that we knew how the machines worked. And then the swabs and the urine is exactly the same really as what we’re already used to. So, it wasn’t anything new there.

00:04:25

 The only obstacles we had was initially when the machines didn’t work. That was our only obstacle. But people came out quite quickly and sorted the problem out.

Reference 1 - 4.21% Coverage

P Well, I’m a healthcare support worker, so the nurses pass the specimen to me, and I then go and process it, and then give them the results back, and we document it all, so that they can have the results when they need it.

 So that’s our role, but it’s also everybody else’s role, so it’s just a matter of whether or not the nurse has time to do it herself, or himself, or it’s down to us. It’s whoever’s got enough time to be able to do it really.

 But the fact that it only took half an hour is really good. It confused a few people to begin with because we had them popping in and out of the machines with this one’s ready, and this one’s ready. We’re not used to having everything ready so quickly, so once we got used to it, it was great.

Reference 2 - 5.95% Coverage

But time-wise, once the trial was over and we were using it for ourselves, it was brilliant. It’s just stick a sticker on here; tick the box, put in the results, job done. So yes, it’s really good.

R So would you say that maybe it’s even less, or would you say that the workload decreased?

P No. I would say it was probably the same amount of time. The only difference, like I said, once the trial was over and we didn’t have to do… Sorry, excuse me a second. Sorry, my colleague was just after me. Where were we? I’m sorry.

R You were saying that it did not change the workload at all, really.

P Not once the trial itself was over. Once we didn’t have to do that paperwork, the workload was fine. The only inconvenience was the space that it took up because we used the area for other things. So if somebody else needed to come in and do something else on a different machine, or use other things in that area, it was slightly difficult. If you had two people in there doing two tests, well again, that’s just the fact that we didn’t have the space.

Reference 3 - 1.67% Coverage

We’d be quite sad to see them; well we are sad to see them go now. Literally, as we speak, we’ve run out of the cassettes, so we’re back to our old way of doing things. So these are going to take two weeks now, obviously, for the patients to get their results. But no, it has been really good.

Reference 4 - 6.59% Coverage

R What about the training provided? Was it enough? I know they are relatively easy to use but…

P Yes they are, absolutely. I don’t know. I’m not sure if [clinic lead], who was the one that was in charge of it all, whether she had the original training, and then she just passed it on to the rest of the staff? I don’t know how that works. Is that what usually happens?

00:16:57

 Does a member of staff come to want to the clinic and normally show one person, and they pass it on. I don’t know. How is it usually done?

R I think it differs from one clinic to another.

P I don’t know what the training was. I was one of those people that came back after three or four days off and was asked to do a couple of things. There was a bit of lack of communication from our end here.

 I think one of the nurses, the Lead in it, would have had some training of some sort, and then she just literally grabbed a few people and said right we’re doing this. This is how it’s done, off you go. And it’s fine because it was very limited training. We didn’t need a lot of training at all. It was all very simple. And once we were shown we were all on it; it was absolutely fine.

Reference 1 - 1.65% Coverage

R And how did you find that process?

P Yes, it was fine. Some of the paperwork around the whole [unclear] theme was a bit bitty and a bit repetitive, but then I guess you have to have a standardised theme to be able to do comparisons with.

Reference 2 - 1.26% Coverage

R I see. So, how many platforms do you have?

P Three.

R Okay, and are all of them used in the same clinic?

P Yes.

R Right. And that’s the main one I assume?

P Yes.

R Yes? Okay…

Reference 1 - 36.23% Coverage

I didn’t, for me personally, there was a little bit of a barrier because I’m predominantly admin, and then I was moving into more clinical, what I saw as clinical. And I didn’t get a great deal of involvement in the training of being able to do it. I saw it initially when I think one of your representatives came and showed us. But I didn’t actually get the hands on side of it.

00:01:21

 And then I was at one of our other clinics, which is predominantly for younger people, and it was kind of, right get on with it, do it. You’re going to do it. So I had a colleague who knew how to do it, and she was really familiar with it, so I could ask her for backup, and help, and everything. And once I got into it, I was like, oh, this is quite good, I’m actually getting into it, and it wasn’t as harrowing, or daunting as I thought it was going to be. Because I didn’t want to make a mistake, so I thought, you know. And not necessarily coming from that background, medical, I didn’t want to make a mistake and get it all mixed up, and put sample in, get samples mixed up. So that was what was my...

R So this was the first time for you to do any clinical work?

P Yes.

R Right, okay.

P Yes.

R But... You were scared. And do you feel like, do you think the process was smooth, or how would you describe it? Not necessarily, were there any other problems?

00:02:29

P It depended on the clinic that you were at. One, the clinic that I initially did the [name of the test] at was a lot more, was a lot calmer. And you could just kind of do everything methodically. Whereas at one of our other clinics where it can be quite hectic, and quite crazy, and the patients are...

R Yes.

P Yes. So I did find it a little bit intrusive, in that I just thought it kind of put pressure on the admin staff. It kind of put a little bit of pressure on the HCAs that were doing it. Just in terms of trying to get it to run smoothly, and integrate it into the process. But that was my own personal feeling.

R Did you feel like it was just another thing to deal with in that setting?

P As I say, depending on the clinic. Yes.

R But in that more chaotic one.

P Yes, I did, and I felt kind of, not sorry for her, but I felt that it was... I felt that it added a little bit more pressure to what could already be a pressurised day. And yes, that’s it really.

R I see.

P But as I say, that was that one particular clinic. At the other clinic it was just like, oh yes, no problem at all.

00:04:03

R So at the other clinic it was easier to integrate that probably?

P I thought it was, yes. I thought it went smoother, yes. But, and then of course we... Yes. Because there’s more of us here, I felt that it just seemed to fit in here, it was a little bit easier to fit in I thought. Yes.

Reference 1 - 18.41% Coverage

R Okay, and how would you describe the whole process?

P Talking patient-wise or us taking on…?

R Everything, was it smooth, were there any challenges on the way?

P Yes, so when we had that initial meeting with you guys and, I think, there were some [the company] people there, it all felt like, oh, it’s going be fine, we’ll see how it goes when we go along. But there were actually quite a few obstacles that came about as in some patients didn’t want to wait half an hour. Sometimes we forget it’s beautifully smooth where we would take the sample before they were seen, if they were going to be seen later in the day they’d have their results ready when they came back.

 We had a few issues where people didn’t want to wait, or we had to ring people, and that was particularly difficult when it was a positive because then you want them to come back, and it just kind of felt a bit more urgent, I suppose.

R Yes.

00:02:04

P What else? Clinicians getting involved with it, so whilst people were at the meeting a lot of people still needed further instruction of what to do, so some people needed to know what [the company] was, we were just calling it [the company] in the clinic, that was our informal way of calling it. Some people needed telling what it was all about and some people didn’t understand. Yes, it was tricky kind of fitting it into the clinic in the beginning but then once things got smooth and we had more people doing the machines and more people collecting samples then it was a lot easier, I’d say.

 Some other issues we’ve had have been the results haven’t matched up with our lab and that’s been quite tricky because obviously we were using the lab before so many of the nurses and doctors here consider that the gold standard, and if this is negative then why did [the company] say it was positive when we were given stats from the [the company] people saying it was like 99 or 100% accurate and stuff. So that was a bit tricky because there were some occasions where we had patients coming in and they’d been told one week that they were positive and the next week they were negative, and then we’d do another one and it was negative.

00:03:15

 So, obviously false positives and false negatives are a things, it was just difficult to manage that in the moment when you’ve got a negative in front of you and you had a positive last week. What do you do, do you treat, do you not treat?

R Yes.

P But apart from that I think it was okay.

R So two main obstacles, I guess, one is sticking it into the pathway that already exists.

P Yes.

R And the false positive and negatives that are also linked to then how the trust is being built and what the attitudes are.

Reference 2 - 26.58% Coverage

P And fitting it into the clinic, I think, that was always going to happen because you can sit and plan as much as you like beforehand but until you actually do it and you realise that the machine takes 32 minutes and you need approximately five or six minutes to prepare everything. Then you need to get the result back to the clinician but you need to be keeping track of… That was another thing when it started, keeping track of… Because you guys gave us [the cartridge] numbers which were like barcodes to anonymise it, but, of course, we needed to still know which patient that was, and that was a pickle. So we ended up having… We’d have these paper bags in the clinic so I’d be writing the EMIS number on it, and then [the cartridge] number as well would be on the sticker of the sample.

00:05:52

R Yes.

P And that was how I would keep an eye on which sample was which because you didn’t want to lose track of which one was which. When you look at the machine it just gives you your [cartridge] numbers and if you just went off with those you wouldn’t know whose was whose. So that was another one but we smoothed that out with the bags, so that was fine.

 Getting it to fit into the pathways, we definitely got to a point where it did fit, yes, it really did.

R That was quite quick.

P Yes, I think so, we did them quite intensely, we were doing it at [clinic name] and at [clinic name]. I think it took a few weeks, but once it did get going it was… Once clinicians knew it was under 25s, people who were contacts, men with urethral discharge, then it got a lot smoother because in the beginning people were sending messages being like, do I do a [test name] for this person? Or it wouldn’t be done and we’d say, oh, we need to get a sample from them, and all sorts of things. But, eventually, it was smooth, I would say.

00:06:58

R Okay. Do you know if the test was to be adopted would there have to be any other changes, pathways or, maybe, better facilities at the clinic?

P So we have them on trolleys at the moment, a more permanent space for them would be better, I think; having them on a table would be better. Some other kind of labelling method, I think, would be better. I was thinking something like a test tube rack that was numbered so you could see the order that you did them throughout the day.

R Right.

P And then a space for both [test name] number. I suppose then if you’re talking about actually in the clinic we wouldn’t be doing the study with them, so you could just have the patient identification number on them and that could be it, I suppose.

00:07:52

 What else would I change? Having everybody being trained on it, I think, trained to use it as well would be useful. Otherwise it just felt a bit like clinicians were just handing us samples to put on, whereas, if they could potentially do it themselves.

R I see.

P Then it could maybe go a bit smoother.

R Yes, and there wouldn’t be a delay of people waiting for others.

P Yes, exactly, like waiting for one of us Healthcare Assistants to be free to do it. And, also, if we could perfect that, get their results before they’ve even been seen then that would be ideal.

R Yes.

P But, obviously, there was a constraint on that because we only had two machines, that’s half an hour for each sample, so there’s only a certain amount you can do before someone has to be seen.

R And the clinic is quite busy, how many people do you see daily?

P It depends, so a clinician will see one person for half an hour, so that’s two an hour. So if you’ve got an average of ten clinicians, and on a really good day we can get through like 60 people in a day but that depends on which clinic you’re at and who’s in and who’s off sick and who’s on leave and all that so it really varies. And in our under 25s clinic it’s about 14 a day and they’re only open two days a week, so it’s really different.

Reference 1 - 14.20% Coverage

R Yes. How would you describe the process?

P We got used to it. At first it was very much a how do we do this, trying to work out what’s going on because we had our criteria which had been set.

R Yes.

P And sometimes we missed people who were in that criteria so they haven’t had them taken already. Other days when we did triage the samples were taken at triage so it meant that we took a bit of time to adjust to it. People didn’t tell us what they were actually there for, so people would then turn up as contacts. Then you’d be like, well, we have to wait half an hour now. Some were willing to wait, some weren’t.

R That’s interesting.

P It’s 30 minutes but we have a very impatient population.

R Yes. So you said that it was quite tricky to fit it into the pathway?

P Yes.

00:01:44

 At [clinic name] we have patients presenting themselves at triage so they tell us what they want and then an admin will put them onto the system.

R Yes.

P So, sometimes, we would, if we spotted it, and we saw they were 17, for example, one of the healthcare assistants would see that, grab them, get them to do the samples there and then and then we’d have the result before we’d even seen them.

R Yes.

P But other times that would get missed or they wouldn’t tell us over a contact and then it was just a bit… In fact, there was only two machines.

00:02:18

 If you had three 15 year olds walking in at once one of them was going to wait an hour.

R Yes.

P So it’s one of those limitations, I think, is the fact we only have two.

Reference 2 - 6.80% Coverage

R So you said that if you had more machines that would also work better, if you had more platforms?

P I mean, sometimes one was enough and we wouldn’t use any for hours, and then we’d have lots of young people, or lots of vulnerable people turn up at once and they’d all be wanting to use the machine at the same time. So it would be useful to have more equipment but potentially not money-wise needed. If we were running them all constantly, every single patient got an instant result then the more platforms the better.

R Yes.

P But if we’re running them only for certain people sometimes we would use all of them, some of them we’d have them just sat there idling, so I can understand why running two might be difficult.

R Yes.

Reference 3 - 10.87% Coverage

R And do you feel like there was a sense of support among the staff in terms of training and just making sure that everyone knows what’s happening?

P As one of the nurses I think because I was part of the results team I probably saw it a bit more. I got pulled into one of the meetings beforehand about it because of how we process the results afterwards, so when we get the confirmatory ones from the lab. There were a couple of emails; I think we did have an introduction session, yes, we did have a talk session on the machine but that was a while ago, I can’t remember.

R Yes.

00:09:34

P I remember the machine not working when they tried to demonstrate it, but, yes.

R Oh, that’s a good start. So do you feel like it would be better if you had more training prior to that?

P I don’t know if I actually needed more training for my role because my role was to get them to pee in a pot or do a swab and hand it to somebody else.

R Right.

P And then they would give me the results, so the people who used the machines did get shown a bit more detail on how to use it. I think, for me, it was just a case of we just took the swabs and handed it over to someone else.

Reference 1 - 16.01% Coverage

R And then did you feel like it was easy to introduce that test? So, from the practical point of view. Because you have already pathways that have been established, and patient pathways, and the space in the clinic is obviously, it is what it is. So was it easy to introduce the test?

P Yes, I think introducing the test, and running the test was fine. I think just having the one machine that’s the only thing really. So you’re kind of waiting for a result for maybe some time. That might be more difficult towards the end of the clinic, where you’re kind of deciding, do we run this test now, because I’m not going to get it until maybe after the clinic closes. So there were some obstacles in that way, that you may not want to test on somebody because if there are already two tests waiting, your third test is going to run in until after the clinic closes. But no, I don’t think...

R Okay.

P Yes. I think as far as I can tell, you know, people seemed quite acceptable.

Reference 1 - 21.33% Coverage

R Do you feel like it was quite easy to introduce that platform?

P Yes.

R Yes?

P I do. I think people want results, they want quick results, it relieved anxiety. But then I’m worried that they’ve got the right result. So for some people it was very nice. For all people, actually, no one refused it that was offered. So I think that’s a positive thing.

R And everyone wanted to wait?

P Yes.

R Because it is half an hour.

P I had one patient, I think, who had to go and do a school round or something. And I agreed, we agreed that I would contact her, and I did, that’s fine. But most people, particularly here we have a little room, they’re happy to wait.

00:04:10

R Okay. Was it... Would you say that it was equally easy to introduce in terms of practicality? So in terms of pathways...?

P Yes.

R That you have here. Okay, so it was just...

P I don’t think it takes much longer at all. I really... If we’re doing a swab anyway, or I’m doing paperwork, it doesn’t, it’s not that big a deal. I think it didn’t... But what does slow it down, is we have to, obviously the patient’s waiting and have the feedback to them. This clinic is quite a well run... In [location] where I also work, it’s a bit more chaotic, and there’s less staff. So we find we have to factor in that time to give the patient either a positive, or negative results, but it still took time to do that. So we had to sort of, we needed to factor that in, we needed to [indistinct] we can actually see.

Reference 2 - 5.81% Coverage

R So there was a lot of kind of shared anxiety about the validity of the results?

P I think so, yes.

R Were there any other worries?

P For me personally, no. I don’t know what the other staff think, I don’t, I think it was fine. It was easy to use, the NHS are very good at processing the samples, easy to give results to patients, we give results to patients all the time. So, that’s not a problem.

SE LV data

Reference 1 - 3.29% Coverage

The data isn’t… I haven’t got all the complete data yet, which is why I haven’t moved it into the service evaluation yet because I want to make sure that it’s actually performing as it should before we do any of that. So, hopefully, that will come by the end of tomorrow.

R Oh right.

P It has to because I’m on leave. And I can’t do anything while I’m on leave, so yes. So, it has to come by the end of tomorrow. I’m hoping. Hopefully.

R Fingers crossed.

Reference 1 - 3.52% Coverage

But what’s been really good as well though, well really positive as in the positives because we’ve had a few that we guessed would probably be. Obviously we would normally send the results off and wait. Well, of course these coming back, and I’m assuming that it’s been 100% success, with all the positives that we’ve had match up?

00:05:08

R I don’t know.

P I think so. I don’t know. [Clinic lead] will have all that information.

R I don’t know. It’s a different part of the team that deals with that.

P I think so. From what I remember my colleague saying about it; it’s 100% adding up with ones that we’ve sent off.

Reference 1 - 1.08% Coverage

Obviously, for us it was great when those 50 lab results we sent off matched the [company] completely. So, from our point of view, that was really reassuring.

Reference 1 - 14.78% Coverage

R You mentioned that there were discrepancies. I’m not involved in the clinical studies at all, so I don’t really know what the data say.

P Oh okay, right.

R But do you feel like that impacted the way you think about the test?

00:03:50

P No, not necessarily, no. I mean I still think there’s a... That probably needs a little bit more looking into, those ones where it was, you know, I don’t think, I think [clinic lead] is looking into that at the moment, so I’m not really involved in that side of it. But for the patient doing a, particularly for men, the urine test it doesn’t matter if you take one sample, or two samples out of it, it doesn’t really matter to them. The women are doing two swabs, but actually they didn’t seem to be too worried about that, doing that like that. So I think for the patient, I don’t think it’s a big hassle doing that. And actually if they get a result sooner.

Reference 1 - 10.23% Coverage

I am a little concerned about its validity, and how accurate it is. I think it’s a good tool for the patients, I think it’s very nice for them to have a seeming diagnosis within half an hour. But, obviously we take another sample as well, I haven’t seen the evaluation yet, but I think there may be some discrepancies, and that slightly concerns me.

 Because I’m dealing with patients who perhaps are anxious about infection, or anxious about contacts, and I’m telling them one thing from [the name of the test], and the actual reality might be different. Or maybe the other results aren’t correct. I don’t know. Then I’m worrying about everything. So it’s a... I like it, but I kind of am anxious about it.

Reference 2 - 7.01% Coverage

R Do you have any other comments?

P No. I think I would like reassurance about its validity, and I’d like to see the abuses of the order, and correlate that against the NAT, and what the sort of corresponding results were. So that’s going to be interesting.

R Yes. And if that was okay...

P Then I’d be fine.

R Then would you just [inaudible]?

P Then I think I would be fine with it, yes. Once that’s validated I’d be fine. But I need to have that, otherwise I think, I’m not sure.

SE process

Reference 1 - 1.39% Coverage

So, we’ve created little spreadsheets and things so that they can collect the data folder explaining how we do it, and to do it the same at both sites. And how many samples we want to collect.

Reference 2 - 3.69% Coverage

So, after we finish I need to go through the database and enter all that data in from this site, which takes a considerable amount of time. And counter checking the results from the machine to our results as well. So, yes, it does take quite a bit of time to do that. In terms of the day to day stuff, generally, if I’m around I might just put the sample in. It doesn’t really take that much longer. But it’s the actual entering the data onto the database and checking it all is the bit that does take a bit of time.

Reference 1 - 13.07% Coverage

 And you have been using that test to provide results to patients already?

P Yes, absolutely. After the trial I think there was a small amount of time that we were in both. I can’t remember how long it was, but I think it was after the first trial, wasn’t it? Then we were allowed to give results to the patients via [company] rather than ours. And then I think the end of September we’ve been doing it all; we haven’t been sending any of ours off.

 So they’ve been very pleased. It’s made things a lot easier because if somebody is just having the test done for chlamydia and gonorrhoea, and maybe some bloods done as well, the bloods get done here in-house. And they’re normally done within the week, so the patient’s getting all of their results within a week rather than two weeks. So yes, that’s been really good.

R That’s a huge change.

P And it could have been less, to be honest. Obviously with [company] the results are there within the half hour, but we can’t go texting patients everything every half hour because obviously the other tests get sent off during the rest of the day.

00:02:25

 Depending on how long the blood tests take to do in-house here, that could be two or three days, but technically the patients could probably have their results in less than a week.

 Obviously with everything being a trial we didn’t want too many people getting used to getting their results so quickly when everybody previously had had to leave it for the two weeks. Otherwise other patients would say to other people, I got my results within four days, and of course once the trial was over and we’re finished, we’re going back to everything else. We didn’t want to give them too much too quickly because as soon as we go back to our old way of testing it’s going to be the two weeks again.

 And of course being [location] everybody knows everybody, so they’d all be going around saying I got my test results back in four days, and that’s not going to be that way. So obviously we had to be a little bit careful, we didn’t want to get too excited. But no, it did make a huge amount of difference.

R This is very interesting that you have to, in a way, manage patients’ expectations.

P And I think it’s very different being [location]. Have you ever been?

R No, unfortunately not. I never got a chance.

Reference 2 - 3.72% Coverage

Just one more question. So the test has been only used in the main clinic?

P Yes.

R Not in outreach locations?

P No, only in the main clinic.

R And would you say that it has changed the workload in any way?

P When we were doing the trial, yes. It took up more time because we were having to do a lot of the paperwork, obviously. The paperwork and getting everybody to do it the right way round; that did take up a bit of time. And then of course we still had to do our paperwork, so it did take up a little bit more time. But once we’d finished the trial paperwork, and it was just us with ours, absolutely brilliant. There was no extra time.

00:07:36

Reference 1 - 16.61% Coverage

Some other issues we’ve had have been the results haven’t matched up with our lab and that’s been quite tricky because obviously we were using the lab before so many of the nurses and doctors here consider that the gold standard, and if this is negative then why did [the company] say it was positive when we were given stats from the [the company] people saying it was like 99 or 100% accurate and stuff. So that was a bit tricky because there were some occasions where we had patients coming in and they’d been told one week that they were positive and the next week they were negative, and then we’d do another one and it was negative.

00:03:15

 So, obviously false positives and false negatives are a things, it was just difficult to manage that in the moment when you’ve got a negative in front of you and you had a positive last week. What do you do, do you treat, do you not treat?

R Yes.

P But apart from that I think it was okay.

R So two main obstacles, I guess, one is sticking it into the pathway that already exists.

P Yes.

R And the false positive and negatives that are also linked to then how the trust is being built and what the attitudes are.

P Yes, because some people had an attitude towards [the company] that it was amazing, it is amazing, it’s state of the art technology that we could do a swab and give someone a result on the same day, that’s brilliant, and for certain groups of people that we see in the clinic that is just so useful. But then when these discrepancies came up it kind of made you question which one do we trust almost? Do we trust the brand new machine that we’ve got or do we trust the one that we’ve been using for a long time? So that’s tricky, but the kind of way that I rationalized it in the end was that you’re going to get false positives either way. When we send off our swabs anyway now we can’t fully trust that they’re going to be correct. You can only really trust a culture which we don’t do, so I… Yes, I kind of accepted that things weren’t going to match up the whole way.

00:04:44

R So did you then go with the results provided by the…?

P Then it was the clinician’s discretion and they would decide. So if somebody said they were a contact, for example, and it came up negative on [name of the test], sometimes they’d be treated anyway just because there’s a high chance that they could have it and it hasn’t shown up just yet’, if that makes sense?

R Yes.

Reference 1 - 2.06% Coverage

P No, because I didn’t deal with the data side of it, so I don’t know what the results were. I know there were a couple of discrepancies but that’s more to do with the clinical side of the machine than the actual process.

Reference 1 - 15.99% Coverage

So to be able to give somebody a result the same day was brilliant. It was just the delay between, you know, getting their result. Because with one machine, and we might have had three people wanting to run the test. So we did in the end ask people to, you know, say to people you can either wait, or go and we’ll contact you. So that worked okay. Unless it was positive, and then we had to bring them back.

 From looking at the results of [name of the test], and the NAATs result, there was some discrepancy in that at times, which was... So either [name of the test] was negative, and the NAATs was positive, or the other way around, which with being told about it we were kind of under the impression that actually [name of the test] was really accurate. So all of those, you know it was a bit then disconcerting if they weren’t the same. And that’s even taking into account when they might have had sex, and if they were within the window period. So those kind of things.

Reference 2 - 14.78% Coverage

R You mentioned that there were discrepancies. I’m not involved in the clinical studies at all, so I don’t really know what the data say.

P Oh okay, right.

R But do you feel like that impacted the way you think about the test?

00:03:50

P No, not necessarily, no. I mean I still think there’s a... That probably needs a little bit more looking into, those ones where it was, you know, I don’t think, I think [clinic lead] is looking into that at the moment, so I’m not really involved in that side of it. But for the patient doing a, particularly for men, the urine test it doesn’t matter if you take one sample, or two samples out of it, it doesn’t really matter to them. The women are doing two swabs, but actually they didn’t seem to be too worried about that, doing that like that. So I think for the patient, I don’t think it’s a big hassle doing that. And actually if they get a result sooner.

Reference 1 - 7.01% Coverage

R Do you have any other comments?

P No. I think I would like reassurance about its validity, and I’d like to see the abuses of the order, and correlate that against the NAT, and what the sort of corresponding results were. So that’s going to be interesting.

R Yes. And if that was okay...

P Then I’d be fine.

R Then would you just [inaudible]?

P Then I think I would be fine with it, yes. Once that’s validated I’d be fine. But I need to have that, otherwise I think, I’m not sure.

Test impact lab

Reference 1 - 4.50% Coverage

R And what about your contract with the lab? Would it be affected?

P I don’t think we’re going to have that. See, that’s the thing, we don’t know until we do the service evaluations. How many do we see? Everything that we’ve done before has been an estimation of what we think it’s going to be, and it’s not as accurate as doing it. Fine, this is exactly how many we see a week at this site, this is how many we’ve seen at that sight.

 So, I think that’s the bit that’s really going to task. I doubt we’re going to see that many. So, in terms of the lab, I doubt that it’s going to actually impact on very much there at all.

Reference 1 - 5.16% Coverage

R And what about the impact on your contracts with [unclear]?

P Now that, you would have to ask [clinic manager] about because I’m not sure how our payment path is broken down. Whether it’s a block contract, that this is the amount of money we pay you, and you do whatever we shove your way. Or whether it’s blocked, so that it’s blocked for chlamydia tests or it’s blocked for this or it’s blocked for that.

 Because also the other thing is really until the [company] is validated for rectal or throat swabs, people like our men that have sex with men, we can put urine through [company], but their rectal and their throat swabs still obviously have to go off to path lab anyway. As do their culture plates for antibiotic sensitivity for gonorrhoea.

Which patients

Reference 1 - 7.76% Coverage

And I suspect that if it does come to it, it isn’t going to be for everybody. We will not be using it on everybody, certainly because of the 30-minute thing, but in some cases, it is going to be extremely useful.

 But it will come down to what the cost is for that and weighing it all up going, well delay coming back or having the machine here, and how many of those we’re going to use as well.

 So, that’s the other thing. And I guess some of those would be worked out during the service evaluation when we’re actually using it on the group that we think would be most useful for.

R And are you thinking about any particular group?

P Yes, so it’s the same list from the very beginning that we’ve decided…

R So, contacts?

00:08:55

P Yes, so contacts, the emergency coil situation, the hard to reach groups, those sorts of things. So, those groups won’t have changed for the service valuation. But we will then use it only in those groups, which I think will be interesting to see how it works out because we won’t be doing another test and they will have to wait in clinic.

Reference 1 - 6.33% Coverage

R So, that would mean that you would be using the test with just sub-groups of patients?

00:07:41

P Yes.

R And then those will be contacts?

P Yes, so I think the aim is the sub-group of patients that we initially did for the data collection, I think that is generally, we’re going to continue moving forward with those. So, whereas at the moment we’re just doing test after test on anyone, just to get the data, there will only be a small group of people that will be using them.

R So, it will be more manageable in the clinic?

P Yes. But until we’re actually doing it, it’s difficult to say how.

Reference 1 - 3.86% Coverage

R I see. Do you use the test for all of the patients, or do you use it for specific patient groups?

P Well, at the moment, because we’re just finishing off the next lot of the next 50. We’re only using [company] for the comparison work. We’re using them on everybody.

00:06:45

 But because of the issues that I’ve just highlighted to you about the potential of rolling over into the next clinic, it may be that after we’ve completed the next 50, that we have to look at who might be best. Whether we only use them for certain patients, purely because of that.

Reference 1 - 3.04% Coverage

R Yes.

00:05:35

 And you decided to use the machine in the clinic for contacts.

P So contacts, under 25s, and men who are symptomatic urethral discharge or men who are symptomatic. But the symptomatic men was after a clinical assessment and examination, so there was a bit of a delay there with the result as well.

R I see.

Reference 1 - 2.38% Coverage

But then it was adopted here because we had a, we thought we might as well use the spare machine here. So mainly for young people, and contacts.

Reference 1 - 5.72% Coverage

P I work in the clinic as a clinic nurse lead. So sometimes I run the clinic, or sometimes I’m just working in it seeing patients. We are offering [the name of the test], or have been offering [the name of the test] to all the criteria of patients under 25. Symptomatic patients, and contacts. I’m not involved in the evaluation, but I obviously ask for feedback. I’m interested in what goes on.

Workload changes

Reference 1 - 9.32% Coverage

R So, would you say the process has increased your workload in a significant way?

P Mine? My personal workload?

R Yes.

P Yes. So, after we finish I need to go through the database and enter all that data in from this site, which takes a considerable amount of time. And counter checking the results from the machine to our results as well. So, yes, it does take quite a bit of time to do that. In terms of the day to day stuff, generally, if I’m around I might just put the sample in. It doesn’t really take that much longer. But it’s the actual entering the data onto the database and checking it all is the bit that does take a bit of time.

R What about the members of staff that you are overseeing?

00:02:12

P Yes, so we catch up generally. I’m usually here on a Wednesday so I catch up with [nurse] and we go through if there’s any problems, and she will discuss that with me anyway.

R And do you feel like their workload has been…?

P Yes, because also they are trying to enter stuff into the database as well. But then I’m also counter-checking some of that information just to check that it is all correct. So, yes, it has taken them some time as well. So, bringing it up in every meeting, just making people aware, and showing them how to use the machines as well. So, yes, a little bit.

Reference 1 - 8.55% Coverage

R So, do you feel like that process increases your workload?

P As a physician, it didn’t increase the workload on that side because for the swabs, we were already taking another swab, if we remembered, to take an extra swab. So, on a clinical side, it didn’t. And the same with the males, you have to decant urine anyway, so you just decanted another bit of urine into another tube.

 The thing that took more time was the person who is working in the lab. It put a little bit more pressure on them because then they have to decant the urine or do the swabs and put the things through the machine. As well as reading slides, testing urines, pregnancy tests. All that kind of thing.

R The regular…?

P Yes, so the pressure was more with the person in the lab rather than the clinician doing the examination. Yes.

Reference 2 - 3.64% Coverage

R And will there be any reorganisation of the service needed, in terms of responsibilities the people have?

P No, I don’t think it would make any difference at all. No.

R So, it wouldn’t be too disruptive to introduce the test?

P No. Because if the test comes up positive, we’re all able to act and treat on that result there and then anyway.

Reference 1 - 2.90% Coverage

R And would you say that it has changed the workload in any way?

P When we were doing the trial, yes. It took up more time because we were having to do a lot of the paperwork, obviously. The paperwork and getting everybody to do it the right way round; that did take up a bit of time. And then of course we still had to do our paperwork, so it did take up a little bit more time. But once we’d finished the trial paperwork, and it was just us with ours, absolutely brilliant. There was no extra time.

00:07:36

Reference 2 - 5.95% Coverage

But time-wise, once the trial was over and we were using it for ourselves, it was brilliant. It’s just stick a sticker on here; tick the box, put in the results, job done. So yes, it’s really good.

R So would you say that maybe it’s even less, or would you say that the workload decreased?

P No. I would say it was probably the same amount of time. The only difference, like I said, once the trial was over and we didn’t have to do… Sorry, excuse me a second. Sorry, my colleague was just after me. Where were we? I’m sorry.

R You were saying that it did not change the workload at all, really.

P Not once the trial itself was over. Once we didn’t have to do that paperwork, the workload was fine. The only inconvenience was the space that it took up because we used the area for other things. So if somebody else needed to come in and do something else on a different machine, or use other things in that area, it was slightly difficult. If you had two people in there doing two tests, well again, that’s just the fact that we didn’t have the space.

Reference 1 - 1.99% Coverage

R Right. So, would you say there is quite a significant workload?

P Yes.

00:01:15

R Yes?

P Yes. Filling in the paperwork that’s to be expected. But, yes because obviously, we have our own paperwork to fill in anyway and then it was paperwork to fill in on top of that. So, yes, it did.

Reference 2 - 10.14% Coverage

R Thank you. So far there has been a lot of additional work to be done because of the paperwork.

 However, if the test gets adopted, then that paperwork would not be there because it will all be validated, evaluated?

P Yes.

R So, do you feel by introducing platforms into the clinic it would change the workload for the staff? No?

00:15:29

P No.

R For the staff? No?

P No. Because the only thing I think it would take away would be the repeated checking on the PAS system for people’s results. We would still have to go on to PAS to get their blood results, so it’s not going to stop that period of that one time going onto PAS. It’s obviously not going to stop the time it takes for the patient to be tested, and it’s been documented in their notes, the results and that.

 Really the only bit it’s actually going to take out… Because things like, we are still going to need to take specimens down to the lab because we have obviously specimens that are not just chlamydia and gonorrhoea. We would still have to look those result up on the computer, and we would still then be generating a text for that patient from that result.

 So, the bit of time that I can say yes it would definitely be helpful, is if you’ve got… Rather than have to repeatedly look up somebody’s chlamydia results and it’s still not been back, so then it’s put on for the next list and then it’s still not back. So, it would stop the repeated looking up of somebody’s result when they’re not back.

Reference 3 - 2.37% Coverage

But actually, as a matter of course, is it going to ease up the workload? Not really because actually, it’s just as quick for me to take a vaginal swab from somebody and stick in straight in our fridge than it is to process it and run it through the [company] machine. So, from that point of view, I don’t think it’s going to reduce any time, no.

Reference 4 - 1.14% Coverage

And yes, from a work time it will save checking time. But actually, as a process in itself, for test results for the patient, it’s going to be much better obviously.

Reference 5 - 1.30% Coverage

From a staffing point of view and from a process point of view, I don’t think it’s going to make any difference regarding times savings and things like that from the actual process itself.

Reference 1 - 9.13% Coverage

R And what about the workload, do you feel like it increased for you?

P Yes, definitely.

R Because you were quite involved.

P Yes, because you had times when you put it in you had to look at the clock and say, right, if it’s ten to I need to be back here at 20 past. Sometimes it was even just for the switchover for the next one, you’d have to document the result, put it into the EPR system. It wasn’t an unimaginable amount of workload, it was definitely doable, it just was another… And because it was new, because we weren’t used to it, because the it bring a fast pace into the clinic because you need to get that patient that result as soon as, if that makes sense?

00:13:45

R Yes.

P So, yes, workload did increase and because I was the one that took up the data handling side of it I had a lot to do. So I spent a lot of time because, obviously, the lab stuff doesn’t come back for two weeks I then had to find my sheet where I matched up the Bicks numbers and the EMIS number. Go into their record, see if it had come back the same and then document that, so every two weeks I had to go back through, if that makes sense, so that was a lot.

R Yes.

P But, obviously, that was just because it’s the study at the moment and that wouldn’t be a normal thing.

R I see, okay.

P Yes, but I’m always happy to take on more work.

Reference 1 - 2.18% Coverage

R Yes, and what about the workload, did you feel a difference in your workload while the machines were there?

P Not particularly, it’s just that it’s more the waiting room looked busier because there were more people waiting.

R Yes.

Reference 1 - 15.83% Coverage

R And what about the workload? Did you feel like your workload increased?

P I think, as I was saying about giving the results. You have a patient, and then you call another patient to you, and that patient’s waiting, that’s fine. You call another patient in, and then you’ve got remember that patient the results are going to come up. If it is a positive, it’s gonorrhoea, a bit more complicated, then that takes time out. So that has to be factored into the workload, or if you can’t see everyone on, because you’re seeing another patient again. Do you know what I mean?

R Yes. So you see the same person twice?

00:06:12

P Yes.

R And then...

P Either to give a negative, or a positive. Now I spoke to someone yesterday, I can’t remember who it was, and maybe for a negative an HCA can give the result. So they take and it say, right that’s negative, fine. Positives, obviously we have to see, and have to treat. But then maybe even, we could for the negatives, because we need to do a bit of health promotion, or whatever, so I don’t know. But that takes a bit of time.

R Yes, I see.

P Yes.

Role in the process

Reference 1 - 9.11% Coverage

R Okay. Right, could you tell me about your role in the process so far?

P With the implementation of the…?

R With the implementation, yes.

P So, my role is I am the lead overall. That’s looking after how we are implementing in the clinic. So, I have disseminated the information to the inter staff, one at either site who have them also disseminated out as well.

 So, essentially summarising how to use the kit, who we’re going to use it on, how to collect the data. So, we’ve created little spreadsheets and things so that they can collect the data folder explaining how we do it, and to do it the same at both sites. And how many samples we want to collect.

 Also, I have been entering the data into the database as well and having a look at all of that. So, I guess I’m overseeing that bit of it.

00:01:04

R So, you don’t necessarily use it?

P I have also used it as well. And especially when the machine wasn’t working then, yes. I fixed one of them here, the other one I couldn’t fix. Well, with talking to [company] over the phone we managed to fix one of them, but the other one we didn’t.

 So, yes I know how to use the machines. So, I have used it, but because I am generally in clinic, it’s everybody else that uses it as well. So, all of the above.

Reference 1 - 12.55% Coverage

R Okay, this is on. Right, so could you tell me about your role in this process?

P Okay. I’m the sister of the sexual health clinic. I normally work in [clinic 1] rather than [clinic 2]. But I come here a couple of times a month.

 So, my role in this has just been implementing it into our service. And encouraging the doctors and the nurses to do as many as we can, and to allow us to get a good lot of data for us to look at.

R Right.

P Yes, so I’ve also been using the swabs as well myself with patients.

R Okay, so you’ve been using it with patients, and you said you were also encouraging others?

00:01:07

P Yes, so just reminding people. So, the thing that we found over at [clinic] was initially everyone was very excited about it, and we got quite a lot of numbers initially over the first week or so. But then the numbers dropped because people then forget to do it.

 So, it’s just about keeping that motivation. Because you do. You’re in a busy walk-in clinic and you’re just doing all the tests quickly, and then you are like, oh damn it, I forgot to do the other test that they wanted. So, it’s just about reminding them and setting them up for the day. That’s it really.

Reference 1 - 3.65% Coverage

 Okay, it’s all set. So, first of all can I ask you about your role that you play in the service evaluation?

P How do you mean? As in what’s my role within the department when I do it?

R Yes.

P Well, I’m a healthcare support worker, so the nurses pass the specimen to me, and I then go and process it, and then give them the results back, and we document it all, so that they can have the results when they need it.

 So that’s our role, but it’s also everybody else’s role, so it’s just a matter of whether or not the nurse has time to do it herself, or himself, or it’s down to us. It’s whoever’s got enough time to be able to do it really.

Reference 1 - 2.12% Coverage

P So, basically I was responsible for helping to fill the forms in that you… Obviously, the forms A and the C for the clinical team. Responsible for processing the samples, telling the patients, filling in spreadsheets for last time to obviously make sure that your [company] results matched our lab results.

Reference 1 - 22.59% Coverage

R Could you just tell me about your role within the clinic, and then your role within that process of...

P [name of the test]

R Adopting of the test, yes.

P My role here is predominantly admin. So I’m front desk basically. Seeing patients coming in. So I suppose for my involvement with [name of the test] would be from the point of view of almost triaging to see who could be a potential candidate for [name of the test]. So we would then sort of highlight it and say, oh would this be a good one to use, etc. So yes, that was the first initial process.

 I didn’t, for me personally, there was a little bit of a barrier because I’m predominantly admin, and then I was moving into more clinical, what I saw as clinical. And I didn’t get a great deal of involvement in the training of being able to do it. I saw it initially when I think one of your representatives came and showed us. But I didn’t actually get the hands on side of it.

00:01:21

 And then I was at one of our other clinics, which is predominantly for younger people, and it was kind of, right get on with it, do it. You’re going to do it. So I had a colleague who knew how to do it, and she was really familiar with it, so I could ask her for backup, and help, and everything. And once I got into it, I was like, oh, this is quite good, I’m actually getting into it, and it wasn’t as harrowing, or daunting as I thought it was going to be. Because I didn’t want to make a mistake, so I thought, you know. And not necessarily coming from that background, medical, I didn’t want to make a mistake and get it all mixed up, and put sample in, get samples mixed up. So that was what was my...

R So this was the first time for you to do any clinical work?

P Yes.

Reference 2 - 11.60% Coverage

R And were you also the person telling patients that they would get... No?

P No, no, no. All we would do is, if I’d actually carried out the test, I would tell the clinician, or I would do the admin side of things.

R But I’m thinking when you were at the reception, triaging patients...

P Yes.

R Would you be the person to tell them that, oh we have this new test, and you will be tested?

P Yes. We would be...

R You would be giving, okay.

P We were kind of selling it to them.

00:06:35

R Right, how did that go?

P That was actually quite fun, because I have a background in selling as well. So it was just like...

R Right, great, yes there you go.

P Something to sell. It’s not sort of you know. So yes, there was a lot of elements of [name of the test]... Well like I say, once I got into it I was like, oh, it’s easy, you just... You know, it was quite good to do. But yes.

Reference 1 - 7.52% Coverage

R Could you tell me what your role is within the clinic and what your role was within the process?

00:00:05

P Okay, so I’m a Healthcare Assistant here. I heard that we were going to be getting these point of care testing machines and I’m always looking for new things in the clinic to work with. That’s kind of what I do, I’m a bit of a go getter, I suppose. So when this came about I was like, yes, I’d love to get involved; and [clinic lead], who was the doctor leading it, she said, oh, it’s you Healthcare Assistants who are kind of going to be running it a bit because you’re going to be the ones doing the samples and running the machine. So I got involved straight from the beginning and the, yes, I was just one of the people who was giving swabs and urine pots to guys and then getting the samples and putting them through the machine.

00:00:47

 I’ve also been doing the data side of things so, I think, it was the spreadsheet that you gave us where you say, yes, when it’s like, were they symptomatic, and then whether our NAAT swabs and the new test results whether they matched or not.

Reference 1 - 5.48% Coverage

R It’s recording, so could you just first describe your role within the clinic, just briefly, remind me, and then the role within the process?

00:00:10

P So I’m a Clinical Nurse Specialist. I see patients at all sites, all ages, also doing at least one day a week at [clinic name] which did have the machine, and so I we did use it on a few patients.

R And were you testing, were you using the machine to test patients or were you dealing with the data?

P So I was using the… seeing the patients taking the test and in the process giving them results.

R Yes.

P The clinical part of it.

Reference 1 - 12.97% Coverage

Could you describe your role within the clinic, and then tell me what your role was in the service evaluation, and the local validation of the platform? So did you use it, or how...?

P I’m a clinical nurse specialist. The [name] machine is primarily used at, down at [name of the clinic], and I don’t visit those clinics. But then it was adopted here because we had a, we thought we might as well use the spare machine here. So mainly for young people, and contacts.

 My role, I didn’t use the machine myself, but I did use it as and where patients with the healthcare assistant actually running the test.

R So you would be taking the sample?

P Yes.

R They would be processing it.

P That’s right.

00:01:04

R And then you would be giving the result to the patient?

P The result, yes.

Reference 1 - 7.89% Coverage

R I think we’re ready. Could you tell me about your role in the clinic, and the role in the service evaluation, and local validation of the platform?

P I work in the clinic as a clinic nurse lead. So sometimes I run the clinic, or sometimes I’m just working in it seeing patients. We are offering [the name of the test], or have been offering [the name of the test] to all the criteria of patients under 25. Symptomatic patients, and contacts. I’m not involved in the evaluation, but I obviously ask for feedback. I’m interested in what goes on.

Reference 2 - 3.18% Coverage

R Right. So you were taking the samples...?

P Yes.

R Were you processing the samples?

P No.

00:03:21

R You were not?

P The HCAs will do that as the healthcare assistants. I was checking samples from the patients.

Test cost

Reference 1 - 2.42% Coverage

P So, cost is interesting. We haven’t actually discussed cost, so I actually don’t know.

R Oh right, not yet?

P No, we haven’t. Because obviously, the machines and everything are given to us at the moment, so I have absolutely no idea how that’s going to impact. Because I don’t know about cost so, I can’t comment about that. Sorry.

Reference 2 - 3.32% Coverage

As I was saying, I can see a place for where it may be useful. And I think as you mentioned, and again I don’t know what the costs are for this because at the moment there is no cost implications for us at all, so things will have to be weighed up. And I suspect that if it does come to it, it isn’t going to be for everybody. We will not be using it on everybody, certainly because of the 30-minute thing, but in some cases, it is going to be extremely useful.

Reference 3 - 2.66% Coverage

But it will come down to what the cost is for that and weighing it all up going, well delay coming back or having the machine here, and how many of those we’re going to use as well.

 So, that’s the other thing. And I guess some of those would be worked out during the service evaluation when we’re actually using it on the group that we think would be most useful for.

Reference 4 - 4.27% Coverage

Yes, so contacts, the emergency coil situation, the hard to reach groups, those sorts of things. So, those groups won’t have changed for the service valuation. But we will then use it only in those groups, which I think will be interesting to see how it works out because we won’t be doing another test and they will have to wait in clinic.

 And the other thing is, how many of those we will see within the time period. So, actually if we’re only seeing one a week out of those groups, then if the machine’s going to cost us a lot of money, then I don’t really see the sense of actually… Yes.

Reference 5 - 1.09% Coverage

The cost thing, we don’t know yet, so I think that will come up and need to be worked out. So, we’ll see, but in the validation stage, it’s been fine.

Reference 1 - 9.20% Coverage

And also, purely because at the moment once we’ve finished the spreadsheet and stuff, then we need to be looking at costings anyway. Costing comparisons. Because although obviously, the amount of the money that we pay PAS and the amount that the test [company] might cost us, I do appreciate that there are staff costings involved in there as well with chasing the lab results etcetera, that we wouldn’t have with [company]. But if the chasing the lab results at the moment are manageable within time constraints as opposed to…

 Because at the moment, we don’t know how much [company] would cost us financially if we were to adopt it as our sole process. That’s really what we would need to be looking at. And until we know all of that, it’s difficult to make a firm decision.

R So, would you say that the cost of the platforms could be a potential barrier when it comes to making the decision?

P I think it will be when we have to make a decision about whether to adopt it or not. Yes obviously, the cost of the platforms, the cost of the cartridges and the sample pots and stuff, that’s why it will be very interesting to see the cost comparison when it comes out of the two. And then remove the staff costs from that because although, yes, we probably use more healthcare support worker time checking path lab results that aren’t yet back.

Reference 2 - 2.31% Coverage

Like I say, if we can manage that within the healthcare support workers time that they’re already at work, that is a cost that we’re already managing. So, if [company] comes out a lot more expensive from a material point of view, then, of course, that could be a potential barrier to the adoption of it as the main platform for testing.

Reference 1 - 5.81% Coverage

R Do you have any other comments?

00:14:30

P No, I don’t think so, it was really great, it was really interesting, and it was really fun to be part of the study. I know that’s [unclear] really trying to push for that for us in the clinic here to like take on more innovative stuff, and innovative ways of doing things. And it just when those times came up where a patient had no idea that they had an STI and then they got treatment that day, then that’s just ideal.

R Yes.

P And those kinds of things made it really worth it. [Inaudible] that’s just how the numbers work but, yes, it was really fun, really good, expensive thought I’ve heard.

R Yes.

P A little bit more expensive than our sending off to the lab.

R I think, yes, it would be. I don’t know exactly the price.

P No, I’m not sure. I have heard that, so I don’t know how we would…

Test design

Reference 1 - 1.42% Coverage

P No, that was easy to do. They’re so small, they can fit anywhere, we moved it to places we thought it was good and had a power socket and everything. No, it was completely fine. That worked well.

Reference 2 - 0.61% Coverage

Personally, I think the machine’s pretty cool, it’s pretty neat, it’s tidy, I like it.

Reference 3 - 1.84% Coverage

It’s very easy to use, so I’ve never had a problem using it at all, apart from the fact when the machines didn’t work, but ever since then, it’s easy to use, all of those things are good really.

 In terms of using the machine, I see no problem about that.

Reference 1 - 5.24% Coverage

And the only other thing is the machines are quite noisy.

R Oh right.

P Yes, so you’re in the lab and there’s lots of hustle and bustle anyway and then you’ve got this machine making strange noises in the corner. That was the only other thing.

R Okay. And it’s probably constant as well because…

P If they’re running all the time. But again, it’s just something that you then get used to. The noise you get used to. That was one of the comments that the nurses said. Oh, it’s very loud, isn’t it?

Reference 1 - 6.73% Coverage

The only thing I would say about actually using the machines; they’re a little bit sensitive to gloves, so when you try and put the numbers in that’s difficult. You end up with a one instead of a zero, and then a double one, and then a… So it doesn’t like gloves when you’re trying to put something in.

00:11:02

R So you would take the gloves off and then…?

P Yes, and of course we’re dealing with urine and swabs, aren’t we, so we need to have gloves on. But no, it didn’t like them at all. So it was a little bit sensitive to gloves, so obviously that was a little bit inconvenient because you’d have to take your glove off to put it on, and then pull another glove off to continue with the sample.

 And the only other thing is where you had to put the cartridge in very slowly, otherwise it didn’t like reading it, and then you’d have to start again. We just thought that was… Where the laser thing reads the barcode, I think, isn’t it? You have to go in extremely slowly, but very slowly, so that was slightly…

 Considering how quickly the test was all done eventually. Why does it take so long just to put the cartridge in? But again, little things, but apart from that, excellent.

Reference 1 - 2.11% Coverage

Would you say that the process has been easy so far?

P Yes, one of the machines here we had teething problems at first. We had them come over and sort the machines out because error codes come up and things like that. But we are getting more and more used to using them. Actually, using them isn’t the issue.

Test tat

Reference 1 - 18.10% Coverage

 And the design of the test itself, has it been… Apart from the initial problems, but when we think about the test that is actually working, is it quite easy to use, and I’m just thinking, is it disruptive to how the clinics are run?

P No, the only thing I would say is it takes usually 31, 32 minutes sometimes. Anyway, it still takes half an hour, so if you’re using it within a clinic, which I mean obviously, we’re just doing the validation stage right? So, were not using it as a test as yet. That is going to cause a delay for the results. So, half an hour, you have to wait around for that to come up. That will have to be factored in I think.

00:05:02

 Time will have to be factored in. In one respect it’s great because you have everything there and then for the patient, but they will have to hang around for half an hour. And there has been at least one occasion when, I’m not sure if heat affected it or not, where the sample was invalid at the end of it. So, that’s a potential that might happen, which would then be an hour delay then because the patient would have to wait again for that.

 So, I see that as being a potential issue within clinic because patients will hang around for a while, patient flow will be affected. And so how you manage that within a clinic is going to be a bit of a challenge. And if we have a busy walk-in clinic, generally it is just quicker. You just keep going, but if you had to factor in, right I’m going to see that patient, then there’s a half an hour delay, then you have to work things around that as well. Then if you have another patient who’s another half an hour delay then it will impact on clinic flow. It will certainly affect management for a lot of cases though, where you won’t have to bring them back.

 So, I guess in initial stages we’ll just have to see where things go. We haven’t started the service evaluation bit yet anyway, so we’ll have to wait and see how that works out.

R I see. Right, do you have any ideas how you tackle the fact that patients may have to wait for half an hour?

P They’ll just have to wait.

R Yes.

00:06:31

P There’s nothing you can do. Just hang around. Do something else, yes.

R I guess that they could just walk around as well?

P Yes, if they want to, they could do that. But I think generally, they’ll just stay in there. I mean some of the times if they’re doing other tests anyway, blood tests, we’ll arrange it so that things happen in a different order perhaps. Yes, 30 minutes you could do things in that, but yes.

Reference 2 - 1.41% Coverage

The half an hour thing is, yes, it could be quicker I think. But you know, the point of care thing for HIV takes 30 seconds. It’s nice to have something like that, but I understand why we can’t…

Reference 1 - 8.83% Coverage

R And do you feel if [company] platform is going to be adopted and you used it to provide results from the clinic, do you feel like it’s going to be more disruptive to the way in which the clinic works?

P I think it will be slightly different because if we’re going to use the swab result, does the patient have to wait around until the result’s available? So, say 30 minutes? If the machines are already in process with some other swabs, what do we do with the patient? Do we say I’ll give you a call once your results are back and then they still have to come in if they need treatment? Does that make sense?

R Yes.

P Because it does take that 30 minutes. But I know the set criteria that we will be working towards. Hopefully, we’re not going to get loads and loads in one day.

 So, I’m hopeful that it will be quite an easy process.

Reference 1 - 12.92% Coverage

For us the issue is mainly that if you have three or four clinics running, we are, with the best will in the world, we’re going to end up with a backlog of samples that need to be processed.

 Whilst I understand that they can be left out of the fridge for this amount of time, or put in the fridge for that amount of time, the bottom line is obviously, when you’re getting later into evening…

00:05:12

 Like particularly on a Friday for example, if you’ve got patients there who are the last few of the afternoon or even the evening, you’re not going to have staff here for that amount of time afterwards that day to read the results.

 So, then you’re going to have to store them until the Monday. Which is fine from a keeping the test steady point of view. Obviously, from a clinical point of view, then that means we’ve got a rollover then already into another day’s clinic. Does that make sense?

R Yes.

P Before you have even started processing the ones from that day. So, that’s the only bug there is really. That because it’s about half an hour, when you’ve got three platforms, but you might have four or five clinics running, there is the potential that we are going to end up with a backlog. And then that runs into the next clinic which then obviously has the roll-on movement to the next clinic after that.

R I see. Do you use the test for all of the patients, or do you use it for specific patient groups?

P Well, at the moment, because we’re just finishing off the next lot of the next 50. We’re only using [company] for the comparison work. We’re using them on everybody.

00:06:45

 But because of the issues that I’ve just highlighted to you about the potential of rolling over into the next clinic, it may be that after we’ve completed the next 50, that we have to look at who might be best. Whether we only use them for certain patients, purely because of that.

Reference 1 - 11.63% Coverage

R And you say that some didn’t want to wait 30 minutes?

P Yes.

R So what did you do in those cases?

P It depends on… Most of them were recent contacts so we would have covered them with antibiotics anyway. So then we just called them and let them know the result. Some people left and we called them and they came back for their treatment, so some of the young people are at home and as soon as you call them and say, you’ve got chlamydia, there were back at the clinic within five minutes, so that also worked. It did work that way as well.

R Right, I see.

P But the negative ones we were quite happy to just text them. Some people were calling them, some people were texting them, it depends on the technology we had.

R Would you say the young people are more impatient?

P Just the general population are quite impatient.

R Okay.

00:03:17

P Because if we didn’t pick it up beforehand and they’d already been waiting for two hours to be seen, then we do the history and then we say we can do a same day result but it’s going to take another half an hour, then we find out both machines are in use and it’s actually going to be another hour sometimes they’re just get a bit impatient by them. It’s a very small waiting room which doesn’t help.

Reference 1 - 6.24% Coverage

But yes, I think, I’m all for new patient testing, so I think it’s a good thing. But if the result, if the test can be done slightly quicker, or we had more than one machine, I think that would be even better. And if we could have an image on the TV as well, that’d be even better.

00:02:31

R The goal.

P Yes. Within about five minutes. So yes, that would be brilliant.

R Yes.

Reference 1 - 4.43% Coverage

R And everyone wanted to wait?

P Yes.

R Because it is half an hour.

P I had one patient, I think, who had to go and do a school round or something. And I agreed, we agreed that I would contact her, and I did, that’s fine. But most people, particularly here we have a little room, they’re happy to wait.