Elements of rapid STI service implementation	
What	Who should do this
Changes to documentation	
Rewrite and sign-off treatment guidelines and	Project leads, clinical lead, project
SOPs when new processes are agreed.	implementation/operations team and clinical
	governance guideline group
Change the triage process and form.	Project operations team, to include reception staff
Consider changes to IT system/medical records	Project leads, consultant and project
system.	implementation team
Implementation of the actual machine and process	
Write business case for new rapid STI service and	Clinic lead, clinic manager, lead consultant, project
have it signed off by PHE.	manager, in collaboration with PHE.
Source the machine, find space for it (with waste	Clinic lead, operations manager, lead consultant,
disposal) and install it. Arrange insurance (including	PHE, nursing lead
negotiations with PHE and legal teams)	
Ensure IT systems allow direct transfer of data	Project lead, clinic manager
from Panther	
Pilot before implementing with all patients	All staff including reception teams
Write protocol for Panther outages	Project leads, in collaboration with PHE.
Quality assessment scheme /UKAS accreditation	PHE team
Services	
Consider impact on other services	Project operations team
Adjust clinic timetabling to accommodate rapid STI	Operations manager
service appointments	
Changing medical history forms and process to	Project leads and implementation team
accommodate the new appointment structure	
Changes to the IT coding	Clinic data manager, project lead, clinic manager,
	clinical lead (minor)
Staff engagement, training and communication	
Put together an implementation team, to oversee	Representative from each staff group and clinic
implementation, and put in place mechanisms for	manager.
all staff to feedback to this team	
Clarify communication pathways between all staff	Clinic Manager, project leads
and the implementation team	
Consider the impact on staff roles and workload	Project operations team
and if staffing changes are therefore needed	
Regular meetings for staff involved in the new	Possible staff to include: project leads, HAs,
service	consultants, nursing assistants, nurses,
	administrative staff, researchers, IT lead, clinic
	manager, data manager, chlamydia screening
	program team lead.
Staff training and regular updates at existing staff	Led by project leads, all staff to attend
training sessions	
Regular departmental meetings	Project leads and clinical lead
Patient communication	
Communicate changes to patients – write	Project leads
leaflets/posters/website	