Discussion/conclusion Online surveys are an effective method of establishing important brand values for a sexual health service. Overall, respondents preferred a distinct identity for the service, exhibited through uniforms and a transparent naming convention. Though traditional barriers to accessing services persist, so also do the core values of confidentiality and professionalism.

Abstract P184 Table 1 Online survey of brand values for new service

Naming convention	Total	Age			Gender		Service user?	
		<25	25–44	45+	Female	Male	Yes	No
Clearly states what the service is	36%	39%	40%	24%	32%		24%	40%
Name linked to the building	34%	31%	32%	29%	33%	17%	38%	28%
No reference to what/where service is	31%	30%	28%		34%	33%	38%	32%

P185 THE SEXUAL HEALTH OF TRANSGENDER WOMEN IN EAST LONDON

Laurence Dufaur*, Jake Bayley. *Bartshealth NHS Trust, London, UK*

10.1136/sextrans-2016-052718.235

Background Previous studies into the sexual health of transgender women (TGW) report high rates of STI and HIV positivity.
Aim To evaluate the sexual health of TGW attending routine GUM clinics in a London Trust.
Methods Retrospective case-note review of TGW attendances from May 2013 to November 2015. Clinical records and laboratory results assessed.
Results 52 attendances were made by 17 TGW with a median age of 31 years (IQR 27–36). 41.2% were European, 52.9% were White and 29.4% were Asian. All had sex with men however 23.5% also had sex with women. 17.6% report sex work in the last year but no unprotected anal intercourse (UAI) with clients. 64.7% report UAI with male partners in the preceding 3 months (90.9% receptive). 64.7% had a history of any STI including 14.3% with Hepatitis B (naturally immune) and 6.7% with HIV. There were no diagnoses of Hepatitis C. The most common diagnosis made during the study period was Syphilis at 26.7% (of which 50% early infection) followed by HPV (23.5%), Chlamydia trachomatis (18.8%), Neisseria gonorrhoea (18.8%) and HSV (17.6%). 35.3% report drug or harmful alcohol use, 5.9% IVDU and 23.5% a history of physical or sexual assault.
Discussion Very high rates of UAI and STIs in TGW are comparable to those seen in previous studies. The prevalence of HIV infection is lower than expected from previous studies, perhaps due to variation in the cohort of TGW seen at our clinics. There remain significant challenges in identifying and providing tailored sexual health services to this at-risk population.

P186 IMPROVING DIAGNOSIS OF GONORRHOEA: A SERVICE IMPROVEMENT PROJECT

Emma Street*, Lindsay Short, Gavin Boyd. *Calderdale and Huddersfield NHS Trust, Huddersfield, UK*

10.1136/sextrans-2016-052718.236

Background With rising rates of gonorrhoea and increasing resistance, accurate diagnosis and appropriate use of antibiotics has become increasingly important. In response to this, we have focussed service improvement in our sexual health service (site 1 = GUM clinic, site 2 = integrated clinic) over the past 5 years on gonorrhoea. Our main focus has been on the high level of NAAT positive, culture negative samples- was this related to false positive tests or failed culture or both. This prompted a review of how samples were handled and, in particular, the time period between sample taking for culture and arriving within the lab. We have refined procedures to improve uptake of culture testing, culture positivity and finally the addition of supplementary testing for all positive NAAT testing in 2015.
Aim To review gonorrhoea diagnosis over a 5 year period, exploring the issue of NAAT positive, culture negative samples.
Methods yearly audit of gonorrhoea diagnoses
Results

Abstract P186 Table 1 Diagnoses of gonorrhoea

Year	2011		2013		2014		2015
Number of cases	195		342		342		189
Rate of GC/100000	46.1 (site1)	47.5 (site2)	51.4 (site1)	59.1 (site2)	50.4 (site1)	61.1 (site2)	not available
% cultures performed	91 (site 1+ 2)		60 (site 1)		73 (site 1+2)		93 (site 1+2)
% culture positive	63 (site 1+ 2)		52 (site 1)		75 (site 1+2)		80 (site 1+2)

Discussion Gonorrhoea diagnoses have dramatically declined between 2014 and 2015 due to the introduction of supplementary testing to remove the issue of false positive results. We have improved the uptake of culture testing in the era of self-taken NAAT testing and improved culture positivity rate with simple changes in the processing of samples.

P187 ESTIMATING COST SAVINGS BY INTRODUCING A REFLEX HEPATITIS B VIRUS SCREENING ALGORITHM IN A SEXUAL HEALTH SERVICE

[1,2]Daniel Bradshaw*, [3]David Muir, [1]Michael Rayment. *[1]Chelsea and Westminster Hospital NHS Foundation Trust, London, UK; [2]Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; [3]Imperial College Healthcare NHS Trust, London, UK*

10.1136/sextrans-2016-052718.237

Background/introduction BASHH recommends that screening for HBV infection may be with HBcAb, with reflex HBsAg testing in HBcAb-positive patients. False negative HBcAb (eg in acute HBV infection or with low assay sensitivity) is rare. At the time our laboratory did not routinely perform reflex HBsAg testing, placing the onus on clinicians, many of whom therefore requested both tests simultaneously (with redundant sAg tests being performed in the presence of a negative cAb). We wished to audit the extent of this practice and estimate cost savings by introducing reflex testing.
Aim(s)/objectives This was a retrospective case notes review of patients for whom HBcAb had been requested between 01/01/15 and 01/05/15. The cost of performing HBsAg testing was estimated at £3.60 per test.
Methods There were two hundred patients with HBcAb results: 110 (55%) male; median age 32 (IQR 26–39) years; 9 (4.5%) HIV-infected. Twenty-two (11%) tested HBcAb-positive of whom 5 (2.5%) were HBsAg-positive, 16 (8.0%) HBsAg-