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-

negative and 1 (0.5%) not tested for HBsAg. Of the HBcAb-positive individuals, requesting details were available for 10 cases: for 8/10 both HBsAg and HBcAb were requested initially.. Of 178 (89.0%) HBcAb-negative individuals, HBsAg was performed for 49 (24.5%); all were HBsAg-negative. Across the Trust, 11,500 HBcAb tests were requested in 12 months. Assuming 89.0% HBcAb-negativity, the cost of testing 24.5% of these patients for HBsAg would almost reach £10,000.
Results Reducing HBsAg testing in HBcAb-negative individuals would provide savings. Reflex laboratory HBsAg should be implemented for HBcAb-positive patients.

P188 SAFEGUARDING ADULTS ATTENDING AN INNER CITY SEXUAL HEALTH SERVICE

Nisha Mody, Catherine Kirby*, Patrice Grech, Hermione Thompson, Frances Turner, Lorette Runacres, Elizabeth Hamlyn. *King's College Hospital, London, UK*

10.1136/sextrans-2016-052718.238

Background/introduction Adult safeguarding is the process of protecting vulnerable adults from harm or exploitation. In 2014 our sexual health clinic introduced an adult safeguarding proforma and a regular adult safeguarding meeting.
Aim(s)/objectives To evaluate the impact of a new safeguarding pathway.
Methods Retrospective case note review of patients entered onto the safeguarding database from April-December 2015.
Results Of 14833 adult attendances, 148 patients were identified as vulnerable (1.0% vs 0.3% in 2013, $p < 0.0001$). Notes were available for 135/148. Median age was 30 years (range 18–70); 74% female; 17% homosexual or bisexual. Main reasons for attendance were STI screening (69%) and contraception (11%). 13% of females were pregnant. Vulnerability was identified by the clinician in 64% and disclosed by the patient or carer in 27%. Mental health problems were reported in 60%; a violent or pressurised relationship in 53%; drug or alcohol consumption in 55%. 13% were asylum seekers; 7% were victims of trafficking. 7% had learning disabilities. 4% reported sex with a person in a position of trust. Two or more vulnerability factors were identified in 86%. 2% lacked capacity. 70% were discussed at the Adult safeguarding meeting, 27% were referred to the Trust safeguarding team. Other referrals included social services (7%), mental health services (5%) and police (3%). 14% had responsibility for children aged <18 years; 5% required child safeguarding input.
Discussion/conclusion A large number of vulnerable adults attend our service, highlighting the importance of robust safeguarding procedures. Greater numbers were identified following introduction of a new safeguarding pathway.

P190 SEXUAL HEALTH APPOINTMENTS BY TEXT ONLY: SPEED, SAVINGS AND SATISFACTION

Annette Thwaites, Dale Coley, Eleanor Draeger*. *Lewisham and Greenwich NHS Trust, London, UK*

10.1136/sextrans-2016-052718.239

Background/introduction When setting up an appointment-based specialist GUM service within our walk-in community sexual and reproductive health service we took the opportunity to send patients their appointment details by text message rather than letters. We also send reminder texts prior to the appointment, in an attempt to reduce "Did not attend" (DNA) rates.
Aim(s)/objectives To estimate associated cost savings and patient satisfaction with the use of texts instead of appointment letters.
Methods Cost saving calculations considered costs of sending texts relative to stationery and postage and a time and motion study to estimate relative staff costs. DNA rates 6 months before and after the implementation of the text reminder service were compared using Fisher's exact test. A satisfaction survey of a random sample of patients attending the booked GUM clinics included basic demographic questions and questions about the use of appointment and reminder texts.
Results There was an estimated cost saving of 88p per appointment.

Abstract P190 Table 1 Impact of text reminders on DNA rates

	May–Nov 2013	Dec 13 – Jun 2014	
GUM Appointments	2118	1683	
GUM DNAs	589	355	
DNA Rate	27.81%	21.09%	P =< 0.001

28 satisfaction surveys were completed. 82% preferred to get their appointments solely by text.

Discussion/conclusion The use of text messages instead of letters has saved the clinic money and time, and is popular with patients. Our Trust offers 500,000 outpatient appointments per year. If only half of those were booked by text instead of letter, the trust could save more than £220,000 per year.

P191 ESTABLISHING AN INTEGRATED LEVEL 2 SEXUAL HEALTH SERVICE FOR PEOPLE WITH LEARNING DIFFICUTIES

Gill McCarthy*, Marion Norbrook. *Kingston Hospital Foundation Trust, Kingston upon Thames, UK*

10.1136/sextrans-2016-052718.240

Background/introduction A local needs assessment by Public Health in 2013 identified an unmet need for sexual health services for young people (13–25 years) with learning difficulties. Public Health identified funding and developed a service specification for a local level 2 sexual service that was tendered for a pilot period of 15months. We were successful in bidding for the service.
Aim(s)/objectives We describe our journey in establishing a bespoke sexual health service for people with learning difficulties as part of our level 3 Sexual Health and HIV service. We outline the difficulties we encountered, how we overcame them and highlight learning points for other providers wishing to establish similar services.
Methods A descriptive analysis of the clinic history, service provision, staff training, clinic activity and STI and contraception diagnoses. The complexity of individual cases is captured by brief case histories.
Results The service delivery model is multidisciplinary and was developed in collaboration with all key stakeholders including the users themselves. An initial survey identified a community site co-located with the community paediatric service for disability and a Friday afternoon after school as the preferred options. We advertised the service widely including all schools for children with special education needs, social services and carers and