

most patients. Service adaptations are needed to address the high incidence of mental health disorders, importantly drug/alcohol addiction. We also highlight the importance of a HIV-intermediate care unit to aid rehabilitation and facilitate discharges.

P127 IS THERE A NEED FOR PELVIC ULTRASOUND WITHIN AN INTEGRATED SEXUAL HEALTH SERVICE?

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Introduction Sexual health services see a number of women who once infection is excluded, may require the use of pelvic ultrasound to aid diagnosis. Without in-house scanning facilities, they often end up on a convoluted route involving several appointments across clinical specialities.

Methods This observational study examined two consecutive years of referrals for pelvic ultrasounds from a busy integrated sexual health service, where in-house scanning was not available. Information from referrals to radiology was gathered from an imaging database where indication and outcomes were analysed from scan reports.

Results 190 patients were scanned with a mean age of 31. 184/190(97%) were outpatients. 79/190(42%) were scanned for pelvic pain, and 42/190(22%) for coil related concerns. 141/190(74%) of scans had normal findings. Of coil related referrals, only 1/42(2%) needed intervention. 19/190(10%) of pelvic ultrasounds had incidental findings not requiring follow up, and 30/190(16%) had findings requiring intervention or follow up.

Discussion In this study, all coils with 'lost threads' were found to be intrauterine – and therefore could be managed within an integrated sexual health service. Only a small number of those scanned needed onward referral or follow-up. With scanning expertise and resources, patients would be seen more quickly, with a reduction in appointments and fewer referrals. This would result in improved patient satisfaction and reduced costs to the NHS. The set-up costs would be offset in the long-term by keeping patients out of the acute setting.

P128 EXPLORING CHEMSEX IN THE NORTH EAST OF ENGLAND

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Introduction Recreational drug use is higher in men who have sex with men (MSM) with use of psychoactive drugs facilitating group sex sessions (chemsex). Public health implications include increased sexual risk taking with potential for HIV/STI transmission and associated physical and mental health harms. Our aims were to assess the extent of chemsex in the North East of England to inform local/national policy and tailor service provision.

Methods A regional self-administrated survey was conducted in five sexual health/HIV care providers and a local LGBT and young people's charity in the North East over a three-month period. All service users were invited to complete an anonymous paper or online survey about chemsex.

Results This is provisional data from 954 surveys. 18 respondents reported engaging in chemsex (mean age 37 years,) 71% of which took place in the North East. 94% were male and 78% of these identified as gay (17% heterosexual, 6% bisexual.) 33% were HIV positive, 60% had a previous STI and 13% were 'slamming' (injecting.) 9% of all male respondents who identified as gay, had engaged in chemsex.

Discussion Data suggests that although chemsex is relatively uncommon in the North East, it is more prevalent in the MSM population and those who are HIV positive. Screening for chemsex in these groups should be standard practice and included in UK national guidance. Consequently service provision can be tailored to address local need by simple interventions or instigate clear pathways into specialist services.

P129 DESIGNING SEXUAL HEALTH SERVICES TO MEET THE NEEDS OF YOUNG PEOPLE IN THE UK: RESULTS FROM A QUALITATIVE STUDY TO INFORM DISCRETE CHOICE EXPERIMENT (DCE) DEVELOPMENT

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Introduction Young people experience the greatest burden of sexually transmitted infections (STIs) in the UK. STI screening is now being provided in a wider range of settings such as GP surgeries, pharmacies, and via online services. It is important that screening provision reflects the preferences of young people from different cultural backgrounds. The specific aims of the study were: to explore the factors that are important to young people when thinking about and participating in STI screening in different settings; to examine the characteristics of screening services that influence choices about screening.

Methods Qualitative methods were used to inform the development of a discrete choice experiment (DCE) to provide quantitative measurement and analysis of the choices made by young people in relation to STIs. A series of eight focus groups and 2 interviews were undertaken with 43 young people in specialist and community settings, with the inclusion of participants from different cultural groups. Discussions were transcribed and analysed using constant comparison methods.

Results The focus groups revealed a range of aspects of screening that were important to young people. The main themes identified related to stigma, understanding of STIs and risk, setting, interactions with staff, convenience and the nature of the screening test. Attributes for the DCE were developed around waiting times, setting, type of screening test, and staff attitude.

Discussion The complexities and challenges involved in designing and delivering services for young people are highlighted, particularly in relation to reflecting the preferences of young people from varied cultural backgrounds.