1150 resources have been uploaded to the site which, have been downloaded over 40 000 times, an average of 35 downloads per resource. Topics related to internet use and online interventions are particularly popular, followed by clinical slide sets, and podcasts.
Conclusion During the 4 years of its existence, STDPO has demonstrated to meet a need in the STD/STI professional community for an interactive, two-way, clearing house of STD/STI-related information.

P163 PATIENT CHOICE: IS THE LOCAL HIV SERVICE PREFERRED?

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Aim To investigate the distance travelled by patient to a specialist HIV clinic in the Home Counties.
Methods Retrospective review of the electronic database of HIV patients attending the clinic from January 2011 to January 2012. Data on gender, ethnicity, sexual orientation, age and residential postcode was collected. The distance to our service was compared to that of the nearest available specialist clinic HIV clinic for each patient. Demographic data were also collected. χ^2 Tests were performed to compare categorical data.
Results 220 patients attended. The median age was 41 years, range 15–74. Our clinic was the closest HIV service for 89 (40%) patients. Of the 131 who selected our service in preference to their local service, 50% travelled up to 10 miles, 15% 11–20 miles, 14% 21–30 miles and 21% more than 30 miles. Interestingly the nearest service for 13 (10%) of these patients was an inner city teaching hospital. There was no significant difference in age, gender or sexual orientation between those who lived locally or travelled further, except for ethnicity. 66% of White British men and women were prepared to travel further for their HIV care compared to 51% for other ethnic groups (p=0.02) (see abstract P163 table 1).
Conclusions More than half our HIV patient cohort elected to travel further rather than utilise their local HIV services. The reason for this choice is unclear. However this study highlights the importance of considering patient choice when commissioning, planning and providing HIV services. Further research exploring the reasons for patient preference may aid our understanding of the aspects of HIV care that are particularly valued by our patients.

Abstract P163 Table 1 Demographics of HIV cohort

	Men (n=141)	Women (n=79)
Sexual orientation (%)		
Heterosexual	64 (46)	79 (100)
Bisexual	6 (4)	
Homosexual	71 (50)	
Ethnicity (%)		
White British	108 (77)	16 (23)
Black African	24 (17)	58 (73)
Other	9 (6)	5 (4)

P164 WHICH ASPECTS OF STIGMA ARE MOST IMPORTANT IN AN INTEGRATED SEXUAL HEALTH SERVICE?

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Background The stigma of sexual health services is pervasive and affects all user groups. It is likely to affect access to and satisfaction with the service. Reducing stigma has to be an essential aspect of improving sexual healthcare. Stigma has four domains: disclosure concerns, negative self-image, public attitudes and positive (non-stigmatising) aspects. It is currently not known which of these domains is perceived as most relevant by service users.
Objective To determine which aspect of stigma of the service was felt most intensely by service users in a level 3 integrated sexual health service (ISHS).
Method Application of a validated 15 item quantitative tool to assess stigma among 200 unselected patients attending an ISHS in outer London.
Results A total of 77 strong agreement with a statement describing stigma of the service were recorded. Of them nearly half were given in response to two statements: statement (S) 5: "I am careful whom I tell that I have been in this clinic" (14) and S 10 "I am concerned that I bump into someone I know when I am at this clinic" (16). No other statement attracted >6 positive strong responses. Of the 171 responses indicating a moderate stigma of the service 24 were given to the S1 "I won't tell anyone that I came to this clinic because I am concerned about their reaction". Statement 5 and S10 received 22 moderate agreements each while S6 "I worry that people who know that I have been here tell others that I have been to this clinic" attracted 17 moderate positive responses.
Discussion Our research indicates that disclosure concerns are the key source of stigma for the ISHS. Other aspects like self-image or public attitudes were less relevant. The high level of concerns expressed in S10 throws a new light on the issue of time spent in the waiting room. It suggests that waiting can be very stressful as stigmatising encounters are anticipated.

P165 GUM/HIV TRAINEES' EXPERIENCE AND TRAINING NEEDS IN THE MANAGEMENT OF PATIENTS DISCLOSING SEXUAL VIOLENCE

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Background Patients attending GUM clinics may disclose sexual violence. Are GUM/HIV trainees equipped to manage these cases?
Aim To assess the experience and training needs of GUM/HIV trainees in managing patients disclosing sexual violence (SV patients).
Method An e-survey was open to GUM/HIV trainees for 12 weeks from February 2011. Data were analysed in Excel.
Results Of the 158 current GUM/HIV trainees, 44 (28%) completed surveys. All respondents managed SV patients and 59% managed ≥ 1 SV case/month. Of these, 98% had seen females, 66% males, 73% 16–17 years/olds, 34% 13–15 years/olds, 5% under-13s. All respondents routinely asking about SV saw ≥ 1 case/month vs 50% of those who rarely/never asked. Confidence increased with frequency of seeing patients: 96% (25/26) seeing ≥ 1 SV patient/month felt confident vs 67% (12/18) seeing <1/month. Confidence in managing female, male and under-18 SV patients was reported in 86%, 79% and 58% respectively. In the six units with a dedicated SV clinic two trainees had worked in one, overall, 92% would have liked to. Similarly, 14% had worked in a Sexual Assault Referral Centre, 81% would have liked to. Respondents had trained in safeguarding children, adult SV, chain of evidence, vulnerable adults and domestic violence in 92%, 82%, 76%, 64%, 32% respectively. Abstract P165