

Background/introduction Female sex workers (FSWs) are often considered as a vector for HIV and other sexually transmitted infections entering the general communities.

Aim(s)/objectives This study investigated the effectiveness of a resilience-promoting intervention that targets at psychological well-being to facilitate adaptation and safe sexual practices among FSWs which could be an innovative strategy in controlling the spread of these infections.

Methods Using resilience framework, this intervention consisted of six-weekly sessions focused on awareness, expression and management of emotions, identifying roles and personal strengths, and effective problem-solving skills. The primary outcome of resilience and reduction of sexual risk behaviour were assessed at baseline, post-intervention and 3-month follow-ups through self-administered questionnaires. Difference of the differences between the two groups and intention-to-treat analysis were adopted in the analysis.

Results 127 FSWs were recruited and randomly assigned to the intervention or usual care (control) groups in a multi-centred randomised controlled trial. There were significant differences on the score on resilience, self-esteem and general mental health status between the two groups at post-intervention and 3-month follow-ups. The rate of condom use improved with time but significant difference between groups was only observed at 3-month follow-ups. Regression models showed that, after controlling for marital status and family size, intervention group assignment (OR = 2.95, 95% CI: 1.19–7.35) and self-efficacy ($t = 2.48$, $p < 0.05$) was significantly associated with improved resilience scores.

Discussion/conclusion The results suggest that the programme was effective in promoting resilience, self-esteem and the mental health status but with less obvious effect on sexual health among FSWs in Hong Kong.

P71 IMPROVING THE PEP EXPERIENCE FOR PATIENTS

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Background/introduction BHIVA/BASHH have published guidelines with auditable outcomes for initiation of PEPSE and follow up. Some UK centres have, however, reported missing these targets.

Aim(s)/objectives To explore the patient journey from initiation of PEP to completion of follow-up and to identify areas for improvement within our service in supporting patients to take PEP.

Methods Each patient commencing or continuing PEP at our clinic between December 2013 and June 2014 was asked to take part in a survey regarding their experience with PEP. The survey included questions about adherence (motivations and barriers), clinic experience and follow up.

Results 31 patients took PEP during the study period, 26 patients participated in the study. Reasons for PEP included occupational exposure ($n = 6$), sexual assault ($n = 9$), and consensual sex ($n = 11$). 4 patients (15.3%) reported not completing the 28 day course of PEP. 9 (34.6%) and 8 patients (30.7%) reported late and missing doses respectively. 88.4% of patients experienced side effects from medication, only 43% of patients sought help for this. The most frequent motivation for completing PEP was "fear of HIV infection" (69.2%). 69.2% patients

identified a specific HCP within clinic as being particularly supportive. Advice regarding remembering to take medication, continuity with HCP and arrangement of follow up appointments at the initial attendance were positively received.

Discussion/conclusion This qualitative survey identified barriers to compliance and ways to support patients in taking PEP. We should encourage patients to contact us for advice regarding side effects and anxiety, and provide practical advice around reminders for medication taking.

P72 INVESTIGATING THE USE OF PRE-EXPOSURE PROPHYLAXIS-A PRELIMINARY ANONYMOUS SURVEY

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Background Pre-exposure prophylaxis (PrEP) has been proven to be biologically effective, and its clinical efficacy continues to be assessed in trials. Data have been published on patient's willingness to take PrEP, but we are unaware whether patients are already doing so outside of clinical trials and how they are sourcing the medication.

Methods A preliminary anonymous questionnaire was offered to HIV negative men who have sex with men (MSM) attending our services. The questionnaire sought to gain basic demographic data, the frequency of condomless sex in the preceding three months, whether participants had heard of PrEP, whether they had taken it, and if so, how long for and how they sourced the medication.

Results 80 completed questionnaires were returned. The mean age was 30.6 years. The median number of partners in the last three months was 4 (range 1–55). 49% of respondents had 1–5 episodes of condomless sex in the preceding 3 months and 6% had >10 episodes of condomless sex. The majority of respondents (82%) had heard of PrEP. Five respondents (6%) had taken PrEP: one had been taking part in a clinical trial, three had used post-exposure prophylaxis as PrEP for between 24 and 28 days, and one had used a partner's anti retrovirals for 7 days.

Discussion This preliminary anonymous questionnaire suggests that the majority of HIV negative MSM attending our clinic have knowledge of PrEP. A small number are actively sourcing anti-retroviral medication to use as PrEP outside of clinical trials. We are now expanding this study to reach a higher proportion of our clinic attendees and also to link responses to clinic numbers in order to gain more behavioural information.

P73 THE SOURCE OF THE PROBLEM – RE-AUDIT OF PEPSE PROVISION AT AN INNER CITY SEXUAL HEALTH CLINIC

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Background Post exposure prophylaxis following sexual exposure (PEPSE) reduces transmission of HIV. BASHH updated its guidance on the provision of PEPSE in 2011.

Aim To review provision of PEPSE at an inner city sexual health clinic.

Method Retrospective case note review of patients attending for PEPSE between January and June 2014. Comparison was made

with a previous audit from 2012; following which recommendations were made, including efforts to contact the source patients. **Results** A total of 126 patients attended for PEPSE during the 2014 audit period; median age 28 years (range 17–53); majority male (93.7%); homosexual (81.0%); White British (79.4%). Baseline HIV tests were performed in 99.2%; PEPSE was prescribed in accordance with BASHH recommendations in 98.4% and 97.6% were provided <72 h. In 15.1% the source was contacted.

In comparison with our 2012 audit, there were fewer women (6.3% vs 20.6%) who accessed PEPSE and there was an improvement in PEPSE being prescribed in accordance with BASHH recommendations (98.4% vs 92.7%). There was a statistically significant improvement in the number of source patients contacted (15.1% vs 2.9%; $p < 0.01$). In the case of 19 patients in whom the source was contacted, 4 were able to stop taking PEPSE (21.1%).

Discussion/conclusion The number of patients accessing PEPSE has remained high and forms an important part of service provision in sexual health clinics. Contacting the source is an important step to reduce the unnecessary prescribing of PEPSE.

P74 POST EXPOSURE PROPHYLAXIS: BASHH REGIONAL AUDIT 2014

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Background/introduction In 2011 British Association of Sexual Health and HIV (BASHH) updated their guidelines on HIV post-exposure prophylaxis (PEP).

Aim(s)/objectives To audit the management of patients treated with PEP for both sexual and non-sexual risk in GUM clinics against BASHH PEP guidelines.

Methods A retrospective case notes review was performed on patients attending for PEP following both sexual and non-sexual risk, in 7 GUM clinics in Wessex between January–December 2013. Data collected included indication for PEP, time to commence, STI screening, completion rates and HIV testing done at baseline and 3 months post-PEP.

Results 98 case notes were reviewed. 77 patients had a sexual risk (47/77 men who have sex with men) and 21 a non-sexual risk. 92% of patients had a baseline HIV test at <72 h (target 100%). 73% of PEPSE prescriptions fitted within recommended indications, however only 28% of PEP prescriptions following non-sexual risk fitted within the recommended indication (target 90%). 100% of patients received PEP within 72 h and 62% of patients completed 4 weeks PEP (target 75%). 54% of patients had an HIV test at 3 months post-PEP (target 60%) and 70% of patients receiving PEPSE had an STI screen (target 90%).

Conclusion This audit demonstrated some good management such as baseline HIV testing and the time to commence PEP. It also revealed areas to be improved, in particular PEP prescribing in a non-sexual risk situation, where often the risk was not a recommended indication. This highlights the importance of continued education to all PEP prescribers.

Category: HIV testing, new diagnoses and management

P75 PATIENT SATISFACTION WITH HOME DELIVERY SERVICE FOR ANTIRETROVIRAL MEDICATION

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Background/introduction There is much interest in the use of home delivery services for antiretroviral medications. Advantages include convenience for patients, but notably, being VAT exempt, considerable cost benefits. In a small clinic like ours (cohort 174 patients), the estimated annual saving is £85,000. Disadvantages include concerns about confidentiality and inconvenience.

Aim(s)/objectives To assess the level of patient satisfaction with homecare delivery with a goal of 90%, and to exclude ‘never events’: delivery to wrong person/address or patient running out of medication.

Methods Between April and July 2014 we conducted an opportunistic paper-based survey of patients attending the HIV clinic. Results were analysed using Microsoft excel.

Results Completed questionnaires were returned from 57% of all homecare users. 85% reported telephone contact was good or very good but 23% experienced failure to deliver within the agreed time slot, some on multiple occasions. One patient reported running out of treatment and two deliveries had been made to an incorrect address. Overall satisfaction with the service was 81%.

Discussion/conclusion This survey had a number of limitations: it was not completely randomised or anonymised, used subjective measures, did not account for patient compliance and did not explore reasons for declining homecare. Overall satisfaction with the service fell short of our goal of 90%. More importantly there were 3 ‘never events’, two of which involved potential breach of confidentiality and caused considerable distress to the patients. The results have been fed back to the homecare delivery provider with a particular focus on avoiding ‘never events’.

P76 STI SCREENING IN HIV POSITIVE PATIENTS ATTENDING A CITY-CENTRE HIV CLINIC

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Background/introduction STI screening and treatment of HIV infected individuals is essential for the health of each individual and to prevent onward HIV transmission.

Aim(s)/objectives To audit STI screening among our HIV cohort against 2007 BHIVA, BASHH, and FSRH guidelines on management of SRH of people living with HIV.

Methods Case notes of the first 150 patients attending from 1 January 2014 were reviewed. Data gathered included: Demographics, sexual history taking in the last 6 months, STI screening in the last 12 months and STI diagnoses.

Results 54 patients were female (36%) and 96 male (64%). Average age was 43 (range 17–71). 81 patients (54%) were White British, 53 (35%) Black African. 95 (63%) patients were heterosexual, 53 (35%) gay, and 2 (1%) bisexual. Demographics were representative of the whole cohort (444 patients). Sexual history was documented for 121 patients (81%) in the last