

Abstracts

insight into the type of information patients most prefer to see in order to enhance patient experience.

Aim(s)/objectives To conduct a patient survey of preferences for information provided in sexual health clinic waiting rooms.

Methods 133 consecutive patients attending the integrated clinic were asked to complete a simple questionnaire covering the following areas: (1) how much attention is given to the information available; (2) Which types of information are most useful; (3) Preference for pictures, written text or a combination; (4) Importance of information that can be taken away.

Results 53% looked at most of the information, 32% only read what looked interesting or relevant while 15% took little notice. Facts about STI's were the most useful (64%), followed by prevention messages (51%), contact details of other organisations/services (49%), information about local/national campaigns (41%) and boards with specific themes (e.g. Valentine's day, Fresher's Week) (33%). 55% preferred a combination of pictures and text, 41% mainly text and 37% mainly pictures. 74% attached a high importance to information which could be taken away.

Discussion/conclusion 85% of patients paid significant attention to the information presented in the waiting room. Patients found factual information about STI's to be most useful followed by prevention messages. There was a clear preference for messages that combined text with pictures.

P153 WATCHING THE TV: *TRICHOMONAS VAGINALIS* NAAT TESTING IN AN INNER CITY SEXUAL HEALTH CLINIC

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Introduction *Trichomonas vaginalis* (TV) is the commonest curable STI worldwide. UK prevalence is comparatively lower but TV remains an important cause of genital symptoms. National guidelines recommend NAATs for TV testing due to their high sensitivity. Since 2012 we have utilised Gen-Probe APTIMA TV assays for symptomatic females, males with recurrent urethritis and contacts.

Aims Assess the effectiveness of our current TV NAAT testing practice.

Methods Retrospective casenote review of patients tested for TV in an inner city sexual health clinic between 01/01/14–31/03/14.

Results 961 (882F, 79M) patients were included. Median age was 24 (range 15–67), 445 (46.3%) were White British. 6 (7.6%) of the men were MSM. 28 (2.9%) patients were TV NAAT positive (21F, 7M). 5 of them attended as TV contacts. 11 TV-infected females had positive microscopy. Comparing diagnostic modalities microscopy had inferior sensitivity (=0.524) but excellent specificity (=1) and NPV (=0.986). All TV-positive men were either symptomatic (4) or an asymptomatic contact (3). The TV-positive and TV-negative cohorts were compared:

Abstract P153 Table 1 *Trichomonas vaginalis*

	NAAT positive (n = 28)	NAAT negative (n = 933)	p Value
Median age	35.9	24.1	<0.0001
Black Caribbean	7	55	0.0005
Symptomatic	22	832	0.078829
TV Contact	5	11	<0.0001
Other STI present	8	245	0.784302

TV incidence was significantly associated with increasing age, Black Caribbean ethnicity and attending as a contact; concurrent STI diagnoses and evident symptoms were not.

Conclusion Our data demonstrates the superior sensitivity of NAATs over microscopy. Extending screening to asymptomatic patients is not warranted. We continue to focus TV testing on known at-risk populations.

P154 PROCESS EVALUATION OF THE 3Cs AND HIV PILOT: AN EDUCATIONAL PROGRAMME TO SUPPORT GENERAL PRACTICES DELIVER CHLAMYDIA SCREENING, CONTRACEPTION, CONDOMS AND HIV TESTING TO PATIENTS

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Background/introduction General practice (GP) offers a wide range of sexual health services, although provision varies across England. Educational support visits to GPs are effective in improving sexual health services. 3Cs and HIV is a national pilot that provided GP training for opportunistic offers of chlamydia testing, free condoms and information about contraceptive services to 15–24 year olds (i.e. 3Cs), plus HIV testing according to national guidelines.

Aim(s)/objectives To describe local authority (LA) and GP engagement with the 3Cs and HIV pilot using process evaluation measures.

Methods The training programme comprises two practice educational support visits, the first on 3Cs and the second on HIV testing. Data on LA and GP recruitment, retention and implementation of the training was collected throughout the programme.

Results In total, 56 LAs invited 2,532 practices to the programme, 461 agreed to participate. Data was returned by 46 LAs accounting for 405 practices (88%). Half of participating practices received at least one visit (255/461, 55%). Nearly a third of practices received only the 3Cs visit (143/461, 31%) and 24% (111/461) received both the 3Cs and HIV visits. More general practitioners than nurses attended the training (826 vs. 752), especially for the HIV sessions (263 vs. 211).

Discussion/conclusion Many practices reported an interest in receiving sexual health educational support visits, however a large proportion did not start or complete the full programme. This highlights the difficulties sustaining GP engagement over time, which may be due to competing priorities for protected learning time. Future programmes may need to be shorter.

P155 "TIME IN CLINIC" SURVEY TO EVALUATE THE POTENTIAL FOR USE OF ONLINE REGISTRATION

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Background/introduction We continuously try to improve patient experience in our integrated service. After introducing a "slot" booking in system, patients spent 40% less time in clinic, though still report spending too long in surveys. We wanted to