

Abstracts

non-attendance rate was 31%. The condition with most frequent non-attendance was genital warts, at 38%. In response to this, a specific walk-in warts review (WWR) clinic was introduced and its impact reviewed.

Methods A retrospective review of non-specialist doctor and nurse follow-up appointments for 2 weeks (19/5/14–1/6/14), 6 months following the establishment of the WWR clinic, compared to 2 weeks prior to its introduction (25/2/13–10/3/13).

Results In total 85 patients were given a booked non-specialist follow-up appointment in the 2014 sample, compared to 103 in the 2013 sample. 19 patients attended for warts review (15 in the WWR clinic, 4 booked appointments) in the 2014 sample, compared to 12 patients who attended their booked warts review in the 2013 sample. Overall the non-attendance rate for non-specialist booked reviews was 28% in the 2014 sample, compared to 31% in the 2013 sample ($p = 0.68$). Non-attendance in the 2014 sample was most frequent for gonorrhoea test of cure, blood tests and vaccines (21%, 13% and 13% of non-attendees, respectively).

Discussion Overall the non-attendance rate for follow-up appointments was not significantly lower following introduction of the WWR clinic. However convenience for patients has improved. Further work is needed to ascertain the optimal way of delivering best practice clinical care whilst ensuring efficient service provision.

P165 **DIFFERING TRAJECTORIES OF SEXUAL HEALTH CLINIC (SHC) ATTENDANCE IN MEN-WHO-HAVE-SEX-WITH-MEN (MSM) AND HETEROSEXUAL MEN: CAN WE USE THESE TO PLAN SERVICES?**

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10.1136/sextrans-2015-052126.208

Background Understanding why patients attend SHCs can inform service development.

Aims To describe SHC attendance patterns amongst heterosexual men and MSM.

Methods Heterosexual and MSM first attending SHC in 2012 were identified through the GUM Clinic Activity Dataset-v2 and followed for 365 days. Attendance frequency and outcomes were recorded. Attendance outcomes were classified: 'test-only' for negative sexually transmitted infection (STI) testing (chlamydia, gonorrhoea, syphilis, HIV) and no other service/diagnosis; 'any-STI'; 'non-STI' for other conditions; 'other-GU-service' such as health advice, post-exposure prophylaxis/vaccination; and 'Other' episodes not requiring treatment.

Results 809,106 attendances were identified among 438,609 men (81.37% heterosexual, 12.96% MSM). The Table describes age, visit frequency and attendance outcomes. Multivariate Poisson regression adjusted for age, ethnicity, and area-level deprivation demonstrated that attendance frequency was greater amongst MSM (Incidence Rate Ratio 1.69, $p < 0.001$) and men with any-STI at first attendance (IRR 1.67, $p < 0.001$).

Discussion Men who are appropriate for clinically and cost-efficient pathways, such as telephone review and home testing, could be identified at first attendance and offered customised care pathways stratified by risk.

Abstract P165 Table 1 Men attending sexual health clinics

| | Heterosexual % | MSM % |
|--------------------------------------|-------------------|----------|
| Age at first attendance | | |
| ≤15 | 0.48 | 0.18 |
| 16–19 | 10.01 | 5.13 |
| 20–24 | 26.37 | 18.06 |
| 25–34 | 35.87 | 35.01 |
| 35–44 | 15.37 | 22.14 |
| 45–64 | 10.80 | 17.73 |
| ≥65 | 1.09 | 1.75 |
| No. of attendance in 365 days | | |
| 1 | 65.66 | 39.71 |
| 2 | 19.88 | 19.89 |
| 3 | 7.03 | 13.25 |
| 4 | 3.20 | 8.97 |
| ≥5 | 4.22 | 18.18 |
| Visit frequency, median (IQR) | 1 (1–2) | 2 (1–4) |
| Attendance outcomes | | |
| Test-only | 41.44 | 21.29 |
| Any-STI | 22.17 | 13.88 |
| Non-STI | 3.41 | 1.77 |
| Other-GU-service | 6.70 | 19.99 |
| Other | 31.93 | 49.23 |

P166 **"IF YOU BUILD IT, THEY WILL COME": HOW THE TARGETED LOCATION OF A SEXUAL HEALTH CLINIC WITHIN THE SOCIAL HEART OF AN AT RISK COMMUNITY CAN SIGNIFICANTLY INCREASE THE DETECTION AND MANAGEMENT OF INFECTIONS**

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10.1136/sextrans-2015-052126.209

Background/introduction A 2009 decision to relocate a sexual health and HIV clinic to an area with the highest density of gay venues in Europe was based on the belief that positioning a service directly where a high risk and vulnerable population socialised would facilitate regular sexual health screening for men who have sex with men (MSM), improve the early detection of HIV and other infections, and reduce onward transmission.

Aim(s)/objectives This study examined whether the relocation had led to the anticipated increase in overall attendances and pathology specifically in MSM beyond the increase in national STI rates reported by Public Health England. As the relocation effect cannot be directly measured, any significant discrepancy between the two rates could be used as a proxy for success.

Methods Attendances and infection rates for 2008 at the former clinic were compared with those for 2013 at the new clinic (from KC60 codes). The overall infection increase was then compared with the increase in STI rates reported nationally by Public Health England between 2008 and 2013. The specific proportion of infections in MSM was compared with the national data for 2013.

Results Attendances increased by 22% from 56,181 to 68,395, with 61% of patients in 2013 reported as homosexual. The increase in infections significantly exceeded both this and rates reported by PHE, with 84% of infections reported in MSM.