

anxiety and mistrust of the medical profession. Synacthen tests were performed in the majority of cases. The duration of adrenal suppression varied from 1 month to >4 years. Clinic letters first carried a postscript warning re the interaction in 2007.

**Discussion** Iatrogenic Cushings/adrenocortical suppression carries significant long-term morbidity. Innovative strategies to improve dissemination of information to healthcare professionals and patients are needed.

## Section 3: Nurses & Health advisors oral Presentations

### NH1 ARE WE MEETING THE NEEDS OF YOUNG PEOPLE?

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**Background/introduction** Research has shown that young people (YP) value services that provide easy access with confidential, prompt and comprehensive care. Healthcare professionals working in YP services need to be vigilant to vulnerabilities to child sexual exploitation (CSE) such as sexting: the sending of sexual images via mobile phone/social media.

**Methods** We carried out an anonymous patient survey based on the “You’re Welcome” standards between November 2015 and March 2016

**Results** 54 surveys were included in the final analysis. Access: 16/54 (30%) were repeat attenders, 11/54 (20%) were referred by GP, 9/54 (17%) were recommended by a friend, 5/54 (9%) found the service via clinic website. Waiting time: 34/53 (63%) waited 30 minutes, 14/54 (26%) between 30–60 minutes. Confidentiality: 47/54 (87%) were made aware of the confidentiality policy. Services: 54/54 (100%) felt the clinic offered all the services they were expecting. 53/54 (98%) felt that the waiting room displayed information tailored to YP. Contraception was discussed in 33/54 (61%) of consultations and 22/54 (41%) were offered a local condom card. 54/54 (100%) of patients felt they would return to the clinic again in the future. Sexting: 25/54 (46%) had sent an image of themselves and 14/54 (26%) felt this had led to a negative outcome. Only 8/54 (14%), however, were asked about this during their consultation.

**Discussion/conclusion** Our YP clinic evaluated well. A high proportion of these YP had engaged in sexting and acknowledged a negative impact on their lives. Few were asked about this, however, illustrating the need for ongoing training and support of HCPs working with YP around asking non-clinical questions, and being up to date with the constantly evolving face of CSE.

### NH2 WHAT EFFECT DO PRACTICE VISITS HAVE UPON OPPORTUNISTIC CHLAMYDIA SCREENING TEST UPTAKE AND CASE DETECTION IN PRIMARY CARE? AN AUDIT OF 81 GENERAL PRACTICES IN OXFORDSHIRE

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**Background/Introduction** The National Chlamydia Screening Programme in England aims to reduce transmission and prevent complications through early diagnosis. The ‘Value for Money’ review proposed opportunistic screening in general practice supported by specialist services.

**Aims/Objectives** To evaluate the effect of practice visits upon chlamydia screening coverage and case identification in young people aged 15–24 in Oxfordshire, April 2012–March 2014.

**Methods** Quarterly counts of total screens and positive tests for general practices in Oxfordshire were linked to records of practice visits (date, attendance) and characteristics of practices (location, deprivation, practice size). Testing and positivity rates three months prior to screening officer visits (baseline) were compared to rates in the 0–3 and 4–6 months following a visit. Pre- and post-visit counts were compared using multivariate generalised estimating equation models, accounting for repeated measures by practices and confounders.

**Results** Practice screen counts were available for 136 periods before and after visits to 81 practices. Practices reported a median of 9 tests in the 3 months prior to visits or 3% screening coverage of registered 15–24 year olds. Screen counts were significantly higher following visits (Table 1), and positively associated with higher staff attendance at those visits. Also, there is an increase in number of positive cases diagnosed immediately after visits.

**Conclusion** Practice visits serve as a good reminder for staff in general practice to offer test opportunistically. However, there is a need for an enhanced intervention to sustain any increase in screening coverage and diagnoses following visit.

### NH3 PARTNERSHIP WORKING TO ACHIEVE SUCCESSFUL HEALTH BOARD-WIDE HEPATITIS B PARTNER NOTIFICATION OUTCOMES

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**Background/Introduction** The Sandyford Shared Care Support and failsafe (SSCS) service managed by the Sexual Health Advisers provides advice and support to NHS Greater Glasgow and Clyde Health Care Professionals in the management of individuals diagnosed with a sexually transmitted infection or blood borne virus. In relation to Hepatitis B infection their role is to make contact with testing clinicians by telephone to review the case, facilitate timely results giving and onward referral to appropriate specialist services, co-ordinate and assist with public health activities arising from each case, document and audit outcomes.

**Aims(s)/Objectives** To demonstrate the impact of SSCS support to promote partnership working to achieve effective and auditable partner notification outcomes for acute and chronic Hepatitis B cases.

**Methods** Acute or chronic Hepatitis B cases between 1 September 2012 and 31 December 2015 were reviewed. Partner notification outcomes documented for identified sexual partners, family and household contacts requiring testing and vaccination were examined.

**Results** A total of 710 cases of Hepatitis B were reported to SSCS during the audit period (675 chronic and 35 acute). 1278 contacts were identified, and 840 contacts (1.18 per index case) were reported (verified or unverified) to have attended a service

for assessment. 656 contacts were vaccinated, 113 had immunity and 62 found to have active infection.

**Discussion/Conclusion** This audit clearly demonstrates the value and importance of partnership working to achieve successful public health outcomes well above targets set by national standards.

NH4

#### SERVICE DEVELOPMENT FOR PEOPLE WITH HIV WHO HAVE COMORBID CONDITIONS USING EXPERIENCE-BASED CO-DESIGN METHODOLOGY

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**Background/introduction** There is a need for evidence - based models of care to effectively manage the increasing numbers of the people with HIV (PWH) who have comorbid conditions. This study was part of an NIHR Programme Development Grant to inform the development of HIV services to meet the needs of an ageing population.

**Aim(s)/objectives** To explore the healthcare experiences of PWH who have comorbid conditions and the staff involved in their care to identify priorities for service improvement.

**Methods** Experience-based co-design methodology was used to understand the experiences of PWH accessing General Practice, HIV, Cardiology, Liver, Renal and Rheumatology services. Patients were recruited from the HIV clinic and staff purposively sampled from the service areas. Experiences were gathered through observation, diaries, audio and filmed interviews. Thematic analysis was undertaken and filmed patient interviews analysed for emotional touchpoints. Staff and patient feedback events were utilised to validate data and identify areas for service development. A joint staff and patient co-design event was held to agree shared priorities for future services.

**Results** 22 patients (with 110 comorbidities) and 18 staff were recruited. A composite film was produced from the patient interviews. Examples of touchpoints were communication, burden of appointments and repetition across services. Patients identified 6 areas for service improvement and staff identified 3. The agreed priorities for future service development were care co-ordination, shared medical records/results and systems to manage multiple appointments.

**Discussion/conclusion** Experience-based co-design methodology was effective in identifying future service models for PWH who have comorbid conditions.

## Section 4 Undergraduate oral Presentations

UG1

#### DIGITAL ANO-RECTAL EXAMINATION (DARE) AS ANAL CANCER SCREENING IN HIV POSITIVE MEN WHO HAVE SEX WITH MEN (HMSM) – IS IT ACCEPTABLE TO PATIENTS?

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**Background/introduction** Anal cancer is more common in HMSM than in HIV negative MSM or the general population. Tumours in HMSM tend to be larger and more advanced at diagnosis resulting in poorer prognosis. The European AIDS Clinical Society Guidelines recommend DARE with a screening interval of 1–3 years. However, this is only based on expert opinion. The benefit of such a strategy in a UK GUM managed HIV cohort is still unknown.

**Aim(s)/objectives** To assess acceptability of annual DARE to HMSM and establish patient experience of having DARE.

**Methods** From pre-published clinic lists covering the 8-week recruitment period, patients fitting the inclusion criteria (HMSM aged  $\geq 35$ ) were invited to participate in the study when they attended clinic. Patients were asked to complete a questionnaire and invited to have DARE as part of their consultation.

**Results** Of the 43 patients invited into the study, 29 [67%; 95% confidence interval (CI) 53–81] proceeded to DARE. Principal reason for refusal of DARE was ‘lack of time’ and ‘not feeling clean’. Of the 29 having DARE, 12 [41%; 95% CI 23–59] were found to have a previously unrecorded clinical abnormality. 5 [17%; 95% CI 3–31] required colorectal referral - 3 [10%] for lesions suspicious of anal intraepithelial neoplasia. Outcomes of colorectal consultation are awaited. 100% of respondents said they would have DARE again.

**Discussion/conclusion** Annual DARE is an acceptable addition to the routine care of HMSM. Pre-warning patients to expect DARE at a routine visit when it is due may further improve acceptability.

UG2

#### GRINDR© USE BY MEN WHO HAVE SEX WITH MEN (MSM) IS ASSOCIATED WITH HIGH RATES OF BACTERIAL SEXUALLY TRANSMITTED INFECTIONS

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**Background/introduction** Mobile Phone ‘apps’ such as grindr© are becoming a more frequent and convenient way to meet sexual partners and may be a reason why sexually transmitted infections (STI) are increasing in MSM.

**Methods** From November 2015 to February 2016, a paper survey was distributed to MSM attending local sexual health services on acceptability of local service, including use of mobile phone applications to meet sexual partners. National Student Pride also used an online version of the survey.

**Results** 1186 MSM were included in the analysis of this survey. The median age was 26.8 years (18–89). 1026/1186 (86.5%) self-identified as gay, 108/1186 (9.1%) bisexual and 34/1186 (2.9%) straight. 918/1186 (77.4%) were HIV-negative, 42/1186 (3.5%) HIV-positive, 188/1186 (15.9%) never tested, and 38/1186 (3.2%) unknown status. 200/1186 (16.9%) of respondents reported a bacterial STI within the past 12 months: 116/1186 (9.8%) had gonorrhoea, 96/1186 (8.1%) chlamydia and 26/1186 (2.2%) syphilis. Reported use of grindr© was: 372/1186 (31.4%) more than once/day, 168/1186 (14.2%) more than once/week 124/1186 (10.5%) more than once/month. Those who used grindr© more than once per day reported having had gonorrhoea (62/372:16.7%), chlamydia (50/372:13.4%) and syphilis (16/372:4.3%) in the past 12 months. 80/116 (70.0%), 64/96 (67%) and 16/26 (62%) MSM who reported having gonorrhoea, chlamydia and syphilis in the past 12 months reported