interventions as clinic users are younger, have higher rates of hazardous alcohol consumption and are potentially more resistant to standard brief interventions.

P003 USING TRADITIONAL SEXUALITY DESCRIPTORS: ARE THEY USEFUL ANYMORE?

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Introduction Sexuality is a complex topic in sociology and healthcare. It is multifactorial; combining gender, sex, sexual orientation and erotic desires. Three sexuality descriptors are commonly used: heterosexual, bisexual and homosexual. Women who have sex with women (WSW) and men who have sex with men (MSM) are classified as homosexual. These three descriptors are sometimes used in sexual health clinics in the UK as part of the coding to understand the demographics of service users.
Aims We wished to review if these descriptors matched patients' described behaviours in an integrated sexual health clinic.
Methods We reviewed 300 patients presenting to a UK sexual health clinic between April 2013 and September 2013. 100 patients were randomly chosen based on their sexuality descriptor, which had been self-selected when booking in. Electronic patient records were used to access patient histories. Stated sexuality and sexual behaviour were compared.
Results Out of the 300 patients selected, 88 were excluded, leaving 212 for analysis. 18.1% of patients described behaviour outside of the stated sexuality descriptor. 50.1% of the bisexual cohort, 1.8% of the heterosexual cohort and 3.5% of the homosexual cohort described behaviour different from the descriptor.
Conclusion Our findings suggest that the current classifications of sexuality are inadequate to fully capture behaviours, although due to full sexual history taking clinical care is not compromised by this. Personal identity and choice of sexuality descriptors may bias epidemiological understanding of sexual behaviours if relying on these three traditional descriptors.

P004 REGIONAL AUDIT OF THE MANAGEMENT OF SYPHILIS

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Background/introduction BASHH guidelines for syphilis management were revised in 2015 and are awaiting publication.
Aim(s)/objectives To review regional clinics' syphilis management and adherence to provisional BASHH audit standards.
Methods Regional sexual health clinics were asked to review cases of syphilis diagnosed the previous year with respect to gender, sexuality, HIV status, pregnancy, screening for other sexually transmitted infections, disease stage, whether non treponemal titres were measured, follow up, treatments given, discussion of the Jarisch Herxheimer (JH) reaction and partner notification (PN).
Results 13/15 (86%) clinics participated. 161 case notes were reviewed. 81% were male, 54% were classified as men having sex with men. 34/161 (21%) were HIV positive. 13/161 (19%) were pregnant (in 84% written communication had been made to obstetric/neonatal teams). 138/161 (86%) were screened for other STIs, 24% cases having concomitant STIs. 63% were early presentations. In 97% an RPR/VDRL was performed at commencement of therapy. 142/161 (88%) were treated with parenteral penicillin. The JH reaction was discussed in 49% of early STS cases. In 75% a four-fold reduction of titres in RPRs was achieved. In 37% the patient attended for follow up for 12 months (16% had no follow up). In 86% of cases PN was performed with 87/161 (54%) of contacts being verified as having attended clinics for screening and treatment.
Discussion/conclusion Areas for improvement regionally include discussion of JH reaction, demonstration of success of treatment, patient follow up and partner notification. A reaudit is planned in the future.

P005 HEPATITIS C SCREENING BY COUNTRY OF BIRTH IN A GENITOURINARY MEDICINE CLINIC- HOW MUCH ARE WE MISSING?

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Background/introduction Screening for Hepatitis C at GUM clinics is recommended by NICE (PH43) in high risk populations. One of these risk groups are people born/brought up in a country with a prevalence >2% of chronic hepatitis C.
Aim(s)/objectives To determine the rate of screening by country of birth in GUM clinic attendees before and after the introduction of a clinic specific guideline for Hep C screening.
Methods All GUM attendees who were seen between October 2013 and October 2014 and were born in a country of Hep C prevalence of >2% were included. This data was linked to whether a hepatitis C serology test had been performed with the results server. The rate of screening before and after the introduction of guidelines in April 2014 was compared. All HIV positive individuals were excluded.
Results During the audit time frame, 2,664 patients were identified as being born in a country with high Hep C prevalence. 1299 attended in the 6 months pre guidelines, 1365 attended 6 months after. Introducing clinic guidelines led to a 2.88 times increase in screening (4.7% vs 13.6%). During this period we diagnosed 3 cases of hepatitis C in people born in a high prevalence country.
Discussion/conclusion Introduction of guidelines improved screening in our clinic however the rate of screening remained low. Assuming 2% prevalence we 'missed' 50 cases of Hep C. Major factors identified were clinician knowledge of the countries that should be screened and asking the patient their country of birth within the sexual history.

P006 WORKING WITH MARGINALISED GROUPS: HOMELESS ADULTS AND STREET BASED COMMERCIAL SEX WORKERS

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Background/introduction Homeless adults and street based sex workers are a highly vulnerable group of people with specific sexual and general health needs. A specialist outreach clinic was set up in 2010 to support these patients.
Aim(s)/objectives To evaluate the uptake of services used including contraception, immunisation, blood-borne virus testing, cytology, STI screening and evaluation of drug use.
Methods Data was retrospectively collected from May 2012 until March 2015.
Results 82 patients seen in total (female, 53; male, 29), with an average age of 28.6 (range 17–50.) 57% of patients were symptomatic. 57% patients (n = 47) were Hepatitis B immune, 26% (n = 21) received either boosters or full vaccination for HBV. 34% patients (n = 28) had STIs. Hepatitis C (36%) and Chlamydia (32%) were the most common infections. 57% patients (n = 47) were using drugs, the majority using heroin (57%). 3 females were pregnant at baseline review; of the remaining women, 78% (n = 39) were on contraception, LARCs being the most widely used. 34% of women (n = 18) were working as commercial sex workers. 35 of the women had given birth to a total of 97 children, with 70% of them (n = 68) either fostered or adopted. 33% smears taken (n = 10) were abnormal with 3 colposcopy referrals.
Discussion/conclusion This specialist outreach clinic facilitates sexual and reproductive healthcare for vulnerable patients who are otherwise hard to reach and often have poor experiences of healthcare. The high rate of sex work in this population emphasises the need for continued screening and treatment. LARC uptake rates are reassuring, but could be further improved.

P007 TRIALS AND TRIBULATIONS-CREATING A SEXUAL HEALTH LEAFLET FOR PRISONERS

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10.1136/sextrans-2016-052718.62

Background/introduction Her Majesty's Inspectorate of Prisons recommends that prisoners are provided with sexual health information and condoms. Consensual sex rates for prisoners are reported between 1.6–10%, and they are considered high risk for STI's.
Aim(s)/objectives A request by a prison healthcare team for a sexual health leaflet prompted the creation of a pamphlet specific for prisoners.
Methods A working group was created between Genitourinary medicine, Public health England and prison healthcare. A literature review was conducted on sexual/prison healthcare leaflets. 30 prisoners were consulted informing content, length and language. A draft was given to a second focus group who completed a questionnaire to evaluate the impact of the leaflet. Approval of the content and look were required from the prison governor. Decisions were needed regarding dissemination and costs.
Results Literature review revealed no previous leaflet for prisoners on sexual health. Prisoners highlighted eye-catching language, pictures,'reference' style and a quiz being important points that would increase use of a leaflet. A second focus group questionnaire indicated the draft leaflet increased their knowledge about sexual health (90%) and would make them much more likely to wear a condom (52%). Difficulties arose around language used within the leaflet particularly the title acceptability to prison staff and who would fund printing costs. This impacted on distribution and reach of the leaflet.
Discussion/conclusion A simple request lead to a complex lengthy solution, many parties required consultation with differing views. Finally, we hope to have created a leaflet that is applicable for all prisons across England.

P008 AN AUDIT OF TIME TO TREATMENT FOR BACTERIAL STIS, AND TIME TO PROVISION OF HIV DIAGNOSIS, IN A LARGE URBAN SEXUAL HEALTH CLINIC

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Background The time from testing to treatment of STIs, and the *provision of a new HIV diagnosis**, is a marker of quality of care. The follow-up of positive results is undertaken by nurses according to predetermined protocols. In April 2015 gonococcal NAAT superseded the relatively insensitive gonococcal culture test.
Aims The aims were to determine the time to treatment for HIV*, syphilis, gonorrhoea and chlamydia; and if the introduction of gonorrhoea NAAT affected the time to treatment.
Methods This observational study compared the median time (days) to treatment for HIV* and STIs in two time periods (P1: April-June 2014 and P2: April-June 2015). For gonorrhoea, the median time from testing to result complete and median follow-up time to treatment were also compared. The Mann-Whitney U Test for two independent samples was used to compare medians.
Results The median time to treatment for all STIs, including HIV*, was 8 days or less in P1 and P2 (all $p \geq 0.08$). The time to result complete for gonorrhoea was significantly less in P2 (n = 189, median = 3) compared to P1 (n = 50, median = 5) ($p = 0.000$). However, the median follow-up time to treatment was not significantly different between P1 (median = 3) and P2 (median = 4) ($p = 0.4$).
Discussion/Conclusion The median time to treatment for HIV*, syphilis, gonorrhoea and chlamydia was not significantly different between P1 and P2. Despite gonorrhoea NAAT results being available significantly earlier, the overall time to treatment was not different. This likely relates to the nearly fourfold increase in the detection of gonorrhoea and the additional burden of work for follow-up nurses.

P009 A REVIEW OF SEXUAL HEALTH CARE ACCESS AND OUTCOMES AMONG WOMEN WHO HAVE SEX WITH WOMEN

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Background/introduction Women who have sex with women (WSW) are at risk of sexual ill-health, yet health professionals are ill-informed regarding the range of sexual health issues affecting these women. This ignorance may compound