Background/introduction UK sexual health clinics provide patients with additional confidentiality by having separate patient records systems, and by not routinely communicating with General Practitioners (GPs). However, research into patients' awareness of these policies is limited.
Aim(s)/objectives To assess patients' knowledge and perceptions of additional confidentiality protections in sexual health clinics.
Methods A self-administered anonymous questionnaire (approved by Trust Clinical Governance Committee) was distributed prospectively to 200 patients attending two level 3 UK sexual health clinics.
Results Response rate was 178/200 (89.0%). 46/178 (25.8%) patients were aware that sexual health records are kept separately from other medical records, and 89/178 (50.0%) had never been told how their notes are handled. After learning more about confidentiality protections in sexual health clinics, 47/178 (26.4%) reported that they would be more likely to give GP details, 67/178 (37.6%) to give updated contact details, and 58/178 (32.6%) to disclose an accurate sexual history to clinicians. Patients were less confident that their information is kept confidential in the reception area compared to the treatment area (46.9% vs 77.3% feel definitely confident). 16/17 free-text comments received complained about personal information being overheard when registering at the reception.
Discussion/conclusion Sexual health clinics should ensure they provide basic information on additional confidentiality protections, in order to increase the likelihood of patients disclosing intimate information, and ensuring they can be contacted. Efforts to improve patients' perception of confidentiality in reception areas are vital and need to be considered carefully when designing units.

P125 "I GOOGLED IT…": WHAT IS RECOMMENDED ONLINE FOR THE MANAGEMENT OF VULVOVAGINAL CANDIDIASIS?

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Background Recently our centre encountered women reporting self-treatment of candidiasis with intravaginal applications of foodstuffs including garlic, vinegar and yoghurt. All patients had a unifying factor of reporting "googling" their therapy.
Aim To establish which candidiasis management strategies female patients are most likely to encounter when searching via Google.
Method Search history data was collated from Google Trends to identify the ten most popular search terms related to candidiasis in the UK between 15/03/15–06/03/16. These terms, along with term "thrush", were assessed totalling 11 Google searches. All websites on the initial results page for each search term were accessed to review recommended therapies. Click-through data suggests the vast majority of Google users (>90%) select their chosen website from this first results page.
Results 116 search results included 97 (83.6%) advising women about vulvovaginal candidiasis. 96/97 (99%) recommended imidazole therapy first line, all reassuringly advising against oral therapy in pregnancy. Patients were recommended to seek treatment via a pharmacy (72, 74.2%) or their GP (54, 55.7%) rather than attending a genitourinary service (12, 12.2%). The recommendation of natural yoghurt for symptomatic relief was frequent (40, 41.2%), more than using emollients or soap substitutes (27, 27.8%). Unfounded treatments including eating probiotic yoghurts (9, 9.3%), vinegar (8, 8.2%), and treatment of sexual partners (8, 8.2%) were encountered.
Conclusions Sensible evidence-based advice is the most prevalent online for vulvovaginal candidiasis. However a number of poorly evidenced therapies are encouraged. This information should be discussed and appropriately challenged during routine management of vulvovaginal candidiasis.

P126 "WE CARE ABOUT YOUR CARE": A CLIENT DELIVERED REAL TIME AUDIT AND FEEDBACK TOOL OF HOLISTIC CARE FOR MEN WHO HAVE SEX WITH MEN (MSM) ATTENDING SEXUAL HEALTH SERVICES. AN AUDIT AND REAUDIT

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Background In 2014 Public Health England produced an action plan to improve the health and well-being of MSM in the UK. We mapped key domains to create a "Checklist for holistic care of MSM" for staff and audited performance (Audit 1). We redesigned the "Checklist" to enable client led audit and feedback in real time, either named or anonymously and re-audited (Audit 2).
Aims To assess the acceptability and impact of a client led real-time audit and feedback tool on the delivery of holistic care to MSM presenting for STI testing within generic sexual health services.
Methods A retrospective electronic patient record (EPR) case note review of consecutive MSM under 27yrs new to the service between January and May 2015 was performed. (Audit 1). We introduced the Client Checklist in August 2015 and re-audited all MSM attendances to February 2016.
Results

Abstract P126 Table 1 Client delivered real time audit in MSM

	Audit 1 : HCW Checklist + Standard EPR	Audit 2 : Patient held Checklist + HCW Checklist + Standard EPR	Probability Value
Demographics	41 MSM <27yrs. 1st visit	207 MSM 15–63 yrs. New visit	
Mobile phone number confirmed	33/41 (80%)	205/207 (99%)	p = 0.0001
Email address given	29/41 (70%)	197/207 (95%)	p = 0.0001
How are you? Answer recorded	0	195/207 (94%)	
Family aware of sexuality?	0	199/207 (96%)	
Vaccines offered?	41/41 (100%)	198/207 (96%)	p = 0.04
Alcohol & Drug history?	37/41 (90%)	186/207 (90%)	p = 1
PEP/PREP awareness recorded?	26/41 (63%)	183/207 (88%)	p = 0.0002
STI & HIV retesting organised?	20/41 (49%)	193/207 (93%)	p = 0.0001
Smoking & Exercise recorded?	0	133/207 (64%)	
MSM pack given (website and support access information)	11/41 (27%)	179/207 (86%)	p = 0.0001
Named feedback given	0	206/207 (99%)	

Conclusion A client led real time audit of care was highly acceptable to clients and staff and was effective in improving the

content of client and healthcare worker interactions and documentation. The checklist complemented STI care focussed EPR proformas, significantly improved communication modalities and was especially valued by staff and clients new to the service.

P127 HIV TESTING: ARE THE TARGETS OFF TARGET?

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Background/introduction The British Association for Sexual Health and HIV (BASHH) standards provide clear targets for HIV testing in genitourinary medicine (GUM). BASHH state that 97% of people with 'needs relating to STIs' are offered an HIV test at first attendance; and that 80% are recorded to have an HIV test. Public Health England place testing figures for our fully integrated sexual and reproductive health service consistently below recommended standards.
Aim(s)/objectives To establish true HIV testing rates within an urban sexual health clinic, and to explore factors contributing to our performance.
Methods Electronic patient records from all attendances to GUM or contraception and sexual health clinics between 02/03/2015 and 06/03/2015 were analysed to establish rates and patterns of HIV testing.
Results 282 patients were included in analysis; 253 (89.7%) were offered an HIV test, and 176 (62.3%) had a test. 77 patients refused an HIV test; the most common documented reason was self/clinician perceived low risk (22). Within the 'high risk' cohort (52) only four refused and the reason was clearly noted. If patients attending primarily for contraceptive care were excluded from analysis, 225 patients remained; of these 211 (93.7%) were offered an HIV test and 164 (72.9%) had a test.
Discussion/conclusion We suggest that our lower testing rates, in part, reflect the inclusion of patients attending primarily for contraceptive care. In all sexual health/contraceptive clinics it remains important to risk assess patients, and offer HIV testing where appropriate, but our analysis begs the question: should the targets be amended for fully integrated services?

P128 HUMAN PAPILLOMAVIRUS (HPV) VACCINATION IN YOUNG MEN WHO HAVE SEX WITH MEN (MSM) IN THE UK. AN ONLINE SURVEY OF ATTITUDES, INTENTIONS AND OPINIONS AMONG MSM OFFERED VACCINATION WITHIN INTEGRATED SEXUAL HEALTH SERVICES

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Background We have offered quadrivalent HPV vaccine (HPV4) to MSM under 27 years since 2012. We have observed a 60% 3 dose completion rate within 1 year.
Aims (1) To identify motivating factors or barriers influencing HPV4 completion in a cohort of MSM receiving at least one dose of HPV vaccine. (2) To identify factors influencing survey response rates.
Methods An email and reminder and an SMS text weblink to an online survey was sent to all MSM who received at least 1 dose of HPV4 vaccine.
Results Of 893 eligible, 688 (77%) had an email address, 257 (29%) opened the survey, and 228 (26%) completed the survey. 89% respondents learned of the vaccine at offer. 87% were happy with the information received and 97% with their decision to accept vaccine. A reminder strategy utilising SMS text for 1 year was preferred. Prevention of genital warts and anogenital cancers were equally highly important in motivation. Trusted healthcare workers were important influences in decision making

Abstract P128 Table 1 Sample questions and summary responses

What's important for Prevention? Score/5	GW* Me 4.2/5	GW* My partner 4.1/5	GW* Population 3.8/5	AIN/AC* Me 4.2/5	AIN/AC* My partner 4.1/5	AIN/AC* Population 3.8/5	Agreeing with HCW* 2/5
GW before?	Yes 22%	No 73%	Not sure 4%	**GW since?**	Yes 4%	No 95%	Not sure 2%
AIN/AC before?	Yes 3%	No 96%	Not sure 1%	**AIN/AC since?**	Yes 0.3%	No 99%	Not sure 1%
Who could influence MSM?	Sexual Health 80%	Friend thro' Facebook 74%	Primary Care Team 65%	Schools Campaign 53%	Twitter Campaign 51%	Youtube Campaign 40%	LGBT+ Media 40%

*GW = genital warts, AIN/AC = anal intra-epithelial neoplasia/anogenital cancer HCW = Health Care Worker

Survey respondents were more likely to be older (>21 yrs), HIV positive, homosexual and of non-white british ethnicity than the cohort of vaccine recipients.
Discussion MSM HPV vaccine recipients express high levels of satisfaction with vaccination despite little a priori awareness. Trusted public service providers & friends are influential. Completion should be supported through a multifaceted approach involving a range of agencies and media and expansion of access to vaccine.

P129 HOW COMMON IS MYCOPLASMA GENITALIUM? SYSTEMATIC REVIEW AND META-ANALYSIS

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Background *Mycoplasma genitalium* is a common cause of non-gonococcal non-chlamydial urethritis but prevalence rates in asymptomatic populations are not well-established.
Objectives To estimate the prevalence of *M. genitalium* in adult women and men in general population and clinic based samples.
Methods We searched Embase, Medline, IndMED, AIM and LILACS. We examined eligible studies in forest plots and conducted random effects meta-analysis if appropriate. Between study heterogeneity was examined by use of the I^2 statistic.
Results Of 4355 screened abstracts, 55 studies were eligible. In high income countries that described samples from the general population, prevalence estimates ranged from 0.5 to 3.3% (pooled prevalence 1.4% (95% confidence intervals, CI 0.9 to 1.9%, I^2 72.2%). In three studies with population-based random sampling prevalence was 1.2% (95% CI 0.9 to 1.6%, I^2 30.1%).