followed by snorting (49.3%) and pills (30.1%). (31 reported more than 1 method.)
Discussion/conclusion Over half of patients attending our clinic warranted further assessment or brief intervention regarding their alcohol use. Recreational drug use and smoking was higher than that of the general population. Further staff training and developing links with local support services will improve the holistic management of our patients.

P133 INTER-SPECIALITY WORKING TO PROVIDE COMPETENCIES IN GENITAL DERMATOLOGY FOR GUM TRAINEES

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Background The Health and Social Care Act (2012) led to decommissioning of genital dermatology services in our sexual health clinic, creating a training deficiency in this aspect of the GUM curriculum.
Objective To develop a service for patients with vulval pathology whilst also providing competencies in genital dermatology for GUM trainees.
Methods Training concerns were discussed with the local Health Education England board. A dermatology consultant with considerable experience in vulval disorders agreed to supervise a weekly vulval clinic, held within the dermatology department, to which GUM trainees would be seconded. Women were seen by a GUM trainee under the supervision of the dermatology consultant. Details of patient outcomes were prospectively recorded.
Results Over 10 months 84 women were seen in a total of 165 visits. The patients had a median age of 57 (range 19–94) years. 34 (40.5%) were follow-up dermatology patients. Of the 50 remaining patients, 10 (20%) were referred from other dermatology consultants, 3 (6%) from gynaecology, 8 (16%) from genitourinary medicine, and 29 (58%) from general practice. Diagnoses are tabulated below.

Abstract P133 Table 1 Genital dermatology

Diagnosis	Number of patients
Lichen sclerosus	30
Lichen planus	15
Dermatitis	15
Vulvodynia	5
Atrophic vaginitis	4
Lichen sclerosus/lichen planus	3
Psoriasis	2
Tinea	2
Vulval melanoma	1
Vulval Crohn's disease	1
Other	6

Discussion Inter-speciality working has allowed GUM trainees to develop expertise in genital dermatology whilst the presence of a GUM doctor facilitates exploration of psychosexual issues in these patients. We recommend that other centres consider this model for training and service provision.

P134 MAINTAINING CONFIDENTIALITY IN SEXUAL HEALTH CLINICS; A LOCAL AND NATIONAL SERVICE EVALUATION

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Background/introduction The need for confidentiality is of particular importance in sexual health clinics, as patients are sometimes reluctant to give personal contact information due to fears of disclosure to other parties. This can cause difficulties for clinicians when trying to issues results or advise patients of the need to attend for follow up.
Aim(s)/objectives To review the proportion of patients with *Chlamydia Trachomatis* who had their confidentiality/permissions (CP) breached in order to issue results, or who never received their results. To review UK wide policy in sexual health clinics on these issues.
Methods The EPRs of those attending a large provincial Sexual Health Department with a new diagnosis of *Chlamydia Trachomatis* between July 2014 and June 2015 were reviewed. A nationwide policy survey regarding breaches in CP in order to provide patients with results was disseminated to Lead Clinicians.
Results The records of 605 patients were reviewed. 4% had their CP breached, of whom 18 (69%) required follow up only, and 31% for the issue of positive results post treatment. 5% did not receive their results. 62 (25%) of sexual health clinics returned surveys, of whom 16 (26%) had a policy for issuing results when breaches were required.
Discussion/conclusion Breaching CP in order to issue results or ask patients to attend for follow up, or failing to give results, was common, affecting nearly 1 in 10 patients. The survey showed that a minority of UK clinics have formal policies addressing this issue. A BASHH national guideline would be helpful.

P135 DO HIV SERVICES MEET THE NEEDS OF ADULTS DIAGNOSED WITH HIV AT AN OLDER AGE? A UK BASED, MULTI-CENTRE QUALITATIVE STUDY

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Background/introduction As the number of new HIV diagnoses in adults aged $\geq$50 years is increasing, the effectiveness of HIV services in meeting the needs of this group warrants exploration.
Aim(s)/objectives Exploring HIV service provision for adults diagnosed with HIV at age $\geq$50 years, from the perspectives of service users and healthcare professionals (HCP).
Methods Qualitative interviews with nine adults (age range 50–67 years) diagnosed with HIV at age $\geq$50 years and 12 sexual health/HIV HCP.
Results Service users reported a generally outstanding level of care delivery, and considered themselves to have a greater control of their health following diagnosis, primarily due to an increased level of support and general health monitoring (e.g. frequent blood pressure checks, blood tests, and regular follow-ups). Some service users believed their life-expectancy may have improved after diagnosis. Perceived advantages were identified