Medicine services. Since 2011 Abertawe Bro Morgannwg Health Board deliver an Integrated Sexual Health service.
Aim(s)/objectives To demonstrate the benefits of integrated an service
Methods A case note review of all women attending PAS from 1st to 29th February 2016.
Results 145 case notes of women accessing PAS were reviewed; median age was 25 years (16–43). 137/145 (94%) had a termination procedure, 1 found not be pregnant, 1 miscarried, 3 transferred to BPAS as >18 weeks pregnant, 3 decided to continue pregnancy. At time of initial consultation, 89/145 (61%) had no form of contraception, 30/145 (21%) used condoms only, 20/145 (14%) were using the Combined Oral Contraception (COC) and 6/145 (4%) the Progesterone Only Pill (POP). At the time of discharge, 77/139 (55%) started a new method of Long Acting Reversible Contraception (LARC). 16/139 (11.5%) were prescribed COC, 25/139 (18%) POP and 1/139 (0.5%), contraceptive patch. 5/139 (4%) declined contraception, 15/139 (11%) wanted to access their GP for future contraception. 144/145 (99%) were offered Sexually Transmitted Infections (STIs) screening, 133/144 (92%) accepted dual Nucleic Amplification Assay Tests (NAATs), 7/133 (5%) had chlamydia, 1/133 (0.8%) had gonorrhoea. All 74/144 (51%) tested negative for syphilis and HIV.
Discussion/conclusion This holistic model of care provides women a more immediate opportunity to address their future contraceptive and sexual health needs, with a 55% increase in uptake of LARC and >5% identification of untreated STIs.

P219 RESPONDING TO THE LGV EPIDEMIC: ARE THE RIGHT PATIENTS BEING TESTED FOR LGV?

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10.1136/sextrans-2016-052718.267

Background UK national guidelines will recommend that samples from all *Chlamydia trachomatis* (CT)-positive men who have sex with men (MSM) with proctitis and all asymptomatic CT-positive MSM with HIV should be tested for Lymphogranuloma venereum (LGV).
Aim To investigate case characteristics and test outcomes of samples referred to the Sexually Transmitted Bacterial Reference Unit (STBRU) for LGV testing.
Methods STBRU and GUMCADv2 data for 2014 in England were matched. Test numbers and outcomes for patients in different risk categories were compared to understand targeting of LGV testing.
Results In 2014, 3,782 CT samples were tested for LGV, and 2,426 (64%) were matched to GUMCADv2. MSM accounted for 77% (1876/2426), heterosexual men 7% (178/2426) and women 11% (277/2426) of LGV tests (Table 1). Overall, LGV prevalence was 15% (366/2426), and was highest among HIV-positive MSM (33%; 230/692) and lowest in women (0.4%; 1/277). MSM accounted for 93% (342/366) of all positive samples, and 67% (230/342) of MSM with LGV were HIV-positive. In 2014, there were 3,434 CT diagnoses reported by GUM clinics in HIV-positive MSM, but we found only 692 HIV positive MSM had a CT sample tested for LGV, while 1,639 CT samples were from MSM without HIV, heterosexual men, or women, suggesting inadequate testing of CT samples from HIV-positive MSM.
Conclusion Although miscoding in GUMCADv2 may partially explain some LGV testing in heterosexual men and women and HIV negative MSM, these data still suggest that LGV testing might be targeted more effectively to conserve resources and maximise identification of LGV.

Abstract Table 1 The distribution of LGV tests and test outcomes by sexual orientation and HIV status for patients whose CT samples were referred for LGV testing in England in 2014

	LGV Positive	LGV Negative	Total	% of all LGV tests done in group	% of all positive LGV test results in group	LGV prevalence in group (%)
Total	366	2060	2426	100	100	15.1
MSM	**342**	**1534**	**1876**	**77.3**	**93.4**	**18.2**
HIV positive	230	462	692	28.5	62.8	33.2
HIV negative	112	1,072	1,184	48.8	30.4	9.5
Heterosexual	**14**	**164**	**178**	**7.3**	**3.8**	**7.9**
men	7	29	36	1.5	1.9	19.4
HIV positive	7	135	142	5.8	1.9	4.9
HIV negative						
Women	**1**	**276**	**277**	**11.4**	**<0.1**	**0.4**
HIV positive	0	1	1	<0.1	0	0
HIV negative	1	275	276	11.4	<0.1	0.4
Unknown	**9**	**86**	**95**	**3.9**	**2.5**	**9.5**
HIV positive	6	19	25	1.0	1.6	24.0
HIV negative	3	67	70	2.9	0.8	4.3

P220 THE UPTAKE OF HIV SCREENING AMONG PREGNANT WOMEN AT A GRENADIAN CLINIC

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10.1136/sextrans-2016-052718.268

Background/introduction In Grenada, almost 70% of patients diagnosed with HIV are of reproductive age, however this group is often the least educated about the disease. To prevent vertical transmission, access to testing and treatment is free. Screening for HIV occurs at booking and at 32 weeks gestation. Awareness of HIV status is not only important for the mother and child but also for healthcare professionals involved in her care. Despite this, women continue to opt out of HIV screening. This audit will seek to determine the uptake of HIV screening among pregnant women at a Grenadian clinic and discuss potential barriers to screening.
Aim(s)/objectives Determine the uptake of HIV screening among pregnant women. Explore possible barriers to screening.
Methods Optimal adherence to the screening programme was set at 100%. Retrospective data from women attending the antenatal clinic between 01/06/14 and 01/06/15 were included. Screening status was obtained from the visiting book. Data was then analysed against the set standard.
Results 140 women attended the clinic. 110/140 had opted in for HIV screening giving a screening rate of 79%. Reasons why women opted out of screening were discussed and included: Denial, Ignorance to susceptibility, Fear of discrimination, Confidentiality concerns, Screening at separate location and being unable to breastfeed with HIV-positive status.

Discussion/conclusion Education is key to increase awareness about the importance of HIV screening. Healthcare professionals should be aware of and address barriers to screening during consultations. An educational poster has been produced for the clinic with the intention of increasing awareness of HIV among the pregnant population.

P221 A SURVEY EXAMINING HEALTH SEEKING BEHAVIOURS OF THOSE ACCESSING SEXUAL HEALTH SERVICES IN LONDON

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10.1136/sextrans-2016-052718.269

Background/introduction Open access to sexual health services reduces STI's and onwards transmission. Given cuts to Public Health budgets, a better understanding of how patients access care is vital to rationalise services.
Aim(s)/objectives Assessing demographics and health behaviours of sexual health clinic attendees to improve service delivery.
Methods Patient-directed questionnaires were completed on registration in a London Trust. Information including demographics, travel times and whether patients sought help before attending were collected.
Results 231 surveys were returned with respondents 48% white, 23% black and 13% Asian. 62% of patients walked-in, 34% booked online. 52/217 (24%) sought advice from elsewhere before attending (primarily GP - 26/52, 50%) with 50% finding it useful. Of 107 responses, 41 (38%) tried self-treating before attendance. Symptomatic patients were more likely then asymptomatic patients to seek help elsewhere (40/113 versus 12/99, $p < 0.05$). No significant differences in behaviour were observed given age, ethnicity or employment, or previous STI < 12 months ago. No patients with qualifications less than GCSE sought prior to attendance. 80% of patients travelled under 30 minutes to clinic, 58% attended their closest clinic.
Discussion/conclusion Our data demonstrates the clinics surveyed serving a very local population. However a significant proportion of patients, particularly those with symptoms, seek help elsewhere before attending, with only 50% finding this useful. This highlights the importance of specialist services addressing local patients' health needs. Overall socio-demographic factors did not appear to influence health seeking behaviour, although those with a lower education status appeared to access services more directly.

P222 DOES HIV INFECTION INCREASE COMPLICATIONS AFTER INTRA UTERINE CONTRACEPTION (IUC)?

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10.1136/sextrans-2016-052718.270

Background As estimated by World Health Organisation about 50% of all HIV infected individuals are women. Comparison data for complications after IUC in HIV positive and negative women are lacking.
Aims The aim of our study is to compare short-term complications and side-effects after IUC in the above two groups.
Methods Retrospective notes review of 76 patient records of HIV negative women who attended in 2013, for IUC and followed up for 3 months was carried out. All HIV positive women, who attended between 2012–2015, for IUC and followed up within 3 months were included. Data including demographics and complications were collected in addition to HIV related parameters.
Results Among the 49 HIV positive women 46 were on treatment and was undetectable at the time of IUC insertion. Mean CD4 count was 589 cells/μL. Mean age was 38 years, and 30 in the negative women. Black ethnicity was common among both groups. Pelvic pain was reported in 6% of the HIV group vs 17% of the non-HIV group (P value = 0.034). Incidence of lost threads was also significantly high in HIV negative women (P value = 0.018). 31% of the HIV group reported heavy or prolonged bleeding vs 37% of the negative group.
Discussion In HIV negative women, pelvic pain and incidence of lost threads were significantly high. Occurrence of any complication or side effect was also significantly high in HIV negative women (P value = 0.022).

P223 PROVISION OF MENTAL HELATH CARE IN HIV POSITIVE HOSPITAL INPATIENTS EVALUATED AGAINST BRITISH PSYCHOLOGICAL SOCIETY (BPS) STANDARDS

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10.1136/sextrans-2016-052718.271

Background The prevalence of mental health problems (MHP) in PLWH is significantly higher than in the general population. Little is known of the prevalence of MHP and experience of patients of MH services locally.
Aim This study aimed to audit the provision of MH care in HIV-positive inpatients locally against 2011 BPS standards.
Methods We undertook a retrospective notes review of HIV-positive inpatients between 15/07/2015 – 30/11/2015. The following data were collected: demographics, HIV parameters, substance misuse, and MH history. Phone interviews were held to obtain feedback on patients' experiences of MH care. Statistical analysis was undertaken using chi-square or Fisher's exact test.
Results Of seventy-three patients 86% were male (n = 63) and 80% UK-born Caucasian (n = 58). Median CD4 was 495 cells/mm3 (range: 8–1847); HIV-1 viral load was undetectable in 78% (n = 57); 8% were HCV antibody positive (n = 6); 3% homeless (n = 2), 26% reported alcohol excess (n = 19), 4% injection drug use (IDU) (n = 3), 32% (n = 23) active and 38% (n = 28) previous MHP. Only IDU was significantly associated with active MHP, (p = 0.01). Of 15 patients reporting MHP who provided feedback, 6 (40%) felt healthcare professionals (HCPs) had not given them sufficient opportunity to discuss their psychological wellbeing and 40% (n = 6) reported experiencing stigma from HCPs.
Conclusion Results suggest a high prevalence of MHP in this cohort. Many reported difficulties discussing MHPs with HCPs. We have therefore initiated a pilot joint HIV/Psychiatric clinic to improve access to MH services.

P224 MISSED OPPORTUNITIES AND COST IMPLICATIONS IN A HIV LOW PREVALENCE REGION IN THE UK

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10.1136/sextrans-2016-052718.272