Results

Abstract P102 Table 1 Changing pattern of GUM clinic use.

	Q2 (Before)	Q3 (After)
Total visits (valid code)	6,949	5,397
Simple STI test	4,044 (58%)	2,823 (52%)
Complex service	4,785 (69%)	4,083 (76%)
Complex service & simple STI test	2,845	2,170

There were significantly fewer simple STI tests (Chi-squared, $p<0.001$) and more visits requiring complex services ($p<0.001$) in Q3 versus Q2.

Discussion Following establishment of efficient online STI testing, the clinic changed its triage practice: asymptomatic patients seeking STI testing were directed to use the online service. The change appears to facilitate a higher proportion of more complex visits although the absolute number of visits has decreased.

P103 A PSYCHOSEXUAL NEEDS ASSESSMENT OF PATIENTS ATTENDING FIVE LONDON SEXUAL HEALTH CLINICS

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Introduction The aim of this psychosexual needs assessment was to investigate the prevalence and range of sexual problems; to understand the distress, causal attributions and functional impairment associated with these; and to explore patients' service-related needs, in a sample of patients attending sexual health clinics in London.

Methods Questionnaires were disseminated to patients attending five sexual health clinics in London, over a one week period. Nine hundred and thirty four patients responded to the questionnaire. Patients were aged 29.4 years ($SD=8.8$) and predominantly female (61.4%).

Results 31.1% of patients indicated they were experiencing a sexual problem. Premature ejaculation, delayed ejaculation, or difficulty having an orgasm were the most prevalent problems reported by patients (13.5%). Female and male patients did not differ in their report of overall sexual problems (32.5% and 28.6%, respectively), however more women reported sexual pain (14.8%, $X^2=11.3$,$p=.001$) and male patients reported difficulties with hypersexuality (9.5%, $X^2=25.2$,$p<.001$). The majority of sexual problems had commenced within the past year, however orgasm, chemsex and hypersexuality problems were longer-standing (>1year). Associated distress was reported by 79.5% of patients. Emotional reasons were attributed as the most likely cause of sexual problems (21.1%). Male patients reported higher functional impairment ($U=1862.0$, $z=2.3$, $p=.02$). Patients were interested in a range of interventions, and expressed preference to be supported in a sexual health clinic (67.8%).

Discussion The findings present implications for the provision of psychosexual services in sexual health clinics.

P104 SELF-SERVICE SEXUAL HEALTH: PIPEDREAM OR REALITY?

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Introduction Finding smarter ways of working which meet the needs of increasingly IT-savvy clients and support their busy lifestyles is a priority and an opportunity to innovate.

To meet these demands, we developed a national web-based hub, streamlining access to sexual health information and local services, while signposting to services nationally. User insight helped inform the design which was mobile first.

Methods Following launch of the hub, we recorded a number of metrics to assess acceptability to users and impact on existing services.

Results In the first 5 months of operation we have seen: 45% more people visiting our national website than all local websites combined, with users staying longer and engaging with well-being content. 75+% accessing from a mobile device. Peak use in 18–34 year olds, with all age groups represented. 151% increase in visits to LARC self-help online content and use of pre-consultation videos. 10% reduction in call volumes to services, equating to 213 hours of admin time. Improved patient experience and choice as evidenced through user survey. Very easy or easy to find information and advice online: 92%. Very likely or likely to recommend to a friend: 96%

Discussion Initial results are encouraging and suggest the online hub is acceptable and helpful to users. Increasing available self-management options in the next phase of this project will include free postal sampling kits for asymptomatics (aged 16+), with the aim of increasing access to screening, reducing unnecessary clinic visits and releasing capacity in services for those requiring clinician input.

P105 CHARACTERISTICS OF FREQUENT ATTENDERS AT A CENTRAL LONDON SEXUAL HEALTH SERVICE

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Introduction BASHH guidance recommends screening for STIs up to every 3 months for individuals at risk of HIV. Conversely, commissioning pressures aim to reduce inappropriate attendances. We describe below the characteristics and outcomes of frequent attenders at our service.

Methods Notes review of individuals with 4 or more new or re-book attendance episodes at a central London sexual health service between 1st April 2015 and 31st March 2016.

Results 170 individuals received more than 4 new episodes of clinical care in a year; 145(85%) were male, 136 MSM. 21 (12%) were female, 4(2.4%) transgender. 23(14%) of the patients were HIV positive, all MSM. Median age was 31 years. Median number of sexual partners in preceding 3 months was 6. 75(44%) disclosed chemsex activity in the preceding month.

In the 12 months from April 2015, there were 442 new STIs in this population, an average of 2.6 per patient: 346 STI diagnoses were in the 147 HIV-negative individuals and

96 in the 23 HIV-positive individuals. In HIV-negatives, the diagnosis was a rectal bacterial STI in 36% and syphilis in 7%. 206 courses of PEP were prescribed; 25 individuals received 4 or more PEP courses. There were 5 new diagnoses of blood borne virus infections; 2 hepatitis C, both in HIV positive MSM, and 3 HIV.

Discussion The majority of frequent attenders at our clinic had indicators of high risk sexual behaviour. The high number of STIs and PEP prescriptions implies that the frequent attendances are appropriate in this patient population.

P106 THE INBETWEENERS: 16 & 17 YEAR OLDS ATTENDING SRH ARE VULNERABLE

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Introduction Legally, 16 and 17 year olds can consent to sex but may still be vulnerable to sexual exploitation; opportunities to identify vulnerability may be lost when transitioning into adult services.

Methods In the financial year 2015–16 there were 1975 attendances of 998 individuals <18 at a sexual & reproductive health service. A risk assessment proforma was used in 98.8% (n=505/511) of those 16 or under and 72.9% (n=355/487) of those aged 17. These were analysed using an electronic report.

Results Discussion Using a risk assessment proforma with **16 and 17 year olds enabled** staff to recognise vulnerabilities related to child sexual exploitation, 53% of all concerns were among this age group. When transitioning to online and adult services care models **should include assessment to identify** vulnerabilities such as pre-existing **involvement with social care, older partners & mental health difficulties. Staff should be competent in managing** disclosures and have a **working knowledge of social care, referral thresholds and pathways within local networks for those at risk of CSE.**

P107 EXPLORING THE AWARENESS AND ACCEPTABILITY OF SCREENING METHODS FOR ANAL INTRAEPITHELIAL NEOPLASIA (AIN) IN THE HIV-POSITIVE MEN WHO HAVE SEX WITH MEN (MSM) POPULATION

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Introduction Rates of AIN and anal squamous cell carcinoma (SCC) are increasing worldwide, particularly within high-risk populations, such as HIV-positive MSM. Although screening programmes for AIN exist, evidence supporting their benefit is currently limited and ongoing studies will provide crucial data regarding their efficacy.

Aim(s)/Objectives To determine awareness of AIN and acceptability of potential screening methods in a large HIV-positive MSM cohort with high rates of anal SCC, to assist in the development of future services and to evaluate a patient information leaflet.

Methods A patient information leaflet was designed providing information about AIN and screening methods. Respondents read the leaflet and completed a survey determining both its usefulness and attitudes towards screening services.

Results 172 HIV-positive MSM completed the survey with a modal age-range of 45–54. 146 (84.9%) read the leaflet and found it useful. Though only 23 (13.4%) were previously aware of AIN, 119 (69%) were concerned. 23 (13.4%) self-examined regularly though 88 (51.2%) were not aware of self-examination. However, 119 (83.2%) were willing to self-examine and 142 (99.3%) would accept examination by a healthcare professional. Support for a screening programme was strong with 143 (83.1%) of respondents stating they would be willing to participate.

Discussion In this well-informed HIV-positive MSM population, awareness of AIN and screening methods is low, however self-examination and screening is acceptable. It appears that our information leaflet is a useful tool to raise understanding and promote self-examination.

Abstract P106 Table 1 The inbetweeners

	Under 16 n=205	Age 16 n=300	Age 17 n=355
New safeguarding concern	14 (7%)	8 (4.3%)	8 (3.8%)
Known to social care	52 (34%)	61 (20%)	70 (20%)
> 10 sexual partners	2 (1%)	9 (3.2%)	14 (4.2%)
Age of current or last partner 18–24 years	9 (4.3%)	66 (23.8%)	195 (58.9%)
Age of current or last partner 25 years or >	0	4 (1.4%)	5 (1.5%)
Mental health difficulties	47 (23%)	63 (21%)	93 (26%)

P108 CLOSING THE AUDIT CYCLE AFTER UPDATED PROCTITIS GUIDELINES: ARE WE TREATING TOO MUCH OR TOO LITTLE?

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Introduction There are currently no national guidelines for the management of proctitis. Given the rising rates of STI's, we modified our current guidelines and audited the outcomes pre and post-guideline change.

Methods Retrospective case note analysis was performed on all patients who were coded as proctitis (C4NR) before and after the guidelines were modified. We collected information on demographics, HIV status, symptoms, investigations, treatment and outcomes.

Results We returned 64 patient records over 67 visits, 39 pre and 25 post-guideline changes. 31% (20/64) were HIV positive. Commonest presentations were PR bleeding (49%), rectal discharge (44%) and diarrhoea (28%). 55/64 (88%) had rectal microscopy, with 42/55 (76%) having pus cells present; of these 3/42 (7%) had GC seen on microscopy. There were very low levels of urethral STI rates (just one case of each), but high rates of rectal GC and CT (24% and 13% respectively). LGV was positive in 5% (3/54) and rectal HSV was found in 25% (10/40). There were more HSV swabs sent before versus after guideline modification (19/40 versus 21/27, p=0.01).