**Discussion** The lesion assay offers simultaneous detection and differentiation of pathogens that cause genital lesions. In response to the current emerging syphilis outbreak, this assay could provide a rapid and effective method of determining the infectious agent responsible for genital lesions, supporting earlier detection and rapid treatment to reduce morbidity or worse outcomes.

## P121 CHOOSE TO TEST

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**Introduction** Choice is an increasingly important element of health care. We introduced choice of test into an online sexual health service.

**Methods** Users were offered testing based on their risk profile (table 1) with an option to request additional tests. Routinely collected anonymised data were collected on choice of test.

**Abstract P121 Table 1** Results from Choose to test

| | <24 | 24+ | BME | MSM |
|---|---|---|---|---|
| Genital GC/CT* | Yes | Yes | Yes | Yes |
| Oral GC/CT* | No | No | No | Yes |
| Anal GC/CT* | No | No | No | Yes |
| Syphilis | No | No | No | Yes |
| HIV | No | No | Yes | Yes |

**Results** 2550 users ordered tests (30/10/16 – 19/12/16). 56% were <24, 10% were from black or ethnic minority (BME) groups and 17% were men who have sex with men (MSM). 1853 (72.6%) returned a test, 6.7% were positive for any STI. Of the non-BME/non-MSM users offered chlamydia/gonorrhoea testing, 66% chose to add HIV + syphillis testing. Of the BME/non-MSM users offered chlamydia/gonorrhoea + HIV testing, 71% chose to add syphilis testing. Of the MSM users offered chlamydia/gonorrhoea (genital, oral, anal) + HIV + syphilis testing, 85% chose this option. 6% chose to omit the HIV/syphilis test. User choice resulted in 611 fewer HIV tests, 596 fewer syphilis tests and 27 fewer chlamydia/gonorrhoea tests.

**Discussion** Online service users actively exercise choice in STI test selection. The majority of users choose to test for chlamydia, gonorrhoea, HIV and syphilis regardless of what they are offered. User choice of test reduces the total number of tests offered online.

## P122 DELIVERING SYSTEM TRANSFORMATION THROUGH COLLABORATION BETWEEN ONLINE AND TERRESTRIAL SEXUAL HEALTH SERVICES

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**Introduction** Online sexual health services could shift demand for asymptomatic testing from clinics to relieve pressure and reduce cost. An online service collaborated with clinicians in two London boroughs to facilitate this through new service pathways.

One clinic developed a triage system directing asymptomatic attenders to order directly via the online service using tablets in the clinic with self-sampling packs prepared immediately to take away. Two clinics offered a 'weblink' card signposting those attending during busy periods to the online service. This study describes and evaluates these new pathways to re-direct demand.

**Methods** We used routinely collected testing data to analyse uptake. We compared the populations who used new pathways (weblink, 'tablet-in-clinic') with those resident in the same area accessing the online service without signposting or triage (organic users).

**Results** In a 6-month period, there were 8,987 orders from organic users, 1,280 orders through 'weblink' and 1,555 orders from 'tablet-in-clinic' users. Weblink users had a lower kit return rate (62.7%) compared with 'tablet-in-clinic' and organic users (71.4%; 71.9%). Positivity rates for any infection were higher among weblink (8.6%) and 'tablet-in-clinic' users (8.2%) compared with organic users (6.1%). In this period, 157 service users ordering through weblink or 'tablet-in-clinic' ordered their next test through the organic route.

**Discussion** Collaborative strategies to increase uptake of online services can be effective. These can increase capacity but may reduce user choice. Further work on predictive triage and targeted support for users switching service modality could enhance this offer.

## P123 IS THERE A RELATIONSHIP BETWEEN THE TENDERING HISTORY OF A GENITOURINARY MEDICINE CLINIC AND ITS ACCESSIBILITY?

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**Introduction** Since 2004, DH guidance has recommended that GUM clinics in England should endeavour to see patients within 48 hours of initial contact. Recent changes in service commissioning and the wider adoption of competitive tendering since 2013 has led to concerns about maintaining 48-hour access.

**Aim** To establish whether there is a relationship between the tendering history of a GUM clinic and its accessibility.

**Methods** Postal questionnaires regarding tendering history were sent to lead clinicians of all 262 GUM clinics in the UK. Only questionnaires which were returned within a two-month window were analysed. Each clinic with a returned questionnaire was telephoned eight times by male and female researchers posing as patients with symptomatic and asymptomatic presentations. The researchers asked to be seen as soon as possible and recorded whether this fell within 48 hours.

**Results** 67 clinics (25.6%) returned their questionnaires on time. A chi-square test found no statistically significant difference between clinics tendered within the last five years (n=49) and the rest (n=18), regarding 48-hour access (86.5% and 86.2% respectively, p=0.916). Interestingly, 88% of contacts with clinics still undergoing a tender resulted in a 48-

hour appointment compared with 100% of contacts with clinics which completed the process 3–5 years ago. However, this was not statistically significant.
**Discussion** The negative effect of tendering on accessibility seems to be overstated. Moreover, if this effect does exist, it seems more pronounced during the actual tender, followed by an apparent boost in access. A larger study may be required to confirm this.

## P124 EXPLORING HEALTH CARE PROFESSIONALS' PERCEPTIONS AND KNOWLEDGE OF TRANS* PATIENTS' SEXUAL HEALTH NEEDS: A NEED TO UPDATE THE CURRICULUM?

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**Introduction** No current competencies for transgender issues exist in genito-urinary or community sexual and reproductive health training curricula. This gap is currently being addressed and curriculum changes on the topic are being proposed. The aim of this study is to assess doctor's knowledge regarding specific trans* issues and their attitudes to proposed curriculum changes.
**Methods** Purposive, convenience sampling was used. A self-completed questionnaire was distributed via the British Association for Sexual Health and HIV newsletter and at the Faculty of Sexual and Reproductive Health annual conference. It consisted of 15 closed and open-ended questions on demographics, previous experience and training, knowledge of specific trans* health issues, and attitudes to curriculum changes. Analysis was done using Stata.
**Results** From the 110 eligible responses only 37% had received previous training on trans* issues and 81% supported adding trans* issues to the curriculum. The need for training was demonstrated in the high proportion, 86%, with concerns around managing trans* patients. Confidence was lacking in clinical scenarios, especially performing genital examinations and cervical screening. Knowledge gaps were identified in all areas, particularly regarding management of post-operative complications.
**Discussion** This study highlights the need for doctors' training to improve knowledge and confidence on trans* issues, as well as the positive receptivity of training. Concerns mostly revolve around how to make competencies logistically feasible in the face of an already packed mandatory curriculum and lack of opportunities for exposure to these patients.

## P125 REVIEW: USE OF DIGITAL SEXUAL HEALTH SERVICES BY UNDER-16S AND AN EVALUATION OF SAFEGUARDING PROCEDURES

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**Introduction** Digital health is an increasingly popular way to access health services, particularly by young people. There is a paucity of research exploring the use of e-health services by under–16s. As an online doctor service offering sexual health services to adults, we conducted a review of under-16s trying to access services and an evaluation of safeguarding procedures.
**Methods** A retrospective audit of under-16s trying to access e-sexual health services between January–December 2015.
**Results** 66 patients were identified (a 4-fold increase since 2008). 71.2% were female and mostly distributed in urban areas.

The most frequently accessed services were emergency contraception (27.3%) and regular contraception (43.9%). 22.7% (n15) entered an incorrect date of birth. 77.3% (n51) completed a safeguarding assessment with a doctor via telephone, guided by 'Spotting the Signs', in addition to answering a questionnaire online. Safeguarding concerns were identified in 39.2% (n20) of these children and referred to social services. The remainder underwent GP follow-up. All were directed to appropriate face-to-face services.
**Discussion** Our data shows increasing access by under-16s to e-sexual health services. A significant proportion were identified as being at-risk of sexual exploitation. A telephone safeguarding assessment in addition to our online evaluation was an effective method for identifying safeguarding concerns. Alongside IT systems to prevent those trying to bypass checks online, many of our services (including contraception and emergency contraception) require attendance to pharmacy. The use of our pharmacy network in undertaking identity checks and face-to-face safeguarding screening is invaluable in supporting the ongoing safety of children.

## P126 CHARACTERISING ADMISSIONS TO A SPECIALIST HIV INPATIENT CENTRE: DEMOGRAPHICS, DIAGNOSIS AND IDEAS FOR SERVICE DEVELOPMENT

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**Introduction** Effective antiretroviral therapy has reduced HIV inpatient admissions and patients are increasingly admitted with non-HIV related pathologies. Increasing pressure on NHS hospitals emphasise the need to minimise admissions, maintain patient flow and understand how inpatient facilities are used. We aim to review the demographics and causes of acute medical admissions to a single HIV-specialist unit.
**Methods** Retrospective analysis of patients admitted under the HIV team at a single referral centre including demographics, reason for admission, length of stay and discharge destination.
**Results** 114 patients admitted in 2016. Median age 46 years (range 18–79). 86% male. 14/114 (12%) were newly diagnosed with HIV. 24/114 (21%) admitted with HIV-associated illness, 16/114 (14%) with AIDS-defining illness, 59/114 (52%) with non-HIV associated illness. Respiratory infections were the commonest cause of admissions with 14/114 (12%) cases of PCP and 27/114 (24%) of lower respiratory tract infections. 16/114 (14%) admissions were secondary to drugs and alcohol. Median length of stay 7 days (range 1–135). Discharge destination was home 89/114 (78%), a bespoke HIV-intermediate care facility 19/114 (17%), other healthcare facility 3/114 (3%) and 3/114 patients (3%) died.
**Discussion** Inpatients were younger and had a much longer length of stay when compared with the average for acute internal medicine. Majority of admissions were for non-HIV associated illness suggesting adequate viral suppression for