## P148 FEMALE GENITAL MUTILATION – WHEN DO YOU CALL 101?

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**Introduction** Reporting cases of FGM in those aged under 18 years became mandatory in 2015. Protecting those who have been affected and safeguarding those at potential risk is paramount.
**Aims** To evaluate staff knowledge of FGM and the volume of FGM seen in two neighbouring sexual health services.
**Methods** Clinicians were asked to complete a questionnaire assessing their knowledge and understanding of the FGM care pathway. Case notes of women with a FGM code since its introduction in 2014 were reviewed.
**Results**
**Forty-six clinicians completed the questionnaire** Twenty-two women, aged 24–59 years, were identified with a FGM code, 91% were of Black African ethnicity.

**Abstract P048 Table 1** Female Genital Mutilation

| Do you understand the care pathway/ management of FGM? | Percentage | Action taken if < 18yr with FGM |
|---|---|---|
| No | 13% | Unable to provide |
| No | 22% | Appropriate action described |
| Yes | 52% | Appropriate action described |
| Yes | 13% | Limited understanding of required action |

Overall, 74% of staff were aware of the need to ask about other daughters, social services referral and police contact. A quarter were unable to summarise appropriate action plans, of particular concern in this group were those who felt they understood the care pathway. Only a fifth stated that they coded genital piercings as FGM.
**Discussion** There is a clear knowledge gap in actions and coding required in relation to FGM. Over 80% staff recognised this and requested training. Plans are underway to deliver this and close the gap as a priority. A flow chart for quick reference has been developed and will be available at the conference.

## P149 PATIENT INVOLVEMENT IN SEXUAL HEALTH SERVICE DELIVERY

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**Introduction** Sexual and reproductive health and HIV (SRHH) services face unique PPI challenges, as the anonymity and confidentiality required by service users can be a barrier to attracting patient input. PPI could improve sexual health services, through increased trust in services and the ability to tackle sexual health inequalities. However, specific practical guidance on how to address PPI in sexual health and the evidence to support it is sparse.
**Methods** This research aimed to begin building an evidence base for PPI in sexual health services through: 1) an audit of PPI in SRHH in the Bristol region; and 2) a parallel survey of potential users of sexual health services about their experiences of PPI. For the audit, 18 SRHH organisations from all those in the region invited complete a short online survey, representing a range of different service providers. For the online survey, 96 sexually active young people were recruited through a convenience sample.
**Results** Sexual Health patients are reluctant to get involved in PPI work, often because of embarrassment. PPI work was highly variable with some reliance on customer satisfaction approaches. Patients reported not being asked for feedback and wanted to know what PPI is for. Services cited under-resourcing and a lack of time as barriers to improving PPI work.
**Discussion** Improving the use of patient's voice in sexual health needs through clarity of purpose (measured against outcomes), better communication with patients, and the exploration of flexible methods that respect patients' needs for anonymity. Next steps will be outlined.

## P150 PARTNERSHIPS BETWEEN SERVICES CAN SUPPORT SURVIVORS OF SEXUAL ABUSE, VIOLENCE AND EXPLOITATION

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**Introduction** The ASC Clinic (Abuse Survivors Clinic) offers specialised services to patients who have been affected by sexual violence. It is provided by Umbrella NHS Sexual Health Service and third sector partner RSVP (the Rape and Sexual Violence Project). The ASC offers emotional and medical support to survivors of sexual exploitation, coercion, abuse and violence. This is a review of the experience gained in the first year.
**Methods** A retrospective review of the electronic case notes for all patients who attended the ASC, November 2015-2106.
**Results** 46 female, 8 male, 1 transgender attended with 6 <18years. The majority of patients (41) were referred by Sexual Health staff, and others were from SARC (9), RSVP (1), another hospital (1), and 1 patient self-referred. One of the patients was experiencing on-going sexual violence at the time of attendance, 18 had experienced it within the past month, 14 between 1 month and 1 year before being seen, and 22 more than 1 year previously. Nearly all (5) of the under 18-year olds were referred to Safeguarding teams, and 9 of the adults. The majority accepted services from both partner agencies. 128 appointments were made with 63 attendances (DNA rate 49%).
**Discussion** We are increasingly aware of the numbers of people who have experienced sexual violence. The ASC provides a dedicated service for this vulnerable group. The innovative approach of working with the third sector helps combine experience and expertise enabling more holistic care. Further work is needed to improve clinic accessibility and to evaluate patient experience.