

**Introduction** The effects of occupation on personal health have been described, but there is a paucity of literature on how working in sexual health affects an individual's sexual behaviour.

**Methods** We gained informed consent from a focus group of 6 female and 2 male sexual health workers in 2010. The focus group was tape recorded, anonymised and transcribed. We used thematic analysis to generate themes.

**Results** Sexual health workers feel confident in making an assessment of their own sexual behaviour; yet acknowledge that this self-assessment is not consistently reliable. Access to medication (including antibiotics and emergency contraception) leads to an increase in sexual risk taking in this group. Self-medication occurs for unplanned risks rather than pre-planned. There is reluctance on the part of sexual health workers to consult colleagues due to concerns about lack of anonymity, confidentiality and how positive results will be managed. Sexual health workers feel that these behaviours are a barrier to good sexual health. They also feel that both patients and sexual partners expect them to be more sexually experienced; this can lead to discord in personal relationships. Sexual health workers feel that due to the nature of their work, they have a greater and more realistic insight into sexual relationships; in particular monogamy. They also have greater confidence in their ability to discuss sex with their children and families.

**Discussion** This pilot study suggests that sexual health workers may be at risk of poor sexual health and have specific sexual health needs not currently addressed.

## P231 UNDERSTANDING SEXUAL PRACTICES, ATTITUDES AND SEXUAL HEALTH SERVICE PROVISION IN THE OVER 50S

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**Introduction** Since 2011 STI incidence has increased in the over-50 population in the UK.

Higher divorce rates, lack of awareness, poor service provision and low pregnancy risk have all been suggested as contributing to these changes.

We examined sexual practices and attitudes of >50s in our city centre clinic, and assessed service accessibility.

**Methods** Anonymous questionnaires distributed opportunistically to 50 attendees (23 male 27 female), examining sexual practices, STI awareness and attitudes towards service provision.

**Results** Almost half had divorced previously. 50% men never used condoms, 67% women; reasons given included 'married', 'no pregnancy risk', 'too old', 'don't like it'. 60% used at least one regular medication and 10% were using >6 drugs. 37% of women and 20% of men were 'too embarrassed' to discuss sex with GP. 44% women, 26% men were first-time attendees. All the women in our sample were white heterosexual. There was more ethnic diversity in men, and 30% MSM. There was good awareness of STIs and safer sex, and 70% felt that current services met their needs.

**Discussion** Reassuringly, many were attending for the first time suggesting ease of access. However, a lack of diversity in female attendees may indicate unmet needs in some groups. Despite being aware of good sexual health, there was low condom use and a lingering embarrassment to discuss

problems with family doctor. This survey suggests unmet needs still exist, even in those who already access services. A similar project in primary care is planned to further assess this.

## P232 SOMEWHERE OVER THE RAINBOW: ESTABLISHING ACCEPTABLE LOCATIONS FOR STI SCREENING AND SUPPORT FOR MSM

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**Introduction** Over the Rainbow is a community based LGBT support service and level 3 GUM clinic in Bournemouth, currently under threat due to funding cuts. In May 2016, a patient consultation was undertaken to explore alternative options for service provision.

**Methods** A survey was distributed online and in clinic to capture views on the provision of local sexual health services for MSM.

**Results** 96 people responded to the survey after visiting the service for STI screening (60%) or one to one support (40%). 40% of these would not be happy attending a mainstream GUM or CASH clinic, or GP for STI screening. 34% would not be happy to access STI screening on-line. One third would be unwilling to attend alternative agencies for counselling or support.

80% of the 86 online respondents had attended Over the Rainbow in the past. Responses indicated that even fewer (44-56%) would be happy to attend a mainstream GUM or CASH clinic or GP for STI screening, with a similar proportion reluctant to attend other community settings.

Comments highlighted that service users valued a dedicated LGBT service, in the heart of the gay community. It was described as a safe haven.

**Discussion** Future service design and provision must consider community need. Patients expressed a preference for LGBT specific community based services, able to accommodate their sexual health needs within a holistic framework. Many value a face-to-face consultation rather than accessing STI screening on-line.

## P233 SEXUAL DYSFUNCTION: PRIMARY, SECONDARY OR A BY-PRODUCT OF SECRET ISSUES?

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**Introduction** To explore the referral diagnosis of sexual dysfunction from a psychosexual basis.

**Methods** A retrospective analysis of 50 women who were referred to a clinical sexologist for varying aspects of sexual dysfunction during January 2016 – December 2016.

**Results** Although 100% of women exhibited a variety of sexual dysfunction, 44% displayed variables of sexual abstinence due to real and perceived problems that directly impacted on their ability to participate in sexual intimacy. Factors not explored or discussed by the referring Health Care Professional (HCP) included urinary incontinence, religious/spiritual beliefs, perception of guilt relating to previous sexual behaviours and ill health of the partner.

**Discussion** Sexual Dysfunction referrals encompass a broad range of issues. These fall into sub-categories being further classified as primary and secondary. It is identified that a reasonable proportion is still incorrectly identified by the HCP, missing the underlying true reason for sexual abstinence. The ability to ask/frame questions within the assessment is significant to unlocking the contributing or causal problem. Incorporating specific questions assists in decreasing/removing any sense of guilt the woman may have around this.

#### P234 STI TESTING IN HIV POSITIVE MSM PATIENTS: A MISSED OPPORTUNITY?

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**Introduction** Approximately 1 in 20 men that have sex with men (MSM) are infected with HIV. The risk of acquiring a sexually transmitted infection (STI) is higher in this population compared with heterosexuals. Therefore, it is important for HIV positive MSMs to have regular sexual health screening to reduce the risk of transmission of STIs and HIV.

Consequently, the British HIV Association recommends that HIV positive MSMs should have annual STI screening. Furthermore, those that are classified as high-risk should be tested every 3 months.

**Methods** This audit retrospectively gathered case notes of HIV positive MSMs that have been seen in the last 12 months, October 2015 to November 2016. The following criteria were assessed: annual or 3 monthly screening of STIs, hepatitis B and C immunity status, patient age, evidence of high-risk behaviours and year of HIV diagnosis. The criteria for high-risk behaviour included: multiple partners (>2 in the last 12 months) and drug use. The data will be used to assess what proportion of patients are screened in line with national guidelines and to identify ways the practice can increase the uptake of screening.

**Results** The results show that 84% of cases were not screened annually for hepatitis C and 40% of patients were not receiving the minimum screening for STIs. However, 78% of patients were vaccinated against hepatitis B.

**Discussion** In conclusion, this audit shows that there is a failure to meet the minimum level of screening for this high-risk group. We aim to improve this via a new pro-forma and education.

#### P235 AN AUDIT OF THE CARE OF MSM ATTENDING AN OUTER LONDON INTEGRATED SEXUAL HEALTH SERVICE

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**Introduction** Men who have sex with men (MSM) remain a high risk group for HIV infection, increased rates of syphilis, LGV and gonorrhoea indicating high levels of risky sexual behaviour. The aim of this audit was to measure care against BASHH recommendations for testing for STIs in MSM (2014) and local guidelines to ensure high quality accessible services for MSM.

**Methods** Data were collected retrospectively from electronic patient records of all MSM first attendances across all clinics between 1 January 2015 to 30 June 2015 (N=96) and data analysed using SPSS and Excel.

**Results** 79% (76/96) of MSM were from our local borough; age range was 16–65 with highest attendance in the 25–29 years age group; 43% were from BME communities. 100% were offered STI screening, 91% accepted (87/96) and 47% had a STI diagnosed. 80% of MSM had a comprehensive assessment undertaken while 65% had a record of vaccination status. PEPSE discussion was recorded for 76% of eligible patients. 100% of suitable patients were offered HIV testing (n=88/96), 90% (79/88) tested with a positivity rate of 2.5% (2/79).

**Discussion** The service is highly accessible to local MSM, STI testing offer exceeded the BASHH recommendation of 97% and uptake of 91% exceeded the BASHH recommendation of 80%. Uptake of HIV testing met the BASHH recommendation of 90% but improvements are needed in PEPSE and PREP discussions and determining Hepatitis B status in all eligible clients. EPR has been revised and staff training undertaken to address and improve on this.

#### P236 AWARENESS AND RESOURCES FOR INDIVIDUALS WHO ARE TRANSGENDER WITH AUTISTIC SPECTRUM DISORDER- A HEALTHCARE PROFESSIONAL'S PERSPECTIVE

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**Introduction** Autistic Spectrum Disorder (ASD) affected around 1% of the general population but has been reported in 7.8% of childhood gender identity clinic referrals. Gender identity is an increasing healthcare focus; the United Kingdom's only childhood gender identity clinic witnessed a 930% increase in referrals in six years, with Sussex having the highest adult service referral rates. This study aims to assess healthcare professionals' awareness of a co-occurrence between ASD and transgender, identify resources and determine how these could be improved, based on the needs and concerns of individuals.

**Methods** A service evaluation of healthcare professionals who frequently see individuals about ASD and/or gender identity was conducted in Brighton. An anonymised online questionnaire, created using Survey Monkey, was accessible from January 2017 until March 2017. Participants were contacted via NHS emailing lists with explanatory information and a survey link. Quantitative data was collated as raw data and percentages. Qualitative data was organised into tables and key themes identified.

**Results** Limited evidence suggests that healthcare professionals were unaware of an association between ASD and transgender and most were unsure if resources existed. Most felt that training would improve care, with a particular focus on local and online resources, referral pathways and current research evidence. Mental health issues, family concerns about gender identity interventions, not being accepted and vulnerability were major concerns.

**Discussion** Co-occurring ASD and transgender is under-recognised by healthcare professionals. Future resources should