

P121 A REVIEW OF THE TELEPHONE ADVICE SERVICE FOR CENTRAL AND NORTH WEST LONDON INTEGRATED SEXUAL HEALTH SERVICES

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Background/introduction Although not advertised patients can phone our integrated sexual health services for advice and receive a call-back within 24 h. This service takes up significant resources without being funded.

Aim(s)/objectives Review the reasons for advice calls and establish their outcomes.

Methods A notes review was conducted of 50 calls received at each of the 3 main clinical sites in Central London over a 2 week period in July 2014. Data was collected regarding the reason for the phone call, call outcome and attendance within 6 weeks following the call.

Results The majority 129/150(86%) of calls were from existing patients. The majority of phone advice was related to contraception $n = 44/160(28\%)$, advice on sexually transmitted infections $n = 22/160(14\%)$ and patients with symptoms $n = 31/160(19\%)$. 24/44(66%) of the contraception calls were for intrauterine device (IUD) advice (pre-and post-insertion). 50/150(33%) patients were advised to attend the clinic of whom 39/50(78%) did attend. 66/150(44%) patients were given reassurance of whom 12/66(18%) attended anyway related to their call.

Discussion The phone advice service was largely used by existing users and almost 40% attended the service after the phone call. To make more effective use of resources we have designed frequently answered questions (FAQ) page on our website to address the most commonly asked questions. Phone advice is now only available to patients on post-exposure prophylaxis (PEP) and post-procedure eg. IUD insertion.

P122 WALK-IN PRIMARY-CARE CENTRES ARE ACCEPTABLE TO MEN WHO HAVE SEX WITH MEN (MSM)

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Background Locally we have the highest HIV prevalence outside London and high rates of STIs in MSM. We operate a primary-care centre adjacent to a main line railway station which delivers both primary care and sexual health services. The aim of this study was to assess the acceptability of MSM in this setting.

Method Patient satisfaction survey was offered to MSM attending both services between June and October 2014.

Results 70/80(87.5%) surveys were returned. The median age of participants was 26(16–68) years. 62/70(89%) described themselves as MSM and 7/70 bisexual. 65/70(93%) attended for a sexual health screen. MSM liked the service due to ease of access (47%), proximity to work (23%) and opening-hours (23%). MSM highly rated welcome by reception staff (73% rated 5/5) and welcome by health-care-worker (HCW) (93% rated 5/5). 69/70(99%) stated they felt comfortable discussing their sexuality with the HCW. 46/70(66%) strongly agreed that the clinic environment was friendly to MSM. 29-freetext comments were received: 14/28(48%) were positive and 10/28(35%) offered service improvement suggestions: MSM suggested that

streamlining appointment-booking and results via internet/mobile-phones and more evening appointments would improve the current service for them. Of concern, only 5/70(7%) of MSM attending for non-sexual health were offered STI testing.

Conclusion Our primary care centre offers a highly acceptable service for MSM. Electronic booking and results, and increased evening appointments will increase acceptability. We need to increase STI testing among MSM attending for general practice issues.

P123 ENGAGING HIGH RISK POPULATIONS IN SEXUAL WELLBEING PROGRAMMES

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Background/introduction Our NHS GUM/HIV clinic caters to a number of high risk populations, including transgender people, and MSM who use drugs for sex (the practice commonly known as 'ChemSex'). Simply attracting these populations to our clinics, screening and treating for infections is not providing our patients with the robust care they deserve and need; in order to have any significant impact on infection rates, we need to offer culturally competent, holistic care that addresses the broader needs of the individual. In 2014, our team established the Wellbeing programme; a series of community engagement events that addressed the sexual and general wellbeing of individuals and communities via film screenings, community discussions, performance art, poetry and open-mic events; the concept is, that if our patients experienced community cohesion, and individual sexual wellbeing, they would experience less disease, less drug/alcohol use, less stigma, and better sexual health.

Aim(s)/objectives To place sexual wellbeing at the heart of sexual health, by engaging high risk populations in community dialogues about their own sexual choices, emotional needs and general wellbeing.

Methods Open-mic events, art exhibitions, discussion evenings with porn performers and scene personalities on relevant controversial topics.

Results Successful attendances at events, winning the faith of high risk populations, engagement with our clinics.

Discussion/conclusion This oral presentation will use footage from events and an interactive discussion on how to engage local populations or engagement-resistant cohorts in treatment.

P124 WHAT IS THE ROLE OF GENERAL PRACTICE AND THE POTENTIAL BARRIERS IN PROVIDING SHARED CARE FOR PEOPLE LIVING WITH HIV: A SYSTEMATIC REVIEW

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Background/introduction Traditionally hospital based GUM/HIV departments have cared for people living with HIV (PLWHIV). Due to increased survival, HIV is now a chronic disease where many PLWHIV suffer from age associated illnesses. Management by generalists for such conditions is therefore essential. Shared care, however, is variably provided. We assessed the evidence on the provision and quality of shared care for PLWHIV to inform future service provision.