Discussion/conclusion Use of the proforma has increased identification of mental health issues, highlighted concerns regarding age differences and provided details of drug/alcohol use, social circumstances and sexual exploitation. The data suggests that use of the proforma allows a more detailed risk assessment thereby increasing the likelihood of identifying safeguarding issues. We initially used the proforma routinely in all under 16 year olds and have since expanded this to all under 18 year olds.

P143 IMPLEMENTATION OF AN ASYMPTOMATIC PATHWAY SIGNIFICANTLY REDUCES CLINIC VISIT DURATION

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Background/introduction Our sexual health clinic in a busy city-centre is experiencing increasing patient demand. The challenge is to provide time-efficient, quality patient-care. Developing a structured screening pathway for asymptomatic patients to be seen by nursing assistants (NAs) could reduce time spent within clinic.

Aim(s)/objectives

1. To successfully and safely introduce a pathway enabling NAs to screen asymptomatic, heterosexual patients.
2. To assess the pathway's impact on patient-care including:
   - Time spent within clinic
   - Screening tests offered/accepted (following BASHH guidance)

Methods

- Baseline data was recorded for two weeks prior to pathway introduction.
- The asymptomatic pathway was implemented, including self-completed symptom questionnaire and patient assessment/testing tool.
- A competency package for NAs was introduced.
- Comparison of patient-care to baseline was made.

Results Eighty asymptomatic patients were identified during the initial two-week period. Following introduction, thirty-three patients followed the pathway. Four subsequently disclosed symptoms and were excluded.

Abstract P143 Table 1 Asymptomatic pathway

	Pre Asymptomatic Pathway (80 patients)	Post Asymptomatic Pathway (29 patients)	p Value
Mean Time in clinic (minutes)	67	44	0.00001
HIV Testing Offered	79 (98.7%)	29 (100%)	0.55
HIV Testing Accepted	66 (83.5%)	25 (86%)	0.65
Chlamydia positive NAATs	2 (2.5%)	0 (0%)	0.39

Discussion/conclusion Early results show significant reductions in clinic visit duration. This improves patient experience, increases patient numbers and allows trained staff to manage complex patients. HIV test offer and uptake increased. More data are needed for future analyses. NAs will continue to be supported in pathway provision. Further elements will be introduced to assess and manage risk-taking behaviour.

P144 VALIDATION OF THE DENVER HIV RISK SCORE FOR TARGETING HIV SCREENING IN VANCOUVER, BRITISH COLUMBIA

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Background/introduction The Denver HIV risk score (DHRS) is a prediction rule developed for targeting HIV testing and validated in U.S. clinical settings (PMID: 22431561). The final model of the DHRS included age, gender, race/ethnicity, sex with a male, vaginal intercourse, receptive anal intercourse, injection drug use, and past HIV testing.

Aim(s)/objectives We aimed to validate the DHRS in patients attending two publicly funded STI clinics in Vancouver, British Columbia.

Methods We validated the model using electronic records (2000–2012) from 47,175 clinic visits. Each visit was scored based on variables included in the DHRS. Visits were stratified into 5 risk groups according to their score: very low (<20), low (20–29), moderate (30–39), high (40–49), and very high (≥50). The model's discrimination and calibration for predicting an HIV diagnosis were examined by AUC and the Hosmer-Lemeshow (H-L) statistic. We examined the sensitivity and proportion of patients that would need to be screened at different cutoffs of the risk score.

Results The prevalence of HIV infection was 0.46%. Validation demonstrated good performance: the AUC was 0.80 (95% CI: 0.79–0.81) and the H-L $\chi^2 = 8.8$, 8 df, $p = 0.36$. HIV prevalence within each risk groups was: 0%, 0.05%, 0.25%, 0.86%, and 1.23%, respectively. HIV testing is recommended for scores of ≥40. The DHRS identified cases with a sensitivity of 96% and a fraction screened of 41%.

Discussion/conclusion The DHRS performed well in these STI clinic settings in Vancouver, accurately identifying individuals at increased HIV risk, and may be useful for providing individualised estimates of risk as part of routine HIV screening.

P145 INTRODUCTION AND TRIAL OF A "CHEMSEX" SUPPORT SERVICE IN A SOUTH WEST LONDON GU CLINIC

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Background/introduction Since 2013 our centre has recognised a problem of recreational use drug associated with sex amongst MSM.

Aim(s)/objectives A joint survey with the local commissioners was set up to establish the extent of the problem in the borough and to identify a need for further services.

Methods 100 HIV negative MSM and 50 HIV positive MSM completed a patient survey with questions regarding recreational drug use related to "chemsex".

Results Results indicated a high level of drug use with 60% (90/150) reporting any drug use and 21% (32/150) specifically using party drugs in the last 6 months. Clients were asked where they would like to have a specialist drug service and the