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P149 DISCUSSING MENTAL HEALTH WITH YOUNG PEOPLE ATTENDING SEXUAL AND REPRODUCTIVE HEALTH SERVICES

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Background/introduction Within Sexual and Reproductive Health (SRH) clinics identification of Mental Health (MH) problems is an important part of a consultation with young people (YP).

Aim(s)/objectives To review the number of YP who had documentation of a conversation regarding MH.

Methods Electronic patient records of 103 attendees were selected at random and reviewed.

Results MH discussion was documented in 81% (26/32) of <16s, 67% (n = 20/30) aged 16, 37% (n = 15/41) of those aged 17–18 years. Of these Child and Adolescent MH Services (CAMHS) were accessed by 23% (6/26) <16s (2/6 lost FU), 15% (n = 3/20) aged 16 and 7% (n = 1/15) aged 17–18 years. Of these ten disclosed the following specific disorders ADHD (2), self-harm (3), depression (2), anorexia and past sexual abuse (1) and conduct disorder (1), suicidal thoughts (1). 3/9 aged 16 and under who had accessed CAMHS disclosed sexual abuse.

Discussion/conclusion Sexual health is an important access point for YP with mental health problems, new or lost to follow up and may be associated with a disclosure of sexual abuse. Significant pressures exist in CAMHS services. Shared clinical experience and robust links between sexual health, CAMHS, general practice and youth services with appropriate referral pathways are important. We recommend training for all SRH staff should include: skills in eliciting MH problems in all consultations with YP, awareness of common MH problems in adolescence and knowledge of local service configuration including thresholds for referral to appropriate providers.

P150 CREATING OPPORTUNITIES FROM LOCAL AUTHORITY COMMISSIONING: EARLY INTERVENTION PATHWAY IN YOUNG PEOPLE'S SEXUAL HEALTH SERVICES

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Background/introduction Young people (YP) seen within sexual health services (SHS) may not meet referral thresholds for traditional social care measures but could benefit from improved links to early intervention services (EIS) such as targeted youth support.

Aim(s)/objectives The aim was to assess needs of attendees to inform service delivery and review use of a local safeguarding assessment proforma and review concerns identified.

Methods We reviewed a random selection of 103 records from attendees 18 or younger attending in 2013 identified by the clinic management system.

Results 18 male (17.5%). Where documented 24/68 (35%), 13/39 (33%) and 34/44 (77%) reported current smoking, drug and alcohol use respectively. 32 <16s had a proforma including decision regarding referral to social care within 12 months (100%), 8 were known to social care (25%). 5 reported non-consensual sex (17%) and 10 reported searched at age 13 or younger (31%). No infections were diagnosed in <16s. 28/30 and 29/41 of those aged 16 (93%) and 17–18 years (71%) respectively had a completed proforma.

Discussion/conclusion YP attending SHS have a number of vulnerabilities that do not meet safeguarding intervention thresholds. We have developed a holistic approach by: developing pathways between SHS and EIS, recruitment of a Relationships Worker to provide targeted support and staff training in understanding and recognising additional needs and vulnerabilities which exist even in the absence of infections.

P151 REATTENDANCE RATES IN MEN PRESENTING WITH SYMPTOMS OF URETHRITIS – SHOULD WE BE DOING BETTER?

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Background Chlamydia and gonorrhoea are common causes of urethritis. Management is often based on an enhanced syndromic approach while awaiting results. This can necessitate prescribing to cover a range of potential pathogens, and result in uncertainty for patients. Point of care testing (POCT) for chlamydia and gonorrhoea in men with symptoms of urethritis could alter care pathways and reduce reattendance.

Aims To measure reattendance rates in men presenting with symptoms of urethritis. To identify reasons for reattendance including those that could be mitigated by POCT.

Methods All men with urethritis symptoms presenting over a three month period were identified using electronic patient records. Urethritis was defined as ≥5 pmnls/hpf on a Gram stained urethral smear. Reattendances within 30 days of initial clinic visit and reasons for reattendance were recorded for both microscopy-positive and negative groups.

Results 431 men with urethritis symptoms were identified in a 3 month period. 192 had confirmed urethritis on initial microscopy. 31% of microscopy-positive men and 42% of microscopy-negative men reattended at least once within 30 days of initial visit. Common reasons for reattendance were early morning smear (20%), persistent symptoms (18%), results (16%) and gonorrhoea test of cure (9%).

Discussion This service evaluation has identified high reattendance rates in men with urethritis symptoms. POCT could impact on reattendance rates in a number of ways. Pathogen-guided treatment may reduce antimicrobial failure and persistent symptoms. Same-day results could reduce results visits. Reassurance from negative same-day results may also have a role in reducing persistent symptoms.

P152 WHAT KIND OF INFORMATION DO PATIENTS WANT TO SEE IN SEXUAL HEALTH CLINIC WAITING ROOMS?

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Background/introduction All sexual health clinics have noticeboards and leaflets in their waiting rooms carrying a range of information, but little is known about the kind of information patients find most useful. This survey was designed to gain

insight into the type of information patients most prefer to see in order to enhance patient experience.

Aim(s)/objectives To conduct a patient survey of preferences for information provided in sexual health clinic waiting rooms.

Methods 133 consecutive patients attending the integrated clinic were asked to complete a simple questionnaire covering the following areas: (1) how much attention is given to the information available; (2) Which types of information are most useful; (3) Preference for pictures, written text or a combination; (4) Importance of information that can be taken away.

Results 53% looked at most of the information, 32% only read what looked interesting or relevant while 15% took little notice. Facts about STI's were the most useful (64%), followed by prevention messages (51%), contact details of other organisations/services (49%), information about local/national campaigns (41%) and boards with specific themes (e.g. Valentine's day, Fresher's Week) (33%). 55% preferred a combination of pictures and text, 41% mainly text and 37% mainly pictures. 74% attached a high importance to information which could be taken away.

Discussion/conclusion 85% of patients paid significant attention to the information presented in the waiting room. Patients found factual information about STI's to be most useful followed by prevention messages. There was a clear preference for messages that combined text with pictures.

P153 WATCHING THE TV: *TRICHOMONAS VAGINALIS* NAAT TESTING IN AN INNER CITY SEXUAL HEALTH CLINIC

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Introduction *Trichomonas vaginalis* (TV) is the commonest curable STI worldwide. UK prevalence is comparatively lower but TV remains an important cause of genital symptoms. National guidelines recommend NAATs for TV testing due to their high sensitivity. Since 2012 we have utilised Gen-Probe APTIMA TV assays for symptomatic females, males with recurrent urethritis and contacts.

Aims Assess the effectiveness of our current TV NAAT testing practice.

Methods Retrospective casenote review of patients tested for TV in an inner city sexual health clinic between 01/01/14–31/03/14.

Results 961 (882F, 79M) patients were included. Median age was 24 (range 15–67), 445 (46.3%) were White British. 6 (7.6%) of the men were MSM. 28 (2.9%) patients were TV NAAT positive (21F, 7M). 5 of them attended as TV contacts. 11 TV-infected females had positive microscopy. Comparing diagnostic modalities microscopy had inferior sensitivity (=0.524) but excellent specificity (=1) and NPV (=0.986). All TV-positive men were either symptomatic (4) or an asymptomatic contact (3). The TV-positive and TV-negative cohorts were compared:

Abstract P153 Table 1 *Trichomonas vaginalis*

	NAAT positive (n = 28)	NAAT negative (n = 933)	p Value
Median age	35.9	24.1	<0.00001
Black Caribbean	7	55	0.00005
Symptomatic	22	832	0.078829
TV Contact	5	11	<0.00001
Other STI present	8	245	0.784302

TV incidence was significantly associated with increasing age, Black Caribbean ethnicity and attending as a contact; concurrent STI diagnoses and evident symptoms were not.

Conclusion Our data demonstrates the superior sensitivity of NAATs over microscopy. Extending screening to asymptomatic patients is not warranted. We continue to focus TV testing on known at-risk populations.

P154 PROCESS EVALUATION OF THE 3Cs AND HIV PILOT: AN EDUCATIONAL PROGRAMME TO SUPPORT GENERAL PRACTICES DELIVER CHLAMYDIA SCREENING, CONTRACEPTION, CONDOMS AND HIV TESTING TO PATIENTS

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Background/introduction General practice (GP) offers a wide range of sexual health services, although provision varies across England. Educational support visits to GPs are effective in improving sexual health services. 3Cs and HIV is a national pilot that provided GP training for opportunistic offers of chlamydia testing, free condoms and information about contraceptive services to 15–24 year olds (i.e. 3Cs), plus HIV testing according to national guidelines.

Aim(s)/objectives To describe local authority (LA) and GP engagement with the 3Cs and HIV pilot using process evaluation measures.

Methods The training programme comprises two practice educational support visits, the first on 3Cs and the second on HIV testing. Data on LA and GP recruitment, retention and implementation of the training was collected throughout the programme.

Results In total, 56 LAs invited 2,532 practices to the programme, 461 agreed to participate. Data was returned by 46 LAs accounting for 405 practices (88%). Half of participating practices received at least one visit (255/461, 55%). Nearly a third of practices received only the 3Cs visit (143/461, 31%) and 24% (111/461) received both the 3Cs and HIV visits. More general practitioners than nurses attended the training (826 vs. 752), especially for the HIV sessions (263 vs. 211).

Discussion/conclusion Many practices reported an interest in receiving sexual health educational support visits, however a large proportion did not start or complete the full programme. This highlights the difficulties sustaining GP engagement over time, which may be due to competing priorities for protected learning time. Future programmes may need to be shorter.

P155 "TIME IN CLINIC" SURVEY TO EVALUATE THE POTENTIAL FOR USE OF ONLINE REGISTRATION

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Background/introduction We continuously try to improve patient experience in our integrated service. After introducing a "slot" booking in system, patients spent 40% less time in clinic, though still report spending too long in surveys. We wanted to

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