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

Jonathan Shaw*, Susanna Currie, Alma Hatley, Vian Shafiq, Jennifer Leighton, Vincent Lee. *Manchester Centre for Sexual Health, Manchester, UK*

10.1136/sextrans-2015-052126.196

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

Katy Town*, Ellie J Ricketts, Thomas Hartney, Claire Rugman, Cliodna AM McNulty, Andre Charlett, Anthony Nardone, Kevin Dunbar, Kate A Folkard. *Public Health England, London, UK*

10.1136/sextrans-2015-052126.197

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

[1]Carlotta Hall*, [1]Naomi Carter, [1]Megan Crofts, [1]Michael Clarke, [1]Helen Wheeler, [1,2]Patrick Horner. [1]*Bristol Sexual Health Service, Bristol, UK;* [2]*University of Bristol, Bristol, UK*

10.1136/sextrans-2015-052126.198

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

map patient journey, identify potential improvements, including introducing on-line booking and e-triage.
Aim(s)/objectives To evaluate 1) the proportion of patients whose visit is >2 h from entering clinic to completion of the clinical encounter 2) effectiveness of patient completed triage.
Methods Pilot data was collected over 1 day (1 week to follow). Reception staff recorded patient first arrival, and administered a patient completed questionnaire recording the timing of the clinical encounter. Questionnaires, triage forms and case notes were reviewed.
Results 49 patients attended (23 male, 26 female). Complete data were available for 15(65%) males and 18(69%) females (Table 1). 58% of patients needed to allow >2 h to attend clinic (61% symptomatic, 57% asymptomatic). Self-triage was available for 45(92%) patients, with concordance between clinician and patient in 41/45 (91%).

Abstract P155 Table 1 Time in clinic: median hours (range)

	Male	Female	Total
Duration: clinic visit	1.55 (0:55–2:49)	2.11 (1:05–4:11)	2.04 (0:55–4:11)
Time before consultation	1.17 (0.35–2.10)	1.34 (0.40–3.37)	1.30 (0.35–3.37)
Duration: clinical encounter	0.30 (0.08–2.04)	0.30 (0.05–2.00)	0.30 (0.05–2.04)
Duration: clinic visit, symptomatic	1.50 (1.06–2.08)	2.18 (2.05–3.57)	2.05 (1.06–3.57)
Duration: clinic visit, asymptomatic	2.10 (1.30–2.49)	2.00 (1.05–4.11)	2.07 (1.05–4.11)

Discussion/conclusion Provisional data shows: 1) patients spend too long in clinic and developments including online booking could potentially reduce this, and 2) most patients are able to triage themselves.

P156 HOW MUCH ANTIRETROVIRAL THERAPY DO WE DISCARD?

Gillian Noble*, Joanna Skwarski, Dan J Clutterbuck. *NHS Lothian, Edinburgh, UK*

10.1136/sextrans-2015-052126.199

Background/introduction Current audit standards for antiretroviral therapy (ART) prescribing do not include standards for quantity dispensed.
Aim(s)/objectives 1) Establish a clinical standard for the quantity of ART to dispense when initiating or switching therapy. 2) Make a qualitative assessment of avoidable discards of ART. 3) Audit prescribing against existing BHIVA standards.
Methods An HIV care unit's database was interrogated to identify 350 patients who had initiated or switched ART over 2 years to August 2014. ART prescribing and outcomes data were collected retrospectively from 110 randomly selected patients.
Results 58.2% (n = 64) switched therapy; 57.8% (n = 37) as a result of toxicity, 15.6% (n = 10) resulting from rationalisation of therapy and only 3.1% (n = 2) for virological failure. The median quantity of ART dispensed at initiation or switch was 8 weeks (IQR; 8–12) supply; discarded at switch was 1.5 days (IQR; 0–29.75) supply. Mean (SD) cost of discarded ART after switch was £311.11 (£11.54); median was £20.63 (IQR; £0-£334.94). Reasons for discard for patients in the highest cost quartile are displayed in Table 1.
Discussion/conclusion Dispensing 8 weeks of ART at initiation or switch results in a lower than expected cost of discarded ART. There is limited potential for reduction in avoidable discards by addressing the small number of high cost cases.

Abstract P156 Table 1 Reasons for discard in highest cost quartile

Indication	Number of patients	Percentage of patients	Total cost (£)
Toxicity	6	37.5%	7024.08
Renal impairment	5	31.25%	5578.81
Patient request	2	12.5%	1308.94
Drug interaction	1	6.25%	756.84
Unclear	2	12.5%	2166.21

P157 IDENTIFYING THE DEMAND FOR "TEST-NO-TALK" GU SERVICES IN A RURAL SETTING

[1]Hannah Proctor, [2]Jessica Simpson, [3]Joanne Palmer, [1]Amy Pearce, [1]George Morris, [1]Frances Keane*. *[1]Sexual Health Hub, Royal Cornwall Hospital, Truro, Cornwall, UK; [2]Peninsula College of Medicine and Dentistry, Truro, Cornwall, UK; [3]Department of Research and Development, Royal Cornwall Hospital, Truro, Cornwall, UK*

10.1136/sextrans-2015-052126.200

Background/introduction GU services are under growing pressure to provide resource-efficient screening programmes. Test-no-talk (TNT) services are gaining interest as an affordable method of asymptomatic screening.
Aim(s)/objectives Identify the proportion of our patients who might be suitable for TNT services.
Methods We retrospectively reviewed the notes of 271 new/rebook patients who were tested for any combination of chlamydia, gonorrhoea, syphilis and HIV. Patients were excluded if they had any other service or diagnosis code apart from C4. For the purpose of the study, patients were deemed unsuitable for TNT services if they were symptomatic, <18 years of age, at high risk of HIV, a recent victim of sexual assault, at risk of pregnancy, a man with a same sex partner (MSM), if female, menstruating at the time of the appointment. TNT suitability was analysed using chi-squared tests.
Results 134 men and 137 women, median age 30 and 23 respectively, were included. 202 patients (75%) were asymptomatic, of these 110 (54%) were suitable for TNT services). The association between gender and symptoms was statistically significant: 81% of men being asymptomatic compared to 69% of women (p = 0.024). 54 (49%) patients were examined, altering the management of 9. There were no statistically significant associations between age or gender and TNT suitability (p = 0.97 and p = 0.06 respectively).
Discussion/conclusion Approximately 40% of our patients undergoing STI screening could be directed towards TNT services, with careful risk-assessment at booking. Our results suggest it is safe to exclude physical examinations in TNT clinics as they rarely alter the management.

P158 EXPLORING THE FEASIBILITY OF SHORTENING THE NATIONAL CHLAMYDIA SCREENING PROGRAMME TIME TO TREATMENT STANDARD

Erna Buitendam, John Saunders*, Kate A Folkard, Sarah Woodhall, Kevin Dunbar. *Public Health England, London, UK*

10.1136/sextrans-2015-052126.201

Background/introduction Timely treatment of sexually transmitted infections (STI) is an important factor in reducing sequelae and transmission. British Association for Sexual Health and HIV