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%).

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?
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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 dispensed at initiation or switch. 2) Make a qualitative assessment of avoidable discards of ART.

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 £302.63 (IQR; £0–£344.94). 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.