background. 16/23 (70%) worked at one of the four previous services. Staff experience of the tender/integration process in terms of ‘stress’/‘excitement’ levels are reported in the Table 1.

### Abstract P184 Table 1  Staff survey

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Months 0–6 (%)</th>
<th>Months 7–12 (%)</th>
<th>Month 12 onwards (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate-Very Exciting</td>
<td>0 (0)</td>
<td>1 (5)</td>
<td>3 (15)</td>
<td>11 (50)</td>
</tr>
<tr>
<td>Mildly exciting</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>4 (20)</td>
<td>2 (9)</td>
</tr>
<tr>
<td>No different</td>
<td>4 (27)</td>
<td>0 (0)</td>
<td>2 (10)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Mildly stressful</td>
<td>3 (20)</td>
<td>2 (10)</td>
<td>3 (15)</td>
<td>4 (18)</td>
</tr>
<tr>
<td>Moderate-Very Stressful</td>
<td>9 (60)</td>
<td>17 (85)</td>
<td>13 (65)</td>
<td>7 (32)</td>
</tr>
<tr>
<td>Total respondents*</td>
<td>15</td>
<td>20</td>
<td>20</td>
<td>22</td>
</tr>
</tbody>
</table>

*Respondents were able to tick multiple answers

14/22 (64%) of staff believe that SH services should be integrated. 17/22 (77%) feel patients are now getting a better service (with further improvements needed).

**Themes**

Main ‘positives experienced’: new skills gained, increasing integration/offer of a ‘one-stop-shop’ service. Main ‘challenges experienced’: resistance to change, clash of specialty ‘cultures’. The predominant ‘suggestion for improvement’ was better communication with all staff throughout the process.

**Discussion/conclusion**

The experience of the tender process and early months in the new ISH service was stressful for many staff. This improved with time and staff reported feeling increasingly excited about the new service. Better communication from commissioners and service providers to all staff involved may improve the overall experience of those going through the process in the future.

### P185 USING THE STIF PORTFOLIO IN AN “INTEGRATION” TRAINING STRATEGY

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10.1136/sextrans-2015-052126.228

**Background**

Many UK sexual health clinics are in the process of integrating Sexual and Reproductive Health (SRH) and GUMedicine (GUM) services. Amongst the many challenges they face is that of appropriately training newly integrated staff. Our unit is has recently undergone integration of contraception, termination, outreach and GUM/HIV services. Central to this process was the establishment of a comprehensive training strategy for all clinical staff.

**Objectives**

To describe the successful implementation of an integration training strategy using BASHH’s STIF portfolio between 2012–2014.

**Methods**

An initial baseline staff survey demonstrated a lack of consistency of formal sexual health qualifications amongst both SRH and GUM staff. It also highlighted considerable skills amongst some HCAs who had lacked opportunity to formalise them. Our desire was to use existing national qualifications and provide equality of access to all grades of staff.

**Results**

Between 2012–2014 we ran 2 STIF theory courses and 4 STIF_LEVEL 1 assessments. In total 53 staff attended STIF theory and 45 successfully completed STIF_LEVEL 1 (including 8 HCAs). A further 7 senior nurses and 2 SRH doctors have completed STIFIntermediate. One band 7 GUM nurse has also completed STIFAdvanced.

**Conclusion**

The STIF portfolio has provided practical and effective tools in training and assessing staff during our local integration process. We believe that the existence of a clear training strategy helped maintain moral and staff retention during a potentially difficult time and the high level of national qualification amongst our staff will hopefully stand us in good stead in the current commissioning climate.
A PHASE 1 STUDY TO ASSESS THE SAFETY, TOLERABILITY AND PHARMACOKINETIC PROFILE OF BOCEPREVIR AND SILDENAFIL WHEN DOSED SEPARATELY AND TOGETHER, IN HEALTHY MALE VOLUNTEERS

Aim(s)/objectives The aim of this study was to assess the pharmacokinetic profile of sildenafil and boceprevir when dosed separately and together in healthy volunteers.

Methods Thirteen male subjects completed the following study procedures: phase 1 (day 0), single dose sildenafil 25 mg was administered; phase 2 (days 1–9), washout period; phase 3 (days 10–15), boceprevir 800 mg three times a day was administered; phase 4 (day 16), boceprevir 800 mg and sildenafil 25 mg were administered. All drugs were administered in a fed-state. Intensive pharmacokinetic sampling was undertaken on days 0, 15 and 16. Differences in pharmacokinetic parameters of sildenafil, N-desmethyl-sildenafil and boceprevir between phase 4 and earlier phases were evaluated by changes of geometric mean ratios (GMR).

Results All drugs were well tolerated with no safety concerns arising. In the presence of boceprevir (phase 4 versus phase 1), sildenafil GMR maximum plasma concentration (Cmax) and area-under-the-concentration-time-curve (AUC24) increased by 1.9 fold (95% CI: 1.5–2.4) and 2.7 fold (95% CI: 2.1–3.4), respectively whereas a reduction in N-desmethyl-sildenafil Cmax was observed (GMR 0.5, 95% CI: 0.4–0.7). No significant changes in boceprevir exposure were observed between phases 4 and 3.

Discussion/conclusion Sildenafil exposure is increased in the presence of boceprevir. Dose adjustment of sildenafil is necessary. An initial dose of 25 mg of sildenafil is suggested.

Category: Miscellaneous

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