Background/introduction Our level 3 GUM clinic has held an integrated young person’s clinic (YPC) since 2008. As well as STI testing, we provide all methods of contraception except intrauterine devices, for <25s. Maximising the uptake of LARC is recommended as a method of preventing unplanned pregnancy. Previous audits of females attending for contraception have shown that 100% are offered LARC, but have not included females attending the YPC for other reasons.

Aim(s)/objectives To assess the utility of contraceptive methods of female patients attending and leaving the YPC, as an outcome measure for the effectiveness of contraceptive interventions.

Methods Prospective audit of 100 consecutive females attending the YPC from October 2014.

Results The average age was 19 (14–24). 77(77%) attended purely for contraception, 11(11%) for a sexual health check and 12(12%) for both. 15/17(88%) of those not using contraception and 18/21(86%) of females using condoms left the clinic with a form of hormone contraception [19/38(50%) LARC]. On arrival 28(28%) used oral contraception/Evra and on leaving 42(42%). On arrival 33(33%) had LARC and on leaving 48(48%) had LARC. LARC was offered to all females not already using it, purely for contraception, 11(11%) for a sexual health check and 12(12%) for both. 15/17(88%) of those not using contraception and 18/21(86%) of females using condoms left the clinic with a form of hormone contraception [19/38(50%) LARC]. On arrival 28(28%) used oral contraception/Evra and on leaving 42(42%).

Discussion/conclusion The SRHAD proforma used by sexual health clinics only records contraception supplied. Contraception in/out is a better outcome measure of the prevalence of LARC use in a clinic’s attendees, and an indicator of holistic sexual healthcare in an integrated YPC.