

for assessment. 656 contacts were vaccinated, 113 had immunity and 62 found to have active infection.

Discussion/Conclusion This audit clearly demonstrates the value and importance of partnership working to achieve successful public health outcomes well above targets set by national standards.

NH4

SERVICE DEVELOPMENT FOR PEOPLE WITH HIV WHO HAVE COMORBID CONDITIONS USING EXPERIENCE-BASED CO-DESIGN METHODOLOGY

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Background/introduction There is a need for evidence - based models of care to effectively manage the increasing numbers of the people with HIV (PWH) who have comorbid conditions. This study was part of an NIHR Programme Development Grant to inform the development of HIV services to meet the needs of an ageing population.

Aim(s)/objectives To explore the healthcare experiences of PWH who have comorbid conditions and the staff involved in their care to identify priorities for service improvement.

Methods Experience-based co-design methodology was used to understand the experiences of PWH accessing General Practice, HIV, Cardiology, Liver, Renal and Rheumatology services. Patients were recruited from the HIV clinic and staff purposively sampled from the service areas. Experiences were gathered through observation, diaries, audio and filmed interviews. Thematic analysis was undertaken and filmed patient interviews analysed for emotional touchpoints. Staff and patient feedback events were utilised to validate data and identify areas for service development. A joint staff and patient co-design event was held to agree shared priorities for future services.

Results 22 patients (with 110 comorbidities) and 18 staff were recruited. A composite film was produced from the patient interviews. Examples of touchpoints were communication, burden of appointments and repetition across services. Patients identified 6 areas for service improvement and staff identified 3. The agreed priorities for future service development were care co-ordination, shared medical records/results and systems to manage multiple appointments.

Discussion/conclusion Experience-based co-design methodology was effective in identifying future service models for PWH who have comorbid conditions.

Section 4 Undergraduate oral Presentations

UG1

DIGITAL ANO-RECTAL EXAMINATION (DARE) AS ANAL CANCER SCREENING IN HIV POSITIVE MEN WHO HAVE SEX WITH MEN (HMSM) – IS IT ACCEPTABLE TO PATIENTS?

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Background/introduction Anal cancer is more common in HMSM than in HIV negative MSM or the general population. Tumours in HMSM tend to be larger and more advanced at diagnosis resulting in poorer prognosis. The European AIDS Clinical Society Guidelines recommend DARE with a screening interval of 1–3 years. However, this is only based on expert opinion. The benefit of such a strategy in a UK GUM managed HIV cohort is still unknown.

Aim(s)/objectives To assess acceptability of annual DARE to HMSM and establish patient experience of having DARE.

Methods From pre-published clinic lists covering the 8-week recruitment period, patients fitting the inclusion criteria (HMSM aged ≥ 35) were invited to participate in the study when they attended clinic. Patients were asked to complete a questionnaire and invited to have DARE as part of their consultation.

Results Of the 43 patients invited into the study, 29 [67%; 95% confidence interval (CI) 53–81] proceeded to DARE. Principal reason for refusal of DARE was ‘lack of time’ and ‘not feeling clean’. Of the 29 having DARE, 12 [41%; 95% CI 23–59] were found to have a previously unrecorded clinical abnormality. 5 [17%; 95% CI 3–31] required colorectal referral - 3 [10%] for lesions suspicious of anal intraepithelial neoplasia. Outcomes of colorectal consultation are awaited. 100% of respondents said they would have DARE again.

Discussion/conclusion Annual DARE is an acceptable addition to the routine care of HMSM. Pre-warning patients to expect DARE at a routine visit when it is due may further improve acceptability.

UG2

GRINDR© USE BY MEN WHO HAVE SEX WITH MEN (MSM) IS ASSOCIATED WITH HIGH RATES OF BACTERIAL SEXUALLY TRANSMITTED INFECTIONS

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Background/introduction Mobile Phone ‘apps’ such as grindr© are becoming a more frequent and convenient way to meet sexual partners and may be a reason why sexually transmitted infections (STI) are increasing in MSM.

Methods From November 2015 to February 2016, a paper survey was distributed to MSM attending local sexual health services on acceptability of local service, including use of mobile phone applications to meet sexual partners. National Student Pride also used an online version of the survey.

Results 1186 MSM were included in the analysis of this survey. The median age was 26.8 years (18–89). 1026/1186 (86.5%) self-identified as gay, 108/1186 (9.1%) bisexual and 34/1186 (2.9%) straight. 918/1186 (77.4%) were HIV-negative, 42/1186 (3.5%) HIV-positive, 188/1186 (15.9%) never tested, and 38/1186 (3.2%) unknown status. 200/1186 (16.9%) of respondents reported a bacterial STI within the past 12 months: 116/1186 (9.8%) had gonorrhoea, 96/1186 (8.1%) chlamydia and 26/1186 (2.2%) syphilis. Reported use of grindr© was: 372/1186 (31.4%) more than once/day, 168/1186 (14.2%) more than once/week 124/1186 (10.5%) more than once/month. Those who used grindr© more than once per day reported having had gonorrhoea (62/372:16.7%), chlamydia (50/372:13.4%) and syphilis (16/372:4.3%) in the past 12 months. 80/116 (70.0%), 64/96 (67%) and 16/26 (62%) MSM who reported having gonorrhoea, chlamydia and syphilis in the past 12 months reported