

**Background/introduction** Homeless adults and street based sex workers are a highly vulnerable group of people with specific sexual and general health needs. A specialist outreach clinic was set up in 2010 to support these patients.

**Aim(s)/objectives** To evaluate the uptake of services used including contraception, immunisation, blood-borne virus testing, cytology, STI screening and evaluation of drug use.

**Methods** Data was retrospectively collected from May 2012 until March 2015.

**Results** 82 patients seen in total (female, 53; male, 29), with an average age of 28.6 (range 17–50.) 57% of patients were symptomatic. 57% patients (n = 47) were Hepatitis B immune, 26% (n = 21) received either boosters or full vaccination for HBV. 34% patients (n = 28) had STIs. Hepatitis C (36%) and Chlamydia (32%) were the most common infections. 57% patients (n = 47) were using drugs, the majority using heroin (57%). 3 females were pregnant at baseline review; of the remaining women, 78% (n = 39) were on contraception, LARCs being the most widely used. 34% of women (n = 18) were working as commercial sex workers. 35 of the women had given birth to a total of 97 children, with 70% of them (n = 68) either fostered or adopted. 33% smears taken (n = 10) were abnormal with 3 colposcopy referrals.

**Discussion/conclusion** This specialist outreach clinic facilitates sexual and reproductive healthcare for vulnerable patients who are otherwise hard to reach and often have poor experiences of healthcare. The high rate of sex work in this population emphasises the need for continued screening and treatment. LARC uptake rates are reassuring, but could be further improved.

#### P007 TRIALS AND TRIBULATIONS-CREATING A SEXUAL HEALTH LEAFLET FOR PRISONERS

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**Background/introduction** Her Majesty's Inspectorate of Prisons recommends that prisoners are provided with sexual health information and condoms. Consensual sex rates for prisoners are reported between 1.6–10%, and they are considered high risk for STI's.

**Aim(s)/objectives** A request by a prison healthcare team for a sexual health leaflet prompted the creation of a pamphlet specific for prisoners.

**Methods** A working group was created between Genitourinary medicine, Public health England and prison healthcare. A literature review was conducted on sexual/prison healthcare leaflets. 30 prisoners were consulted informing content, length and language. A draft was given to a second focus group who completed a questionnaire to evaluate the impact of the leaflet. Approval of the content and look were required from the prison governor. Decisions were needed regarding dissemination and costs.

**Results** Literature review revealed no previous leaflet for prisoners on sexual health. Prisoners highlighted eye-catching language, pictures, 'reference' style and a quiz being important points that would increase use of a leaflet. A second focus group questionnaire indicated the draft leaflet increased their knowledge about sexual health (90%) and would make them much more likely to

wear a condom (52%). Difficulties arose around language used within the leaflet particularly the title acceptability to prison staff and who would fund printing costs. This impacted on distribution and reach of the leaflet.

**Discussion/conclusion** A simple request lead to a complex lengthy solution, many parties required consultation with differing views. Finally, we hope to have created a leaflet that is applicable for all prisons across England.

#### P008 AN AUDIT OF TIME TO TREATMENT FOR BACTERIAL STIS, AND TIME TO PROVISION OF HIV DIAGNOSIS, IN A LARGE URBAN SEXUAL HEALTH CLINIC

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**Background** The time from testing to treatment of STIs, and the *provision of a new HIV diagnosis*\*, is a marker of quality of care. The follow-up of positive results is undertaken by nurses according to predetermined protocols. In April 2015 gonococcal NAAT superseded the relatively insensitive gonococcal culture test.

**Aims** The aims were to determine the time to treatment for HIV\*, syphilis, gonorrhoea and chlamydia; and if the introduction of gonorrhoea NAAT affected the time to treatment.

**Methods** This observational study compared the median time (days) to treatment for HIV\* and STIs in two time periods (P1: April-June 2014 and P2: April-June 2015). For gonorrhoea, the median time from testing to result complete and median follow-up time to treatment were also compared. The Mann-Whitney U Test for two independent samples was used to compare medians.

**Results** The median time to treatment for all STIs, including HIV\*, was 8 days or less in P1 and P2 (all  $p \geq 0.08$ ). The time to result complete for gonorrhoea was significantly less in P2 (n = 189, median = 3) compared to P1 (n = 50, median = 5) ( $p = 0.000$ ). However, the median follow-up time to treatment was not significantly different between P1 (median = 3) and P2 (median = 4) ( $p = 0.4$ ).

**Discussion/Conclusion** The median time to treatment for HIV\*, syphilis, gonorrhoea and chlamydia was not significantly different between P1 and P2. Despite gonorrhoea NAAT results being available significantly earlier, the overall time to treatment was not different. This likely relates to the nearly fourfold increase in the detection of gonorrhoea and the additional burden of work for follow-up nurses.

#### P009 A REVIEW OF SEXUAL HEALTH CARE ACCESS AND OUTCOMES AMONG WOMEN WHO HAVE SEX WITH WOMEN

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**Background/introduction** Women who have sex with women (WSW) are at risk of sexual ill-health, yet health professionals are ill-informed regarding the range of sexual health issues affecting these women. This ignorance may compound