Background/introduction In 2010 Quality Innovation Productivity and Prevention (QIPP) was introduced to enable the NHS to provide cost efficient services. The 2013 BHIVA Standards of Care include the need to provide quality cost effective care.
Aim(s)/objectives Our aims were to assess whether unnecessary blood tests were undertaken during routine HIV assessments; to ensure minimal patient disruption and cost stewardship.
Methods Standards were established using current BHIVA and HIV CRG CD4 blood monitoring guidelines. A retrospective audit was carried out on patients attending for a routine review between the 1st of December 2014 and the 31st of January 2015 who had been on treatment for at least three months. Laboratory medicine cost data was ascertained.
Results 41 patient's notes and HARS entries were reviewed, 71%, 90%, and 83% had their CD4 count, full blood count and lipids, respectively, unnecessarily requested. 44%, 39%, 56% of the Syphilis, Hepatitis B and Hepatitis C blood tests respectively, were either not done as per the standards or inappropriately requested. There was a potential cost saving of over £1300 on blood tests where over 30% were unnecessarily requested.
Discussion/conclusion Blood monitoring should not be a tick box exercise. Requesting unnecessary blood tests is not only costly but minor changes in the results may lead to unnecessary patient intervention. Clinic proformas can be used as an aid to whether investigations are required. Testing for Syphilis, Hepatitis B and C outside of the recommended standards should be guided by sexual histories taken during consultation.

P024 CLINICAL CHARACTERISTICS OF HERPES SIMPLEX VIRUS URETHRITIS COMPAERD WITH CHLAMYDIA URETHRITIS AMONG MEN: A CASE CONTROL STUDY

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Background/introduction Non-gonococcal urethritis (NGU) in males is a sexually transmitted infection commonly caused by Chlamydia trachomatis and Mycoplasma genitalium. Herpes simplex virus (HSV) has been reported as a causative agent in NGU; however, little is known about its clinical characteristics.
Aim(s)/objectives The study compared the clinical characteristics of men with HSV urethritis to those in men with chlamydial urethritis, and determined if there were any key differences.
Methods A retrospective case control study comparing the clinical and laboratory findings from men diagnosed with PCR confirmed HSV urethritis with those diagnosed with PCR confirmed chlamydial urethritis, was conducted between 2000 to 2015.
Results Eighty HSV urethritis cases were identified: 68% (95% CI 58–78) were HSV type 1 and 32% (95% CI 22–42) were HSV type 2. Compared with chlamydial urethritis, men with HSV urethritis were significantly more likely to report severe dysuria (20% vs 0%, $p < 0.01$) or constitutional symptoms (15% vs 0%, $p < 0.01$) and significantly less likely to report urethral discharge (19% vs 54%, $p < 0.01$). Men with HSV urethritis were significantly more likely to have meatitis (62% vs 23%, $p < 0.01$), genital ulceration (37% vs 0%, $p < 0.01$), and inguinal lymphadenopathy (30% vs 0%, $p < 0.01$).
Discussion/conclusion In our study men with HSV urethritis had distinctive clinical features, not usually associated with chlamydial urethritis: severe dysuria, constitutional symptoms, meatitis, genital ulceration and lymphadenopathy. Clinicians should consider HSV when these are present.

P025 IMPROVING LOCAL SEXUAL HEALTH SERVICES FOR LESBIAN, GAY, BISEXUAL AND TRANS (LGBT) PEOPLE

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Background/introduction LGBT people have different care needs to other sexual health clinic attendees. Many STIs are known to disproportionately affect men who have sex with men (MSM). We wished to ascertain how to optimise LGBT, and in particular MSM, service provision by our urban sexual health clinic.
Methods 100 questionnaires were completed by attendees to the local Pride event.
Results 61 respondents self-defined as female, 34 male, 4 transman and 1 demifem. 27 (20 women, 4 men) stated their sexual partners were both male and female, 38 (12 women, 25 men) had same-sex partners, and 34 (28 women, 5 men) had opposite-sex partners only.

81 had not attended the local clinic. Reasons for this included previously living elsewhere (22), not feeling they required the service (15) or not knowing it existed (9). 67 reported they would like a specific LGBT sexual health clinic, with 63 requesting evening clinics. 9 did not want specific clinics, with 2 respondents citing concerns about discrimination. 61 felt more LGBT sexual health services outside the city centre are needed. Features they would like included web-based bookings (64), home-testing kits (49), pre-exposure prophylaxis (79) and HPV vaccination (69).
Discussion/conclusion The questionnaire was successful in capturing opinions of those who hadn't previously attended our service. However it is not possible to ascertain whether views expressed were representative of the local LGBT population as a whole and less than a third were MSM. We will consider developing a specific LGBT service in response to the survey's findings.

P026 VALUE OF CONTINUING PHARYNGEAL GENPROBE APTIMA COMBO2 TRANSCRIPTION MEDIATED AMPLIFICATON (TMA) TESTING FOR CT/GC IN ADDITION TO UROGENITAL/RECTAL SWABS

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Introduction BASHH guidelines say 'consider' Throat swabs (TS)/rectal swabs (RS) in females where history suggests & to test in MSM. We were routinely testing females practicing fellatio & MSM on throat swabs (TS) for CT/GC in addition to the genital/rectal sites.
Aim To review testing practices to look at whether TS gave extra positivity & whether it was cost effective.