

Aim(s)/objectives To examine the prevalence and meanings of genito-urinary symptoms and the impact on non-attendance at sexual health clinics among people in Britain.

Methods An explanatory sequential mixed methods study design was used to estimate symptom and clinic non-attendance prevalences using data from 8,947 sexually-experienced women and men aged 16–44 years who participated in Britain's third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). We conducted follow-up semi-structured interviews with Natsal-3 participants (n = 27) who reported current or recent symptoms and had never attended a clinic, in order to explore STI perceptions, symptom meanings and care-seeking behaviour.

Results Prevalence of experiencing symptom(s) in the last month was 21.6% (95% CI 20.4–22.9%) among women and 5.6% (95% CI 4.9–6.6%) among men, of whom 86.3% (95% CI 84.2–88.1) reported not having attended a sexual health clinic in the past year. Bodily changes were not always viewed as symptoms and perceived potential causes were diverse, causing strong emotional responses. Individuals normalised, concealed and/or distanced their experiences from STIs. GPs were the preferred service provider although not all participants perceived a need for care.

Discussion/conclusion Symptoms are more commonly reported by women although both women and men may benefit from interventions targeting symptom normalisation and concealment. Good links between services will facilitate efficient and appropriate care-seeking and service delivery.

P068 **INEQUALITIES IN SEXUALLY TRANSMITTED INFECTION RISK AMONG BLACK AND MINORITY ETHNIC MEN WHO HAVE SEX WITH MEN IN ENGLAND**

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Background/introduction Sexually transmitted infection (STI) diagnoses are increasing in men who have sex with men (MSM) in England. While black and minority ethnic (BME) populations bear a disproportionate burden of STIs overall, it is unclear whether this inequality persists among MSM.

Aim(s)/objectives To assess the likelihood of an STI diagnosis among BME MSM relative to other MSM attending genitourinary medicine (GUM) clinics in England.

Methods We included data from the GUM clinic activity dataset (GUMCADv2), the national STI surveillance system in England. All attendances by MSM in 2014 were analysed using univariate and multivariable generalised estimating equations logistic regression. Separate models, adjusted for age, sexual orientation (homosexual/bisexual), residence (London/non-London), area-level deprivation, HIV positivity and history of HIV testing in the past year, were run for each STI.

Results BME men accounted for 5.6% of the 326,820 attendances by MSM in 2014. An STI was diagnosed at 12.5% of attendances by MSM, ranging from 11.1% in Asian non-Indian/Pakistani/Bangladeshi to 17.7% in mixed white and black African MSM. Compared to white British MSM, black Caribbean MSM were most likely to be diagnosed with chlamydia (aOR [95% CI]: 1.34 [1.18–1.52]) and rectal gonorrhoea (1.31 [1.08–1.60]), while those of mixed white and black African ethnicity were most likely to be newly diagnosed with HIV (1.90 [1.14–3.17]).

Discussion/conclusion Among MSM attending GUM services, BME MSM are most likely to be diagnosed with bacterial STIs and HIV. Culturally appropriate prevention messages must be developed to address this inequality and reduce the higher burden of STIs among BME MSM.

P069 **WHAT IMPACT HAS TENDERING HAD ON TRAINEES? THE RESULTS OF A NATIONAL SURVEY OF TRAINEES AND NEWLY APPOINTED CONSULTANTS BY BASHH TRAINEES COLLABORATIVE FOR AUDIT, RESEARCH AND QUALITY IMPROVEMENT PROJECTS**

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Background/introduction In April 2013, local authorities gained responsibility for commissioning services for sexual health in England. With many services going to tender and resultant change in services or service provider, there is anecdotal evidence that this has impacted on the education, training and morale of genitourinary medicine (GUM) trainees.

Aim(s)/objectives To evaluate the impact of tendering on GUM trainees.

Methods An electronic survey designed by the British Association for Sexual Health and HIV Trainees' Collaborative for Audit, Research and Quality Improvement Projects (T-CARQ) was distributed to GUM trainees and newly appointed consultants.

Results 82 individuals responded, (74% GUM trainees, 25% newly appointed consultants, 1% Locum appointed for Service). 63% (45/72) had experience of training within a service which was being tendered. Of these, 59% (24/41) felt their training was not considered and 20% (8/41) felt that it was. 44% (18/41) felt adequately supported. 30% (12/40) reported active participation in the tendering process. On a scale of 0 (no impact) to 5 (major impact), the median score for impact of tendering on training was 2. The positive/negative impact of tendering on different training elements was rated; other than management experience the overall impact on all parameters was negative namely morale, senior support and education.

Discussion/conclusion This survey describes the variable impact of service tendering on GUM training. Our recommendations for maintaining training standards despite tendering include: actively involving trainees and education partners, inclusion of specialist GUM training in service specifications, development of guidance for commissioners and services for the management of GUM training within tendering.

P070 **'CHEMSEX' WITHIN MEN WHO HAVE SEX WITH MEN (MSM): HOW BIG IS THE PROBLEM OUTSIDE MAJOR CONURBATIONS?**

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