highly on the FFT. Working in partnership with local charitable organisations underpins working with difficult to reach groups.

P106 ENSURING STAFF TRAINING IN INTEGRATED GUM SERVICES IN TRANSGENDER HEALTH ISSUES IS IMPORTANT: SEXUAL HEALTHCARE PROFESSIONALS (HCP) WANT SMALL GROUP TEACHING

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Background/introduction Locally there is a large transgender (trans) population. As part of a health inequalities initiative in 2012 a bespoke sexual health service for trans patients (Clinic-T) was set up. This included HCP training.
Aim(s)/objectives To evaluate the current service relating to care and management of trans patients within the Claude Nicol Centre.
Methods Online survey - emailed to all staff between February and March 2016.
Results 45 HCP completed the survey. Job roles were: Doctor 21/45 (47%), Nurse 17/45 (38%), Health Advisor 3/45 (7%), HCA 1/45 (2%), Admin/Reception staff 3/45 (7%). 31/45 (69%) of the respondents had been working in sexual health for at least 6 years. The majority of respondents, 36/44 (82%), do not see patients during Clinic-T. However, 16/45 (36%) see trans patients at least three monthly and 29/45 (64%) see trans patients less frequently than every 6 months. 33/43 (77%) of HCP did not feel confident about seeing trans patients in a clinical setting - specific aspects include: 21/42 (50%) understanding sexual health needs, 35/43 (81%) where to seek gender reassignment advice, 40/43 (93%) seeking hormonal replacement therapy advice, 32/43 (74%) addressing psychological issues, and 34/43 (79%) providing additional support in the community. The majority of HCP 26/45 (58%) would like further training to be delivered through small group teaching.
Discussion/conclusion The majority of HCP are not confident when approaching trans patients at work. With a significant number of HCP seeing trans patients in general clinics it is important to ensure that broader sexual health services are acceptable to the local trans population. Programmes of education are needed to underpin quality improvement.

P107 IDENTIFYING ABUSE IN SEXUAL HEALTH SETTINGS – HOW WELL ARE WE DOING?

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Background/introduction There is increasing evidence to suggest that individuals, who have encountered abuse of any nature, may present in a variety of health care settings and with a multiplicity of symptoms without disclosing the fact that the underlying reason for their presentation is abuse. In 2015 we introduced a prompt in our template to encourage professionals to raise the issue of abuse with all attendees to our unit.
Aim(s)/objectives Our aim was to assess how often abuse was disclosed, identify the nature of the abuse and offer support when this was requested.
Methods Retrospective review of all attendees to the Walk-in sessions over the course of a month in February 2016. A total of 106 notes were reviewed.
Results Of the 106 attendees interviewed, 8 (13.25%) reported abuse. Of these, 6 were women and 2 were men. In all cases the abuse was disclosed, only on direct questioning. All 8 cases reported historical abuse. Physical and emotional abuse, were commonly reported. 3 of the women were aged between 21–30 years and 2 between 51–60 years. The men were aged 21 and 41. All attendees were offered the option of referral for further support, but all declined as all felt that they had either received support previously or had the opportunity to get over the trauma of what they had encountered.
Discussion/conclusion This audit demonstrates that abuse is common among attendees to Sexual health. This may not be disclosed unless raised as a matter of routine.

P108 CAN INTEGRATED SEXUAL HEALTH SERVICES FUNCTION EFFECTIVELY WITHOUT A HEALTH ADVISOR?

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Background/introduction Four services merged to create one integrated sexual health service. The service is operating without a health advisor. Basic health advising duties are carried out by nursing staff.
Aim(s)/objectives Assess the effectiveness of current practice in relation to adherence to BASHH PN standards and consider changing practice and/or service provision if adherence is found to be poor.
Methods The inclusion criteria is any patients attending the service 01/08/2015–30/09/2015 who had a C4 diagnosis. The notes were reviewed retrospectively and the level of PN was checked against BASHH standards.
Results 90 patients were in the sample. 96% of patients had PN discussed at the time of treatment. 57% had PN agreed for each contact and PN outcomes documented, 0.66 contacts per index patient were reported as attended, 0.3 contacts per index patient were verified at attended, 79% of patients had a follow-up compliance check.
Discussion/conclusion Adherence to BASHH PN standards was better than expected. Measures were taken to improve adherence including prompts on the new EPR system to initiate and review PN. The recalls policy was updated and a compliance check proforma was introduced. The audit demonstrated the need for a health advisor within an integrated sexual health service. Recruitment of a new health advisor for the service has commenced.

P109 THE SANTÉ PROJECT: ATTITUDE TOWARDS STI RISK ASSESSMENT, PREFERENCES FOR STI BEHAVIOURAL RISK REDUCTION INTERVENTIONS: SERVICE USERS PERSPECTIVES

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