

Background/introduction A variety of risk-reduction interventions may be suitable for sexual health clinic attendees.

Aim(s)/objectives In the SANTE project, we explored service users' (SU) perceptions of their STI risk, and experiences and preferences for risk reduction interventions.

Methods Semi-structured interviews were conducted with 15 young people (YP) (16–25 years) and 20 MSM (≥ 16 years) from two SH clinics. Data were analysed thematically. Based on these, a Discrete Choice Experiment (DCE) to quantitatively assess YP and MSM preferences for interventions was designed and conducted in three clinics ($n = 371$).

Results Most participants, despite presenting with symptoms or concerned about STIs, did not perceive themselves to be at risk. Most reported receiving SH promotion but felt access to accurate information was lacking. While short advert-like videos were acceptable, onscreen material in waiting rooms was deemed inappropriate by some SUs. Opinions on group sessions were mixed. 1:1 sessions were favoured, with talking therapies acceptable if needed. Privacy around mobile apps was a concern while online materials from a reputable source were acceptable. DCE results demonstrated preferences for 'talking interventions', while all interventions were generally preferred to 'nothing'. People strongly disliked peer-led interventions compared to others, and preferred 1:1 to group sessions. Latent class analysis identified three respondent groups, those that preferred talking (56%), email/text (29%) or nothing (15%).

Discussion/conclusion Young people and MSM welcome SH promotion offered through SH clinics. Triangulation demonstrated strong preferences for 1:1 talking interventions. Awareness of sexual risk was not commensurate with actual risk, suggesting that providers need to direct service users to appropriate interventions.

P110 THE SANTÉ PROJECT: A MIXED-METHODS ASSESSMENT OF OPPORTUNITIES AND CHALLENGES FOR THE DELIVERY OF BRIEF RISK REDUCTION INTERVENTIONS IN SEXUAL HEALTH CLINICS IN ENGLAND - A HEALTHCARE PROVIDER'S PERSPECTIVE

¹Carina King*, ²Anupama Roy, ¹Maryam Shahmanesh, ¹Richard Gilson, ^{2,3}Daniel Richardson, ¹Fiona Burns, ¹Alison Rodgers, ¹Nicholas Massie, ¹Julia Bailey, ²Carrie Llewellyn. ¹Department of Infection and Population Health, University College London, London, UK; ²Division of Primary Care and Public Health, Brighton and Sussex Medical School, Brighton, East Sussex, UK; ³Brighton and Sussex University Trust, Brighton, East Sussex, UK

10.1136/sextrans-2016-052718.164

Background/introduction Sante is a study to improve targeted sexual health promotion in UK sexual health (SH) clinics.

Aim(s)/objectives We explored opportunities and challenges for delivering interventions including 1:1 and group sessions, digital and video interventions.

Methods Semi-structured interviews were conducted by telephone with healthcare providers (HCPs) from a range of clinics, by location, size, and patient mix. Data were analysed thematically using a framework approach. A web-survey was sent to key HCP contacts in SH services in England.

Results Interviews ($n = 26$) showed that digital interventions were viewed as logistically and financially feasible; some clinics reported already using them. All clinics provided brief 1:1 sessions, but challenges to delivery were identified as: lack of evidence for effectiveness on behaviours; costs and staff resourcing; and patient motivation. Videos received mixed opinions, they

were seen as a practical option for providing STI information while patients wait, but issues about appropriateness were raised. HCPs had concerns about the feasibility of group sessions within clinic-based settings, while acknowledging their usefulness for outreach. The web-survey is ongoing; preliminary data indicates that clinics would like to be able to offer mobile apps, online education and videos (Table 1).

Discussion/conclusion Staff time, costs and logistics were universal challenges, while group sessions and videos raised issues of privacy in particular. Brief 1:1 interventions are currently widely delivered, and can be tailored to the patient's needs, but are resource-intensive while digital methods despite being uncommon were seen as desirable.

Abstract P110 Table 1 Overview of web-survey responses about interventions (current and desired)

	Level 3 (n=36)			Level 2 (n=8)		
	Currently offer	Currently not offered*		Currently offer	Currently not offered*	
		Would like	Would not like		Would like	Would not like
Educational videos	0 (0%)	19 (53%)	9 (25%)	0 (0%)	4 (50%)	1 (13%)
Online education	4 (11%)	20 (63%)	5 (16%)	4 (50%)	4 (100%)	0 (0%)
Mobile 'app'	1 (3%)	21 (60%)	3 (9%)	0 (0%)	4 (50%)	0 (0%)
Single 1:1 sessions	26 (74%)	4 (40%)	2 (20%)	6 (75%)	2 (100%)	0 (0%)
Multiple 1:1 sessions	17 (49%)	9 (47%)	2 (11%)	3 (38%)	1 (20%)	1 (20%)
Group sessions	3 (9%)	6 (18%)	18 (55%)	3 (38%)		2 (40%)

*Percentages are calculated based on the number of clinics not already providing this service. One clinic reported not providing any interventions.

P111 PERCEPTIONS OF CHLAMYDIA SCREENING, CONTRACEPTION AND HIV TESTING AMONG 16–24 YEAR OLD PATIENTS VISITING A GP SURGERY

¹Leah Jones*, ¹Ellie Ricketts, ²Katy Town, ¹Donna Lecky, ¹Claire Rugman, ²Kate Folkard, ²Anthony Nardone, ²Thomas Hartney, ¹Clodna McNulty. ¹Primary Care Unit, Public Health England, Gloucester, UK; ²National Chlamydia Screening Programme, Public Health England, London, UK

10.1136/sextrans-2016-052718.165

Background A complex intervention based on the Theory of Planned Behaviour significantly increased chlamydia screening in general practice (McNulty et al 2014). It may be more beneficial to extend this intervention to a broader sexual health offer including chlamydia testing, contraception advice and when appropriate, HIV testing (3Cs and HIV).

Aim To determine young adults' opinions of having a broader sexual health offer (3Cs and HIV) at their GP practice.

Methods Thirty interviews were conducted with 9 male and 21 female patients, 16–24 years in English GP practices. Participants were interviewed immediately before or after a routine practice attendance of any type. Data was analysed using a thematic framework and using QSR Nvivo 10.

Results Participants indicated that method of testing, timing and staff member approach were important aspects to chlamydia screening and contraception discussions. Participants displayed a clear preference for the GP practice over other sexual health