P158 EVALUATION OF SEXUAL HEALTH SERVICE USE AT BASELINE (2014) IN SOUTH EAST LONDON

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Background/introduction Lambeth and Southwark have poor sexual health outcomes compared with the rest of England. We wished to evaluate an intervention to improve access to sexual health services through online STI testing and contraceptive provision.
Aim(s)/objectives This study describes baseline service use in Lambeth and Southwark in 2014 prior to the introduction of online services. We present our methodology for evaluating service use across the boroughs.
Methods We collated baseline demographic and clinical data from all sexual health service providers (genitourinary medicine and community sexual health clinics) in Lambeth/Southwark, South East London, for one calendar year (2014). Individual level clinic data were merged, together with Office for National Statistics (ONS) on index of multiple deprivation for area (LSOA) of residence. We summarise the main type of service used and define each attendance as possible to be provided "online" (basic STI test, repeat oral contraception) or requiring "offline" services (e.g. clinical exam, surgical intervention, symptoms, long-acting contraception).
Results We collected over 127,000 attendance records for sexual health services in Lambeth and Southwark during 2014. All clinics reported consistent levels of activity during each quarter. Up to 40% of attendances could potentially be provided online based on clinic coding.
Discussion/conclusion The low monthly variation in attendances suggests that current services are operating at capacity. Understanding current service use will enable evaluation of online services to assess whether providing online services 1) increases capacity, 2) reaches new population groups 3) improves access for high risk groups.

P159 INCREASING USER INVOLVEMENT AND DIVERSITY IN HIV RESEARCH. A PATIENT QUESTIONNAIRE SURVEY

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Background/introduction Engaging people living with HIV in developing and participating in research is essential for improving quality of care and evidence based practice. Women and black and minority ethnic groups (BME) remain underrepresented in HIV research. Barriers to HIV research participation are underexplored.
Aim(s)/objectives To explore: i) barriers to participation ii) research preferences in our HIV clinic population- majority female and set in a socioeconomically vulnerable and diverse population.
Methods We developed a self-administered paper questionnaire which was reviewed by two patient representative organisations by email and group discussion. Questionnaires were completed in clinic November 2015 – March 2016.
Results From a cohort of approximately 1000 patients, 765 attended in the study period and 157 (20.5%) participated: 79 (50.3%) female; 81 (51.6%) black ethnicity, 41 (26.1%) white. Research participation: 74 (47.1%) had previously participated in at least one study; 118 (75.1%) would consider future participation. Research preferences: 66 (42.0%) patients expressed interest in both medical and social research, 60 (38.2%) medical and 17 (10.8%) social. Incentives: 69 (43.9%) were more likely to participate if incentives available; 62 (39.5%) were unsure whether incentives would influence participation; 21 (13.4%) said it would not. Travel: 60 (38.2%) patients were unsure whether they would travel to another clinic for research, 36 (22.9%) would travel and 33 (21.0%) would not. For 22 (14.0%) respondents, clinic location would influence a decision to participate. Barriers to participation: 51 (32.4%) fear of HIV disclosure; 52 (33.1%) fear of something going wrong; 45 (28.7%) time constraints.
Discussion/conclusion Our survey suggests that raising research awareness and disseminating information addressing fears and barriers could potentially increase research participation in our clinic.

P160 IDENTIFICATION AND CHARACTERISTICS OF WOMEN WITH FEMALE GENITAL MUTILATION PRESENTING TO SEXUAL HEALTH SERVICES

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Background/introduction Female Genital Mutilation (FGM) is illegal in the UK. When identified, it is mandatory to record FGM in a patient's health care record and to report under 18s to the police.
Aim(s)/objectives To investigate characteristics and management of patients with FGM attending an inner city sexual health service.
Methods Retrospective case note review of patients recorded as having had FGM between February 2014 and November 2015.
Results 65 patients were identified; 52 attended the walk-in GUM clinic and 13 attended the HIV clinic. Median age was 33 years (range 17–54 years). Common countries of origin were Sierra Leone, Somalia and Nigeria in 38%, 20% and 12%, respectively. Most FGM took place in childhood (aged 0–4 years in 17%, aged 5–10 years in 37%, aged 10–15 years in 11%). FGM was self-reported in 13 (20%) and identified during examination in 52 (80%) patients. Type 1 and 2 FGM were the most common forms in 21 (32%) and 29 (45%), respectively. Of 52 cases presenting to GUM, 28 (54%) were first attendances. Of the remaining, 15/24 (63%) cases of FGM had not been identified on previous visits despite a previous documented examination in 11/15 (73%). One patient was under 18 at presentation and 18 (28%) had daughters or sisters aged < 18 years. Immediate safeguarding concerns were raised in 4 cases.
Discussion/conclusion FGM is common yet frequently missed by health care professionals even during examination. Training in the recognition and management of FGM is essential for staff working in Sexual Health.

P161 MANAGING SEXUAL ASSAULT IN AN INTEGRATED SEXUAL HEALTH SERVICE: ENSURING QUALITY AND PATHWAYS INTO CARE

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Background/introduction Reported sexual assaults have increased in England & Wales since operation Yewtree. Sexual health services are ideally placed to manage and support victims of sexual assault. Clear patient pathways underpin the quality of care victims of sexual assault receive.
Aim(s)/objectives To assess our outcomes against the 2011 BASHH guidelines on the management of complainants of sexual assault.
Methods We undertook a case note review of all SA attendances to the CNC between August 2014 and July 2015
Results 114 sexual assault patients were seen, 87% (99/114) were female, the median age was 23 years (13–66) and 96% (110/114) were white British or white other. 41% (47/114) were referred by the Sexual Assault Referral Centre (SARC), 49% (56/114) self-referred. 24% (27/114) reported being assaulted in an outside area, 16% (18/114) at a public venue and 20% (23/114) at the accused's home. 35% (40/114) attended within 72 hours of the assault, 22% (2/114) within 7 days, 17% (19/114) within 2 weeks, 21% (24/114) within 3 months and 4% (5/114) within a year. 99% (43/44) were appropriately assessed for PEPSE, 89% (64/72) were offered prophylactic antibiotics, 50/51 (99%) of women were assessed for emergency contraception. 63% (72/114) reported the assault to the police, 37% (9/28) who didn't report were offered third Party Reporting. STI infection rate was 6/114 (5%).
Discussion/conclusion Our results suggest that our current management is in keeping with BASHH guidelines and that local referral pathways support patient care.

P162 WHY ARE CORE MEDICAL TRAINEES NOT APPLYING FOR GENITOURINARY MEDICINE?

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Background/introduction Applications for higher speciality training in genitourinary medicine (GUM) have decreased dramatically in recent years leaving a number of unfilled posts. The reasons for this are unknown.
Methods We produced an anonymous electronic survey for CMTs which was distributed to all deaneries in the UK. Survey questions included the advantages/disadvantages of a career in GUM and main barriers to application. A specific question was asked regarding the impact that the Shape of Training review (SOT) would have on the perceived attractiveness of a career in GUM.
Results 100 CMTs responded, 51 CT1s and 49 CT2s. 35/100 were considering or applying for GUM and 17/100 may be. 61/100 gave reasons as to why they were not applying: 28% (17/61) interested in another speciality, 33% (20/61) no previous exposure, 21% (13/61) no interest, 20% (12/61) too specialist, and 3% (2/61) were uncertain of speciality future. The main advantage of GUM was an attractive work/life balance 44% (32/73). When specifically asked about the SOT implementation and likelihood of applying for GUM, 94/100 responded. 27% (25/94) were more likely to apply and for 36% (34/94) it made no difference. However of those applying/considering or maybe considering GUM (n = 52); 31% (16/52) would be less likely to apply and 27% (14/52) would apply but not if SOT is implemented.
Discussion/conclusion This survey demonstrates that a significant proportion of CMTs are not considering GUM due to lack of exposure to the specialty. The SOT review is likely to significantly impact on GUM training, possibly deterring trainees currently considering applying but potentially also attracting other trainees who may not previously have considered it.

P163 A QUALITATIVE EVALUATION OF THE PATIENTS KNOW BEST® (PKB) PATIENT-CONTROLLED ELECTRONIC MEDICAL RECORD AND COMMUNICATION PLATFORM IN UK HIV SERVICES

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Background/introduction Patients Know Best® (PKB) is an innovative, patient-controlled, medical record and communication platform aiming to facilitate patient centred care.
Aim(s)/objectives This qualitative service evaluation aimed to gain insight into the utility of PKB and experiences of users: specialist doctors, nurses and people living with HIV (PLWHIV).
Methods Participants were from 7 UK HIV centres that use PKB, 2 with PKB integrated with lab systems allowing automatic upload of blood results. Six doctors, 5 nurses and 4 PLWHIV took part in focus groups or individual interviews, which were audio-recorded and transcribed verbatim. Transcripts were systematically coded using a thematic analysis approach.
Results Participants had on average 1.5–2 years' experience of using PKB. PKB was mainly used to send/access lab results (automatically, or via secure messaging) or for other secure messaging e.g. clinicians uploaded clinic communications to GPs, care plans, letters for employment/sick notes, PLWHIV requested new/repeat prescriptions, booked appointments, queried results, symptoms and medication issues. Participants reported that PKB enabled different models of care (e.g. nurse-led, remote-monitoring) and use resulted in efficiencies and increased capacity, improved patient experience and self-management. Communication with GPs, pharmacists and clinicians in other departments via PKB was an area of unmet potential. Participants suggested lack of IT systems integration and resistance to PKB by some colleagues/PLWHIV were barriers to wider uptake.
Discussion/conclusion Varied benefits and value of PKB were reported. Overall experiences with PKB in UK HIV services were positive with all supporting continued use, greater uptake and integration.

P164 MANAGEMENT OF PRIMARY AND SECONDARY SYPHILIS IN A LARGE LONDON TEACHING HOSPITAL

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Background/introduction Acute syphilis is on the increase and prompt treatment is vitally important to prevent onward transmission.
Aim(s)/objectives To ensure compliance with BASHH audit outcomes for the management of acute syphilis.
Methods We collected all patients who had been coded as primary or secondary syphilis (A1 or A2) for 12 months from May