Discussion/conclusion These results suggest that we need to review our current testing policy.

P182 HIV FILM CLUB: AN INNOVATIVE METHOD FOR HIV MEDICAL EDUCATION IS ACCEPTABLE AND EFFECTIVE

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Background/introduction Training and continuing professional development in HIV medicine requires knowledge of the history of HIV. Locally we have instigated an HIV film club. There is no literature on the impact of HIV medical education using film. To date, we have had 2 educational events using "How to Survive a Plague" [Producer: D.France, 2013] and "We were Here", [Producers: D. Weissman & B.Weberdate, 2011].
Methods An anonymous electronic survey was sent to 13 participants exploring what they had learnt, influence on practice and their opinion on the importance of the history for trainees.
Results 10/13 completed the survey. 10/10 (100%) had learnt something new: appreciating HIV stigma in greater depth, recognition of the role of HIV negative MSM support and the importance in mechanisms for licensing new HIV drugs. 4/10 (40%) reported a change in practice such as a greater awareness of the psychological impact on long term survivors. 3/10 (30%) said that the films had underpinned and increased their understanding of the importance of Pre- exposure Prophylaxis (PrEP) and Direct Acting Antivirals provision in hepatitis C for patients currently. 10/10 (100%) felt it was important to have an comprehension of the history and stigma of HIV. Additional film recommendations included: "And the Band Played On" [Spelling, 1994], "Philadelphia" [J.Demme, 1993] and "Angels in America" [C.Costas, 2003].
Discussion/conclusion Innovation and progress in HIV medical education requires exploring new models of teaching: using the medium of film is ideal for HIV medicine where the field has transformed beyond recognition. Film nights were useful and interesting.

P183 MULTICENTRE AUDIT ON THE DIAGNOSIS AND MANAGEMENT OF TRICHOMONAS VAGINALIS

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Background/introduction *Trichomonas vaginalis* (TV) is a sexually transmitted parasitic infection. It is commonly found in patients of non-white ethnicity and in females is usually symptomatic though may be asymptomatic in up to 50%. Untreated infection can lead to complications such as pelvic inflammatory disease, preterm delivery and increased risk of transmission of HIV.
Aim(s)/objectives To compare the management of TV in five GUM clinics across Essex to the BASHH 2014 TV guidelines
Methods Audit of 30 case notes of patients diagnosed with TV (SHHAPT code C6A) between January and December 2014
Results

Abstract P183 Table 1 Audit of *Trichomonas Vaginalis* in Essex

Total Number of patients	146 (100%)
Age – median (range)	27 (15 – 57) years
Sex – females	98%
Ethnicity – White British	79%
Black African	5%
others	16%
Diagnosis – Wet mount (range)	57 (27–87)%
Culture (range)	57.1 (38–71)%
HVS	78%
Symptomatic	71%
Asymptomatic	12%
Cervical smear TV +	17%
Contact CT/GC	17%
BASHH Auditable outcomes	99%
- 1st line treatment	74%
- Written information given	95%
- PN carried out	

Discussion/conclusion In Essex 79% of patients diagnosed with TV were of white British ethnicity, reflecting local demographics. Nearly all were female and the majority were symptomatic. All clinics performed wet mount to diagnosed TV. It is cheap and gives an immediate result but the sensitivity is skill dependent. The regional audit group felt PCR testing should be used in the future. Written information on TV should also be improved by using approved websites and patients given BASHH leaflets.

P184 WHAT'S IN A NAME? ESTABLISHING BRAND VALUES FOR A NEW SEXUAL HEALTH SERVICE

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Background/introduction Award of a new contract for an integrated sexual health service requires a fresh brand identity for service launch.
Aim(s)/objectives To establish from service users and stakeholders the important brand values for a sexual health service.
Methods An online survey was designed to investigate public opinion about naming and brand values. This was distributed via email to all hospital and local council employees and through local stakeholder and youth networks.
Results In February 2016, 103 online surveys were completed by service users and 256 by potential service users. Of 359 respondents, 56% were young people (<25), 76% were female, 86% identified as heterosexual and 50% were White British. The most important values for a sexual service were confidentiality (27%), professional and knowledgeable staff (16%) and friendly and approachable staff (14%). The most common reasons for difficulty using a sexual health service were embarrassment (50%), unsuitable opening hours (40%) and not knowing where to find services (25%). Regarding staff uniforms, 58% of respondents preferred 'uniform but not too formal', 37% preferred 'formal wear (traditional uniform)' and 5% 'something else'. 'A name that clearly states what the service is' was preferred overall, though differences were marginal (see Table 1).

Discussion/conclusion Online surveys are an effective method of establishing important brand values for a sexual health service. Overall, respondents preferred a distinct identity for the service, exhibited through uniforms and a transparent naming convention. Though traditional barriers to accessing services persist, so also do the core values of confidentiality and professionalism.

Abstract P184 Table 1 Online survey of brand values for new service

Naming convention	Total	Age			Gender		Service user?	
		<25	25–44	45+	Female	Male	Yes	No
Clearly states what the service is	36%	39%	40%	24%	32%		24%	40%
Name linked to the building	34%	31%	32%	29%	33%	17%	38%	28%
No reference to what/where service is	31%	30%	28%		34%	33%	38%	32%

P185 THE SEXUAL HEALTH OF TRANSGENDER WOMEN IN EAST LONDON

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Background Previous studies into the sexual health of transgender women (TGW) report high rates of STI and HIV positivity.
Aim To evaluate the sexual health of TGW attending routine GUM clinics in a London Trust.
Methods Retrospective case-note review of TGW attendances from May 2013 to November 2015. Clinical records and laboratory results assessed.
Results 52 attendances were made by 17 TGW with a median age of 31 years (IQR 27–36). 41.2% were European, 52.9% were White and 29.4% were Asian. All had sex with men however 23.5% also had sex with women. 17.6% report sex work in the last year but no unprotected anal intercourse (UAI) with clients. 64.7% report UAI with male partners in the preceding 3 months (90.9% receptive). 64.7% had a history of any STI including 14.3% with Hepatitis B (naturally immune) and 6.7% with HIV. There were no diagnoses of Hepatitis C. The most common diagnosis made during the study period was Syphilis at 26.7% (of which 50% early infection) followed by HPV (23.5%), Chlamydia trachomatis (18.8%), Neisseria gonorrhoea (18.8%) and HSV (17.6%). 35.3% report drug or harmful alcohol use, 5.9% IVDU and 23.5% a history of physical or sexual assault.
Discussion Very high rates of UAI and STIs in TGW are comparable to those seen in previous studies. The prevalence of HIV infection is lower than expected from previous studies, perhaps due to variation in the cohort of TGW seen at our clinics. There remain significant challenges in identifying and providing tailored sexual health services to this at-risk population.

P186 IMPROVING DIAGNOSIS OF GONORRHOEA: A SERVICE IMPROVEMENT PROJECT

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Background With rising rates of gonorrhoea and increasing resistance, accurate diagnosis and appropriate use of antibiotics has become increasingly important. In response to this, we have focussed service improvement in our sexual health service (site 1 = GUM clinic, site 2 = integrated clinic) over the past 5 years on gonorrhoea. Our main focus has been on the high level of NAAT positive, culture negative samples- was this related to false positive tests or failed culture or both. This prompted a review of how samples were handled and, in particular, the time period between sample taking for culture and arriving within the lab. We have refined procedures to improve uptake of culture testing, culture positivity and finally the addition of supplementary testing for all positive NAAT testing in 2015.
Aim To review gonorrhoea diagnosis over a 5 year period, exploring the issue of NAAT positive, culture negative samples.
Methods yearly audit of gonorrhoea diagnoses
Results

Abstract P186 Table 1 Diagnoses of gonorrhoea

Year	2011		2013		2014		2015
Number of cases	195		342		342		189
Rate of GC/100000	46.1 (site1)	47.5 (site2)	51.4 (site1)	59.1 (site2)	50.4 (site1)	61.1 (site2)	not available
% cultures performed	91 (site 1+ 2)		60 (site 1)		73 (site 1+2)		93 (site 1+2)
% culture positive	63 (site 1+ 2)		52 (site 1)		75 (site 1+2)		80 (site 1+2)

Discussion Gonorrhoea diagnoses have dramatically declined between 2014 and 2015 due to the introduction of supplementary testing to remove the issue of false positive results. We have improved the uptake of culture testing in the era of self-taken NAAT testing and improved culture positivity rate with simple changes in the processing of samples.

P187 ESTIMATING COST SAVINGS BY INTRODUCING A REFLEX HEPATITIS B VIRUS SCREENING ALGORITHM IN A SEXUAL HEALTH SERVICE

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Background/introduction BASHH recommends that screening for HBV infection may be with HBcAb, with reflex HBsAg testing in HBcAb-positive patients. False negative HBcAb (eg in acute HBV infection or with low assay sensitivity) is rare. At the time our laboratory did not routinely perform reflex HBsAg testing, placing the onus on clinicians, many of whom therefore requested both tests simultaneously (with redundant sAg tests being performed in the presence of a negative cAb). We wished to audit the extent of this practice and estimate cost savings by introducing reflex testing.
Aim(s)/objectives This was a retrospective case notes review of patients for whom HBcAb had been requested between 01/01/15 and 01/05/15. The cost of performing HBsAg testing was estimated at £3.60 per test.
Methods There were two hundred patients with HBcAb results: 110 (55%) male; median age 32 (IQR 26–39) years; 9 (4.5%) HIV-infected. Twenty-two (11%) tested HBcAb-positive of whom 5 (2.5%) were HBsAg-positive, 16 (8.0%) HBsAg-