

Abstract P213 Table 1 Self sampling in sexual health

Characteristics	Clinic only N = 34,712	PUP only N = 1,691	Mixed visits N = 3,220	P for diff	All N = 39,623
N visits per person	2.6 (2.36)	1.2 (0.66)	5.4 (3.69)	<0.001	2.7 (2.58)
Positive CT at least once	3,107 (9%)	50 (3%)	943 (29%)	<0.001	4,100 (10%)
Positive GC at least once	746 (2%)	7 (0%)	230 (7%)	<0.001	983 (2%)
Positive TV*	351 (1%)	0 (0%)	55 (2%)	0.002	406 (1%)
Tested for HIV/syphilis	18,498 (53%)	27 (2%)*	1,694 (53%)	<0.001	20,271 (51%)
Positive HIV serology	68 (0%)	0 (0%)*	2 (0%)	0.045**	70 (0%)
Positive Syphilis serology	57 (0%)	0 (0%)*	2 (0%)	0.60**	59 (0%)
Known HIV positive	27 (0%)	0 (0%)	0 (%)	0.87	27 (0%)
Did not return for treatment					
CT	279 (9%)	19 (38%)	69 (7%)	<0.001	367 (9%) <sup>§</sup>
GC	73 (10%)	3 (43%)	20 (9%)	<0.001	96 (0%) <sup>§</sup>

\*not recorded with PUP or tested by PUP unless returned to clinic for treatment

\*\*comparing clinic and mixed cohorts only

§percentage of pts not treated out of all diagnosed

### P213 SELF-SAMPLING IN SEXUAL REPRODUCTIVE HEALTH: WHO USES THIS SERVICE AND ARE WE MISSING THE OPPORTUNITY TO SCREEN FOR OTHER SEXUALLY TRANSMITTED INFECTIONS?

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**Background** Self-sampling kits (called Pick-up packs or PUPs in our service) have been introduced to increase STI screening in difficult to engage groups with high prevalence rates, such as male adolescents. There has been little focus on characterisation of its users.

**Aim(s)** To examine PUP uptake rates and describe the socio-demographic and clinical characteristics of their users compared with those attending face-to-face clinics in a large, inner city, Sexual and Reproductive Health (SRH) service in London.

**Methods** Retrospective study from 2012 to 2015 comparing 3 service user groups: (1) face-to-face attendances only (2) PUPs screening only (3) 'mixed attenders' using both. We compared: demographics, number of visits, STI diagnosis, treatment and HIV and syphilis testing.

**Results** PUP users are younger (29 yrs vs 25 yrs,  $p < 0.001$ ). More men use PUP only (69% vs 32%). More heterosexual patients use face-to-face only (95%) compared with mixed attenders (89%), sexual orientation is not recorded for PUP users. No difference in ethnicity was found. Mixed attenders have the highest average number of visits and incidence of CT, GC and TV (Table 1). Incidence is lowest in the PUP only group. Nearly 40% with a CT/GC diagnosis on PUP did not return for treatment vs 10% in the other groups and only 77% had an HIV/Syphilis test.

**Discussion** There is satisfactory uptake but uncertainty as to whether we reach the right target group. The treatment rate for STIs diagnosed using these kits is inadequate. Mixed attenders demonstrated more risk-taking behaviours.

**Background/introduction** Party drug use is associated with poor health outcomes particularly in men who have sex with men (MSM). We have shown high and increasing rates of party drug use in MSM locally including injecting drug use (Slamming).

**Aim(s)/objectives** To ascertain staff confidence in discussing party drug use in MSM and to identify challenges and training needs.

**Methods** We designed an eight-question electronic survey for health care professionals working in sexual health locally. Questions related to confidence and training required in asking MSM about party drug use.

**Results** 93 professionals responded (19 doctors, 26 nurses and 48 allied health care professionals including health advisers, health care assistants and pharmacists). 54/92 (59%) of respondents felt happy with their current knowledge and 54/81 (65%) of respondents had had specific training in party drug use. 75/81 (93%) felt they would benefit from further training. 49/91 (54%) felt confident discussing party drug use with MSM but respondents felt less confident discussing slamming – 36/89 (41%) felt confident, 34/89 (38%) felt sometimes confident and 19/89 (21%) did not feel confident at all. Reported challenges included keeping up to date with new party drugs and legal highs and knowledge of the modes of administration. Small group teaching was the preferred mode of teaching.

**Discussion/conclusion** Even in centres where recreational drug use in MSM is high and staff receive training on drug use, it is an ever-changing landscape, and training needs to be regular and up to date preferably in a small group setting.

### P215 PATIENT TELEPHONE CONSULTATIONS IN A SEXUAL HEALTH SERVICE. WHAT DO THEY TELL US ABOUT SERVICE EFFICIENCY AND PATIENT NEED?

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**Background/introduction** With an ever decreasing financial envelope, sexual health services are being tasked with developing more cost effective ways of managing patients without impacting on quality of care. Centralised patient management systems have reduced the need for face to face contact, using virtual systems, based upon Health and Social Care information Centre (HSCI)

### P214 HOW EASY IS IT TO DISCUSS PARTY DRUG USE IN MEN WHO HAVE SEX WITH MEN? A CLINIC SURVEY

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