

stressful environment for patients. All medical and non-medical staff were trained on LGBTQ sexual health issues and some on Club Drug related issues.

Aim To assess patient satisfaction with the new service, a questionnaire was undertaken seven months after service commencement.

Methods Over a four-week period, questionnaires were handed to patients by reception at booking. Thirty-six questionnaires were returned.

Results Patients rated the service as excellent 81% (26/32) very good 14% (5/32) or good 3% (1/32). All patients who answered said they would attend again 100% (32/32). Most would recommend it to a friend 97% (32/33). Patient staff satisfaction was high, with 96% (29/30) stating they felt listened to. Patients felt treated with respect and dignity always 97% (31/32) or sometimes 3% (1/32). 83% (30/36) of patients attended specifically with LGBTQ concerns, of these 93% (28/30) felt confident in discussing concerns with staff, 7% (2/30) to some extent. 77% (24/31) indicated that drugs or alcohol were related to their visit. Only 21% (5/24) felt they could raise this topic with staff and 79% (19/24) stated they couldn't.

Discussion Staff training on managing vulnerable clients' health needs enables confident and approachable health care. This provides patients with opportunities to verbalise health anxieties, facilitating opportunistic healthcare interventions. Drug and Alcohol training for all staff will enhance the patient care package.

P228 EVALUATING THE USE OF EXTRA-GENITAL CHLAMYDIA TRACHOMATIS (CT) AND NEISSERIA GONORRHOEA (GC) NUCLEIC ACID AMPLIFICATION TESTS (NAATS) IN NON-MSM POPULATIONS

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10.1136/sextrans-2016-052718.276

Background/introduction Our clinic performs routine oral and anal CT and GC NAATs following disclosure during sexual history of oral or receptive anal sex. Specimens are analysed using the Abbott M2000 assay, costing £4.50 per dual NAAT.

Aim(s)/objectives We report the findings of this practice, focusing on clinical and partner notification outcomes, and the cost per diagnosis.

Methods We included all non-MSM patients with isolated extra-genital CT or GC infection from 1/8/14 to 31/7/15. We excluded contacts of either infection, plus those without GC confirmed by culture or second NAAT platform. Retrospective case note review was performed for identified cases.

Results In total 8796 NAATs were processed in non-MSM patients, of which 3813 (43%) were extra-genital. In heterosexual men we identified 3 pharyngeal GC cases and one contact, and one pharyngeal CT case with one contact. In women there were 2 pharyngeal GC cases, one pharyngeal CT case and one rectal CT case with no additional contacts. The spend per pharyngeal diagnosis was £1519 in males and £3138 in women. The spend per rectal diagnosis in women was £1665.

Discussion/conclusion Our screening practice has picked up only a small number of cases which would otherwise have been missed. 25% (2/8) of those cases had verified contacts identified. The cost implication of such screening is high, meaning that ongoing routine screening is not viable. In our relatively low-

prevalence setting we now intend to target our screening in line with BASHH CEG guidance which will provide significant cost savings.

P229 CLINICIAN AND COMMUNITY COLLABORATION ON PREP IN THE UK – A NARRATIVE

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10.1136/sextrans-2016-052718.277

Background The PROUD study showed that PrEP can be successfully provided via sexual health clinics in the UK. The delay in widespread availability of PrEP has seen renewed grassroots activism from the community sector.

Methods We document the timeline and benefits of a close relationship between community activists and clinicians in advancing the PrEP agenda.

Results Community engagement during the PROUD trial led on to increased advocacy and activism from October 2014 when interim results were published. Launch of the websites IWantPrEPNow.co.uk (with a click to buy generic PrEP) and PrEPster.info in October 2015 further galvanised clinicians and community advocates into greater joined up action. The benefits of this included: 1) Mutual social media support; advancing the PrEP agenda amongst potential PrEP users and clinicians, 2) Obtaining GMC input on providing clinical advice regarding generics, 3) Pushing for free monitoring for current generic PrEP users, 4) Sharing of therapeutic drug monitoring data, 5) Community input into staff training and service development such as production and review of patient information, and 6) Two way learning; sharing PrEP users perspective and evidence based research.

Discussion/conclusion The lack of availability of PrEP in the UK is proving a challenge to both community advocates and clinicians. We wish to celebrate the achievements made within the confines of the current political climate, in particular working to ensure patient safety. There is a history of successful clinician/community collaboration in GUM/HIV medicine; with an NHS England PrEP roll out we need to reflect this to drive uptake. If NHS England decides against PrEP funding, we suggest that continued collaboration, support and innovation will be paramount.

P230 REVIEW OF SYPHILIS MANAGEMENT AT A BUSY URBAN STI CLINIC

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10.1136/sextrans-2016-052718.278

Background/introduction Appropriate management of syphilis is vital in order to avoid late complications. A retrospective cohort study of patients with positive serology at an urban STI clinic where the BASHH guidelines are followed was undertaken.