Mirena IUD removed, vaginal bleeding was the reason in 44%. Variety of reasons were noted among the 36% of women who had copper IUD fitted.

Discussion Our findings has shown that vaginal bleeding was the predominant reason for discontinuation for the implant and Mirena IUD. This has shown that appropriate management of irregular vaginal bleeding may lead to longer retention of long acting methods of contraception.

P038 ULTRASOUND SCANNING IN GUM CLINICS – IS IT FEASIBLE; IS IT VALUABLE?

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10.1136/sextrans-2017-053232.84

Introduction With increasing financial constraint and commissioning pressures, GUM providers need to develop services to improve clinical care and cut costs. In order to provide fully integrated sexual health provision we introduced trans-vaginal ultrasound scanning to assess IUD/IUS position and placement as well as scanning for deep implants in August 2016 at a central London clinic.

Methods A member of staff trained in ultrasound was identified and a suitable portable machine sourced. From 11th August 2016, the new service was advertised to clinics within the trust and patients could be referred for assessment of coil/implant presence and position both for booked 'sessions' and on an ad hoc basis.

Results To 3rd March 2017, 127 TV scans have been performed. The indication for scanning was: 70 (55%) post insertion of inter-uterine contraception; 21 (17%) for lost threads; 9 (7%) bleeding problems and 27 (21%) other reasons.

5% (6/127) devices were identified as incorrectly positioned and could be changed at the scanning appointment. Only 1 patient required onward referral for a departmental ultrasound scan.

Discussion Ultrasound scanning in GUM clinics is feasible and has proven to be a valuable addition to current services offered. Consequently referrals for hospital based ultrasound scans have decreased, resulting in shorter waiting times for patients as well as providing a 'one stop shop' for patients.

P039 USER EXPERIENCE OF ONLINE BOOKING TOOL FOR LARC APPOINTMENTS

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Introduction Timely access to contraceptive counselling and increased use of LARCs is recognised as the key to avoid unintended pregnancy. In line with national SRH strategy, we aimed to improve access to LARC by supporting women to make informed choices and reducing barriers. The Sexual Health hub includes access to sexual health, well-being and contraception information, with positive promotion of LARCs, in one accessible site. Delivering pre-LARC counselling through online videos enables women to attend for a single focussed LARC fitting appointment.

Methods We recorded a number of metrics to assess uptake and impact on service provision and surveyed users to assess acceptability.

Results In the first 5 months we saw:

151% increase in visits to LARC self-help content and use of pre-consultation videos

11% of available bookable appointments made online, the majority out of hours

10% reduction in call volumes to services

Improved patient experience and choice as evidenced through user survey

- Very easy or easy to book an appointment online: 84%.
- Very easy or easy to find information and advice online: 92%
- Very likely or likely to recommend to a friend: 96%
- Very likely or likely to use the website again: 95%
- Positive free text comments

Discussion Our experience to date shows this approach is well received by patients who appreciate the flexibility it offers in their busy lives. It has also delivered efficiencies in administrative time, releasing staff for other tasks. We are monitoring the impact on uptake of LARC and anticipate data will further support this approach.

P040 MANAGING WOMEN REQUESTING PROGESTOGEN ONLY IMPLANT IN AN INTEGRATED SEXUAL HEALTH CLINIC

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10.1136/sextrans-2017-053232.86

Introduction The progestogen only contraceptive implant is widely recognised as a reliable and cost-effective form of contraception. However, there is evidence to suggest that irregular or unpredictable bleeding is responsible for 60% of implant removals and another complication being that of deep implants. Continuous low-dose progestogen predisposes to breakthrough bleeding because uterine blood vessels proliferate and become disordered, with a 'leaky' basement membrane. The best approach is to provide oestrogen, usually in the form of the combined oral contraceptive pill (COC). We aimed to determine the proportion of women who have documented evidence of a palpable implant at the time of insertion and the proportion of eligible women with unscheduled bleeding offered the COC.

Methods A retrospective case note review was performed on the electronic database for the period between 1 July 2016 and 31 January 2017. First 100 women who requested implant fitting and the first 100 women who requested implant removal due to unscheduled bleeding were recruited.

Results Of the 100 women who had an implant fitted, 24% requested re-fitting. Palpable implants were documented in 76% of women. This was not documented in 24% of women, all of whom had another implant re-fitted. Of the eligible 100 women who requested removal for unscheduled bleeding and had no contra-indication for COC, only 49% had the offer of COC documented.

Discussion This review has shown the need to improve documentation of implant palpation and to offer COC to eligible women which will reduce unnecessary early removals, thus

ensuring cost-efficient provision of contraception. Other relevant demographic data will be presented.

P041 DISINTEGRATING SEXUAL AND REPRODUCTIVE HEALTHCARE? OUR PATIENTS' VIEWS

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10.1136/sextrans-2017-053232.87

Introduction The drive for integrated sexual and reproductive health services has improved access for women. However, councils in our area indicate Level 3 services will only provide initial contraceptive scripts, redirecting women to primary care services thereafter. We canvassed service users' opinions.
Method Women dispensed with pill/patch/ring/injection prescriptions during February 2017 were invited to complete an anonymous online survey.
Results The response rate was 46% (92 responses over four weeks). Half lived locally. A majority were aged 18–34 years (77, 84%), of white ethnicity (73, 80%) and in full-time employment (78; 84%). Most were GP registered (77, 84%). Most were pill users (62, 67%). Over half sought a repeat prescription (52, 57%), 24 (26%) were new starters and 18 (20%) requested a sexual health screen.

Two thirds (63, 69%) walked-in without an appointment. One third (32, 35%) stated they couldn't be seen at their GP. Ease of access was the main driver for attendance (76, 77%). Other key reasons for choosing our service: access to their method of choice (50, 54%); professional advice about methods (34, 37%); to ask sexual health advice (18, 20%); to receive STI screening (21, 23%). 78 women (87%) cited they had concerns about the council's proposal, with 69 (85%) stating access to primary care concerned them.
Discussion This survey highlights the value to patients of easy access to skilled professionals who provide comprehensive sexual and reproductive healthcare. Significant concerns were raised about this proposal, which ignores both the need and value women place on integrated services like ours.

P042 EMERGENCY, IMPLANTABLE & INTRAUTERINE CONTRACEPTION USE AMONG UNDER 18S IN AN INTEGRATED SEXUAL HEALTH SERVICE

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10.1136/sextrans-2017-053232.88

Introduction Teenage pregnancy can be reduced by timely access to emergency contraception (EC), implants, intrauterine (IU) devices and systems and quick-starting. Routine practice is to offer <18s all contraceptive methods, emergency IU contraception and quick-starting where appropriate.
Methods In the financial year 2015–16 there were 1975 attendances of 998 individuals <18 at a sexual & reproductive health service. Data was analysed using an electronic report.
Results 526 were White British (52.71%). 691 (69.24%) of <18s and 153 (79%) of <16s lived in the local authority area. 824 (82.6%) were female. 86 (10%) of first attendances in those <18 were for EC. 18 (20.1%) were <16, of whom 12 (67%) were quick-started a hormonal method.

15/193 (7.8%) of those 13–15 and 39/805 (4.8%) of those 16–17 years were fitted with an implant. 9/805 (1.1%) of those aged 16-17 were fitted with an IU device, no insertions in 13–15 years.

As a proportion of all ages IU contraception and implant insertions in <18s accounted for 9/1065 (0.85%) and 54/627 (8.6%) respectively.
Discussion The majority of <18 service users were local residents highlighting the importance of the availability of local services for people. Insertions of IU contraception in those <18 contributed a small proportion of total insertions undertaken. Further exploration of the acceptability and availability of IU contraception including EC for <18s is needed. We also suggest a review of those not quick-started after having EC to identify any barriers to access.

P043 CONTRACEPTIVE USE IN HIV POSITIVE WOMEN. ARE EFFECTIVE METHODS BEING OFFERED?

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Introduction British HIV Association (BHIVA) guidelines recommend that consistent condom use should be encouraged along with additional methods of contraception for women living with HIV. Highly active antiretroviral therapy (HAART) may reduce the efficacy of hormonal contraceptive.
Methods A retrospective chart review was carried out of all women under the age of 45 regularly attending the clinic (attended twice in the past year). Charts were reviewed to establish if the method of contraception used was discussed and documented within the past year, which method was being used and if there were any drug interactions.
Results A total of 145 female patients were identified. The method of contraception used was documented in 75%, as shown in the table. Of the women reporting no contraceptive use 14 were not sexually active. 124 (86%) patients were prescribed HAART. Of those patients who were prescribed HAART and hormonal methods of contraception, 2 potential drug interactions were identified of which 1 had been discussed with patient. From 2014–2016 29 patients became pregnant (those diagnosed through antenatal services were excluded) of which 19 where prescribed HAART.
Discussion Contraceptive methods should be discussed with HIV positive patients along with advice on consistent use of condoms in patients using hormonal methods of contraception and HAART. This will help prevent unplanned pregnancies as well as HIV transmission.

Abstract P043 Table 1 Contraceptive use in HIV positive women

Method of Contraception	Condoms	None	IUS	IUD	Hysterectomy/Sterilised	COC	POP	Implant	DMPA	Not documented
Number of Patients	46	36	8	3	6	4	2	1	2	37