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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10.1136/sextrans-2017-053232.89

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