

Introduction Previous work has shown that HIV-negative MSM with the following characteristics attending our service have approximately a 10% chance of acquiring HIV in the following 12 months: rectal bacterial STI, early syphilis infection, previous PEP use. In May 2016, we introduced a web-based support package, PRIME, targeting such high-risk MSM to reduce their HIV risk and encourage more frequent STI testing with the aim of reducing their risk of HIV acquisition to below 5% per year.

Methods Notes review of the first 50 MSM recruited to PRIME between 19th May 2016 and 7th June 2016.

Results By the end of 2016, 1531 eligible MSM had joined PRIME. No one had left the service. Of the first 50 PRIME recruits, median age was 32 years. Median number of partners in the preceding 3 months was 5. Indication for joining PRIME was documented in 45 (39 PEP, syphilis 2, bacterial rectal STI 1, 2+ indications, 3). In the preceding 12 months 15 had been diagnosed with chlamydia and 10 with gonorrhoea. To 31st January 2017, there is 18.8 person-year follow up for these individuals. The average frequency of STI screens per recruit increased from 2.7 to 7.1 per person-year follow-up. During follow-up the number of infections was: 7 chlamydia, 4 gonorrhoea. One individual tested positive for new HIV infection, 10 weeks after joining PRIME.

Discussion The results show it is feasible to engage significant numbers of high risk MSM clinic attendees using online interventions such as PRIME. Early data suggests that the intervention has successfully increased STI screening in this group. Further follow up is required to see if the initiative has achieved its aim of reducing HIV seroconversion to below 5% per year.

P101

CUTTING THE TIME TO TREATMENT OF CHLAMYDIA TRACHOMATIS (CT) AND NEISSERIA GONORRHOEAE (NG) WITH NEAR-PATIENT MOLECULAR DIAGNOSTICS: THE UTILITY OF THE CEPHEID GENEXPERT SYSTEM

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Introduction The Cepheid GeneXpert® provides near-patient molecular detection of CT/NG, with results available in 90 minutes. Previous studies have illustrated the benefits to asymptomatic individuals and their partners in reducing time to treatment.

Methods A case-control study was undertaken to investigate the impact of introducing GeneXpert to a Level 3 symptomatic service. 100 patients diagnosed with CT+/-NG before and after introduction were identified. Time from attendance to treatment was measured. Using self-report over the previous three months and assuming that rate of new sexual partners remained the same and spaced equally in time, we modelled the number of partners spared exposure due to earlier treatment of CT/NG.

Results Characteristics of the study populations, and of the time to treatment and partners spared analyses are shown in the table:

Abstract P101 Table 1 Time to treatment

	Pre-implementation of GeneXpert (n=100)	Post-implementation of GeneXpert (n=100)
Male (%)	40	61
Age (median [range])	28.1 [15–69]	30.6 [14–70]
MSM/WSW (%)	33/0	37/1
Symptomatic (%)	50	28
Time to treatment (days (mean) [SD])	9.5 [13.23]	3.3 [4.94]
Sexual partners in preceding 3 months (mean [SD])	2.1 [1.71]	4.0 [10.48]
Partners exposed in interval between test and treatment/100 index cases	19.9	9.12

The time from testing to treatment was reduced by 6.2 days. The number of partners exposed/100 index patients was 19.9 pre-GeneXpert and 9.12 post-GeneXpert.

Discussion Use of GeneXpert reduced time to treatment by 66%, and 54% fewer partners were exposed to CT/NG. This study supports the personal and public health benefits of innovative, near-patient molecular diagnostics coupled with effective recall mechanisms.

P102

INTEGRATION OF CLINIC SERVICES WITH ONLINE SEXUALLY TRANSMITTED INFECTION (STI) TESTING (SH:24) IN CAMBERWELL, SE LONDON: IMPACT OF ACTIVE REFERRAL OF ASYMPTOMATIC TESTING ONLINE IN 2016

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Introduction An online service was implemented in an area with high burden of sexually transmitted infections and poor sexual health outcomes. The aim was to improve access and availability of sexual health, fully integrated within NHS services. This study looks at the impact of a change in management, whereby asymptomatic patients seeking STI testing in the GUM clinic were directed to the online service.

Methods We compared clinic attendance in 2016 before (quarter 2, Q2) and after (quarter 3, Q3) the change in clinical practice. Individual level clinic attendance data were collated and summarised as simple STI test performed (chlamydia, gonorrhoea, HIV, syphilis) or complex service required. We also compared service use by age, ethnicity and sexual orientation. Changes in pattern of clinic attendance between the quarters were analysed using a Chi² test.

Results

Abstract P102 Table 1 Changing pattern of GUM clinic use.

	Q2 (Before)	Q3 (After)
Total visits (valid code)	6,949	5,397
Simple STI test	4,044 (58%)	2,823 (52%)
Complex service	4,785 (69%)	4,083 (76%)
Complex service & simple STI test	2,845	2,170

There were significantly fewer simple STI tests (Chi-squared, $p < 0.001$) and more visits requiring complex services ($p < 0.001$) in Q3 versus Q2.

Discussion Following establishment of efficient online STI testing, the clinic changed its triage practice: asymptomatic patients seeking STI testing were directed to use the online service. The change appears to facilitate a higher proportion of more complex visits although the absolute number of visits has decreased.

P103 A PSYCHOSEXUAL NEEDS ASSESSMENT OF PATIENTS ATTENDING FIVE LONDON SEXUAL HEALTH CLINICS

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Introduction The aim of this psychosexual needs assessment was to investigate the prevalence and range of sexual problems; to understand the distress, causal attributions and functional impairment associated with these; and to explore patients' service-related needs, in a sample of patients attending sexual health clinics in London.

Methods Questionnaires were disseminated to patients attending five sexual health clinics in London, over a one week period. Nine hundred and thirty four patients responded to the questionnaire. Patients were aged 29.4 years ($SD=8.8$) and predominantly female (61.4%).

Results 31.1% of patients indicated they were experiencing a sexual problem. Premature ejaculation, delayed ejaculation, or difficulty having an orgasm were the most prevalent problems reported by patients (13.5%). Female and male patients did not differ in their report of overall sexual problems (32.5% and 28.6%, respectively), however more women reported sexual pain (14.8%, $X^2=11.3, p=.001$) and male patients reported difficulties with hypersexuality (9.5%, $X^2=25.2, p<.001$). The majority of sexual problems had commenced within the past year, however orgasm, chemsex and hypersexuality problems were longer-standing (>1 year). Associated distress was reported by 79.5% of patients. Emotional reasons were attributed as the most likely cause of sexual problems (21.1%). Male patients reported higher functional impairment ($U=1862.0, z=2.3, p=.02$). Patients were interested in a range of interventions, and expressed preference to be supported in a sexual health clinic (67.8%).

Discussion The findings present implications for the provision of psychosexual services in sexual health clinics.

P104 SELF-SERVICE SEXUAL HEALTH: PIPEDREAM OR REALITY?

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Introduction Finding smarter ways of working which meet the needs of increasingly IT-savvy clients and support their busy lifestyles is a priority and an opportunity to innovate.

To meet these demands, we developed a national web-based hub, streamlining access to sexual health information and local services, while signposting to services nationally. User insight helped inform the design which was mobile first.

Methods Following launch of the hub, we recorded a number of metrics to assess acceptability to users and impact on existing services.

Results In the first 5 months of operation we have seen: 45% more people visiting our national website than all local websites combined, with users staying longer and engaging with well-being content. 75+% accessing from a mobile device. Peak use in 18–34 year olds, with all age groups represented. 151% increase in visits to LARC self-help online content and use of pre-consultation videos. 10% reduction in call volumes to services, equating to 213 hours of admin time. Improved patient experience and choice as evidenced through user survey. Very easy or easy to find information and advice online: 92%. Very likely or likely to recommend to a friend: 96%

Discussion Initial results are encouraging and suggest the online hub is acceptable and helpful to users. Increasing available self-management options in the next phase of this project will include free postal sampling kits for asymptomatics (aged 16+), with the aim of increasing access to screening, reducing unnecessary clinic visits and releasing capacity in services for those requiring clinician input.

P105 CHARACTERISTICS OF FREQUENT ATTENDERS AT A CENTRAL LONDON SEXUAL HEALTH SERVICE

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Introduction BASHH guidance recommends screening for STIs up to every 3 months for individuals at risk of HIV. Conversely, commissioning pressures aim to reduce inappropriate attendances. We describe below the characteristics and outcomes of frequent attenders at our service.

Methods Notes review of individuals with 4 or more new or re-book attendance episodes at a central London sexual health service between 1st April 2015 and 31st March 2016.

Results 170 individuals received more than 4 new episodes of clinical care in a year; 145(85%) were male, 136 MSM. 21 (12%) were female, 4(2.4%) transgender. 23(14%) of the patients were HIV positive, all MSM. Median age was 31 years. Median number of sexual partners in preceding 3 months was 6. 75(44%) disclosed chemsex activity in the preceding month.

In the 12 months from April 2015, there were 442 new STIs in this population, an average of 2.6 per patient: 346 STI diagnoses were in the 147 HIV-negative individuals and