

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