

hour appointment compared with 100% of contacts with clinics which completed the process 3–5 years ago. However, this was not statistically significant.

Discussion The negative effect of tendering on accessibility seems to be overstated. Moreover, if this effect does exist, it seems more pronounced during the actual tender, followed by an apparent boost in access. A larger study may be required to confirm this.

P124 **EXPLORING HEALTH CARE PROFESSIONALS' PERCEPTIONS AND KNOWLEDGE OF TRANS* PATIENTS' SEXUAL HEALTH NEEDS: A NEED TO UPDATE THE CURRICULUM?**

Madeleine Crow. *London School of Hygiene and Tropical Medicine, London, UK*

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Introduction No current competencies for transgender issues exist in genito-urinary or community sexual and reproductive health training curricula. This gap is currently being addressed and curriculum changes on the topic are being proposed. The aim of this study is to assess doctor's knowledge regarding specific trans* issues and their attitudes to proposed curriculum changes.

Methods Purposive, convenience sampling was used. A self-completed questionnaire was distributed via the British Association for Sexual Health and HIV newsletter and at the Faculty of Sexual and Reproductive Health annual conference. It consisted of 15 closed and open-ended questions on demographics, previous experience and training, knowledge of specific trans* health issues, and attitudes to curriculum changes. Analysis was done using Stata.

Results From the 110 eligible responses only 37% had received previous training on trans* issues and 81% supported adding trans* issues to the curriculum. The need for training was demonstrated in the high proportion, 86%, with concerns around managing trans* patients. Confidence was lacking in clinical scenarios, especially performing genital examinations and cervical screening. Knowledge gaps were identified in all areas, particularly regarding management of post-operative complications.

Discussion This study highlights the need for doctors' training to improve knowledge and confidence on trans* issues, as well as the positive receptivity of training. Concerns mostly revolve around how to make competencies logistically feasible in the face of an already packed mandatory curriculum and lack of opportunities for exposure to these patients.

P125 **USE OF DIGITAL SEXUAL HEALTH SERVICES BY UNDER-16S AND AN EVALUATION OF SAFEGUARDING PROCEDURES**

Minal Bakhai*, Sean Perera. ¹LloydsPharmacy Online Doctor, London, UK; ²NHS, Brent CCG, UK; ³NHS, Brighton and Hove CCG, UK

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Introduction Digital health is an increasingly popular way for young people to access health services. There is paucity of research exploring the use of e-health services by under-16s. As an online doctor service offering sexual health services to

adults, we reviewed under-16s trying to access services and evaluated safeguarding procedures.

Methods A retrospective audit of under-16s trying to access e-sexual health services between January–December 2015.

Results 66 patients were identified, 71.2% female, mostly distributed in urban areas (13-fold increase from 2008–2013).

The most frequently accessed services were emergency contraception (27.3%) and routine contraception (43.9%). 22.7% (n15) entered an incorrect date-of-birth. Along with answering a questionnaire online, of the remaining patients, 52.9% (n27) completed a safeguarding assessment with a doctor via telephone, 5.9% (n3) via online messaging, both guided by 'Spotting-the-Signs', 41.2% (n21) did not respond to requests for further information and could not be contacted. Safeguarding concerns were identified in 37.3% (n19) and referred to social services. All were directed to appropriate face-to-face services and advised GP follow-up.

Discussion Our data shows increasing access by under-16s to e-sexual health services. A significant proportion were identified as being at-risk of sexual exploitation. A telephone safeguarding assessment together with our online evaluation was effective for identifying safeguarding concerns. Alongside IT systems to prevent those trying to bypass checks online, many of our services (including contraception and emergency contraception) require attendance to pharmacy. This provides an additional opportunity to verify identity and screen for safeguarding concerns supporting the ongoing safety of young people.

P126 **CHARACTERISING ADMISSIONS TO A SPECIALIST HIV INPATIENT CENTRE: DEMOGRAPHICS, DIAGNOSIS AND IDEAS FOR SERVICE DEVELOPMENT**

¹Alexander Bentley*, ^{1,2}David Lawrence, ¹Mark Roche, ^{1,2}Daniel Richardson. ¹Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; ²Brighton and Sussex Medical School, Brighton, UK

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Introduction Effective antiretroviral therapy has reduced HIV inpatient admissions and patients are increasingly admitted with non-HIV related pathologies. Increasing pressure on NHS hospitals emphasise the need to minimise admissions, maintain patient flow and understand how inpatient facilities are used. We aim to review the demographics and causes of acute medical admissions to a single HIV-specialist unit.

Methods Retrospective analysis of patients admitted under the HIV team at a single referral centre including demographics, reason for admission, length of stay and discharge destination.

Results 114 patients admitted in 2016. Median age 46 years (range 18–79). 86% male. 14/114 (12%) were newly diagnosed with HIV. 24/114 (21%) admitted with HIV-associated illness, 16/114 (14%) with AIDS-defining illness, 59/114 (52%) with non-HIV associated illness. Respiratory infections were the commonest cause of admissions with 14/114 (12%) cases of PCP and 27/114 (24%) of lower respiratory tract infections. 16/114 (14%) admissions were secondary to drugs and alcohol. Median length of stay 7 days (range 1–135). Discharge destination was home 89/114 (78%), a bespoke HIV-intermediate care facility 19/114 (17%), other healthcare facility 3/114 (3%) and 3/114 patients (3%) died.

Discussion Inpatients were younger and had a much longer length of stay when compared with the average for acute internal medicine. Majority of admissions were for non-HIV associated illness suggesting adequate viral suppression for