

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?

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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

#### REVIEW: USE OF DIGITAL SEXUAL HEALTH SERVICES BY UNDER-16S AND AN EVALUATION OF SAFEGUARDING PROCEDURES

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**Introduction** Digital health is an increasingly popular way to access health services, particularly by young people. There is a 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 conducted a review of under-16s trying

to access services and an evaluation of 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 (a 4-fold increase since 2008). 71.2% were female and mostly distributed in urban areas.

The most frequently accessed services were emergency contraception (27.3%) and regular contraception (43.9%). 22.7% (n15) entered an incorrect date of birth. 77.3% (n51) completed a safeguarding assessment with a doctor via telephone, guided by 'Spotting the Signs', in addition to answering a questionnaire online. Safeguarding concerns were identified in 39.2% (n20) of these children and referred to social services. The remainder underwent GP follow-up. All were directed to appropriate face-to-face services.

**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 in addition to our online evaluation was an effective method 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. The use of our pharmacy network in undertaking identity checks and face-to-face safeguarding screening is invaluable in supporting the ongoing safety of children.

P126

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

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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

most patients. Service adaptations are needed to address the high incidence of mental health disorders, importantly drug/alcohol addiction. We also highlight the importance of a HIV-intermediate care unit to aid rehabilitation and facilitate discharges.

### P127 IS THERE A NEED FOR PELVIC ULTRASOUND WITHIN AN INTEGRATED SEXUAL HEALTH SERVICE?

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**Introduction** Sexual health services see a number of women who once infection is excluded, may require the use of pelvic ultrasound to aid diagnosis. Without in-house scanning facilities, they often end up on a convoluted route involving several appointments across clinical specialities.

**Methods** This observational study examined two consecutive years of referrals for pelvic ultrasounds from a busy integrated sexual health service, where in-house scanning was not available. Information from referrals to radiology was gathered from an imaging database where indication and outcomes were analysed from scan reports.

**Results** 190 patients were scanned with a mean age of 31. 184/190(97%) were outpatients. 79/190(42%) were scanned for pelvic pain, and 42/190(22%) for coil related concerns. 141/190(74%) of scans had normal findings. Of coil related referrals, only 1/42(2%) needed intervention. 19/190(10%) of pelvic ultrasounds had incidental findings not requiring follow up, and 30/190(16%) had findings requiring intervention or follow up.

**Discussion** In this study, all coils with 'lost threads' were found to be intrauterine – and therefore could be managed within an integrated sexual health service. Only a small number of those scanned needed onward referral or follow-up. With scanning expertise and resources, patients would be seen more quickly, with a reduction in appointments and fewer referrals. This would result in improved patient satisfaction and reduced costs to the NHS. The set-up costs would be offset in the long-term by keeping patients out of the acute setting.

### P128 EXPLORING CHEMSEX IN THE NORTH EAST OF ENGLAND

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10.1136/sextrans-2017-053232.172

**Introduction** Recreational drug use is higher in men who have sex with men (MSM) with use of psychoactive drugs facilitating group sex sessions (chemsex). Public health implications include increased sexual risk taking with potential for HIV/STI transmission and associated physical and mental health harms. Our aims were to assess the extent of chemsex in the North East of England to inform local/national policy and tailor service provision.

**Methods** A regional self-administrated survey was conducted in five sexual health/HIV care providers and a local LGBT and young people's charity in the North East over a three-month period. All service users were invited to complete an anonymous paper or online survey about chemsex.

**Results** This is provisional data from 954 surveys. 18 respondents reported engaging in chemsex (mean age 37 years,) 71% of which took place in the North East. 94% were male and 78% of these identified as gay (17% heterosexual, 6% bisexual.) 33% were HIV positive, 60% had a previous STI and 13% were 'slamming' (injecting.) 9% of all male respondents who identified as gay, had engaged in chemsex.

**Discussion** Data suggests that although chemsex is relatively uncommon in the North East, it is more prevalent in the MSM population and those who are HIV positive. Screening for chemsex in these groups should be standard practice and included in UK national guidance. Consequently service provision can be tailored to address local need by simple interventions or instigate clear pathways into specialist services.

### P129 DESIGNING SEXUAL HEALTH SERVICES TO MEET THE NEEDS OF YOUNG PEOPLE IN THE UK: RESULTS FROM A QUALITATIVE STUDY TO INFORM DISCRETE CHOICE EXPERIMENT (DCE) DEVELOPMENT

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10.1136/sextrans-2017-053232.173

**Introduction** Young people experience the greatest burden of sexually transmitted infections (STIs) in the UK. STI screening is now being provided in a wider range of settings such as GP surgeries, pharmacies, and via online services. It is important that screening provision reflects the preferences of young people from different cultural backgrounds. The specific aims of the study were: to explore the factors that are important to young people when thinking about and participating in STI screening in different settings; to examine the characteristics of screening services that influence choices about screening.

**Methods** Qualitative methods were used to inform the development of a discrete choice experiment (DCE) to provide quantitative measurement and analysis of the choices made by young people in relation to STIs. A series of eight focus groups and 2 interviews were undertaken with 43 young people in specialist and community settings, with the inclusion of participants from different cultural groups. Discussions were transcribed and analysed using constant comparison methods.

**Results** The focus groups revealed a range of aspects of screening that were important to young people. The main themes identified related to stigma, understanding of STIs and risk, setting, interactions with staff, convenience and the nature of the screening test. Attributes for the DCE were developed around waiting times, setting, type of screening test, and staff attitude.

**Discussion** The complexities and challenges involved in designing and delivering services for young people are highlighted, particularly in relation to reflecting the preferences of young people from varied cultural backgrounds.