

**P154 HOW WELL ARE WE MANAGING LYMPHOMA IN OUR HIV COHORT OVER 5 YEARS: A REGIONAL AUDIT IN THREE MAIN HUBS**

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**Introduction** Since the introduction of antiretroviral therapy, the life expectancy of HIV infected patients has increased significantly. As the incidence of opportunistic infections accounting for HIV related deaths has declined, malignancies now account for an increasing proportion of these mortalities, with lymphoma presenting second most commonly. In order to determine whether HIV positive patients with lymphoma are receiving best care, patients from three hubs within the region were reviewed.

**Methods** Data was collected retrospectively from HIV positive patients with lymphoma from 1<sup>st</sup> of January 2010 to 31<sup>st</sup> of December 2014.

**Results** Total number of patients in the study was 25 across the three centres with 8,12 and 5 patients from each centre. All patients underwent the recommended diagnostic procedures for diagnosis and 96% received appropriate imaging for staging. Of the 20 patients where documentation was available, 70% were diagnosed with stage IV lymphoma and 50% had the International Prognostic Index (IPI) score of 3 or more. 5-year survival rate was 72% and in those followed up for a minimum of 2 years the 2-year progression free survival rate was 100%. 28% patients died during the study period, 43% of whom had a late diagnosis.

**Discussion** Management of lymphoma within three centres in the region is in line with current best practice guidelines. In order to improve the survival further, early diagnosis and treatment of HIV were identified as crucial factors necessitating increased awareness of HIV testing.

**P155 EVALUATING THE EFFECTIVENESS OF GRAM STAIN MICROSCOPY IN IDENTIFYING GRAM NEGATIVE INTRACELLULAR DIPLOCOCCI SUGGESTIVE OF GONORRHOEA NEISSERIA**

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**Introduction** Gram stain microscopy is an effective tool in the management of gonorrhoea in symptomatic patients, allowing for the visual identification of suspicious bacteria, which when also considering the history and risk, can be indicative of a current gonorrhoea infection allowing for rapid treatment and partner notification initiation. This is an on-going audit to verify the effectiveness of in-house diagnostics.

**Methods** All patients found to have a positive culture result for gonorrhoea had their notes reviewed to ascertain if presumptive gonorrhoea had been diagnosed at attendance as well as the presence of symptoms, contact status and vaginal flora grade (in women). If microscopy was undertaken but negative, the slide was also reviewed. Slides found to be positive were feedback to staff members.

**Results** Data from July 2016 – January 2017:

**Male urethral samples** 147/157 (93.6%) infections were correctly identified, when asymptomatic contacts were excluded

147/154 (95.5%) were identified, and of those not identified, 4 were negative on review.

**Female cervical samples** 5/20 (25%) infections were correctly identified, when asymptomatic contacts were excluded 5/19 (26.3%) were identified. Of those not diagnosed on the day, 9 were negative on review.

**Discussion** Microscopy identified 95.5% of symptomatic male urethral infections and 26.3% of female cervical samples. There was also a low 'failure' rate, only 7/24 slides were positive on review and therefore 'true missed' on day diagnoses. Effective on day diagnosis can prevent further transmission, allow faster access to antibiotics, allow for prompt partner notification and is a rewarding skill for the GU staff.

**P156 WHAT IS TELEPHONE ACCESS REALLY LIKE FOR GUM CLINIC PATIENTS IN THE U.K.?**

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**Introduction** How patients fare when accessing care by telephone at GUM clinics in the UK can be assessed by 'mystery shopping' methods. This study aimed to establish current access levels when contacting clinics by telephone and investigate the potential barriers.

**Methods** During October – November 2016 all 262 GUM Clinics in the UK were called during clinic opening times on eight occasions, each by male and female researchers posing as patients requesting to be seen as soon possible.

**Results** Overall 1589/1905 (83.4%) calls were offered an appointment. Of these, 63.7% of 'patients' were invited to attend a walk-in service. Most clinics were consistently contactable, with 72.9% of calls being answered on the first attempt, however 22.9% of clinics were un-contactable at on at least one occasion. Contacting a clinic over four calls can establish the probability of clinic access, with 68.8% of clinics accommodating a minimum of 6/8 callers.

The time to speak to a human ranged from 1 second – 39 minutes. The mean length of conversation was 93 seconds, with longer speaking time increasing chance of success. Although male and symptomatic 'patients' spent longer on the phone, females were 14.6% more likely to offered an appointment ( $p=0.037$ ). Symptomatic scenarios did not have improved access over asymptomatic contacts ( $p=0.074$ ).

**Discussion** Access appears to be falling further below the BASHH standard. Various difficulties in establishing contact were identified, including long hold times and the need for multiple call attempts, that may be barriers to patient access.

**P157 UTILITY OF CHLAMYDIA CARE PATHWAY FOR STANDARDISATION OF QUALITY MEASURES FOR MANAGEMENT OF CHLAMYDIA TRACHOMATIS**

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**Introduction** The Chlamydia Care Pathway (CCP) describes individual steps of comprehensive case management for