

Of the 92 given a same day appointment, 36 (39%) reported pain/dysuria, 23 (25%) were contacts of an STI, 2 required PEP, 6 had discharge, 3 recurrent HSV, 2 patients had been diagnosed with Chlamydia elsewhere, 2 had non-specific symptoms, 1 requested a TOP and 1 reported sexual assault. 12 had lumps or itching, 4 were asymptomatic.

**Discussion** This review demonstrated that questionnaire based triage is effective and as it is quicker than face to face triage, capacity can be increased. 77% of patients were offered same day review which highlights the importance of flexibility within services to ensure patients can be seen within 48hrs when appropriate.

**P161 ABSTRACT WITHDRAWN**

**P162 NHS GGC STAFF HIV ANTI-STIGMA CAMPAIGN**

Jo Zinger\*, Louise Carroll. *NHS GGC, Glasgow, UK*

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**Introduction** People living with HIV, and maintained on ARVs, can live long and healthy lives.

Consequently, there is a growing cohort of people living and ageing with HIV, who are attending NHSGGC for non-HIV related conditions. However, many patients report experiencing stigma and discrimination within these services. NHSGGC responded to this by creating a HIV anti-stigma campaign.

**Methods** A baseline staff survey was conducted to ascertain knowledge, attitudes and training needs. These results and input from the HIV Patient Forum shaped the campaign, which consisted of: A range of materials, merchandise and activity including posters, road shows, factsheets; training, digital updates and direct messaging to service managers; A patient toolkit which empowers them to challenge stigma and discrimination; Short dramatic videos illustrating patient experience; A repeat staff survey was carried out in 2016

**Results** 4000 responses to the baseline survey; 9,325 unique website hits; 300+ staff engaged at road shows; 15 delegates attending training; 1,521 responses to the repeat survey; excellent partnership working between NHSGGC staff and members of the patient forum.

**Discussion** The campaign was successful in raising HIV with non-specialist staff. However, uptake of training was low despite an expressed need. Lack of time to train in non-mandatory areas was an issue. Those that did attend training evaluated it well. Results from the repeat survey will shape future interventions for staff.

**P163 HAART PRESCRIBING AND BHIVA STANDARDS OF CARE FOR PEOPLE LIVING WITH HIV AUDIT**

Robert Holwell, Dawn Killeen, Zana Ladipo\*. *Southport and Ormskirk Hospital NHS Trust, Southport, UK*

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**Introduction** We audited our service against the BHIVA 2013 Standards of Care for People Living with HIV, BHIVA treatment guidelines for HIV-1-positive adults 2015 and North

West 2015 treatment algorithm for HIV-1-positive adults 2015.

**Methods** This is a retrospective audit involving the review of all patient notes (84). 64 patients were excluded as they were started on medication before 2013.

**Results** 40% of all patients had a CD4 count of more than 350 when they were started on medication and 10% had a CD4 count of <200. Only 5% had HIV related symptoms. 15% were started as prevention of transmission.

30% (6 in 20) of patients were started on treatment on/after 2015. Only 17% (1 in 6) of these patients had been prescribed treatment according to the North West 2015 algorithm (The patient was given Kivexa based therapy when they could have had Truvada). First line therapy according to BHIVA 2015 guidance was prescribed in 100% of patients (Standard of care target >75%).

100% of patients adhered to their medication within the first 3 months (Standard of care target >95%). None of the patients who had viral loads done had experienced virological rebound (Standard of care target <2%).

**Discussion** We are 100% compliant to the BHIVA treatment guidelines while only 17% compliant to the North West algorithm. To improve our service and make it more viable, we will update our proforma according to the North West algorithm, which reflects the availability of cheaper generic drugs and NHS England guidance.

**P164 AUDIT OF THE MANAGEMENT OF GENITAL HERPES INFECTION IN COLCHESTER SEXUAL HEALTH CLINIC**

Sujeevani Munasinghe\*, Michael Shah, Malaki Ramogi. *Essex Sexual Health Service, Colchester, UK*

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**Introduction** Genital Herpes infection, caused by Herpes simplex virus is one of the common sexually transmitted infections in the UK. According to Public Health England STI report (2015) the percentage increase of newly diagnosed Herpes infection from 2006 to 2015 is 67%. BASHH published new Herpes management guidelines in 2014. We evaluated the management of Herpes infection at our clinic against these guidelines using electronic patient records over a six month period in 2015.

**Methods** Retrospective case notes review of all patients diagnosed with genital herpes infection (coded C10A) from July to December 2015. Individual case records were scrutinised and evaluated against auditable outcome measures outlined in BASHH 2014 guidelines.

**Results** There were 102 newly diagnosed Cases of HSV in this 6 month period. All patients had HSV detection by PCR confirmation and 100% had at least one detected HSV typed. Recommended antiviral therapy offered to 95% of the patients who presented within 5 days of onset of symptoms (target 97%). The percentage of patients who were given verbal and written information about HSV was 54%.

**Discussion** Our audit shows we met the BASHH standards by virologically confirming and typing all diagnoses of genital herpes infection. We failed to meet the standards on patient education and documentation. Since April 2016, our service has switched to new electronic patients records which has a dedicated section on patient education This will help improve our performance. This will be re audited next year.