

P165 HIV INPATIENT EXPERIENCESeema Malik*, Cordelia Chapman. *Royal Bournemouth Hospital, Wessex, UK*

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Introduction 'Standards of care for people living with HIV 2013' provides recommendations for the clinical care of HIV positive patients, including inpatients. We conducted an audit to describe patterns of service use with particular reference to time to diagnosis of HIV, presenting illness, medication, length of stay and follow up.

Methods Data was collected retrospectively from notes of 36 inpatients from 1st January to 31st December 2014.

Results 4 patients were newly diagnosed with HIV, of which, 3(75%) presented with an AIDS defining illness. HIV test was performed in MAU on 2 patients (50%). In the remaining 32 patients, 8 presented with AIDS defining illness. 11% had evidence of drug-drug interactions. 37% had no evidence of HIV Team inpatient review. 25 patients were discharged within 7 days, however, 4 stayed for more than 28 days. Only 41% were seen in HIV Outpatients within 4 weeks after discharge. After admission with AIDS defining diagnosis, all patients were alive at 30 days and 72% alive at 6 months.

Discussion Complex care accounted for a sizeable proportion of our inpatient work. Current BHIVA recommendation of immediate commencement of HAART will significantly reduce disease progression and inpatient admission. This audit highlights the need for continued effort to raise awareness of HIV testing among non-HIV specialists and GP's.

P166 PARTNER NOTIFICATION: ARE AUSTRALIAN APPROACHES FEASIBLE FOR THE CHILEAN CONTEXT?

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Introduction Partner Notification (PN) in Australia has been studied and improved in recent decades. International researchers have highlighted the use of new technology as an alternative approach for PN. Using the Australian experience as an example, we aim to explore clinicians' perspectives about the use of specialised websites, such as 'Let them know' and professional counselling support, to facilitate PN in the Chilean context.

Methods 58 semi-structured interviews were conducted with health care providers (HCP) and key informants. A third of the interviews were transcribed verbatim and translated from Spanish to English for thematic analysis, which followed an inductive approach based on grounded theory. Following the identification of themes, remaining interviews were coded utilising a method of constant comparison to highlight concordance and dissonance of participant views.

Results The majority of participants were unaware of the use of new technologies for PN, and demonstrated a high interest. Many agreed this could be a feasible strategy considering the high use of mobile technologies and the Internet in Chile. Participants' primary concerns around this approach were confidentiality, privacy and efficacy, given the local cultural context. The creation of a counsellor position for professional support and guidance was identified as essential to strengthen PN in Chile.

Discussion The use of new technologies for contacting sexual partners with professional counselling support could be an alternative PN strategy for Chile. However, the involvement of local staff will be essential in tailoring interventions.

P167 PILOT FEASIBILITY TRIAL OF TARGETED SEXUAL RISK REDUCTION INTERVENTIONS WITHIN SEXUAL HEALTH SETTINGS IN ENGLAND – THE SANTÉ PROJECT

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Introduction There is evidence from RCTs that brief behavioural interventions can have modest but valuable impacts on sexual risk behaviours and STIs in young people and men who have sex with men (MSM). Implementing these nationally could reduce STIs, but has not yet been done. Santé aims to adapt and pilot a package of evidence-based risk reduction interventions, and assess the feasibility of conducting a large-scale effectiveness trial.

Methods Following a systematic literature review, mixed-methods evaluation of existing practice, and patient and provider preference, a process of Intervention Mapping was used to adapt effective interventions and create an intervention package for MSM and young people. Triage algorithms were developed using routine surveillance data. A pilot cluster trial is running in eight sexual health clinics. Quantitative process data and qualitative interviews with patients and providers will assess feasibility.

Results The intervention package is a triage algorithm which directs patients into a low-intensity digital intervention or high-intensity one-to-one behaviour change consultation. No identified digital interventions were available for piloting; therefore, patients are directed to suitable health promotion websites. An intervention manual incorporating a Five Step Pathway was developed for the one-to-one consultation, detailing the behaviour change elements. Preliminary pilot results will be available in June 2017.

Discussion The pilot will identify issues that need addressing to make a large trial feasible. Although intended to be deliverable within existing clinic resources, current service changes threaten the viability of such innovations. Further adaptation and development of digital resources will be needed prior to implementation.

P168 DATA ANALYSIS OF A SELF-COMPLETED QUESTIONNAIRE FOR PATIENTS WITHIN A MEN-HAVING-SEX-WITH-MEN CLINIC

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Introduction The questionnaire was created to discover the characteristics of the MSM population attending a clinic dedicated to their sexual health needs. It covered reasons for attendance, risk factors for sexually transmitted infections and