blood-borne viruses transmission and usage of post-exposure prophylaxis and pre-exposure prophylaxis. The data would be used for adaptation of the clinic.
Methods The questionnaire was given to clinic attendees for a 75 day period in 2016 and kept anonymous by a unique client number. The collated data was analysed and reproduced in graph and table form for categories split into reason for attendance.
Results Acceptability of the questionnaire was high at 99.2%. The data analysis showed a large asymptomatic client population (57%) attending the clinic for sexual health screening. For contacts of infection, HIV and gonorrhoea were the most prevalent. For STI and BBV infection risk factors, 15% of clients did not use condoms, while 49% of clients did not know a sexual partner's HIV status. Use of PEP was low but showed a majority using it since 2015, while there were 5 users of PrEP.
Discussion The study showed a majority low-risk MSM population using the dedicated clinic. The survey has influenced clinic redesign with the introduction of test-only clinics for the low risk cohort. However the clinic may not be seeing the high-risk patients who would benefit from senior medical input rather than just a sexual health screen. Data showing usage of PEP and PrEP has given a baseline for comparison in future studies.

P169 GONORRHOEA CULTURE AUDIT IN A COMMUNITY SETTING

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Introduction Gonorrhoea (GC) accounted for 10% of all STI diagnoses in 2015. Diagnoses increased by 11% from 2014 to 2015, continuing an established trend beginning in 2012. BASHH guidelines recommend that cultures are routinely taken as it is cheap and offers antimicrobial susceptibility testing which is of increasing importance given the emergence of resistant GC strains. The primary aim of this audit was to assess the rate of GC culture and the outcome of the culture results in a community service.
Methods 20 cases, coded positive for GC, were recruited over a 19 month period. The standard for GC culture rate was set at 100%, with positive GC culture set at 85–95%. Standards were established from BASHH GC management and testing guidelines.
Results Of the 20 patients 55% had a sample for GC culture taken. The sex distribution of culture sampling was 10:1, male to female. Of these 11 patients 45% had a positive culture, despite all patients having a positive NAAT. These rates are almost half of the expected standards.
Discussion Cultures for GC are not routinely taken at this service. It is plausible that the incorrect storage of samples and delay in plating are contributing factors to the increased false negative rate. This may be a nationwide effect as services move into the community and transport times to laboratories increase. The audit results have been presented to staff at the service and discussion is ongoing with the laboratory regarding expediting transport of samples.

P170 IMPROVING STAFF INTEGRATION THROUGH MEANS OF A COMBINED CLINIC ROTA

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Introduction With the national move to integrated sexual health services confusion regarding staff leadership and roles can increase already high levels of stress and anxiety. Costs for professional rota management services can vary so we aimed to achieve an in-house system.
Methods Though co-located in the same building SRH and GU/HIV clinics were traditionally staffed separately. The local tender was awarded to the University Hospital clinic as hub with spokes providing an equitable city-wide service. Previously there were four separate rotas to staff SRH, GUM, and HIV services. Bringing together a group of health professionals with varying degrees of dual training can be difficult so we took this opportunity to ensure an adequate skill mix was available for each clinic, help staff identify who was available for advice, improve cross-specialty training and thereby enhance the overall patient experience. A clinic co-ordinator doctor role was established to provide focus for leadership and advice (GU/HIV) with corresponding clinic co-ordinator nurse staffed by senior contraception clinicians.
Discussion Rotas were combined onto a single colour-coded template. Editing rights were restricted to named individuals aware of staff mix and availability. Numbers were calculated at the start of each day and communicated to reception to ensure spread of appointments. The CCD role was utilised to help teach SRH colleagues in GU with the CCN providing a reciprocal service for contraception. Combining the rota encouraged staff to integrate and get to know each other so that perceived fears were dealt with in a safe reassuring environment.

P171 DRUG-DRUG INTERACTIONS IN HIV PATIENTS TAKING PHARMACOKINETIC ENHANCERS

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Introduction Antiretroviral medications have the potential to produce serious drug interactions by interfering with the hepatic cytochrome P450 cascade. Ritonavir, a protease inhibitor, is a known CYP450 inhibitor that is commonly used in the treatment of HIV[1]. Iatrogenic Cushing's syndrome is caused by exposure to glucocorticoids and may be promoted by interaction with additional drugs that result in hypothalamic-pituitary adrenal axis suppression[2]. It is well documented in HIV patients receiving inhaled steroids in combination with a ritonavir-containing antiretroviral regimen[3]. Following one such severe drug-drug interaction in a patient, a clinical audit was conducted to identify potential drug-drug interactions in a HIV clinic at Beaumont Hospital, Dublin.
Methods 200 patients receiving Ritonavir were interviewed and screened for harmful prescribed and non-prescribed co-medications. Patients receiving regular steroid doses and