

Introduction The effects of occupation on personal health have been described, but there is a paucity of literature on how working in sexual health affects an individual's sexual behaviour.

Methods We gained informed consent from a focus group of 6 female and 2 male sexual health workers in 2010. The focus group was tape recorded, anonymised and transcribed. We used thematic analysis to generate themes.

Results Sexual health workers feel confident in making an assessment of their own sexual behaviour; yet acknowledge that this self-assessment is not consistently reliable. Access to medication (including antibiotics and emergency contraception) leads to an increase in sexual risk taking in this group. Self-medication occurs for unplanned risks rather than pre-planned. There is reluctance on the part of sexual health workers to consult colleagues due to concerns about lack of anonymity, confidentiality and how positive results will be managed. Sexual health workers feel that these behaviours are a barrier to good sexual health. They also feel that both patients and sexual partners expect them to be more sexually experienced; this can lead to discord in personal relationships. Sexual health workers feel that due to the nature of their work, they have a greater and more realistic insight into sexual relationships; in particular monogamy. They also have greater confidence in their ability to discuss sex with their children and families.

Discussion This pilot study suggests that sexual health workers may be at risk of poor sexual health and have specific sexual health needs not currently addressed.

P231 UNDERSTANDING SEXUAL PRACTICES, ATTITUDES AND SEXUAL HEALTH SERVICE PROVISION IN THE OVER 50S

Sandra Vracar*, Ruth Taylor. *Nottingham City Hospital, Nottingham, UK*

10.1136/sextrans-2017-053232.273

Introduction Since 2011 STI incidence has increased in the over-50 population in the UK.

Higher divorce rates, lack of awareness, poor service provision and low pregnancy risk have all been suggested as contributing to these changes.

We examined sexual practices and attitudes of >50s in our city centre clinic, and assessed service accessibility.

Methods Anonymous questionnaires distributed opportunistically to 50 attendees (23 male 27 female), examining sexual practices, STI awareness and attitudes towards service provision.

Results Almost half had divorced previously. 50% men never used condoms, 67% women; reasons given included 'married', 'no pregnancy risk', 'too old', 'don't like it'. 60% used at least one regular medication and 10% were using >6 drugs. 37% of women and 20% of men were 'too embarrassed' to discuss sex with GP. 44% women, 26% men were first-time attendees. All the women in our sample were white heterosexual. There was more ethnic diversity in men, and 30% MSM. There was good awareness of STIs and safer sex, and 70% felt that current services met their needs.

Discussion Reassuringly, many were attending for the first time suggesting ease of access. However, a lack of diversity in female attendees may indicate unmet needs in some groups. Despite being aware of good sexual health, there was low condom use and a lingering embarrassment to discuss

problems with family doctor. This survey suggests unmet needs still exist, even in those who already access services. A similar project in primary care is planned to further assess this.

P232 SOMEWHERE OVER THE RAINBOW: ESTABLISHING ACCEPTABLE LOCATIONS FOR STI SCREENING AND SUPPORT FOR MSM

Kevin Turner, Cecilia Priestley*, Billy Clarke. *Dorset County Hospital, Dorset, UK*

10.1136/sextrans-2017-053232.274

Introduction Over the Rainbow is a community based LGBT support service and level 3 GUM clinic in Bournemouth, currently under threat due to funding cuts. In May 2016, a patient consultation was undertaken to explore alternative options for service provision.

Methods A survey was distributed online and in clinic to capture views on the provision of local sexual health services for MSM.

Results 96 people responded to the survey after visiting the service for STI screening (60%) or one to one support (40%). 40% of these would not be happy attending a mainstream GUM or CASH clinic, or GP for STI screening. 34% would not be happy to access STI screening on-line. One third would be unwilling to attend alternative agencies for counselling or support.

80% of the 86 online respondents had attended Over the Rainbow in the past. Responses indicated that even fewer (44-56%) would be happy to attend a mainstream GUM or CASH clinic or GP for STI screening, with a similar proportion reluctant to attend other community settings.

Comments highlighted that service users valued a dedicated LGBT service, in the heart of the gay community. It was described as a safe haven.

Discussion Future service design and provision must consider community need. Patients expressed a preference for LGBT specific community based services, able to accommodate their sexual health needs within a holistic framework. Many value a face-to-face consultation rather than accessing STI screening on-line.

P233 SEXUAL DYSFUNCTION: PRIMARY, SECONDARY OR A BY-PRODUCT OF SECRET ISSUES?

Rochelle Hamilton. *Barwon Health, Geelong Victoria, Australia*

10.1136/sextrans-2017-053232.275

Introduction To explore the referral diagnosis of sexual dysfunction from a psychosexual basis.

Methods A retrospective analysis of 50 women who were referred to a clinical sexologist for varying aspects of sexual dysfunction during January 2016 – December 2016.

Results Although 100% of women exhibited a variety of sexual dysfunction, 44% displayed variables of sexual abstinence due to real and perceived problems that directly impacted on their ability to participate in sexual intimacy. Factors not explored or discussed by the referring Health Care Professional (HCP) included urinary incontinence, religious/spiritual beliefs, perception of guilt relating to previous sexual behaviours and ill health of the partner.