

Discussion Sexual Dysfunction referrals encompass a broad range of issues. These fall into sub-categories being further classified as primary and secondary. It is identified that a reasonable proportion is still incorrectly identified by the HCP, missing the underlying true reason for sexual abstinence. The ability to ask/frame questions within the assessment is significant to unlocking the contributing or causal problem. Incorporating specific questions assists in decreasing/removing any sense of guilt the woman may have around this.

P234 STI TESTING IN HIV POSITIVE MSM PATIENTS: A MISSED OPPORTUNITY?

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Introduction Approximately 1 in 20 men that have sex with men (MSM) are infected with HIV. The risk of acquiring a sexually transmitted infection (STI) is higher in this population compared with heterosexuals. Therefore, it is important for HIV positive MSMs to have regular sexual health screening to reduce the risk of transmission of STIs and HIV.

Consequently, the British HIV Association recommends that HIV positive MSMs should have annual STI screening. Furthermore, those that are classified as high-risk should be tested every 3 months.

Methods This audit retrospectively gathered case notes of HIV positive MSMs that have been seen in the last 12 months, October 2015 to November 2016. The following criteria were assessed: annual or 3 monthly screening of STIs, hepatitis B and C immunity status, patient age, evidence of high-risk behaviours and year of HIV diagnosis. The criteria for high-risk behaviour included: multiple partners (>2 in the last 12 months) and drug use. The data will be used to assess what proportion of patients are screened in line with national guidelines and to identify ways the practice can increase the uptake of screening.

Results The results show that 84% of cases were not screened annually for hepatitis C and 40% of patients were not receiving the minimum screening for STIs. However, 78% of patients were vaccinated against hepatitis B.

Discussion In conclusion, this audit shows that there is a failure to meet the minimum level of screening for this high-risk group. We aim to improve this via a new pro-forma and education.

P235 AN AUDIT OF THE CARE OF MSM ATTENDING AN OUTER LONDON INTEGRATED SEXUAL HEALTH SERVICE

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Introduction Men who have sex with men (MSM) remain a high risk group for HIV infection, increased rates of syphilis, LGV and gonorrhoea indicating high levels of risky sexual behaviour. The aim of this audit was to measure care against BASHH recommendations for testing for STIs in MSM (2014) and local guidelines to ensure high quality accessible services for MSM.

Methods Data were collected retrospectively from electronic patient records of all MSM first attendances across all clinics between 1 January 2015 to 30 June 2015 (N=96) and data analysed using SPSS and Excel.

Results 79% (76/96) of MSM were from our local borough; age range was 16–65 with highest attendance in the 25–29 years age group; 43% were from BME communities. 100% were offered STI screening, 91% accepted (87/96) and 47% had a STI diagnosed. 80% of MSM had a comprehensive assessment undertaken while 65% had a record of vaccination status. PEPSE discussion was recorded for 76% of eligible patients. 100% of suitable patients were offered HIV testing (n=88/96), 90% (79/88) tested with a positivity rate of 2.5% (2/79).

Discussion The service is highly accessible to local MSM, STI testing offer exceeded the BASHH recommendation of 97% and uptake of 91% exceeded the BASHH recommendation of 80%. Uptake of HIV testing met the BASHH recommendation of 90% but improvements are needed in PEPSE and PREP discussions and determining Hepatitis B status in all eligible clients. EPR has been revised and staff training undertaken to address and improve on this.

P236 AWARENESS AND RESOURCES FOR INDIVIDUALS WHO ARE TRANSGENDER WITH AUTISTIC SPECTRUM DISORDER- A HEALTHCARE PROFESSIONAL'S PERSPECTIVE

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Introduction Autistic Spectrum Disorder (ASD) affected around 1% of the general population but has been reported in 7.8% of childhood gender identity clinic referrals. Gender identity is an increasing healthcare focus; the United Kingdom's only childhood gender identity clinic witnessed a 930% increase in referrals in six years, with Sussex having the highest adult service referral rates. This study aims to assess healthcare professionals' awareness of a co-occurrence between ASD and transgender, identify resources and determine how these could be improved, based on the needs and concerns of individuals.

Methods A service evaluation of healthcare professionals who frequently see individuals about ASD and/or gender identity was conducted in Brighton. An anonymised online questionnaire, created using Survey Monkey, was accessible from January 2017 until March 2017. Participants were contacted via NHS emailing lists with explanatory information and a survey link. Quantitative data was collated as raw data and percentages. Qualitative data was organised into tables and key themes identified.

Results Limited evidence suggests that healthcare professionals were unaware of an association between ASD and transgender and most were unsure if resources existed. Most felt that training would improve care, with a particular focus on local and online resources, referral pathways and current research evidence. Mental health issues, family concerns about gender identity interventions, not being accepted and vulnerability were major concerns.

Discussion Co-occurring ASD and transgender is under-recognised by healthcare professionals. Future resources should