NGU pathogen. Microbiological analysis was required the most frequently for screening and control purposes (340/822, 41.36%), and in patients with chronic prostatitis (105/822, 12.77% of all patients). ST pathogens were detected more frequently in patients with urethritis than in patients from other diagnostic groups (p<0.01), while Ureaplasma urealyticum was detected without statistically significant difference among different diagnostic groups of patients (p>0.05).

Conclusion Urethritis was confirmed in less than 10% of patients, and the most samples collected in routine of clinical praxis are from patients without urethritis. In patients with urethritis multiplex PCR test can detect etiology quickly and reliably in almost all cases from noninvasive sample.

Disclosure No significant relationships.

P055 LONDON SEXUAL HEALTH PROGRAMME – DEVELOPING INNOVATIVE SOLUTIONS TO OPEN ACCESS SEXUAL HEALTH SERVICES

1Adrian Kelly, 1Luke Byron Davies, 2Jonathan O’Sullivan, 3Jan Clarke, 4Martin Murchie, 4Ryan Kinsella*. 1City of London Corporation, Sexual Health Team, London, UK; 2City of London Corporation, London, UK; 3Greater Glasgow and Clyde NHS, Sandyford Initiative, Glasgow, UK; 4Preventx, NH, UK.

Background Demand for sexual health services is increasing at a time when public funding has reduced. This Programme is a partnership of local government, working with England’s National Health Service to improve access to sexual health services. A key part of our vision was to develop an online sexual health triage, home testing and treatment service, which work with a network of over 40 clinics.

Methods In order to achieve this, the Programme undertook widespread engagement across the city. This included a range of activities with service users, for example, online and clinic-based surveys and focus groups with underrepresented groups. Engagement also took place with clinicians, payor and other stakeholders. Questions were asked to service users about their usage of services and the acceptability of new innovations, including online based self-sampling options. Clinical organisations were asked about the feasibility of online services being part of the clinical pathway. Alongside this engagement project, new governance arrangements, which took the form of legally binding agreements that enabled the parameters of a pan-London service procurement to take place. At the same time, payors agreed to align pricing for activity in clinics, to support system sustainability for both sides.

Results While many respondents said they value being able to go to a sexual health clinic, over half said they would use an online alternative. With the governance for this partnership finalised: aligned service specifications for both clinic provision and an e-service, could take place for the online service which launched in January ’18. The e-service has registered over 120k users since then

Conclusion The pressure of growing sexual health need on reduced public resource are self-evident, doing more of the same was not a viable or sustainable option. With efficiencies brought about through citywide cooperation, robust clinical and commissioner governance structures, access to services in London has been enhanced.

Disclosure No significant relationships.