

Methods Retrospective case note review of 100 MSU requests at a sexual health clinic between 2014 and 2015. The associated clinical presentations and culture results were identified.

Results 14% of MSU were requested within guidelines. 29% (4/14) of those were positive, compared to 22% (19/86) not requested within guidelines. Indications outside guidelines associated with positive culture included: women with lower urinary tract symptoms (11), men with dysuria only (3), pelvic inflammatory disease (2), asymptomatic with positive urine dipstick (2), and vaginal discharge (1). 15/23 were sensitive and 8/23 were resistant to trimethoprim.

Discussion/conclusion MSU is often requested inappropriately. This generates positive results associated with clinical presentations unlikely to indicate UTI. Greater awareness amongst clinicians of appropriate indications for MSU will support optimal resource utilisation in sexual health clinics. Resistance to our first line antibiotic, trimethoprim, was identified. Resistance patterns should be monitored so clinicians can confidently prescribe empirical treatment for lower UTI in non-pregnant women.

P029

HIS-UK CONDOM STUDY: AN INTERVENTION DEVELOPMENT STUDY WORKING WITH YOUNG MEN TO IMPROVE CONDOM USE SKILLS AND ENHANCE CONDOM USE EXPERIENCES

¹Cynthia Graham, ¹Sydney Anstee*, ¹Nicole Stone, ²Katherine Brown, ²Katie Newby, ¹Roger Ingham. ¹University of Southampton, Southampton, UK; ²Coventry University, Coventry, UK

10.1136/sextrans-2016-052718.83

Background The Kinsey Institute® Homework Intervention Strategy (KIHIS), designed to improve condom skills, enjoyment and self-efficacy, has demonstrated early evidence of efficacy in U.S. studies. The KIHIS places the impetus for change on the individual through solitary practice: experimenting with different condoms/lubricants; identifying best 'fit & feel'; and focusing on physical sensations.

Aim(s)/objectives To identify behaviour change techniques (BCTs) in KIHIS; to adapt and develop KIHIS for the UK context; to manualise and evaluate HIS-UK.

Methods Literature synthesis to identify additional BCT components and methods of delivery to address condom fit and feel. Stakeholder and user consultation through qualitative interviews (n = 15 men aged 16–25); advisory groups (e.g. consultants, commissioners); workshops (e.g. health promotion professionals)

Results Searches of online databases, July 2015, identified 1044 condom use intervention studies published since 2006; of these, 123 studies tested the effectiveness of behavioural interventions on condom use in high income countries – and only five targeted 'fit & feel' issues. In total 22 BCTs were identified, 16 of which were selected for inclusion in HIS-UK. Consultations have demonstrated enthusiasm for this 'fit & feel' approach, have enabled us to gauge UK preferences (e.g. condom kit contents) and have informed adaptation of the intervention.

Discussion This work ensures that the targeted outcomes, behaviour determinants and proposed mechanisms of action for HIS-UK are specified, so that future conclusions can be drawn about what works and why. An adapted and manualised intervention is currently being piloted for viability and operability among 50 men aged 16–25 years.

P030

DEVELOPMENT, IMPLEMENTATION AND EARLY EVALUATION OF A PILOT CERVICAL SCREENING CLINIC FOR WOMEN WHO HAVE BEEN SEXUALLY ASSAULTED

¹Jill Zelin*, ²Louise Cadman, ¹Jane Vosper, ^{3,1}Pavan Amara. ¹Barts Sexual Health Centre, St. Bartholomew's Hospital, Barts Health, London, UK; ²Centre for Cancer Prevention, Wolfson Institute of Preventive Medicine, Queen Mary University of London, London, UK; ³My Body Back Project, London, UK

10.1136/sextrans-2016-052718.84

Background One in five women does not attend for cervical screening when invited. This includes those who have experienced sexual violence, putting them at increased risk of cervical cancer. A pilot clinic was set up in partnership with the My Body Back Project (MBB). MBB supports women who have been raped to regain confidence and control of their body and health. The clinic offers cervical screening and STI testing for these women with a multidisciplinary collaboration between doctor, nurse, psychologist and MBB advocate as facilitator. It aims to provide time, space, shared control and understanding of the particular difficulties faced.

Aim To evaluate acceptability and uptake of a pilot cervical screening clinic for women with a history of sexual assault.

Methods Questionnaires were collected from women attending between August and December 2015.

Results 30 women attended (median age 34.4years). 48.3% had never been screened and 72.4% were significantly overdue.

Abstract P030 Table 1 Cytology results

Cytology result	Cytology at visit 1 (N = 26*)	Cytology at visit 2 (N = 3)	Total (%) smears taken
Negative	21	2	23 (79.3)
Unsatisfactory	1	0	1 (3.4)
Borderline HPV+	1	0	1 (3.4)
Results pending	3	1**	4 (13.8)
No cytology taken	2***	0	X
TOTAL	26	3	29 (100)

*1 women did not attend their appointments

**repeat smear for the unsatisfactory result at visit 1

***1 woman could not tolerate the examination and 1 was an inappropriate doctor's referral having been raped within the last month

Feedback showed 96.7% of women found the clinic very useful, the advocate helpful and felt understood. 86.2% found the smear taker and psychologist together helpful and 100% would recommend the service. Confidence in their ability to have a smear increased from slightly/in some situations before their examination to in some/most situations afterwards. Common qualitative themes included not feeling rushed, feeling in control and having needs understood.

Discussion/conclusion The uptake, waiting list and feedback from women suggest that this is a necessary and appreciated clinic. Further evaluation is required in order to improve and sustain the service.

P031

ESTIMATING LOCAL CHLAMYDIA INCIDENCE AND PREVALENCE USING SURVEILLANCE DATA

^{1,2}Joanna Lewis*, ^{1,2}Peter White. ¹Department of Infectious Disease Epidemiology, Imperial College London, London, UK; ²Modelling and Economics Unit, Public Health England, London, UK

10.1136/sextrans-2016-052718.85