

**Methods** A cross-sectional study explored non-medical prescribing in a London based GUM department between 1 January 2010 and 30 June 2010. A retrospective review of randomly selected clinical notes was performed. This included 382 nurse prescriber led and 255 non-prescriber led GUM consultations. Prescribing frequency; range of medications and diagnoses; independent episode completion and prescribing safety were investigated.

**Results** Medication was dispensed in 52.9% (n=337) of consultations in the 637 combined episodes. A total of 427 diagnoses were identified that required 34 different medicinal products and 452 treatments to be dispensed in total by nurse practitioners. The management of sexual contacts accounted for 22.1% (n=60) of treatments. A statistical difference in independent practice existed between practitioners ( $\chi^2$  test  $p < 0.001$ ), with prescribers 15.52 times (CI 9.41 to 25.59) more likely to independently complete episodes of care. Safe appropriate prescribing was identified in 99.1% (n=210) of cases. On two occasions a lack of documentation of concurrent medication or allergies made it difficult to assess safety. There were no serious errors in prescribing practice found.

**Conclusions** In our GUM clinic widespread use of prescribing skills was demonstrated. Nurses with prescribing skills were able to work more independently. Non-medical prescribing has been applied safely in accordance with clear treatment guidelines.

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#### A MOTIVATIONAL INTERVIEWING (MI) INTERVENTION AIMED AT REDUCING SEXUAL RISK TAKING IN MEN WHO HAVE SEX WITH MEN (MSM): THE LAUNCH OF A PILOT SERVICE

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**Background** HIV is one of the fastest growing serious health conditions in the UK. HIV+ MSM have an increased burden of sexually transmitted infections (STIs). Effective interventions are needed to reduce the risk to MSM's health. MI is an evidence based goal-directed approach to behaviour change. There is some evidence for its use in risk reduction in sexual health. A clinic was set up to deliver an MI based intervention to MSM who engage in "high risk" sexual activity. The aim is to reduce the frequency of patients' unprotected sex, thereby reducing risk of transmission/acquisition of STIs.

**Aims** The aim of this paper is to review the level of need for a MI based risk reduction clinic. An audit of referral data to the MI clinic was compared with an audit of referrals to the general sexual health psychology clinic. The latter receives referrals from sexual health; a proportion of total referrals to this service include clients who engage in high risk sexual activity.

**Methods** The MI clinic was publicised by presenting the clinic at teaching and multi-disciplinary clinic meetings. Patient leaflets outlining the service were distributed across clinic rooms. A survey of staff was carried out to assess potential need for the service. A comparison audit of referral data to the MI clinic vs the general sexual health psychology clinic over a 6-month period was carried out.

**Results** A comparison of the average number of referrals per month to the general psychology service vs the MI clinic was carried out. The MI clinic averaged 30% more referrals per month than the general sexual health psychology service. A survey of referrers showed that 67% of staff who were aware of the MI service reported that they had patients who would benefit from the service.

**Discussion** These results highlight the need for a specific service to address sexual risk taking. Further research is required to investigate whether MI is an effective intervention in this area.

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#### THE ASSOCIATION BETWEEN CONDOM PROFICIENCY, CONDOM PROBLEMS AND STI RISK AMONG SCOTTISH MSM

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**Background** The effectiveness of condoms in preventing sexually transmitted infections (STI) including HIV depends on consistent and correct use.

**Aims** To examine associations between demographics, STI risk, condom proficiency, condom problems and STI acquisition among MSM and to direct discussion and debate towards thinking about how and why it might be important to improve condom use skills.

**Methods** Cross-sectional surveys of MSM were conducted in GUM clinics and commercial gay venues in Summer 2010. The self-completed, anonymous questionnaires recorded data on socio-demographic variables, numbers of unprotected anal intercourse (UAI) partners in the preceding year, STIs diagnosed over the previous year and self-reported condom problems and condom proficiency.

**Results** 792 respondents provided data with an overall response rate of 70% (n=459 clinic sample, n=333 community). Number of UAI partners was the strongest predictor of self-reported STI acquisition over the previous 12 months. Demographic characteristics were not associated with self-reported STI diagnosis. However, condom proficiency score was associated with self-reported STI acquisition in the previous 12 months. Condom problem score was also associated with self-reported STI diagnosis in the clinic but not community sample. Condom problem score remained associated with STI diagnosis after adjusting for number of UAI partners with logistic regression.

**Discussion** This study identified a measure of condom use associated with likelihood of STI diagnosis when controlling for number of UAI partners. Targeting those who experience condom problems may improve overall frequency and consistency of condom use among MSM; in turn reducing likelihood of STI acquisition. This could involve developing condom problem scales into screening tools for STI risk. Accordingly we encourage further research to determine the value of condom use training as a potential intervention to improve sexual health among MSM.

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#### IMPROVING THE MANAGEMENT OF ANTENATAL WOMEN WITH POSITIVE SYPHILIS SEROLOGY WITHIN A GENITOURINARY MEDICINE SERVICE

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**Background** Congenital syphilis (STS) can be prevented through antenatal screening and treatment. The true incidence of congenital STS is unknown; ~10 cases/yr have been reported to the HPA by GUM clinics (probably reflects 30%–50% of cases). An audit at our centre (~5000 deliveries/yr) in 2004, highlighted suboptimal management of pregnant women with positive STS serology.

**Methods** A pathway has subsequently been developed and we report our findings since June 2004. Antenatal screening results are reviewed by a multidisciplinary team (MDT: virology, GU, antenatal, paediatric) experienced in the management of syphilis. Our GU team manages all pregnant women with positive serology who undergo full evaluation (incl. an STI check), further tests or treatment as necessary and follow-up of the neonate.

**Results** 123 referrals (108 pregnant women with positive STS serology) were received by the GU department from June 2004 to December 2009. Of these referrals, 36% (44) had STS (1 primary, 1 secondary, 6 early latent, 36 late latent), 37% (46) were previously