younger women (<26 years 57/111; 51%) found the service more stigmatising than older women (>25 years 27/49; 55%). Perception of the service as stigmatised was more prevalent among first time service users (48/84; 57%) than among those who have been there before (59/109; 54%) and among women attending for sexual health (SH) only (40/60; 66%) or for SH and contraception (FP) (11/20; 55%) than among women attending for FP only (29/56; 52%) than. None of these differences reached statistical significance.

Discussion Our survey shows that integrated services are perceived by as stigmatised by over 50% of service users. While this perception was even more prevalent in some subgroups it is more likely that the perceived stigma is a characteristic of the service than the subgroup. To address this we propose to change the image of the service to one that promotes a healthy life stile—including a healthy sexual life.

P155 SUPER ACCELERATED COURSE OF HEPATITIS B VACCINE—10 YEARS ON, IS IT WORKING?

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Background In 2002 the super-accelerated hepatitis B vaccination schedule was introduced in GUM clinics. At that time an audit was undertaken in our department to evaluate completion of the vaccination schedule.

Aim This study aims to see if and why things have changed 10 years on?

Methods A computer search of those coded with P2 identified the first 100 patients who commenced hepatitis B vaccination from April 2011. Notes were analysed and data collected on indication for vaccination, number of vaccines administered and whether serological response to vaccine was measured. Results were then compared to the previous study done in 2002.

Results In 2002, 116 patients commenced hepatitis B vaccination over a 12-month period; in 2011 there were 298. Five patients were excluded from the study as serological testing showed they were already immune or had active infection. The abstract P155 table 1 below shows the number of vaccines each person received. The proportion of MSM receiving three vaccines was 51.6%.

Abstract P155 Table 1 Comparison of number of Hepatitis B vaccines completed

	2002	2011
1 vaccine only	9.5%	15.8%
2 vaccines only	18.1%	24.2%
3 vaccines	72.4%	60%
Serological response measured	33.6%	29.4%

Discussion The number of people being vaccinated against hepatitis B has increased significantly over 10 years in keeping with increased patient numbers. However the proportion of people completing three vaccines has significantly reduced, especially in MSM. This study has prompted us to look at the information and explanation given to patients before commencing an immunisation schedule. In addition, to improve compliance we will be encouraging each patient to make future appointments at initial visit. As automatic appointment SMS messages are sent out 24 h in advance, making appointments ensures a timely reminder of the due dose is sent. All patients should also receive written information about hepatitis B vaccination. With these measures in place we will hopefully improve patient uptake of all three hepatitis B vaccines. Future audit will see if we have been successful!

P156 SURVIVORS OF MALE SEXUAL ASSAULT ATTENDING AN INNER CITY SEXUAL ASSAULT REFERRAL CENTRE (SARC)

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Background Male sexual assault (SA) is a widely unreported crime. Published data demonstrate that male victims are often lost to follow-up. We need to understand this group better in order that we target their specific needs.

Methods Case notes of men attending an inner city SARC for a forensic medical examination (FME) between 1 January 2011 and 31 December 2011 were identified. A detailed notes review was performed and we report the findings.

Results 21 males received an FME in this time period, of whom 3 were <13. 18 men were aged 18—97 years (94%, 18—40). 50% were white, 28% black and 22% Asian. Of those who were sexually active, 56% were homosexual and 44% were heterosexual. 78% were referred by the police and attended within 72 h of the alleged assault. A third reported a suspected drug facilitated sexual assault. 78% reported factors increasing their vulnerability. 94% reported anal penetration. Receptive oral and digital penetration was also reported. No condom was used in 50% of incidents; in 39% condom use was unknown. 28% were assaulted in public, 44% in the assailants home and 22% in their home. 61% of assailants were strangers. One assailant was reported by 50% and two or more by 39%. The SA was accompanied by physical assault in 22%. Non-genital injuries were documented in 61%. PEP against HIV was commenced in 61%. 33% were followed-up at SARCs, 39% in sexual health clinics and three declined follow-up. Within the SARCs one client tested positive for Hepatitis C, one had latent syphilis and two were known to have pre-exisiting HIV.

Conclusion When compared with published data regarding female SA, males are experiencing more assault from strangers, more extra genital injuries, higher numbers with multiple suspects and have higher rates of vulnerability. Small numbers of men are attending SARCs compared to females; this may in part be due to lack of awareness on the part of the victim. Increased help is needed from external agencies for aftercare and publicity campaigns.

P157 RE-AUDIT REFLECTIONS: MANAGEMENT OF SEXUAL ASSAULT ATTENDANCES TO GUM

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Introduction In 2008 we showed that our management and documentation of sexual assault (SA) improved significantly with the introduction of a specific proforma and health advisor led care.

Aim To describe SA attendances to our clinic, audit notes against new BASHH guidelines and compare with audit 2008 results.

Methods Retrospective case note review of all SA attendances in 2010. BASHH standards (2011) were used. Exclusion criteria: prior attendance at another GUM clinic post-SA, SA >1-year prior to attendance. Results were compared with previous audit and p values obtained using χ^2 and Fisher's exact tests.

Results Of 84 attendances, 87% were female, 92% white, 88% heterosexual, median age was 23 years. 57% were self referrals. 42% had partial or no recollection of the SA. Abstract P157 Table 1 showing comparison of standards between audit 2008 ad 2010 Documentation of standards new since BASHH 2011 guidelines was

poor: self harm risk assessment 3.4%, physical injuries 17% and bleeding 0%.

Abstract P157 Table 1

	Audit 2008 n=127 (%)	Audit 2010 n=84 (%)	p Value
Proforma use	79 (62)	69 (82)	0.002
Assailant details asked	123 (97)	84 (100)	0.159
Anal/oral penetration asked	86 (68)	77 (92)	0.001
Condom use documented	112 (88)	84 (100)	0.001
Documented victim alcohol/drug use	89 (70)	65 (77)	0.242
Prophylactic antibiotics offered	62 (49)	44 (52)	0.612
Emergency contraception offered	127 (100)	82 (98)	0.157

Discussion Proforma use has continued to improve since 2008 and consequently documentation overall is better. Despite this we achieved less than the recommended 100% in some standards. Although adherence to newer BASHH standards was poor, revision of our current proforma to include these should lead to measurable improvement. SA victims were young and worryingly almost half had little or no recollection of the event. Several reported alcohol/drug use prior to assault but also expressed concern around drink spiking. GUM clinics should work closely with other organisations to raise awareness of alcohol misuse and vulnerability to assault.

P158 UNDERSTANDING THE VERY YOUNG PEOPLE ATTENDING SEXUAL HEALTH SERVICES; THEIR CLINICAL NEEDS AND SOCIO-DEMOGRAPHICS

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Background Research has shown links between earlier age at sexual intercourse and higher sexual risk-taking and substance abuse, as well as between earlier pregnancy and an unhappy childhood. We wanted to investigate the clinical needs and behavioural risk factors of our local cohort of very young people.

Aim To investigate the socio-demographic and clinical characteristics of all under 14-year olds attending sexual and reproductive health services in Glasgow over a 1-year period from 1 August 2009 to 31 July 2010.

Method Data analysis by retrospective case-note review.

Results 81 under 14s attended a total of 142 times over the year. The mean age was 13.2 years; the youngest 11 years old. 70.4% were female. 61.7% were sexually active. 63% attended for contraception, half of these requesting condoms; 14% for a sexual health screen (SHS) and 14% for a pregnancy test (PDT). 32.1% of the whole cohort were already known to social services; for sexually active females this proportion increased to 49%, and for those requesting a PDT it was 58.3%. Substance abuse was documented in 26% of all those who were sexually active, a third of those requesting a PDT, and half of those requesting a SHS. 4/9 sexually active 12-year olds had a history of sexual abuse. Two clients had previous pregnancies reported; one had a sexually transmitted infection diagnosed. Only 24% of sexually active clients were documented as using any contraception, including condoms. Of the 71 clients with documentation, 18.3% had child protection concerns.

Discussion Significant risk factors are evident especially related to substance, sexual and domestic abuse. A large proportion of under-14s attending sexual health services are known to social services suggesting a history of family and/or school problems. The importance of assessing all potential socio-demographic risk in young people is highlighted, especially in those who are sexually active, requesting pregnancy tests or sexual health screens.

P159 ON THE ROAD: DELIVERING SEXUAL HEALTH SERVICES TO VULNERABLE POPULATIONS IN HARD-TO-REACH AREAS

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Background Studies show a correlation between poor general and sexual ill health. These health inequalities are not evenly distributed within the population. Hammersmith & Fulham (H&F) houses some of the most deprived areas in England, many of which have high rates of ill health. Barriers to successful community healthcare engagement are manifold and encompass access, stigma and social issues.

Aims/Objectives In order to tackle these barriers, increase engagement and subsequent uptake of screening we deliver *wellperson* screens, incorporating sexual health checks, in a purpose built *healthbus* targeting the most economically challenged areas of H&F. The service was designed to normalise sexual health screening in the context of a routine *"check-up."*

Method In 2011, 15 clinics were provided. Data were collected pertaining to gender, ethnicity, screening/service provision, well-being parameters, referrals and follow-up.

Results 243 patients attended the health bus, 145 were male. Almost half (46.9%) accepted sexual health screening leading to the identification of HIV (one), Syphilis (one) and Chlamydia (five). Wellperson checks led to 59 referrals to allied services, pertaining to 52 individuals. One third (19) of those referrals were to level three sexual health services, just under two-thirds (37) were referred to their GP (25 for hypertension, one for glucosuria and 11 for other medical reasons) and three were referred to smoking cessation services.

Discussion/Conclusion Linking sexual health with general well-being checks has shown to be an acceptable way to increase screening uptake in our local community. The clinic has also highlighted the extent of ill health in H&F, continued health promotion via innovative strategies such as the healthbus may help to tackle these health inequalities.

P160 COMPLEX GUM: AN AUDIT OF A CONSULTANT LED SERVICE

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Background A minority of patients present to GU services with complex, recurrent or chronic issues requiring senior review which is challenging in a busy walk-in service. A specialist clinic was set up to facilitate appropriate diagnosis and management.

Objectives To describe referral patterns, diagnoses and outcomes.

Methodology Retrospective case note review of booked patients between 2 September 2010 and 9 December 2010. Demographics, referrer, reason for referral, management and outcomes collected.

Results 102 appointments were made for 84 patients 65 attended, 82 reviewed. 55% were female. Average age 36. 94% referred from within the service, all staff groups represented including SpRs,