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,