with a previous audit from 2012; following which recommendations were made, including efforts to contact the source patients.
Results A total of 126 patients attended for PEPSE during the 2014 audit period; median age 28 years (range 17–53); majority male (93.7%); homosexual (81.0%); White British (79.4%). Baseline HIV tests were performed in 99.2%; PEPSE was prescribed in accordance with BASHH recommendations in 98.4% and 97.6% were provided <72 h. In 15.1% the source was contacted.

In comparison with our 2012 audit, there were fewer women (6.3% vs 20.6%) who accessed PEPSE and there was an improvement in PEPSE being prescribed in accordance with BASHH recommendations (98.4% vs 92.7%). There was a statistically significant improvement in the number of source patients contacted (15.1% vs 2.9%; $p < 0.01$). In the case of 19 patients in whom the source was contacted, 4 were able to stop taking PEPSE (21.1%).
Discussion/conclusion The number of patients accessing PEPSE has remained high and forms an important part of service provision in sexual health clinics. Contacting the source is an important step to reduce the unnecessary prescribing of PEPSE.

P74 POST EXPOSURE PROPHYLAXIS: BASHH REGIONAL AUDIT 2014

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Background/introduction In 2011 British Association of Sexual Health and HIV (BASHH) updated their guidelines on HIV post-exposure prophylaxis (PEP).
Aim(s)/objectives To audit the management of patients treated with PEP for both sexual and non-sexual risk in GUM clinics against BASHH PEP guidelines.
Methods A retrospective case notes review was performed on patients attending for PEP following both sexual and non-sexual risk, in 7 GUM clinics in Wessex between January–December 2013. Data collected included indication for PEP, time to commence, STI screening, completion rates and HIV testing done at baseline and 3 months post-PEP.
Results 98 case notes were reviewed. 77 patients had a sexual risk (47/77 men who have sex with men) and 21 a non-sexual risk. 92% of patients had a baseline HIV test at <72 h (target 100%). 73% of PEPSE prescriptions fitted within recommended indications, however only 28% of PEP prescriptions following non-sexual risk fitted within the recommended indication (target 90%). 100% of patients received PEP within 72 h and 62% of patients completed 4 weeks PEP (target 75%). 54% of patients had an HIV test at 3 months post-PEP (target 60%) and 70% of patients receiving PEPSE had an STI screen (target 90%).
Conclusion This audit demonstrated some good management such as baseline HIV testing and the time to commence PEP. It also revealed areas to be improved, in particular PEP prescribing in a non-sexual risk situation, where often the risk was not a recommended indication. This highlights the importance of continued education to all PEP prescribers.

Category: HIV testing, new diagnoses and management

P75 PATIENT SATISFACTION WITH HOME DELIVERY SERVICE FOR ANTIRETROVIRAL MEDICATION

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Background/introduction There is much interest in the use of home delivery services for antiretroviral medications. Advantages include convenience for patients, but notably, being VAT exempt, considerable cost benefits. In a small clinic like ours (cohort 174 patients), the estimated annual saving is £85,000. Disadvantages include concerns about confidentiality and inconvenience.
Aim(s)/objectives To assess the level of patient satisfaction with homecare delivery with a goal of 90%, and to exclude 'never events': delivery to wrong person/address or patient running out of medication.
Methods Between April and July 2014 we conducted an opportunistic paper-based survey of patients attending the HIV clinic. Results were analysed using Microsoft excel.
Results Completed questionnaires were returned from 57% of all homecare users. 85% reported telephone contact was good or very good but 23% experienced failure to deliver within the agreed time slot, some on multiple occasions. One patient reported running out of treatment and two deliveries had been made to an incorrect address. Overall satisfaction with the service was 81%.
Discussion/conclusion This survey had a number of limitations: it was not completely randomised or anonymised, used subjective measures, did not account for patient compliance and did not explore reasons for declining homecare. Overall satisfaction with the service fell short of our goal of 90%. More importantly there were 3 'never events', two of which involved potential breach of confidentiality and caused considerable distress to the patients. The results have been fed back to the homecare delivery provider with a particular focus on avoiding 'never events'.

P76 STI SCREENING IN HIV POSITIVE PATIENTS ATTENDING A CITY-CENTRE HIV CLINIC

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Background/introduction STI screening and treatment of HIV infected individuals is essential for the health of each individual and to prevent onward HIV transmission.
Aim(s)/objectives To audit STI screening among our HIV cohort against 2007 BHIVA, BASHH, and FSRH guidelines on management of SRH of people living with HIV.
Methods Case notes of the first 150 patients attending from 1 January 2014 were reviewed. Data gathered included: Demographics, sexual history taking in the last 6 months, STI screening in the last 12 months and STI diagnoses.
Results 54 patients were female (36%) and 96 male (64%). Average age was 43 (range 17–71). 81 patients (54%) were White British, 53 (35%) Black African. 95 (63%) patients were heterosexual, 53 (35%) gay, and 2 (1%) bisexual. Demographics were representative of the whole cohort (444 patients). Sexual history was documented for 121 patients (81%) in the last

6 months, 78 (64%) reported being sexually active. 14 (12%) reported at least 1 new partner in the last year. 52 (35%) were offered STI screening in the last year and 32 accepted (62%). 9 (28%) were diagnosed with STI(s): Gonorrhoea, chlamydia, warts, LGV, syphilis and hepatitis C. Those reporting partner change were more likely to be diagnosed with STI(s) (58% of those screened vs 10% not reporting partner change, p = 0.002).
Discussion/conclusion A high prevalence of STIs was observed. Sexual history taking is essential to identify those most at risk. However, STIs were diagnosed in those reporting no partner change, supporting routine STI screening among our cohort.

P77 UNDIAGNOSED HIV: CAN AT RISK GROUPS BE IDENTIFIED FOR A NEW TESTING STRATEGY?

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Background/introduction Public Health England report (Nov 2014) the number of HIV tests is increasing, number of positive diagnoses decreasing, but proportion undiagnosed HIV unchanged. We aimed to suggest new local strategy. Demographically identifying late diagnoses (CD4 <350 cells/mm^3) would find groups within the population more likely to be diagnosed late. Testing that group could uncover undiagnosed early HIV.
Methods Data gathered about HIV diagnosed in our city Jan 2009–Dec 2014: age, gender, ethnicity, orientation, previous test, indication, place tested. Chi-Square compared early/late diagnoses. Under-served compared to well-served demographics.
Results 251 new diagnoses in 5 years. 125 early, 126 late. Disproportionate late diagnoses:

- females (p = 0.023) without previous test (p = 0.006)
- HSM (heterosexual males) (p = 0.068) without previous test (p = 0.004)

No significant difference between early/late diagnosis:

- ethnicity: Caucasian, sub-Saharan African, other (p = 0.103)
- age: <50 vs >50 (p = 0.74)
- bisexual males (p = 0.87)

Disproportionate early diagnoses:

- MSM males (p = 0.032) with previous test (p = 0.052)

Abstract P77 Table 1 HIV testing

	Females	HSM no prev test	MSM
Total	48	37	119
Median age	34 (20–64)	43 (22–76)	35 (17–66)
Median CD4	221 (8–941)	177 (2–718)	419 (8–1003)
Indications	Antenatal testing 8/48	Partner positive 7/37	SH screen asymptomatic 34/119
	Partner positive 7/48	Respiratory illness 7/37	SH screen symptomatic 17/119
			Partner positive 17/119
Place	GUM 13/48	Secondary care	GUM 59/119
	GP 10/48	15/37	GP 19/119
	Secondary care 10/48	GP 9/37	GUM outreach 14/119

Discussion/conclusion Barriers to earlier self-presentation of females and HSM should be examined. MSM benefit from specialised clinics yet are <50% diagnoses. Likely public and clinician unawareness of risk excludes earlier testing.

P78 IS ROUTINE HIV TESTING BY NURSING STAFF ADMITTING PATIENTS TO HOSPITAL FEASIBLE?

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Background/introduction Routine HIV testing in acute medical admissions is recommended in areas of high HIV prevalence. A local sero-anonymous prevalence study suggested high rates of undiagnosed HIV in both medical and surgical admissions. We have developed a successful non-clinician based model of HIV testing using a dedicated Health Care Assistant (HCA) in medical admissions. We are keen to move back to clinician-based HIV testing using the HCA as a testing-facilitator offering education and a bespoke HIV testing training resource to support HIV testing. This model will allow roll-out of HIV testing to all admissions.
Methods A service evaluation through purposive sampling to assess whether nursing staff would be willing to perform routine HIV testing and to pilot the HIV testing training resource.
Results 10 nurses from the Emergency Department, Acute Medical Unit, and medical wards responded. 4/10 felt that current coverage (a single HCA) was inadequate. 8/10 said they would be willing to routinely test admissions for HIV provided support and training from the HIV Screening HCA was given, especially around the informed consent process. 1/10 suggested that routine screening would make discussing HIV testing less awkward. 8/10 felt the training resource was comprehensive and helpful.
Discussion/conclusion This pilot suggests that Routine HIV testing by nursing staff admitting patients is feasible with the support of an HIV testing facilitator and an HIV testing training resource.

P79 HIV MONITORING AND INVESTIGATIONS, AN AUDIT SERIES: USE OF VISIT THEMED PROFORMAS TO IMPROVE CARE

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Background Recommended HIV routine monitoring and investigations in the outpatient setting has become increasingly extensive. HIV clinics use different methods including proformas to record consultation visits. Due to time constraints, in a busy clinic, the recommended monitoring and investigations can be overlooked.
Aim To raise standards of monitoring and investigation of HIV attendees by reviewing our clinical proformas.
Method Three annual retrospective case notes review of 50 to 53 patients with HIV attending service for HIV related care. Standards were set based on national BHIVA standards. In 2011 an annual proforma was introduced, which was updated in 2012 to meet the BHIVA 2011 monitoring guidance. However, the annual visit was then long and time constraining, so in 2013