Aims To collate and assess the existing literature on the role of and barriers to the GP providing shared care for PLWHIV.
Methods MEDLINE, PsycINFO and EMBASE were searched using MESH terms "HIV" or "AIDS" combined with "general practice" or "primary health care". Empirical studies from developed countries relating to the role, involvement or barriers of GP utilisation in shared care were used. Eleven research articles were eligible for this review.
Results Most GPs and patients want to engage in shared care. 81–89% PLWHIV were registered with a GP and 78% had disclosed their status. Potential barriers included lack of specialist knowledge, accessibility, issues of confidentiality and stigmatisation, and poor communication between services. GP engagement was dependent on their experience with HIV, local prevalence of HIV and patient level of morbidity.
Conclusions This review demonstrated large variations between UK health service provisions for PLWHIV. Disclosure to GPs has improved in the post-HAART (highly active antiretrovirals) era; however remaining barriers to shared care, primarily communication between services, needs to be addressed. Further research to develop models of shared care for PLWHIV is necessary to provide comprehensive safe, good quality care.

P125 IMPROVING CLINICAL STANDARDS IN GU MEDICINE: A RETROSPECTIVE AUDIT OF NEISSERIA GONORRHOEAE

Jessica Jefferson*, Sris Allan. *Coventry and Warwickshire Partnership Trust, Coventry, UK*

10.1136/sextrans-2015-052126.168

Background This was a retrospective analysis of clinic performance in the management and treatment of Neisseria gonorrhoeae (GC) according to current British Association of Sexual Health and HIV (BASHH) guidelines.
Methods All cases of GC diagnosed at our clinic between 1st January and 30th June 2014 were identified. The case notes were reviewed and assessed against current BASHH criteria. This was compared to data collected at the same clinic for the same six months in 2007 to 2014. The total number of cases identified in 2014 was 126.
Results

Conclusions Current BASHH targets have been achieved in only 1 out of 5 criteria, there was a drop from 100% (2013) to 97% (2014) in patients not receiving 1st line treatment. Targets for chlamydia screening/treatment were met. There was very poor performance in offering written advice in 2014 – this is likely due to poor documentation rather than clinical practice. A new facility, implemented during the audit period, on our computer system now gives a visual prompt for recording the provision of written information. This will need to be re-audited in 2015 to look for improvement. We recommend making the input of information to be a compulsory entry before allowing the entry to be saved. Further staff training and awareness of arranging TOC needs to be addressed, and we recommend a re-audit of this next year. We suggest that we should implement a TOC entry facility on our patient record to prompt users to arrange this for the patient.

Criterion	2007	2008	2009	2011	2012	2013	2014
1) All patients treated for GC should be recommended to have a test of cure (TOC)				(36% had a TOC)	91% (66% had a TOC)	84.6% (52.9% had a TOC)	91% (60% had a TOC)
2) All patients with gonorrhoea should be screened for genital infection with *Chlamydia trachomatis* or receive presumptive treatment for this infection	100%	100%	100%	98.6%	100%	100%	100%
3) All patients identified with gonorrhoea should have partner notification carried out according to the published standards of the BASHH Clinical Standards Unit	82%	95%	92%	92%	88%	90.4%	93%
4) All patients identified with gonorrhoea should be offered written advice about STIs and their prevention	32%	64%	81%	61%	50%	66%	27%
5) All patients with gonorrhoea should receive first-line treatment, or the reasons for not doing so should be documented	77%	96%	100%	97%	88%	100%	97%

P126 THE 2014/15 EUROPEAN COLLABORATIVE CLINICAL GROUP (ECCG) SERVICE EVALUATION ON THE MANAGEMENT OF PELVIC INFLAMMATORY DISEASE

[1]Omome Etomi*, [1]Sabah Ahmed, [1]Ben Brooks, [2]Gilbert Donders, [3]Mikhail Gomberg, [4]Peter Greenhouse, [5]Jorgen Jensen, [6]Phillipe Judlin, [7]Jonathan Ross, [8]Emily Clarke, [8]Raj Patel. *[1]Southampton Medical School, Southampton, UK; [2]Antwerp University Hospital, Edegem, Belgium; [3]Moscow Scientific and Practical Centre of Dermatovenereology and Cosmetology, Moscow, Russia; [4]Weston Integrated Sexual Health Centre, Bristol, UK; [5]State Serum Institute, Copenhagen, Denmark; [6]University Hospital Nancy, Nancy, France; [7]University Hospitals Birmingham, Birmingham, UK; [8]Royal South Hants Hospital, Southampton, UK*

10.1136/sextrans-2015-052126.169

Background Pelvic Inflammatory Disease (PID) describes a broad spectrum of disease primarily diagnosed clinically, with signs and symptoms lacking both specificity and sensitivity. Mycoplasma genitalium (MG) is being increasingly implicated in cases of non-chlamydial non-gonococcal PID. The core principle of the management of PID remains to maintain a low threshold for diagnosis and treatment to prevent long-term sequelae.
Aim To evaluate the current management of PID amongst sexual health physicians across Europe against the current European guidelines.
Methods A clinical scenario based questionnaire was developed by a panel of European experts on PID, and this was disseminated to a group of 120 sexual health physicians across 38 countries who are members of the European Collaborative Clinical Group (ECCG) – a network of sexual health specialists who conduct questionnaire based research across the European region.
Results Provisional results demonstrate variation in practice across Europe and this is most marked in routine testing for and treatment of MG-associated PID, factors influencing the choice of antibiotic therapy, and action taken when an intrauterine device or system is *in situ*. Full results will be available by the conference.
Conclusion The management of PID varies across Europe and is not always in line with current European guidelines. There is a need for ongoing Europe wide education to ensure that patients are receiving evidence based care. Furthermore, there are issues