Aim The aim of this Audit was to assess if STI screening in a single Level 1 GP surgery met BASHH Guidelines.
Methods A retrospective audit of 15000 patients was carried out over an audit period of 2 years. Notes of patients coded with a positive test result for Chlamydia or Gonorrhoea were reviewed and clinical practice compared to BASHH guidelines in 4 areas:

- Method of investigation
- Antibiotic treatment
- Screening offered
- Partner notification.

Results

Audit standard	Percentage of patients with positive diagnosis of Chlamydia/Gonorrhoea
Gold standard investigation used for diagnosis	62%
Appropriate antibiotic used	100%
Screening for HIV and Syphilis performed or offered	19%
Risk assessment/screening performed for Hepatitis	4%
Partner notification discussed at time of treatment	79%

Discussion Results would suggest that clinical practice does not always meet BASHH guideline recommendations. Also of note is the low number of diagnoses, a total of 29 in the 2 year audit period. During this time there were 7636 patient encounters of people aged 17–24, all of which are potential screening/health promotion opportunities. Missed opportunities to promote sexual health or perform a full sexual health screen could lead to a higher prevalence of unrecognised sexual health conditions in an at risk group, where extreme rurality can make access to local sexual health clinics challenging.

P162 DO STAFF IN SEXUAL HEALTH FEEL COMPETENT SEEING MEN POST INTEGRATION OF SERVICES?

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Background/introduction Integration of Genitourinary Medicine and Sexual and Reproductive Health is happening across Scotland. This means that some staff previously seeing only women are now dealing with men.
Aim(s)/objectives We wanted to identify if staff felt competent and trained to manage male patients.
Methods A link to a web based survey (10 questions) was emailed to all clinical staff in two services in Scotland who provide specialist care to a similar size of population but have a different approach to clinic service provision.
Results There were 16 responses from centre 1 and 21 responses from centre 2. 68% (centre 1) had routinely seen male patients prior to integration versus 33% (centre 2.) 81% (centre 1) and 66% (centre 2) said they felt comfortable taking a history and examining male patients. 100% (centre 1) but only 71% (centre 2) said they had access to local and national guidelines in the clinic. 75% (centre 1) and 62% (centre 2) felt they had enough training for managing straightforward cases in both heterosexuals and MSM. 14% (centre 2) felt they had enough training for only heterosexual men but not enough for MSM. 25% (centre 1) and 24% (centre 2) felt they hadn't had enough training for managing either heterosexual males or MSM.
Discussion/conclusion The survey highlights that there is further training needed within both centres so that staff feel confident in managing both heterosexual males and MSM.

P163 YOUNG ADULTS' VIEWS OF BEING OFFERED RE-TESTING FOR CHLAMYDIA AFTER A POSITIVE RESULT: RESULTS OF A 2014 ONLINE SURVEY

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Background/introduction Individuals who test positive for chlamydia are at increased risk of subsequently testing positive. NCSP standards recommend offering re-testing three months after treatment completion. Concerns have been raised that re-testing could undermine prevention messages.
Aim(s)/objectives To elicit young adults' views on the acceptability, and their preferred method, of being offered re-testing, as well as their reaction to and understanding of re-testing.
Methods We conducted a cross-sectional web-based anonymous survey of 1,218 young adults aged 16–24 resident in England with a history of chlamydia testing. Respondents were recruited through a market research panel, and Likert-scale questions were based on a young adult focus group.
Results The most acceptable and preferred methods of being offered re-testing were being given an appointment with initial test result (75%, 914/1,218 acceptable; 17%, 204/1,218 preferred) and being sent a text message reminder (72%, 875/1,218 acceptable; 20%, 244/1,218 preferred). Most said they would welcome an offer of re-testing (84%; 1024/1,218) and understand why they were offered this (82%, 994/1,218). Most agreed that if they were offered re-testing they would be more likely to complete the course of chlamydia treatment (83%, 1007/1,218) and use condoms with their partner until the test (80%, 970/1,218). Most disagreed that that they would be more likely to have one-night stands (63%, 772/1,218) or discourage their partner to get tested (60%, 735/1,218).
Discussion/conclusion Young adults report they would welcome an offer of re-testing and understand the reasons for being offered this. There was little evidence that it would increase sexual risk behaviour.

P164 DOES A WALK-IN FOLLOW-UP CLINIC FOR GENITAL WARTS DECREASE CLINIC NON-ATTENDANCE RATES?

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Background BASHH guidelines recommend a follow-up review in the management of some sexually transmitted infections; however, patient non-attendance for booked follow-up appointments leads to inefficiency in service provision. In 2013 we reviewed our booked follow-up appointments and found our