

anxiety and mistrust of the medical profession. Synacthen tests were performed in the majority of cases. The duration of adrenal suppression varied from 1 month to >4 years. Clinic letters first carried a postscript warning re the interaction in 2007.

Discussion Iatrogenic Cushings/adrenocortical suppression carries significant long-term morbidity. Innovative strategies to improve dissemination of information to healthcare professionals and patients are needed.

Section 3: Nurses & Health advisors oral Presentations

NH1 ARE WE MEETING THE NEEDS OF YOUNG PEOPLE?

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Background/introduction Research has shown that young people (YP) value services that provide easy access with confidential, prompt and comprehensive care. Healthcare professionals working in YP services need to be vigilant to vulnerabilities to child sexual exploitation (CSE) such as sexting: the sending of sexual images via mobile phone/social media.

Methods We carried out an anonymous patient survey based on the "You're Welcome" standards between November 2015 and March 2016

Results 54 surveys were included in the final analysis. Access: 16/54 (30%) were repeat attenders, 11/54 (20%) were referred by GP, 9/54 (17%) were recommended by a friend, 5/54 (9%) found the service via clinic website. Waiting time: 34/53 (63%) waited 30 minutes, 14/54 (26%) between 30–60 minutes. Confidentiality: 47/54 (87%) were made aware of the confidentiality policy. Services: 54/54 (100%) felt the clinic offered all the services they were expecting. 53/54 (98%) felt that the waiting room displayed information tailored to YP. Contraception was discussed in 33/54 (61%) of consultations and 22/54 (41%) were offered a local condom card. 54/54 (100%) of patients felt they would return to the clinic again in the future. Sexting: 25/54 (46%) had sent an image of themselves and 14/54 (26%) felt this had led to a negative outcome. Only 8/54 (14%), however, were asked about this during their consultation.

Discussion/conclusion Our YP clinic evaluated well. A high proportion of these YP had engaged in sexting and acknowledged a negative impact on their lives. Few were asked about this, however, illustrating the need for ongoing training and support of HCPs working with YP around asking non-clinical questions, and being up to date with the constantly evolving face of CSE.

NH2 WHAT EFFECT DO PRACTICE VISITS HAVE UPON OPPORTUNISTIC CHLAMYDIA SCREENING TEST UPTAKE AND CASE DETECTION IN PRIMARY CARE? AN AUDIT OF 81 GENERAL PRACTICES IN OXFORDSHIRE

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Background/Introduction The National Chlamydia Screening Programme in England aims to reduce transmission and prevent complications through early diagnosis. The 'Value for Money' review proposed opportunistic screening in general practice supported by specialist services.

Aims/Objectives To evaluate the effect of practice visits upon chlamydia screening coverage and case identification in young people aged 15–24 in Oxfordshire, April 2012–March 2014.

Methods Quarterly counts of total screens and positive tests for general practices in Oxfordshire were linked to records of practice visits (date, attendance) and characteristics of practices (location, deprivation, practice size). Testing and positivity rates three months prior to screening officer visits (baseline) were compared to rates in the 0–3 and 4–6 months following a visit. Pre- and post-visit counts were compared using multivariate generalised estimating equation models, accounting for repeated measures by practices and confounders.

Results Practice screen counts were available for 136 periods before and after visits to 81 practices. Practices reported a median of 9 tests in the 3 months prior to visits or 3% screening coverage of registered 15–24 year olds. Screen counts were significantly higher following visits (Table 1), and positively associated with higher staff attendance at those visits. Also, there is an increase in number of positive cases diagnosed immediately after visits.

Conclusion Practice visits serve as a good reminder for staff in general practice to offer test opportunistically. However, there is a need for an enhanced intervention to sustain any increase in screening coverage and diagnoses following visit.

NH3 PARTNERSHIP WORKING TO ACHIEVE SUCCESSFUL HEALTH BOARD-WIDE HEPATITIS B PARTNER NOTIFICATION OUTCOMES

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Background/Introduction The Sandyford Shared Care Support and failsafe (SSCS) service managed by the Sexual Health Advisers provides advice and support to NHS Greater Glasgow and Clyde Health Care Professionals in the management of individuals diagnosed with a sexually transmitted infection or blood borne virus. In relation to Hepatitis B infection their role is to make contact with testing clinicians by telephone to review the case, facilitate timely results giving and onward referral to appropriate specialist services, co-ordinate and assist with public health activities arising from each case, document and audit outcomes.

Aims(s)/Objectives To demonstrate the impact of SSCS support to promote partnership working to achieve effective and auditable partner notification outcomes for acute and chronic Hepatitis B cases.

Methods Acute or chronic Hepatitis B cases between 1 September 2012 and 31 December 2015 were reviewed. Partner notification outcomes documented for identified sexual partners, family and household contacts requiring testing and vaccination were examined.

Results A total of 710 cases of Hepatitis B were reported to SSCS during the audit period (675 chronic and 35 acute). 1278 contacts were identified, and 840 contacts (1.18 per index case) were reported (verified or unverified) to have attended a service