

cocaine (6%). 3.7% of service users reported using at least one of the three main drugs typically associated with chemsex.

**Discussion/conclusion** Our study identified that substance misuse is common in MSM attending sexual health clinics in Greater Manchester. It highlights the need for the robust collection of data during consultation in order to better understand service user requirements.

**P139 SCREENING FOR CHILD EXPLOITATION IN ONLINE SEXUAL HEALTH SERVICES: AN EXPLORATORY STUDY OF EXPERT VIEWS**

<sup>2</sup>Victoria Spencer-Hughes, <sup>1</sup>Jonathan Syred, <sup>2</sup>Gillian Holdsworth, <sup>1</sup>Paula Baraitser\*. <sup>1</sup>Kings College London, London, UK; <sup>2</sup>Lambeth and Southwark Public Health Directorate, London, UK

10.1136/sextrans-2016-052718.193

**Background/introduction** Sexual health services routinely screen for child sexual exploitation. Although, sexual health services are increasingly provided online there has been no research on translation of the safeguarding function to online services. We studied expert views on safeguarding in this context.

**Aim(s)/objectives** To explore expert views on safeguarding within online sexual health services and their implications for service development.

**Methods** We conducted semi-structured interviews with local, regional and national experts purposively sampled to represent a wide range of organisations that have direct influence over CSE protocols, child protection policies and sexual health services. Interviews were analysed by three researchers using a matrix based analytic method.

**Results** Our respondents described two different approaches to safeguarding. The 'information providing' approach considers that young people, at risk of CSE, will ask for help, when they are ready from someone they trust. The primary function of the service is to provide information, generate trust and respond reliably to disclosure. The approach values online services as an anonymous space to test out disclosure without commitment. The 'information gathering' approach considers that young people may withhold information about exploitation. Services should therefore seek out information to assess risk and initiate disclosure. This approach values face-to-face opportunities for individualised questioning and immediate referral.

**Discussion/conclusion** The 'information providing' approach is associated with confidential telephone support lines and the 'information gathering' approach with clinical services. The approach adopted online will depend on ethos and the range of services provided. Effective transition from online to clinic services after disclosure is an essential element of this process and further research is needed to understand and support this transition.

**P140 THE USE OF PELVIC ULTRASOUND IN AN INTEGRATED SEXUAL HEALTH SERVICE**

Rachael Viney\*, Mayur Chauhan. Newcastle Hospitals NHS Foundation Trust, Newcastle, UK

10.1136/sextrans-2016-052718.194

**Background** Clients presenting to integrated sexual health services may have gynaecological and contraceptive problems requiring ultrasound assessment. This would usually need referral to

radiology causing delays in diagnosis and engendering patient worry and anxiety. To address this we have developed an in-house ultrasound service.

**Aim** To analyse if the use of pelvic ultrasound improves the patient journey, avoids referrals to radiology and saves time and potentially money.

**Methods** Over a 6-month period, 180 transvaginal pelvic ultrasounds were performed. So far we have reviewed 50 case notes. Information collated includes the indication for the scan, the findings and diagnosis. Further analysis of the rest is on going.

**Results** Preliminary results show that 96% of patients had their ultrasound on the day of initial presentation. Some of the indications for scanning included pelvic pain (36%), confirmation of position of IUC (30%) and abnormal bleeding (10%). 88% of patients were managed within the sexual health service and did not require onward referral. The majority of these had normal scans. Abnormal findings on scanning included fibroids, partial uterine perforation, adenomyosis and polycystic ovaries. 6 patients required referrals; one for a urological problem and 5 for appropriate gynaecological problems such as endometriosis and pelvic congestion syndrome. No radiology departmental ultrasound scans were required.

**Conclusion** Use of ultrasound in an integrated sexual health service provides patients with a streamlined experience, effectively providing a 'one stop shop' for most sexual health presentations. In the long run it could provide a value-based local service.

**P141 A SERVICE EVALUATION FOR AND ON BEHALF OF THE EUROPEAN CLINICAL COLLABORATIVE GROUP (ECCG) - THE MANAGEMENT OF GONORRHOEA ACROSS EUROPE**

<sup>1</sup>Hibak Aadan\*, <sup>1</sup>James Mawdsley, <sup>1</sup>Harriet Eatwell, <sup>2</sup>Emily Clarke, <sup>3</sup>Mikhail Gombeg, <sup>4</sup>Vladimir Kovalyk, <sup>5</sup>Harold Moi, <sup>6</sup>Airi Poder, <sup>7</sup>Jonathan Ross, <sup>8</sup>Magnus Unemo, <sup>9</sup>John White, <sup>1,10</sup>Rajul Patel. <sup>1</sup>University of Southampton, Southampton, UK; <sup>2</sup>Solent NHS Trust, Southampton, UK; <sup>3</sup>Moscow State University for Medicine and Dentistry, Moscow, Russia; <sup>4</sup>Clinical Hospital of Federal Medical and Biological Agency, Russia, Russia; <sup>5</sup>Oslo University Hospital, University of Oslo, Norway; <sup>6</sup>Tartu University Clinics Foundation, Clinic of Dermatovenerology, Estonia; <sup>7</sup>University Hospital Birmingham, Birmingham, UK; <sup>8</sup>Örebro University Hospital, Örebro, Sweden; <sup>9</sup>Guy's and St Thomas' NHS Foundation Trust, London, UK; <sup>10</sup>Royal South Hants Hospital, Southampton, UK

10.1136/sextrans-2016-052718.195

**Background/introduction** Gonorrhoea (GC) cases appear to be rising as well as increasing problems with resistance to many antibiotic groups. With open boundaries and free movement of populations and doctors, a consistent standard of care is important across Europe. Regular evaluation is crucial in controlling the emergent spread of resistant GC.

**Aim(s)/objectives** To evaluate current clinical practice amongst sexual health physicians across Europe against the current European guidelines. Also, key areas of controversy will be explored with to help inform further guideline development.

**Methods** The ECCG is a network of 120 sexual health specialists across 38 countries, who conduct questionnaire-based research across the European region. An expert panel consisting of six ECCG members was established then interviewed to help identify areas of controversy. Subsequently, a clinical scenario based questionnaire was developed then disseminated to all ECCG members.

**Results** Provisional results demonstrate variation in clinical practice across Europe. This is discernable from the choice of treatment for a patient with a history of anaphylaxis to penicillin and