poor: self harm risk assessment 3.4%, physical injuries 17% and bleeding 0%.

Abstract P157 Table 1

	Audit 2008 n=127 (%)	Audit 2010 n=84 (%)	p Value
Proforma use	79 (62)	69 (82)	0.002
Assailant details asked	123 (97)	84 (100)	0.159
Anal/oral penetration asked	86 (68)	77 (92)	0.001
Condom use documented	112 (88)	84 (100)	0.001
Documented victim alcohol/drug use	89 (70)	65 (77)	0.242
Prophylactic antibiotics offered	62 (49)	44 (52)	0.612
Emergency contraception offered	127 (100)	82 (98)	0.157

Discussion Proforma use has continued to improve since 2008 and consequently documentation overall is better. Despite this we achieved less than the recommended 100% in some standards. Although adherence to newer BASHH standards was poor, revision of our current proforma to include these should lead to measurable improvement. SA victims were young and worryingly almost half had little or no recollection of the event. Several reported alcohol/drug use prior to assault but also expressed concern around drink spiking. GUM clinics should work closely with other organisations to raise awareness of alcohol misuse and vulnerability to assault.

P158 UNDERSTANDING THE VERY YOUNG PEOPLE ATTENDING SEXUAL HEALTH SERVICES; THEIR CLINICAL NEEDS AND SOCIO-DEMOGRAPHICS

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Background Research has shown links between earlier age at sexual intercourse and higher sexual risk-taking and substance abuse, as well as between earlier pregnancy and an unhappy childhood. We wanted to investigate the clinical needs and behavioural risk factors of our local cohort of very young people.

Aim To investigate the socio-demographic and clinical characteristics of all under 14-year olds attending sexual and reproductive health services in Glasgow over a 1-year period from 1 August 2009 to 31 July 2010.

Method Data analysis by retrospective case-note review.

Results 81 under 14s attended a total of 142 times over the year. The mean age was 13.2 years; the youngest 11 years old. 70.4% were female. 61.7% were sexually active. 63% attended for contraception, half of these requesting condoms; 14% for a sexual health screen (SHS) and 14% for a pregnancy test (PDT). 32.1% of the whole cohort were already known to social services; for sexually active females this proportion increased to 49%, and for those requesting a PDT it was 58.3%. Substance abuse was documented in 26% of all those who were sexually active, a third of those requesting a PDT, and half of those requesting a SHS. 4/9 sexually active 12-year olds had a history of sexual abuse. Two clients had previous pregnancies reported; one had a sexually transmitted infection diagnosed. Only 24% of sexually active clients were documented as using any contraception, including condoms. Of the 71 clients with documentation, 18.3% had child protection concerns.

Discussion Significant risk factors are evident especially related to substance, sexual and domestic abuse. A large proportion of under-14s attending sexual health services are known to social services suggesting a history of family and/or school problems. The importance of assessing all potential socio-demographic risk in young people is highlighted, especially in those who are sexually active, requesting pregnancy tests or sexual health screens.

P159 ON THE ROAD: DELIVERING SEXUAL HEALTH SERVICES TO VULNERABLE POPULATIONS IN HARD-TO-REACH AREAS

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Background Studies show a correlation between poor general and sexual ill health. These health inequalities are not evenly distributed within the population. Hammersmith & Fulham (H&F) houses some of the most deprived areas in England, many of which have high rates of ill health. Barriers to successful community healthcare engagement are manifold and encompass access, stigma and social issues.

Aims/Objectives In order to tackle these barriers, increase engagement and subsequent uptake of screening we deliver *wellperson* screens, incorporating sexual health checks, in a purpose built *healthbus* targeting the most economically challenged areas of H&F. The service was designed to normalise sexual health screening in the context of a routine *"check-up."*

Method In 2011, 15 clinics were provided. Data were collected pertaining to gender, ethnicity, screening/service provision, well-being parameters, referrals and follow-up.

Results 243 patients attended the health bus, 145 were male. Almost half (46.9%) accepted sexual health screening leading to the identification of HIV (one), Syphilis (one) and Chlamydia (five). Wellperson checks led to 59 referrals to allied services, pertaining to 52 individuals. One third (19) of those referrals were to level three sexual health services, just under two-thirds (37) were referred to their GP (25 for hypertension, one for glucosuria and 11 for other medical reasons) and three were referred to smoking cessation services.

Discussion/Conclusion Linking sexual health with general well-being checks has shown to be an acceptable way to increase screening uptake in our local community. The clinic has also highlighted the extent of ill health in H&F, continued health promotion via innovative strategies such as the healthbus may help to tackle these health inequalities.

P160 COMPLEX GUM: AN AUDIT OF A CONSULTANT LED SERVICE

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Background A minority of patients present to GU services with complex, recurrent or chronic issues requiring senior review which is challenging in a busy walk-in service. A specialist clinic was set up to facilitate appropriate diagnosis and management.

Objectives To describe referral patterns, diagnoses and outcomes.

Methodology Retrospective case note review of booked patients between 2 September 2010 and 9 December 2010. Demographics, referrer, reason for referral, management and outcomes collected.

Results 102 appointments were made for 84 patients 65 attended, 82 reviewed. 55% were female. Average age 36. 94% referred from within the service, all staff groups represented including SpRs,

nurses and clinical assistants. 20 patients had biopsies with 17/20, 85% providing a diagnosis. Of the 102 appointments 13% DNA; 11% cancelled by patient. Patients with vulval pain will be studied in more detail, data to follow (see abstract P160 table 1).

Conclusion The clinic was utilised by all staff groups, saw patients with a variety of conditions, predominantly dermatological and in the majority a definitive diagnosis was made. As well as improving patient management the clinic provided an excellent training opportunity and has resulted in improved links particularly with Dermatology and Histopathology.

Abstract P160 Table 1 Diagnoses of patients with complex GU problems

	Presentation	Diagnosis
Women (n=36)	Vulval pain-12	Vulvodynia-5, dermatitis-2, lichen sclerosis-1, atrophic vulvitis-1, BV-1, psychological-1, endometriosis-1
	Recurrent thrush-11	Recurrent thrush-9, C.glabrata-1, lichen planus-1
	Recurrent HSV-5	Recurrent HSV-4, apthous ulceration-
	Vulval itching-4	Lichen simplex-1, eczema-1, NAD-2
	Lichen planus-1	Lichen sclerosis-1
	Genital ulceration-1	Recurrent HSV-1
	Recurrent BV-1	Recurrent BV-1
	Vaginal discharge-1	Referred for TVUSS-1
Men (n=29)	Genital dermatoses-19	Zoons balanitis-8, lichenoid reaction-2, infective balanitis-2, eczema-2, seborrheic dermatitis-1, lichen planus-1, lichen sclerosis
	Persistent HPV-3	Persistent HPV-3
	Recurrent NSU-2	Chronic prostatitis-1; recurrent NSU-1
	AIN-1	Sebaceous cyst-1
	Folliculitis-1	Recurrent HSV-1
	Recurrent HSV-1	Recurrent HSV-1
	Haematoma-1	Resolved-1

P161 ROUTINE THREE-SITE NAAT TESTING IN MSM INCREASES PHARYNGEAL AND RECTAL DIAGNOSES OF CHLAMYDIA AND GONORRHOEA

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Background BASHH and Health Protection Agency guidelines acknowledge the increased sensitivity of Gonorrhoea (GC) NAAT testing compared to culture at extragenital sites. Chlamydia (CT) NAAT testing is also the test of choice at these sites. Routine three-site GC and CT testing in MSM was implemented at a genito-urinary medicine clinic using urethral, pharyngeal and rectal sites.

Objectives To compare the number of diagnoses of CT and GC before and after implementation of routine three-site NAAT testing for MSM.

Methods Records were reviewed of MSM testing positive for CT or GC from the urethra, pharynx and/or rectum between 1 January 2010 and 1 April 2010 and compared to the same 3-month period in 2011.

Results Number of cases: The proportion of GC cultures resistant to >1 antibiotic increased from 15.9% (18/113) to 41.8% (28/67), however cultures were only taken in 51.1% (138/270) of NAAT positive GC specimens (see abstract P161 table 1).

Discussion Pharyngeal GC, CT and rectal GC diagnoses increased with three-site NAAT testing, making the pharynx and the rectum the main sites of GC and CT infection. This increase in diagnoses has implications for clinical service provision. The increase in antibiotic resistance to GC has important clinical implications and when using routine three-site NAAT testing, cultures should always be taken prior to antibiotics being given.

Abstract P161 Table 1 Comparison of CT/GC diagnosed

	Q1 2010*	Q1 2011*
MSM attendances	4063	3975
MSM diagnosed	166	354
Diagnoses of CT or GC	199	494
CT (total)	81	225
CT Urethra	43	69
CT Pharynx	0	32
CT Rectum	25	113
LGV	13	11
GC (total)	118	269
GC Urethra	58	45
GC Pharynx	11	121
GC Rectum	49	103
MSM with infection at		
1-site	146 (88%)	258 (72.9%)
2-site	19 (11.4%)	80 (22.6%)
3-site	1 (0.6%)	16 (4.5%)
Diagnoses due to triple NAAT testing protocol (% of total):		322
Pharyngeal CT		32 (100%)
Rectal CT		106 (93.8%)
Pharyngeal GC		109 (90.1%)
Rectal GC		75 (72.8%)
Diagnoses treated due to triple-site NAAT testing (% of total)		234
Pharyngeal CT		20 (62.5%)
Rectal CT		78 (69%)
Pharyngeal GC		76 (62.8%)
Rectal GC		60 (58.3%)

*Q1 1st January to 1st April.

P162 STD PREVENTION ONLINE: A RESOURCE FOR THE STD/STI PROFESSIONAL COMMUNITY

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Background STDPreventionOnline.org (STDPO) is an online professional networking site for the sexually transmitted diseases/infections (STD/STI) work force, including researchers, clinicians, epidemiologists, disease intervention specialists, and programme managers. The site was developed by the internet and STD Center of Excellence, originally funded by a grant from the US Centers for Disease Control and Prevention (CDC) and currently sponsored by the American Sexually Transmitted Disease Association (ASTDA). The site was conceived as two-way clearing house of current STD/STI information and resources, where members could both download and upload information in a variety of formats including text, audio, and video files as well as blog and forum postings. Membership is free.

Objective To describe current users and usage of STPDPO.

Methods Descriptive statistics were obtained from embedded website metrics and Google Analytics©.

Results Since its inception in 2007, the site has registered 3500 members and the site's monthly newsletter has over 4000 subscribers. The predominance of site members (92%) live/work in the US, however a substantial number (n=258 as of January 2012) are non-US users with 47 countries represented. Most members (58%) work in STD/HIV programmes in state/local health departments, 13% in community or private clinics, 11% in a university setting, 8% in federal government, and 8% in community organisations. During 2011, the site logged 14 778 individual site visits and 61 205 page views; respectively 284 and 1177 per week. To date, over