

therapeutic management of co-infected patients and warrants further studies to better define the relationship.

P133 USING A CROSS SECTIONAL SURVEY TO ESTABLISH A NATIONAL PICTURE OF THE ACTIVITY, GOVERNANCE AND DELIVERY OF CONDOM DISTRIBUTION SCHEMES IN ENGLAND, IN THE FINANCIAL YEAR 2015/16

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Introduction Condoms remain a key intervention to prevent sexually transmitted infections (STI), pregnancy and HIV. C-Card is a type of condom distribution scheme (CDS) with condom demonstration and risk assessment at registration, after which free condoms are available to young people, in accessible locations.

Aim Review delivery and C-Card activity in England and its regions in financial year 2015/16, to inform policy, best practice, future monitoring and evaluation.

Methods An online survey was disseminated to sexual health commissioners of 152 upper tier local authorities (UTLA) in England between 17/12/2016 and 10/02/2017. Questionnaire domains collated information on service delivery structure, governance, user information, spend, product availability and provision, and other CDS.

Results 64% (98/152) of UTLAs completed the survey. 20 had both C-Card schemes and CDS, 57 had C-Card schemes, 14 had CDS and 7 had neither. 60 reported 4,560 C-Card outlets. The three most common settings for C-Card schemes were pharmacies (1,363, 30%), youth organisation and educational settings (1,105, 24%) and general practice (996, 22%). In 2015/16, 77 UTLAs reported 65,762 new C-Card user registrations, of which 70% were repeat users. Of 70 reporting product availability, 60 (86%) distributed condoms and lubricants. 28 distributed 896,221 products, of which 85.8% were condoms, 13.7% were lubricants and 0.5% other. Estimated spend on condom schemes were £1,491,937.

Discussion Availability of CDS in most UTLAs and high repeated use of C-Card schemes suggest acceptability and popularity. Improved evaluation of C-Card schemes for STI, pregnancy and HIV prevention is needed to demonstrate their value.

P134 PATIENT GROUP DIRECTIONS USE IN SEXUAL HEALTH

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Introduction Patient Group Directions (PGDs) provide a legal framework for nurses (and other health professionals) to supply/administer medication without a prescription to facilitate speedy access to medications by patients. An audit was carried out to assess local compliance and use of PGDs (anti-infective and contraception) used with in a sexual health clinic.

Methods Using Trust wide auditable criteria for PGDs, over a 6-month period (July to December 2016) 715/721 notes were

audited. In particular documentation relating to administration/supply of medication and whether the PGD was used in accordance to PGD policy. These data were compared with a previous audit (January to June 2016) where 306 notes were audited, which identified that 96% were used and documented correctly in line with policy.

Results In the audited notes (n=715) There had been an improvement with 99% of medications were issued/supplied and documented correctly in line with the PGD policy, compared with 96% in the previous audit. Those notes where practice did not meet the required standard related to documentation issues (lack of signature or indicating issued/supplied under PGD). All care provided met the eligibility requirements of the PGD.

Discussion This audit highlights importance of auditing PGD use and having a system that records errors, to help improve patient safety and staff development. Additionally, this audit demonstrates that PGDs can be safely and effectively used within the sexual health setting. Comparison of the audits demonstrates increased PGD's use, attributed to improved training and staff support.

P135 A REVIEW OF LOCAL TEST OF CURE (TOC) PRACTICE FOLLOWING TREATMENT FOR RECTAL CHLAMYDIA AND LYMPHOGRANULOMA VENEREUM

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Introduction Previous reports of up to 22% treatment failure in rectal Chlamydia informed our local clinic policy of routine test of cure (TOC) following rectal chlamydia or lymphogranuloma venereum (LGV) treatment. We set out to review our local TOC practice and treatment failure rates for both chlamydia and LGV.

Methods Case notes of patients diagnosed with rectal chlamydia and LGV between 01/07/15 and 01/07/16 were reviewed. Data was collected on symptoms, antibiotic choice, compliance and TOC.

Results There were 89 patients identified with rectal chlamydia; 7 (8%) were confirmed LGV. Median age was 30 years; 69 (78%) men who have sex with men (MSM) and 20 (22%) female. Treatment was primarily with 1 week of doxycycline (81/89; 91%).

Of 89 patients, 53 (60%) attended for a TOC with the remainder (36; 40%) lost to follow-up. There were 3/48 (6%) positive TOC results in those with non-LGV rectal chlamydia with one reporting sexual contact during treatment giving a failure rate of 4% (2/48). Of those with LGV 5/7 (71%) attended for a TOC and all were negative. Of those with a negative TOC 3/45 (6%) patients reported sexual contact during treatment.

Discussion Over a 12-month period our local treatment failure rate was low at 4% for rectal chlamydia and 0% for LGV. A significant proportion of patients failed to return for TOC. These results suggest that removal of routine TOC would be locally acceptable, reduce health advisor workload and be in line with current BASHH guidance.