Methods A cross-sectional study explored non-medical prescribing in a London based GUM department between 1 January 2010 and 30 June 2010. A retrospective review of randomly selected clinical notes was performed. This included 382 nurse prescriber led and 255 non-prescriber led GUM consultations. Prescribing frequency; range of medications and diagnoses; independent episode completion and prescribing safety were investigated.
Results Medication was dispensed in 52.9% (n=337) of consultations in the 637 combined episodes. A total of 427 diagnoses were identified that required 34 different medicinal products and 452 treatments to be dispensed in total by nurse practitioners. The management of sexual contacts accounted for 22.1% (n=60) of treatments. A statistical difference in independent practice existed between practitioners (χ^2 test $p<0.001$), with prescribers 15.52 times (CI 9.41 to 25.59) more likely to independently complete episodes of care. Safe appropriate prescribing was identified in 99.1% (n=210) of cases. On two occasions a lack of documentation of concurrent medication or allergies made it difficult to assess safety. There were no serious errors in prescribing practice found.
Conclusions In our GUM clinic widespread use of prescribing skills was demonstrated. Nurses with prescribing skills were able to work more independently. Non-medical prescribing has been applied safely in accordance with clear treatment guidelines.

P124 A MOTIVATIONAL INTERVIEWING (MI) INTERVENTION AIMED AT REDUCING SEXUAL RISK TAKING IN MEN WHO HAVE SEX WITH MEN (MSM): THE LAUNCH OF A PILOT SERVICE

doi:10.1136/sextrans-2012-050601c.124

[1]S Y Yap,* [2]D Traynor. [1]*Central and North West London Foundation Trust, London, UK;* [2]*Chelsea and Westminster Hospital, London, UK*

Background HIV is one of the fastest growing serious health conditions in the UK. HIV+ MSM have an increased burden of sexually transmitted infections (STIs). Effective interventions are needed to reduce the risk to MSM's health. MI is an evidence based goal-directed approach to behaviour change. There is some evidence for its use in risk reduction in sexual health. A clinic was set up to deliver an MI based intervention to MSM who engage in "high risk" sexual activity. The aim is to reduce the frequency of patients' unprotected sex, thereby reducing risk of transmission/acquisition of STIs.
Aims The aim of this paper is to review the level of need for a MI based risk reduction clinic. An audit of referral data to the MI clinic was compared with an audit of referrals to the general sexual health psychology clinic. The latter receives referrals from sexual health; a proportion of total referrals to this service include clients who engage in high risk sexual activity.
Methods The MI clinic was publicised by presenting the clinic at teaching and multi-disciplinary clinic meetings. Patient leaflets outlining the service were distributed across clinic rooms. A survey of staff was carried out to assess potential need for the service. A comparison audit of referral data to the MI clinic vs the general sexual health psychology clinic over a 6-month period was carried out.
Results A comparison of the average number of referrals per month to the general psychology service vs the MI clinic was carried out. The MI clinic averaged 30% more referrals per month than the general sexual health psychology service. A survey of referrers showed that 67% of staff who were aware of the MI service reported that they had patients who would benefit from the service.
Discussion These results highlight the need for a specific service to address sexual risk taking. Further research is required to investigate whether MI is an effective intervention in this area.

P125 THE ASSOCIATION BETWEEN CONDOM PROFICIENCY, CONDOM PROBLEMS AND STI RISK AMONG SCOTTISH MSM

doi:10.1136/sextrans-2012-050601c.125

[1]L Goodall,* [1]D Clutterbuck, [2]P Flowers. [1]*Chalmers Sexual Health Centre, Edinburgh, UK;* [2]*Glasgow Caledonian University, Glasgow, UK*

Background The effectiveness of condoms in preventing sexually transmitted infections (STI) including HIV depends on consistent and correct use.
Aims To examine associations between demographics, STI risk, condom proficiency, condom problems and STI acquisition among MSM and to direct discussion and debate towards thinking about how and why it might be important to improve condom use skills.
Methods Cross-sectional surveys of MSM were conducted in GUM clinics and commercial gay venues in Summer 2010. The self-completed, anonymous questionnaires recorded data on socio-demographic variables, numbers of unprotected anal intercourse (UAI) partners in the preceding year, STIs diagnosed over the previous year and self-reported condom problems and condom proficiency.
Results 792 respondents provided data with an overall response rate of 70% (n=459 clinic sample, n=333 community). Number of UAI partners was the strongest predictor of self-reported STI acquisition over the previous 12 months. Demographic characteristics were not associated with self-reported STI diagnosis. However, condom proficiency score was associated with self-reported STI acquisition in the previous 12 months. Condom problem score was also associated with self-reported STI diagnosis in the clinic but not community sample. Condom problem score remained associated with STI diagnosis after adjusting for number of UAI partners with logistic regression.
Discussion This study identified a measure of condom use associated with likelihood of STI diagnosis when controlling for number of UAI partners. Targeting those who experience condom problems may improve overall frequency and consistency of condom use among MSM; in turn reducing likelihood of STI acquisition. This could involve developing condom problem scales into screening tools for STI risk. Accordingly we encourage further research to determine the value of condom use training as a potential intervention to improve sexual health among MSM.

P126 IMPROVING THE MANAGEMENT OF ANTENATAL WOMEN WITH POSITIVE SYPHILIS SEROLOGY WITHIN A GENITOURINARY MEDICINE SERVICE

doi:10.1136/sextrans-2012-050601c.126

S Patel,* R Aroney, M Bird, P Rice, P Hay. *St. George's Hospital, London, UK*

Background Congenital syphilis (STS) can be prevented through antenatal screening and treatment. The true incidence of congenital STS is unknown; ~10 cases/yr have been reported to the HPA by GUM clinics (probably reflects 30%–50% of cases). An audit at our centre (~5000 deliveries/yr) in 2004, highlighted suboptimal management of pregnant women with positive STS serology.
Methods A pathway has subsequently been developed and we report our findings since June 2004. Antenatal screening results are reviewed by a multidisciplinary team (MDT: virology, GU, antenatal, paediatric) experienced in the management of syphilis. Our GU team manages all pregnant women with positive serology who undergo full evaluation (incl. an STI check), further tests or treatment as necessary and follow-up of the neonate.
Results 123 referrals (108 pregnant women with positive STS serology) were received by the GU department from June 2004 to December 2009. Of these referrals, 36% (44) had STS (1 primary, 1 secondary, 6 early latent, 36 late latent), 37% (46) were previously

treated, and 27% (33) were biological false positives. Those with untreated STS—median age 30 (IQR 26–35); ethnicity: 45% (20) black African, 23% (10) black Caribbean, 18% (8) white other, 9% (4) Asian, 2% (1) black British, 2% (1) white British. All women attended the GU clinic for treatment and follow-up; with one exception who remained untreated (late latent STS) and was repatriated prior to delivery to Uganda in 2004. GU screens identified Chlamydia (3), TV (2), warts (2), herpes (1), BV (6), thrush (5) and hepatitis B (4) in those with untreated STS.

Discussion Our innovative MDT approach where each positive antenatal STS result is managed by our GU team has resulted in prompt treatment of untreated cases, identification of untreated STIs, and no reported cases of congenital STS. Our effective robust pathway includes standardised communication with all relevant teams and we encourage its use nationally.

P127 AN AUDIT OF THE MANAGEMENT OF COMPLAINANTS OF SEXUAL ASSAULT COMPARED WITH THE BRITISH ASSOCIATION FOR SEXUAL HEALTH AND HIV (BASHH) 2011 GUIDELINES

doi:10.1136/sextrans-2012-050601c.127

M McGranahan,* N Gupta, P Goold. *Whittall Street Clinic, Birmingham, UK*

Background The revised BASHH guidelines for the management of sexual assault were published in 2011. Introduction of a new electronic patient record (EPR) at a sexual health clinic provided an opportunity to audit the management of sexual assault.

Aims To review the clinical care of complainants of sexual assault against the auditable outcome measures identified in the guidelines.

Methods The EPR of patients attending between 1 August 2010 and 31 July 2011 was searched using the term "assault." Cases reporting a sexual assault for the first time were included and reviewed against the auditable outcome measures. Demographic data and sexually transmitted infection (STI) test results were recorded.

Results 236 records were identified but 99 cases fulfilled the inclusion criteria. Of the 14 auditable outcomes, only HIV risk assessment reached the 100% standard and seven achieved above 60% concordance (offer and provision of HIV post-exposure prophylaxis, emergency contraception, follow-up tests, forensic medical examination, hepatitis B vaccine and detailed history of assault). Child protection assessment was documented in 57% of under-19s. 28% had the recommended STI tests and 16% were offered STI prophylaxis. There were no self-harm risk assessments documented. STI prevalence was: Gonorrhoea 8%, Chlamydia 9%, HIV 2%, Hepatitis C Virus and Trichomonas 1%.

Conclusion Low STI testing rates overall are explained by Hepatitis B and C testing not previously being a requirement unless there was a specific risk identified. The clinic conducts an automatic risk assessment for under-16s but not for under 19s. STI prevalence was high. A sexual assault pro-forma will be recommended and improved documentation is required.

P128 THE ACCEPTABILITY OF USING SOCCER CLUBS AS VENUES FOR CHLAMYDIA SCREENING IN YOUNG MEN: RESULTS FROM A QUALITATIVE STUDY

doi:10.1136/sextrans-2012-050601c.128

[1]J M Saunders,* [1]L J Sutcliffe, [2]G J Hart, [1]C S Estcourt. *[1]Blizard Institute, Centre for Immunology & Infectious Disease, Queen Mary University of London, London, UK; [2]Centre for Sexual Health and HIV Research, University College London, London, UK*

Background Many non-clinical, including sports, settings have been used in an attempt to screen more men for Chlamydia. While feasible there is very little research exploring their acceptability among users of these settings.

Objective We explored the acceptability of, and the best way to deliver, Chlamydia screening in soccer clubs among young men who play amateur soccer.

Methods 18 semi-structured, face-to-face interviews with men aged between 18 and 35 who play soccer in London-based non-professional leagues. Interviews were carried out from October to December 2011 and analysed using a framework approach.

Results Soccer clubs are acceptable venues to access Chlamydia screening because they offer several potential benefits over screening in traditional settings. Importantly they are discreet testing venues and allow screening to take place within the context of normal daily routines. Having testing kits handed out to all team members by a senior member of the club (captain/coach/manager) or a visiting health care professional (HCP) meant that no one would feel singled out for testing and overcome barriers to asking for, or collecting a kit from central collection points. While some men preferred to use the test kit there and then and return samples to a collection point at the club, others preferred to use kits at home and return samples to the laboratory by post. However, concerns about confidentiality and test tampering meant that some men favoured a visiting HCP to coordinate testing rather than a member of the club.

Conclusion Soccer clubs appear to be acceptable venues for young men who play soccer to access self-collected testing kits for Chlamydia. Processes for accessing, using and returning test kits should be discreet, easy and quick. We will be developing testing pathways in soccer clubs to pilot in six London clubs during the 2012–2013 season.

P129 IMPROVING CLINICAL STANDARDS IN GU MEDICINE: A RETROSPECTIVE AUDIT OF *NEISSERIA GONORRHOEAE*

doi:10.1136/sextrans-2012-050601c.129

S R Sharp, S Allan.* *Coventry and Warickshire Hospital, Coventry, UK*

Objectives This was a retrospective analysis of clinic performance in the management and treatment of *Neisseria gonorrhoeae* (GC) according to BASHH guidelines.

Methods All cases of GC diagnosed at our clinic between 1 January and 30 June 2011 were identified. The case notes were reviewed and assessed against current BASHH criteria. This was compared to data collected in the same clinic from 1 January to 30 June in 2007, 2008 and 2009. The number of cases identified for 2007, 2008, 2009 and 2011 was 41, 61, 78 and 75 respectively.

Results

Criterion	2007 (%)	2008 (%)	2009 (%)	2011 (%)
CR1 >95% of genital GC cases should be cured by first line therapy	77	96	100	97
CR2 100% patients with GC should be screened for *Chlamydia trachomatis* or receive presumptive treatment	100	100	100	98.6
CR3 100% patients should have at least one documented interview with a partner notification trained health professional	82	95	92	92
CR4 100% patients identified should receive written information about STI's and their prevention	32	64	81	61
CR5 100% treated patients should have a test of cure (TOC)	–	–	–	36
CR6 For each case at least 0.6 sexual partners should be verified as having been satisfactorily managed within 4 weeks	0.41	0.33	0.36	0.5