(BASHH) standards for the management of STIs recommends treatment "in as short a timescale as possible". The National Chlamydia Screening Programme (NCSP) sets a key indicator of treating ≥95% of those testing positive within six weeks of test date.

Aim(s)/objectives To explore the feasibility of services achieving a shorter time to treatment standard.

Methods National audit data from the most recent NCSP turnaround time audit were used to explore how many services would meet treatment targets of three and two weeks from test date.

Results The current time to treatment standard of ≥95% treated within six weeks was achieved by 39% of providers (91% of positive patients receiving treatment within six weeks, due to large services having a proportionately greater impact). Using the targets of three and two weeks this fell to 28% and 4% of providers, respectively. However, this represents 88% of patients treated within three weeks and 76% within two weeks (Table 1).

Abstract P158 Table 1 Chlamydia treatment

Timescale	% of patients treated within the timescale	% of providers with ≥95% of patients treated within the timescale
Six working weeks	91%	39%
Three working weeks	88%	28%
Two working weeks	76%	4%

Discussion/conclusion 88% of positive patients were treated within three weeks from test date even though only 28% of providers would have been able to meet this time to treatment standard. Meeting a shorter time to treatment standard would be challenging but could help to drive quality improvement and may form part of updated standards for the NCSP.

P159 SEXUAL HEALTH SERVICES ARE IDEALLY PLACED TO MANAGE VULNERABLE YOUNG PEOPLE?

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Background/introduction Identifying and assessing the risk of child sexual exploitation (CSE) in young people is a fundamental role of sexual health clinics. The 'Spotting the signs' proforma developed by BASHH recommends assessing all those <18 yrs for risk factors.

Aim(s)/objectives The aim of this audit was to review those <18 yr olds attending the GU clinic in Brighton assessed as medium or high risk to investigate the areas of concern, the appropriateness of interventions and follow up.

Methods EPR records for all <18 yr olds between 1/4/14 and 31/10/14 were reviewed.

Results 56 patients identified, 86 attendances. 36/56 (64%) were 16–17 yrs. 48/56 (86%) were female. 23/56 (41%) were seen in the Young Person's Clinic, the rest seen throughout the service. Concerns included: sexual assault/non-consensual sex 41%, drugs and alcohol 39%, difficulties at home/in care 37%, mental health 37% and partner age/coercion 11%. 20% had concerns in ≥ 3 areas. Interventions: 24/56 (53%) already had social work or other agency involvement, 27% were referred to agencies for the first time as a consequence of their visit to the clinic. Further clinic follow up was arranged in 33/56 (59%). All patients had a clear action plan.

Discussion/conclusion This audit suggests that older young people (16–17 yrs) have significant risk factors; the same vigilance accorded to under 16's needs to be applied to this group. Sexual Health clinics are well placed to both recognise those at risk and provide ongoing support and referral.

P160 WHAT IMPACT DID THE XX COMMONWEALTH GAMES HAVE ON STIs AND SEXUAL HEALTH SERVICES IN GLASGOW?

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Background/introduction An estimated 600,000 spectators, volunteers and athletes from over 70 countries visited Glasgow for the XX Commonwealth Games, held between 23 July and 3 August 2014, doubling the city's population.

Aim(s)/objectives We sought to investigate the impact of the Games on the number of acute STIs and on service activity in core specialist sexual health services, which offer free walk-in access.

Methods We interrogated our city-wide electronic patient record system (NaSH) to measure service activity, the number of acute STIs and PEPSE prescriptions between the 9th July and the 31st August 2014. We compared these to the same time period in 2013. We prospectively asked all new clinic attendees if they were in Glasgow for the Games.

Results

Results	Games 2014	Games 2013	Difference
Total Attendances	14,973	16,440	−8.9 (↓)
New Registrations	1,986	2,150	−7.6 (↓)
Acute STI episode	623	693	−10.1 (↓)
Gonorrhoea	78	81	−3.7 (↓)
Chlamydia	372	428	−13.1 (↓)
Early syphilis	15	14	7.1 (↑)
NSU	83	78	6.4 (↑)
Trichomonas	3	2	50.0 (↑)
Primary HSV	64	79	−19.0 (↓)
PEPSE prescriptions	8	11	−27.3 (↓)

Of the 1496 attendees who responded, just 1.7% (26) were in Glasgow solely for the Games.

Discussion/conclusion Despite the huge influx of visitors, service activity and overall acute symptomatic STI incidence decreased by around 10% during and after the Games compared to 2013. We found no evidence that large sporting events increase demand for sexual health services or cause a rise in acute STIs.

P161 SEXUAL HEALTH IN GENERAL PRACTICE: DO GP PRACTICES COMPLY WITH BASHH GUIDELINES?

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Background The passing of the Health and Social Care Act 2012 committed to more services in the community provided closer to home and by GPs. Therefore most GP practices are commissioned to provide Level one STI screening.

Aim The aim of this Audit was to assess if STI screening in a single Level 1 GP surgery met BASHH Guidelines.
Methods A retrospective audit of 15000 patients was carried out over an audit period of 2 years. Notes of patients coded with a positive test result for Chlamydia or Gonorrhoea were reviewed and clinical practice compared to BASHH guidelines in 4 areas:

- Method of investigation
- Antibiotic treatment
- Screening offered
- Partner notification.

Results

Audit standard	Percentage of patients with positive diagnosis of Chlamydia/Gonorrhoea
Gold standard investigation used for diagnosis	62%
Appropriate antibiotic used	100%
Screening for HIV and Syphilis performed or offered	19%
Risk assessment/screening performed for Hepatitis	4%
Partner notification discussed at time of treatment	79%

Discussion Results would suggest that clinical practice does not always meet BASHH guideline recommendations. Also of note is the low number of diagnoses, a total of 29 in the 2 year audit period. During this time there were 7636 patient encounters of people aged 17–24, all of which are potential screening/health promotion opportunities. Missed opportunities to promote sexual health or perform a full sexual health screen could lead to a higher prevalence of unrecognised sexual health conditions in an at risk group, where extreme rurality can make access to local sexual health clinics challenging.

P162 DO STAFF IN SEXUAL HEALTH FEEL COMPETENT SEEING MEN POST INTEGRATION OF SERVICES?

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Background/introduction Integration of Genitourinary Medicine and Sexual and Reproductive Health is happening across Scotland. This means that some staff previously seeing only women are now dealing with men.
Aim(s)/objectives We wanted to identify if staff felt competent and trained to manage male patients.
Methods A link to a web based survey (10 questions) was emailed to all clinical staff in two services in Scotland who provide specialist care to a similar size of population but have a different approach to clinic service provision.
Results There were 16 responses from centre 1 and 21 responses from centre 2. 68% (centre 1) had routinely seen male patients prior to integration versus 33% (centre 2.) 81% (centre 1) and 66% (centre 2) said they felt comfortable taking a history and examining male patients. 100% (centre 1) but only 71% (centre 2) said they had access to local and national guidelines in the clinic. 75% (centre 1) and 62% (centre 2) felt they had enough training for managing straightforward cases in both heterosexuals and MSM. 14% (centre 2) felt they had enough training for only heterosexual men but not enough for MSM. 25% (centre 1) and 24% (centre 2) felt they hadn't had enough training for managing either heterosexual males or MSM.
Discussion/conclusion The survey highlights that there is further training needed within both centres so that staff feel confident in managing both heterosexual males and MSM.

P163 YOUNG ADULTS' VIEWS OF BEING OFFERED RE-TESTING FOR CHLAMYDIA AFTER A POSITIVE RESULT: RESULTS OF A 2014 ONLINE SURVEY

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Background/introduction Individuals who test positive for chlamydia are at increased risk of subsequently testing positive. NCSP standards recommend offering re-testing three months after treatment completion. Concerns have been raised that re-testing could undermine prevention messages.
Aim(s)/objectives To elicit young adults' views on the acceptability, and their preferred method, of being offered re-testing, as well as their reaction to and understanding of re-testing.
Methods We conducted a cross-sectional web-based anonymous survey of 1,218 young adults aged 16–24 resident in England with a history of chlamydia testing. Respondents were recruited through a market research panel, and Likert-scale questions were based on a young adult focus group.
Results The most acceptable and preferred methods of being offered re-testing were being given an appointment with initial test result (75%, 914/1,218 acceptable; 17%, 204/1,218 preferred) and being sent a text message reminder (72%, 875/1,218 acceptable; 20%, 244/1,218 preferred). Most said they would welcome an offer of re-testing (84%; 1024/1,218) and understand why they were offered this (82%, 994/1,218). Most agreed that if they were offered re-testing they would be more likely to complete the course of chlamydia treatment (83%, 1007/1,218) and use condoms with their partner until the test (80%, 970/1,218). Most disagreed that that they would be more likely to have one-night stands (63%, 772/1,218) or discourage their partner to get tested (60%, 735/1,218).
Discussion/conclusion Young adults report they would welcome an offer of re-testing and understand the reasons for being offered this. There was little evidence that it would increase sexual risk behaviour.

P164 DOES A WALK-IN FOLLOW-UP CLINIC FOR GENITAL WARTS DECREASE CLINIC NON-ATTENDANCE RATES?

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Background BASHH guidelines recommend a follow-up review in the management of some sexually transmitted infections; however, patient non-attendance for booked follow-up appointments leads to inefficiency in service provision. In 2013 we reviewed our booked follow-up appointments and found our