

Background/introduction Reported sexual assaults have increased in England & Wales since operation Yewtree. Sexual health services are ideally placed to manage and support victims of sexual assault. Clear patient pathways underpin the quality of care victims of sexual assault receive.

Aim(s)/objectives To assess our outcomes against the 2011 BASHH guidelines on the management of complainants of sexual assault.

Methods We undertook a case note review of all SA attendances to the CNC between August 2014 and July 2015

Results 114 sexual assault patients were seen, 87% (99/114) were female, the median age was 23 years (13–66) and 96% (110/114) were white British or white other. 41% (47/114) were referred by the Sexual Assault Referral Centre (SARC), 49% (56/114) self-referred. 24% (27/114) reported being assaulted in an outside area, 16% (18/114) at a public venue and 20% (23/114) at the accused's home. 35% (40/114) attended within 72 hours of the assault, 22% (2/114) within 7 days, 17% (19/114) within 2 weeks, 21% (24/114) within 3 months and 4% (5/114) within a year. 99% (43/44) were appropriately assessed for PEPSE, 89% (64/72) were offered prophylactic antibiotics, 50/51 (99%) of women were assessed for emergency contraception. 63% (72/114) reported the assault to the police, 37% (9/28) who didn't report were offered third Party Reporting. STI infection rate was 6/114 (5%).

Discussion/conclusion Our results suggest that our current management is in keeping with BASHH guidelines and that local referral pathways support patient care.

P162 WHY ARE CORE MEDICAL TRAINEES NOT APPLYING FOR GENITOURINARY MEDICINE?

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Background/introduction Applications for higher speciality training in genitourinary medicine (GUM) have decreased dramatically in recent years leaving a number of unfilled posts. The reasons for this are unknown.

Methods We produced an anonymous electronic survey for CMTs which was distributed to all deaneries in the UK. Survey questions included the advantages/disadvantages of a career in GUM and main barriers to application. A specific question was asked regarding the impact that the Shape of Training review (SOT) would have on the perceived attractiveness of a career in GUM.

Results 100 CMTs responded, 51 CT1s and 49 CT2s. 35/100 were considering or applying for GUM and 17/100 may be. 61/100 gave reasons as to why they were not applying: 28% (17/61) interested in another speciality, 33% (20/61) no previous exposure, 21% (13/61) no interest, 20% (12/61) too specialist, and 3% (2/61) were uncertain of speciality future. The main advantage of GUM was an attractive work/life balance 44% (32/73). When specifically asked about the SOT implementation and likelihood of applying for GUM, 94/100 responded. 27% (25/94) were more likely to apply and for 36% (34/94) it made no difference. However of those applying/considering or maybe considering GUM (n = 52); 31% (16/52) would be less likely to apply and 27% (14/52) would apply but not if SOT is implemented.

Discussion/conclusion This survey demonstrates that a significant proportion of CMTs are not considering GUM due to lack of exposure to the specialty. The SOT review is likely to significantly impact on GUM training, possibly deterring trainees currently considering applying but potentially also attracting other trainees who may not previously have considered it.

P163 A QUALITATIVE EVALUATION OF THE PATIENTS KNOW BEST® (PKB) PATIENT-CONTROLLED ELECTRONIC MEDICAL RECORD AND COMMUNICATION PLATFORM IN UK HIV SERVICES

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Background/introduction Patients Know Best® (PKB) is an innovative, patient-controlled, medical record and communication platform aiming to facilitate patient centred care.

Aim(s)/objectives This qualitative service evaluation aimed to gain insight into the utility of PKB and experiences of users: specialist doctors, nurses and people living with HIV (PLWHIV).

Methods Participants were from 7 UK HIV centres that use PKB, 2 with PKB integrated with lab systems allowing automatic upload of blood results. Six doctors, 5 nurses and 4 PLWHIV took part in focus groups or individual interviews, which were audio-recorded and transcribed verbatim. Transcripts were systematically coded using a thematic analysis approach.

Results Participants had on average 1.5–2 years' experience of using PKB. PKB was mainly used to send/access lab results (automatically, or via secure messaging) or for other secure messaging e.g. clinicians uploaded clinic communications to GPs, care plans, letters for employment/sick notes, PLWHIV requested new/repeat prescriptions, booked appointments, queried results, symptoms and medication issues. Participants reported that PKB enabled different models of care (e.g. nurse-led, remote-monitoring) and use resulted in efficiencies and increased capacity, improved patient experience and self-management. Communication with GPs, pharmacists and clinicians in other departments via PKB was an area of unmet potential. Participants suggested lack of IT systems integration and resistance to PKB by some colleagues/PLWHIV were barriers to wider uptake.

Discussion/conclusion Varied benefits and value of PKB were reported. Overall experiences with PKB in UK HIV services were positive with all supporting continued use, greater uptake and integration.

P164 MANAGEMENT OF PRIMARY AND SECONDARY SYPHILIS IN A LARGE LONDON TEACHING HOSPITAL

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Background/introduction Acute syphilis is on the increase and prompt treatment is vitally important to prevent onward transmission.

Aim(s)/objectives To ensure compliance with BASHH audit outcomes for the management of acute syphilis.

Methods We collected all patients who had been coded as primary or secondary syphilis (A1 or A2) for 12 months from May

2014. Demographics, symptoms at presentation and subsequent management were collected.

Results 132 records were returned with 89% (117/131) identifying as men who have sex with men (MSM). 55% (72/132) were HIV positive, with 3 new HIV diagnoses. 70% (89/128) had symptoms of acute syphilis; with an ulcer, 87% (41/47) had herpes simplex virus (HSV) PCR which was positive in 7% of cases. Dark ground microscopy was performed in 38% (20/52) with one third being positive. 42% (56/131) were treated for syphilis on their initial visit (14% if seen by a technician, 31% if seen by a nurse and 51% if seen by a medic, $p = 0.006$). 90% had been treated by 2 weeks.

Discussion/conclusion MSM comprised the majority of acute syphilis with high rates of new HIV diagnoses, reinforcing the importance of routine HIV testing. There was a high co-infection prevalence of HSV. Dark ground microscopy was positive in a third of samples, perhaps due to technical difficulties in the clinic. Only 4 in 10 patients were treated at the first visit indicating a lack of awareness of symptoms of acute syphilis. More education on recognising and treating acute syphilis, especially in high risk groups, is needed.

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SURVEY OF HEALTHCARE PROFESSIONALS' KNOWLEDGE AND ADHERENCE TO NATIONAL CHLAMYDIA SCREENING PROGRAMME GUIDANCE

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Background The National Chlamydia Screening Programme (NCSP) aims to prevent and control chlamydia through detection and treatment of infection. The NCSP recommends that under 25 year-olds test annually, upon change of partner and re-test three months after treatment. Healthcare professionals' (HCP) knowledge of and adherence to NCSP guidance is unknown.

Aims To establish HCPs' knowledge of and adherence to NCSP testing guidance, among those working in genitourinary medicine (GUM) and sexual and reproductive health (SRH) in England.

Methods Participants were invited through the BASHH newsletter and snowball sampling to complete an online survey (December 2015 to February 2016).

Results One hundred HCPs responded (82 medics, 17 nurses, 1 health adviser). Twelve percent knew the NCSP age limits (15–24 years). Among respondents, 25% identified screening criteria for annual testing, 70% for testing on change of partner, 59% for re-test following a positive and 16% identified all three screening criteria. Of those who correctly identified screening criteria, 75% would always do it in practice, 19% sometimes and 2% never. Of those who did not recognise screening criteria, 41% would still always screen appropriately in practice; 34% sometimes; 10% never.

Discussion Knowledge of NCSP testing guidelines among healthcare providers was variable. While knowledge of NCSP was associated with testing in accordance with recommendations, knowledge did not automatically lead to adherence to testing recommendations. These findings will help to inform future development and dissemination of NCSP guidance.

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SERVICE EVALUATION OF PERCEIVED NEEDS OF WOMEN LIVING WITH HIV IN THE OUTPATIENT SETTING

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Background/introduction Gender plays an important role in determining vulnerability and ability to access appropriate HIV care. Services must adapt to meet the needs of their population. Our HIV outpatient service provides care for 2400 people: <15% are women

Methods A pilot plus follow up patient survey of the women attending the HIV outpatients.

Results 16 women completed the pilot questionnaire; 5/16 (31.2%) aged 17–45 years, 11/16 (68.75%) aged > 46. 4/16 (25%) disclosed a disability. 16/16 (100%) had no difficulty accessing our service. 3/16 (18.8%) of households had children living in them <16 years of age which 2/3 (66%) attended with mother: 2/2(100%) were comfortable bringing their children into clinic. 1/3 (33.4%) had an option to leave children someone else. 10/16 (62.5%) thought a service for women only would be useful: only 7/16 (43.2%) were aware of the nurse led Women only HIV service. Women found the following services most useful: counselling support/psychology 9/16 (56%), cervical cytology 9/16 (56%), menopausal advice 6/16 (37.5%), benefits-support 6/16 (38%), sexual health screening 3/16 (19%), fertility advice 3/16 (18.8%), contraception advice 1/16 (6%), and pregnancy advice 2/16 (13%).8/16 (50%) preferred a female HCP. 2/16 (13%) reported violence or abuse from a partner or family member: 1/2 (50%) of those discussed with a HCP.

Discussion/conclusion Preliminary results suggest that the women attending our clinic have no issues with child care, language barriers or disabilities. Women over 45 years were more likely to take part in our study (70% response). Of concern is a reported lack of knowledge about services already available which we are pursuing.

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MANAGING RECTAL GC : ROOM FOR IMPROVEMENT

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Background/introduction Most (~60%) rectal gonorrhoea (GC) occur in MSM with 25% symptomatic at presentation. Those with rectal GC are at increased risk of other STIs. BASHH provide guidelines on GC management and targets to be achieved in testing, treatment and partner notification.

Aim(s)/objectives To compare our clinic's performance in managing rectal GC compared to the national recommendations.

Methods Retrospective case-note review of confirmed cases of rectal GC on NAAT between 1st November 2011 and 31st March 2015. Data were obtained from clinic notes, the clinic database and laboratory results. Audit standards were based on BASHH guidelines in managing GC.

Results 184 cases from 156 men: 61% White, 12% Black, median age 31 (IQR 26,37) years, 71% MSM 29% bisexual, 58% symptomatic. Triple site testing was done in 91%. Rectal GC cultures were taken in 55%. Adequate treatment was given to 94%. Quinolone resistance occurred in 31%. Partner notification was done in 43%. 14% had other STIs (syphilis, LGV,