

**P118 PATIENTS' SATISFACTION WITH MEDICATION INFORMATION PROVIDED BY NURSES USING INDEPENDENT NURSE PRESCRIBING (INP) OR PATIENT GROUP DIRECTIONS (PGDS) IN UK SEXUAL HEALTH SERVICES**

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10.1136/sextrans-2017-053232.162

**Introduction** Nurses' ability to independently deliver medication was introduced to improve patients' access to medication and experience of healthcare services. INP and PGDs are used frequently in sexual health services; however, there is limited evidence of patients' satisfaction with medication information provided.

**Methods** Nurses (INP or using PGD) from five UK sexual health services distributed a questionnaire to patients with whom they had consulted and delivered medication, Sept 2015 – Aug 2016. The questionnaire was informed by Birmingham's sexual health service satisfaction questionnaire and the Satisfaction with Information about Medicines Scale (SIMS).

**Results** Of the 393 patients who received a questionnaire, 92% (n=360) responded. Patients who had received medicines via a PGD and INP reported nurses to be friendly and approachable (n=359/360, 99%); that they installed confidence and trust (n=357/360, 99%); explained the reasons for medications clearly (n=349/360, 97%); and suitably answered questions (n=335/360, 93%). Of the 89% (n=348/360) of respondents who completed the SIMS, an overall score of 13.3/16 was achieved: the higher the score, the greater the satisfaction. The largest points of dissatisfaction related to not receiving information on whether they could drink alcohol (n=58/348, 17%), potential for drowsiness (n=54/348, 16%) or side effects (n=37/348, 11%).

**Discussion** Patients predominantly provided positive feedback regarding their medication consultations with nurses. High SIMS scores identified overall satisfaction with medication information. Further consideration may be needed on the potential problems medications can cause to further improve patient satisfaction (e.g. advice on alcohol consumption, side effects and drowsiness potential).

**P119 A COMPARISON OF THE CLINICAL SAFETY OF INDEPENDENT NURSE PRESCRIBING (INP) AND USE OF PATIENT GROUP DIRECTIONS (PGDS) BY NURSES IN UK SEXUAL HEALTH CLINICS**

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**Introduction** Under UK legislation, nurses independently prescribe or supply medications using PGDs, but evidence on safety in clinical practice is limited.

**Methods** Clinical record review across five UK sexual health services, July–December 2015. Sample size quota stratified based on the number of INP/PGD practising nurses. Documented patient presentations, diagnoses, autonomy and safety/

appropriateness of medication delivery were compared between INP and PGDs.

**Results** From 1,851 (INP=711, 38%; PGD=1,140, 62%) clinical records, 50% (n=933) involved medication delivery. INP delivered medication more frequently (INP= 385/711, 54% vs. PGD=548/1,140, 48%; p=0.01). A total of 879 medication assessments were undertaken (INP=399, PGD=480), 69% (n=609/879) were 'new' care episodes. Past medical history, concurrent medications and allergy risk assessments were recorded >85% (n=755/879) of cases. INP managed more symptomatic presentations (n=181/399, 45%: asymptomatic n=121/399, 30%); PGD managed marginally more asymptomatic (n=221/480, 46%; symptomatic n=200/480, 42%). INP worked more autonomously than PGDs (INP=310/399, 78%; PGD=308/480, 64%, p<0.01). INP most frequently managed chlamydia (n=53/399, 13%), PGDs most frequently administered vaccinations (n=80/480, 17%). Nurses delivered 66 different products, 1,351 individual medicines, azithromycin being most common (n=231/1351, 17%). Overall, 88% (n=775/879) of episodes were assessed against guidelines as 'safe and appropriate' (INP=359/399, 90%; PGD=416/480, 87%). Main reason for not 'safe and appropriate' was lack of documentation (n=56/104, 54%). PGDs were, although clinically appropriate, used outside their limits in 5% (n=24/480) of consultations.

**Discussion** INP deliver medications more frequently and work more autonomously than PGD users. Both groups were comparable in safe/appropriate medication delivery. Improved documentation is recommended.

**P120 DETECTION OF SYPHILIS AND OTHER PATHOGENS ASSOCIATED WITH GENITAL LESIONS USING PLEXPCR**

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10.1136/sextrans-2017-053232.164

**Introduction** Syphilis is an STI caused by the bacterium *Treponema pallidum* that can result in substantial morbidity and mortality. Recently, there has been an alarming global resurgence of syphilis with infections rising to unprecedented rates. As such, it is increasingly pertinent to test genital lesions for syphilis. Moreover, Herpes simplex virus types 1 and 2 (HSV-1 and HSV-2) and Varicella zoster virus (VZV) cause lesions in cutaneous and mucocutaneous sites. Recent publications have found VZV in genital specimens, suggesting that reactivation of VZV in this atypical presentation is not as uncommon as previously believed, further necessitating the importance of identifying these organisms at these sites.

**Methods** The PlexPCR HSV-1&2, VZV, Syphilis test (SpeeDx) is a single-well multiplex qPCR for testing genital lesions for the targets HSV-1, HSV-2, VZV and *T. pallidum*. The performance of the assay was evaluated on 90 genital specimens for which in-house PCR results for syphilis had been determined.

**Results** The multiplexed assay detected 54/57 syphilis positives, corresponding to a sensitivity and specificity of 94.7% and 100.0%, respectively. The assay also detected four HSV-1 and two HSV-2 infections (2 and 1 syphilis co-infections, respectively). All assays demonstrated analytical sensitivity to 10 copies per assay.