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

[1,2]Adam Black*, [3]Molly Courtenay, [4]Heather Gage, [1]Christine Norton, [2]Bryony Dean Franklin. [1]*King's College London, London, UK*; [2]*Imperial College Healthcare NHS Trust, London, UK*; [3]*Cardiff University, Cardiff, UK*; [4]*University of Surrey, Guildford, UK*

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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

[1,2]Adam Black*, [3]Molly Courtenay, [4]Heather Gage, [1]Christine Norton, [2]Bryony Dean Franklin. [1]*King's College London, London, UK*; [2]*Imperial College Healthcare NHS Trust, London, UK*; [3]*Cardiff University, Cardiff, UK*; [4]*University of Surrey, Guildford, UK*

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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

[1]Simon Erskine*, [1]Madeline Windsor, [1]Peter Njuguna, [1]Rachel Tucker, [1]Rachel Wee, [1]Litty Tan, [2]Franca Azzato, [1]Elisa Mokany. [1]*SpeeDx Pty Ltd, Sydney, NSW, Australia*; [2]*VIDRL, Bacteriology Department, The Doherty Institute, Melbourne, VIC, Australia*

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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. pallidium*. 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.

Discussion The lesion assay offers simultaneous detection and differentiation of pathogens that cause genital lesions. In response to the current emerging syphilis outbreak, this assay could provide a rapid and effective method of determining the infectious agent responsible for genital lesions, supporting earlier detection and rapid treatment to reduce morbidity or worse outcomes.

P121 CHOOSE TO TEST

[1]Jonathan Syred, [2]Chris Howroyd, [2]Gillian Holdsworth, [3]Kes Spelman, [1]Paula Baraitser*. *[1]King's College London, London, UK; [2]SH:24, London, UK; [3]Provide, Essex, UK*

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Introduction Choice is an increasingly important element of health care. We introduced choice of test into an online sexual health service.

Methods Users were offered testing based on their risk profile (table 1) with an option to request additional tests. Routinely collected anonymised data were collected on choice of test.

Abstract P121 Table 1 Results from Choose to test

	<24	24+	BME	MSM
Genital GC/CT*	Yes	Yes	Yes	Yes
Oral GC/CT*	No	No	No	Yes
Anal GC/CT*	No	No	No	Yes
Syphilis	No	No	No	Yes
HIV	No	No	Yes	Yes

Results 2550 users ordered tests (30/10/16 – 19/12/16). 56% were <24, 10% were from black or ethnic minority (BME) groups and 17% were men who have sex with men (MSM). 1853 (72.6%) returned a test, 6.7% were positive for any STI. Of the non-BME/non-MSM users offered chlamydia/gonorrhoea testing, 66% chose to add HIV + syphillis testing. Of the BME/non-MSM users offered chlamydia/gonorrhoea + HIV testing, 71% chose to add syphilis testing. Of the MSM users offered chlamydia/gonorrhoea (genital, oral, anal) + HIV + syphilis testing, 85% chose this option. 6% chose to omit the HIV/syphilis test. User choice resulted in 611 fewer HIV tests, 596 fewer syphilis tests and 27 fewer chlamydia/gonorrhoea tests.

Discussion Online service users actively exercise choice in STI test selection. The majority of users choose to test for chlamydia, gonorrhoea, HIV and syphilis regardless of what they are offered. User choice of test reduces the total number of tests offered online.

P122 DELIVERING SYSTEM TRANSFORMATION THROUGH COLLABORATION BETWEEN ONLINE AND TERRESTRIAL SEXUAL HEALTH SERVICES

[1]Joia de Sa*, [1]Chris Howroyd, [1]Gillian Holdsworth, [2]Katy Turner, [3]Paula Baraitser, [4]Anatole Menon-Johansson, [5]Michael Brady. *[1]SH:24, London, UK; [2]School of Social and Community Medicine, University of Bristol, Bristol, UK; [3]King's Centre for Global Health, King's College London, London, UK; [4]Guy's and St Thomas' NHS Foundation Trust, London, UK; [5]King's College Hospital NHS Foundation Trust, London, UK*

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Introduction Online sexual health services could shift demand for asymptomatic testing from clinics to relieve pressure and reduce cost. An online service collaborated with clinicians in two London boroughs to facilitate this through new service pathways.

One clinic developed a triage system directing asymptomatic attenders to order directly via the online service using tablets in the clinic with self-sampling packs prepared immediately to take away. Two clinics offered a 'weblink' card signposting those attending during busy periods to the online service. This study describes and evaluates these new pathways to re-direct demand.

Methods We used routinely collected testing data to analyse uptake. We compared the populations who used new pathways (weblink, 'tablet-in-clinic') with those resident in the same area accessing the online service without signposting or triage (organic users).

Results In a 6-month period, there were 8,987 orders from organic users, 1,280 orders through 'weblink' and 1,555 orders from 'tablet-in-clinic' users. Weblink users had a lower kit return rate (62.7%) compared with 'tablet-in-clinic' and organic users (71.4%; 71.9%). Positivity rates for any infection were higher among weblink (8.6%) and 'tablet-in-clinic' users (8.2%) compared with organic users (6.1%). In this period, 157 service users ordering through weblink or 'tablet-in-clinic' ordered their next test through the organic route.

Discussion Collaborative strategies to increase uptake of online services can be effective. These can increase capacity but may reduce user choice. Further work on predictive triage and targeted support for users switching service modality could enhance this offer.

P123 IS THERE A RELATIONSHIP BETWEEN THE TENDERING HISTORY OF A GENITOURINARY MEDICINE CLINIC AND ITS ACCESSIBILITY?

[1]Stephen Yekini*, [1]Azra Khatun, [1]Gabriela Agathangelou, [1]Thomas Rose, [2]Elizabeth Foley, [1,2]Rajul Patel. *[1]University of Southampton, Southampton, UK; [2]Solent NHS Trust, Southampton, UK*

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Introduction Since 2004, DH guidance has recommended that GUM clinics in England should endeavour to see patients within 48 hours of initial contact. Recent changes in service commissioning and the wider adoption of competitive tendering since 2013 has led to concerns about maintaining 48-hour access.

Aim To establish whether there is a relationship between the tendering history of a GUM clinic and its accessibility.

Methods Postal questionnaires regarding tendering history were sent to lead clinicians of all 262 GUM clinics in the UK. Only questionnaires which were returned within a two-month window were analysed. Each clinic with a returned questionnaire was telephoned eight times by male and female researchers posing as patients with symptomatic and asymptomatic presentations. The researchers asked to be seen as soon as possible and recorded whether this fell within 48 hours.

Results 67 clinics (25.6%) returned their questionnaires on time. A chi-square test found no statistically significant difference between clinics tendered within the last five years (n=49) and the rest (n=18), regarding 48-hour access (86.5% and 86.2% respectively, p=0.916). Interestingly, 88% of contacts with clinics still undergoing a tender resulted in a 48-