## P130 A COMPARISON OF DEMOGRAPHIC CHARACTERISTICS AND WORKLOADS OF INDEPENDENT NURSE PRESCRIBERS (INP) AND NURSES USING PATIENT GROUP DIRECTIONS (PGDS) IN SEXUAL HEALTH CLINICS

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**Introduction** Nurses legally deliver medication independently using INP or PGDs. Despite growing evidence of clinical application, there is limited sexual health research.
**Methods** INP and PGD nurses from five UK sexual health services completed a questionnaire, and recorded two weeks of clinical activity in a specifically designed diary, Aug 2015–Aug 2016.
**Results** Questionnaire response rate: 64% (61/95; INP=26/28, 93%; PGD=35/67, 52%). Respondents were mostly female (n=55/61, 90%), aged 35–44years (n=21/61, 34%). INP were mainly Band 7 or above (n=18/26, 69%), educated to Masters Level (n=16/26, 62%); PGD users were mostly Band 6 (n=24/35, 68.6%), educated to Diploma Level (n=13/35, 37%). INP had mean of 2.9 years more sexual health experience than PGD users (mean: INP=13.0; PGD=10.1years). Both groups reported access to medications was essential (n=56/61, 92%) and made their roles easier (n=60/61, 98%).

Overall 61% (INP=17/26, 65%; PGD=20/35, 57%) of questionnaire respondents completed the diary. Of the total diary entries (INP=737; PGD=593), INP managed more 'new' care episodes (n=512/737, 70%) than PGD users (n=294/593, 50%). There was no difference in medication delivery frequency (INP=460/737, 62%; PGD=348/593, 59%; p=0.16). However, PGD users required additional medication delivery support from other healthcare professionals more often than INP (INP=419/460, 91%; PGD=240/348, 69%; p<0.01). PGD users had marginally shorter patient consultations than INP (mean 22.8 vs. 24.9mins). Mean consultation support was 8mins/consultation (both groups).
**Discussion** Sexual health nurses require independent access to medication for their roles. INP are more likely to practice autonomously, but may spend longer with patients.

## P131 AN AUDIT OF HOME TESTING KITS

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**Introduction** Umbrella Health recently introduced sexually transmitted infections (STI) home testing kits for asymptomatic adults from Birmingham and Solihull. An audit was undertaken to consider patient demographics, service utility and effectiveness.
**Methods** All patients registering for home testing kits between 1st– 10th March 2016 were included. Patient demographics, results and follow up were accessed from the laboratory and clinical database. Data was compared with a clinic comparator group of 50 randomly selected patients attending clinic during the same timeframe. Statistics were performed using Microsoft Excel.
**Results** 536 patients were included of which 331(61.7%) were female. 103(19%) of patients were symptomatic. 536(100%) of requested kits were distributed. 280(52%) nucleic acid amplification tests (NAAT) and 209(39%) blood samples were returned. 86(41%) returned blood samples were insufficient for analysis. 25(100%) patients with a positive result were informed via text. 10(40%) attended for treatment. 3(30%) agreed to contact tracing. Compared with the clinic attendees, users were younger (60% 16-24yrs cf 28%), more likely to be Caucasian (73% cf 44%), with lower rates of STIs (4.7% vs 16%). 16–24-year-old Caucasian females accounted for 17.5% (N=94) of the home-testing group.
**Discussion** Home STI testing kits are popular with 536 distributed with 10days. Patients requesting kits were more likely to be asymptomatic, younger, Caucasian and female with lower rates of STIs. Return rates may be improved by provision of a STI fact sheet and lancet change. Linkage of laboratory and clinical databases may improve governance. Low treatment rates need further investigation.

## P132 AN AUDIT OF THE USE OF SUPPRESSIVE ACICLOVIR IN PATIENTS ON STABLE ART WITH SUPPRESSED HIV VIRAEMIA IN PLASMA

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**Introduction** BASHH guidelines state suppressive therapy for HSV in HIV+ individuals as aciclovir 400mg BD. Anecdotally some HIV+ patients report better control of genital HSV on different antiretroviral (ART) regimens. Previous studies have shown HIV protease inhibitors (PI) may induce antiviral effects against HSV. We audited our suppressive aciclovir (sACV) use in undetectable HIV patients on stable ART against BASHH standards. We noted frequency of genital HSV outbreaks in those on PI vs non-boosted ART regimens to see any signal that PIs may confer protection against HSV reactivation.
**Methods** Patients were eligible if they were receiving prophylactic aciclovir, male, 18–50 years of age, with HIV viral load below 50 copies/ml on current ART. The dose of aciclovir was recorded. We also collected information on: HSV outbreaks 1/10/16-31/1/17, ART regime, CD4 count, age/ethnicity, and duration of HIV infection.
**Results** 60 patients were identified. 47/60 patients were taking aciclovir 400mg BD. 13/60 were prescribed ACV 400mg OD only. For those on BD:

**Abstract P132 Table 1** HSV suppression by ART

| | Outbreak | No outbreak |
|---|---|---|
| PI/boosted | 1 | 11 |
| Non boosted | 6 | 29 |

This gave a relative risk of HSV outbreak on a PI of 0.49 over the time studied.
**Discussion** Of eligible patients 78.3% of prescriptions met BASHH standards. Patients on sACV dosed at 400mg BD had a lower risk (RR 0.49) of symptomatic HSV recurrence if they were on PI based ART. This is important in the