

population age is a significant contributory factor also, given the accumulative nature of the skin damage.<sup>3</sup>

Despite the publicity effort regarding UV sun protection it is likely we will see some semblance of decrease only after knowledge and display of the detrimental effects are openly shared and debated in society. Unfortunately the trend related to sun damaged skin lesions is set to continue.

Perhaps a new wave of deterrence such as was taken in the anti-tobacco campaign should be a priority for the health service. The implementation of a universal ultraviolet light prevention programme in places of work and education would create the opportunity to reduce the incidence of morbidity associated with this preventable disease.

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DOI: 10.3399/bjgp15X683437

## STI testing in emergency contraceptive consultations

We recently read the Faculty of Sexual and Reproductive Healthcare (FSRH) Clinical Guidance (2012) that recommends 100% of women attending for emergency contraceptive have a discussion regarding future contraception, and are offered the opportunity for sexually transmitted infection (STI) testing, including HIV.<sup>1</sup> The FSRH recommends STI testing

**Table 1. Number of women being offered future contraceptive advice and STI testing**

	Offered	Not offered	Total
Future contraceptive	31	3	34
STI testing	8	26	34
Total	39	29	68

*The Fisher's exact test shows that the two-tailed P value is <0.0001, indicating significant difference between the proportions of women being offered future contraceptive advice and STI testing.*

because studies showed up to 9.1% of women aged <25 years presenting for emergency contraceptive had *Chlamydia trachomatis*.<sup>2,3</sup> The Quality of Outcomes Framework (QOF) also recommends that 50–90% of women receiving emergency hormonal contraception are offered information about long-acting reversible methods of contraception.<sup>4</sup> However, QOF does not mention about STI testing.

We conducted an audit in our general practice investigating whether women attending for emergency contraception were offered STI testing and information regarding future contraception. From November 2012 to November 2014, we identified 34 consultations in which women were given levonorgestrel, ulipristal, or copper coil for emergency contraception. Future contraception advice was given in 31 (91%) of the consultations, but STI testing was offered in only eight (24%) of them (Table 1). Only five of the eight patients accepted the STI testing, but were all tested for Chlamydia only.

The 24% of women being offered STI testing in our general practice was much lower than the 71% of women being offered STI testing in a genitourinary medicine clinic in Edinburgh.<sup>5</sup> The low proportion in our study may be due to STI testing not being monitored by QOF. In contrast, while being monitored by QOF, the proportion of women being offered future contraceptive advice was significantly higher than that of STI testing. Our study was limited by the low number of women attending for emergency contraceptives in our practice. To validate our findings, we encourage other general practices to conduct similar studies to investigate the proportion of women attending for emergency contraceptive being offered STI testing. Furthermore, we would like to ask the Royal College of General Practitioners to raise awareness of offering STI testing to women presenting for emergency contraception. Finally, we would like to ask QOF to consider adding STI testing in its monitoring parameters.

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DOI: 10.3399/bjgp15X683449

## Virtually addicted

This is a very important subject and I do wish to 'land' it on Planet Trivia, yet there are others besides children who are also dependent on their screens and to be honest, I read the article title<sup>1</sup> as applying to many GPs in the UK. Many of the public, including myself, are really fortunate to be registered with many an excellent and caring GP and there