

asymptomatic individuals (all signposted via “Grindr”). Current work includes using “Grindr” to signpost users to our service, implementing online booking and expanding the use of POCT at community SHS. Clinics should consider using social media and geolocation-based apps in addition to traditional health promotion.

**P53 WITHDRAWN**

**P54 SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMISED CONTROL TRIALS OF INTERACTIVE DIGITAL INTERVENTIONS FOR SEXUAL HEALTH PROMOTION**

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10.1136/sextrans-2015-052126.97

**Background** Digital technology offers potential for sexual health promotion.

**Aims** We conducted systematic review examining effectiveness of sexual health promotion interactive digital interventions (IDI) compared to 1) minimal interventions (e.g. leaflet); 2) face-to-face interventions; 3) different IDI designs.

**Methods** IDI require users' contributions to produce personally relevant feedback. We searched 40 electronic databases for randomised controlled trials (RCT) of IDI for sexual health promotion from start dates to 30/04/2013. Separate meta-analyses were conducted for comparisons 1, 2, and 3, by outcome types (knowledge, self-efficacy, intention, sexual behaviour, biological outcomes) using random effects models. Subgroup analyses tested: age, risk grouping, setting (online, healthcare, educational).

**Results** We identified 36 RCTs (11,818 participants) from developed countries. Comparison 1: IDI improved knowledge ((standardised mean difference (SMD) 0.48, 95% CI 0.19 to 0.76)); self-efficacy (SMD 0.11, 95% CI 0.04 to 0.19), intention (SMD 0.13, 95% CI 0.05 to 0.22), sexual behaviour ((Odds Ratio (OR) 1.20, 95% CI 1.02 to 1.41)), but not biological outcomes (OR 0.81, 95% CI 0.56 to 1.16). IDI delivered in educational settings improved sexual behaviour (OR 2.09, 95% CI 1.43 to 3.04), but not in healthcare settings (OR 1.17, 95% CI 0.94 to 1.45), or online (OR 0.96, 95% CI 0.79 to 1.17). Comparison 2: IDI improved knowledge (SMD 0.36, 95% CI 0.13 to 0.58), intention (SMD 0.46, 95% CI 0.06 to 0.85), but not self-efficacy (SMD 0.38, 95% CI -0.01 to 0.77). Comparison 3: Tailoring had no effect on outcomes.

**Conclusion** IDIs can enhance knowledge, self-efficacy, intention, and sexual behaviour.

**P55 THE USE OF WEB-BASED TECHNOLOGY TO MEASURE PATIENT EXPERIENCE IN SEXUAL HEALTH SERVICES**

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10.1136/sextrans-2015-052126.98

**Introduction** In comparison to other specialities, generating feedback from sexual health patients on clinic experience is challenging. Web-based technology can address many challenges associated with paper-based surveys, and is increasingly used to generate feedback in healthcare. A survey conducted in our service showed that four-fifths of our patients use smartphones; we therefore wanted to use technology to capture patient experience of our service.

**Aim** To measure real-time patient experience of our sexual health service using an online questionnaire.

**Methods** Since May 2014, new patients attending one of our five services are sent a link to an online survey via free text message. The short survey captures demographic data and feedback, with facility to request call back to discuss any concerns.

**Results** Since May 2014, 2457 new patients (18%) have completed the survey (2457/13753).

**Discussion** We have demonstrated high levels of satisfaction with our service as a result of this online survey. Implementation challenges include varying response rates, administration time and cessation of free messaging. However, the generation of real-time feedback is valued by staff, commissioners and patients, and has resulted in several service improvements e.g. improved signage and new processes for triaging patients.

**P56 ELECTRONIC PATIENT RECORDS (EPR) AND THE IMPACT ON ATTENDANCE WITHIN A LEVEL 3 SEXUAL HEALTH SERVICE**

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10.1136/sextrans-2015-052126.99

**Background** Staff complained that the introduction of the EPR in December 2013 slowed down their consultations and thought that attendances had reduced significantly as a result of having to “cap” walk in clinics and reduce the number of appointment slots. In the early months post implementation there were

**Abstract P55 Table 1** Patient survey results

Clinic	Percentage responses	Male	Seen within 30 mins	Treated with dignity/respect (strongly agree/agree)	Would recommend service (strongly agree/agree)
C1	(1090/7417) 15%	48%	49%	97%	94%
C2	(493/2200) 22%	35%	24%	93%	90%
C3	(255/1605) 16%	52%	46%	95%	92%
C4	(276/1921) 14%	38%	22%	96%	88%
C5	(343/610) 56%	15%	50%	90%	81%