

Relationships, Sexual assault and The Law. Interestingly, sites with more innovative features had less clarity, and vice versa. Examples of innovative features include image galleries/videos/films, newsfeeds, voting tools, online feedback forms, contraception tools, clinic finders, online booking and risk assessment tools.

Discussion/Conclusions Populating the website with more innovative features appears to reduce clarity. Are they mutually exclusive? To answer that question, user feedback should be sought and web site analytics used to determine if features have real utility or are just superfluous.

P108 "DON'T FORGET THE CHILDREN", USING ELECTRONIC PATIENT RECORDS AS A TOOL TO ACHIEVE HIV TESTING OF CHILDREN OF HIV POSITIVE PARENTS

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Background The HIV status of children of HIV positive adults in the UK should be known as a matter of urgency. Implementing robust systems to identify and then test this vulnerable group of children remains a challenge.

Aims We present a single service experience of using Electronic Patient Records (EPR) to help identify such children.

Methods A clinical proforma to record the HIV status of all children of all HIV positive adults attending this service was developed on the EPR system in early 2010. Using the EPR Lillie database the records of all adult patients attending the service in 2010 and 2011 were searched for details of the HIV status of their children under 18 years.

Results There were 389 HIV positive patients and 306 children identified. 278 of these children live in the UK. Of these, 242 (87%) had a verified HIV status and 36 (13%) an unverified HIV status. Of the 36 with unverified status, 12 (33%) were said to be HIV tested (negative) but this was unconfirmed, 9 (25%) had an HIV positive father and a mother who was said to be HIV negative but this was unconfirmed. 7 (19%) had been referred to paediatrics for testing and 8 (22%) children were untested for mixed reasons.

Discussion Verifying the HIV status of the children of HIV positive parents is a complex, multidisciplinary exercise requiring excellent documentation and cooperation between different teams. The first crucial step is identifying the at risk children. The proforma in the patient records acted as a prompt to the clinician to obtain this information from the patient. Information was then easily identifiable in the EPR. The results demonstrate the strength of the EPR system. All proformas were completed showing that of our cohort of children living in the UK 87% have verified HIV status and in 13% there is enough information to pursue HIV testing or verification.

P109 INTRODUCTION OF AN ELECTRONIC PATIENT PROFORMER CONTRIBUTES TO AN INCREASE IN UPTAKE OF HIV TESTING

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Background The BASHH MEDFASH Standards for the Management of STIs 2010 recommend that 100% of GUM patients should be offered an HIV test with a minimum uptake of 60% at their first STI screen.

Aim To assess whether the introduction of an electronic patient proformer resulted in an improvement in the uptake of HIV testing in a level 3 GUM service, and whether there was scope for further improvement.

Methods Retrospective case note review of new and rebook (patients who had not attended in the past 3 months) patients attending a level 3 GUM service in October 2007 (when a paper patient record was kept) and October 2010 (following introduction of an electronic patient proformer with a prompt for HIV test offered). Data on uptake of HIV testing was collected, and further data on the reasons for not being tested for HIV was collected on patients seen in October 2010.

Results 772 new or rebook patients were seen in October 2007, of whom 562 (72.8%) accepted HIV testing. 1141 new or rebook patients were seen in October 2010 of whom 891 (78.1%) accepted HIV testing, with a p value (calculated using Fisher's Exact test) of 0.009. Of 250 (21.9%) patients not tested for HIV in October 2010, 41.6% were not tested for clinical reasons, such as the patient having had a recent HIV test or being known HIV positive. 35.2% of patients not tested for HIV declined the test. Evidence of suboptimal management was also found, with 6.8% of patients not tested as they were within the window period, and 6% not tested due to needle phobia.

Conclusion The introduction of the electronic patient proformer with a prompt for HIV testing has improved uptake. There is further room for improvement including offering POCT to needle phobic patients, and testing those within the window period prior to follow-up testing. Adding a mandatory field to the patient proformer with reasons for declining may allow improved understanding of reasons for declining, which may then modify future practice.

P110 DEVELOPMENT OF A WEB-BASED PARTNER NOTIFICATION NETWORK LINKING GENERAL PRACTICE, CASH SERVICES AND COMMUNITY PHARMACY WITH SPECIALIST GUM SERVICES

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Background Partner notification in primary care is problematic and of limited effectiveness despite enthusiasm from primary care providers to engage with sexually transmitted infection (STI) management. Often it relies on the clinician informing the patient to advise his/her sex partners to attend a sexual health clinic for investigations and treatment despite evidence suggesting that only around half of sex partners informed in this way receive treatment. Many of those referred on to a sexual health clinic by a GP fail to attend and follow-up is infrequent.

Aim To develop a robust, web-based tool for managing partner notification for patients diagnosed with bacterial STIs in primary care with broad geographical and service applicability for use in our Accelerated Partner Therapy randomised control trial in primary care.

Method We applied a user-centered design approach to develop a web-based partner notification tool linking different types of community sexual health providers with the specialist GU service. The approach included a pre-design phase using discussions with primary care health professionals, and sexual health clinic health advisers, to determine their needs, current activity and work habits, to ensure that the web-based tool would be successfully integrated in their daily work practice. The web-tool was designed to our specifications by a bespoke software company.

Results and Discussion We have designed a secure, simple to use web tool that allows users in a variety of settings to easily initiate, manage and monitor partner notification. A major advantage of this platform compared to other visualisation tools is its web-based format, which requires no software installation or data downloads.