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P53 WITHDRAWN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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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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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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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%

increasing reports of clinics overrunning and patients not waiting to be seen. Verbal complaints from patients rose as they felt the impact on the service. Over time as the EPR became established these concerns and complaints lessened.
Aim To identify whether or not the EPR has significantly impacted on the footfall of patients attending a level three sexual health service.
Methods Comparison data was extracted from IT system and inserted in to data sheets from a service analysis in 2010.
Results

Abstract P56 Table 1 Patient footfall

Year	New	Follow up	DNA
2010	10375	2628	1222
2014	10234	2156	835

Discussion The observed difference both for New and FU patients in 2010 and 2014 is small despite staff feeling there has been a negative effect on patient attendance. There has been active encouragement to decrease the number of FU patients to improve DNA rates, which has reduced by 32% (2010–2014). Overall in the year 2014 there is little evidence that the IT system has significantly impacted on the footfall of patients attending a level 3 service, despite clinics being minimised and appointments decreased to manage attendance levels.

Category: Epidemiology and partner notification

P57 TO DISCLOSE OR NOT TO DISCLOSE. AN EXPLORATION OF THE MULTI-DISCIPLINARY TEAM'S ROLE IN ADVISING PATIENTS ABOUT DISCLOSURE WHEN DIAGNOSED WITH GENITAL HERPES SIMPLEX VIRUS (HSV)

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Background HSV is the leading cause of genital ulcerative disease worldwide. Medical experts condemned the first UK prosecution for genital herpes transmission in 2011. There is a lack of research investigating what patients are being advised by the multidisciplinary team regarding disclosure.
Aim To explore the nature of advice given to patients by the multidisciplinary team regarding HSV disclosure to partners.
Methods A qualitative descriptive study. Ten semi-structured interviews were conducted. Participants: two sexual health advisors, three nurses, three consultants and two specialty doctors. The interviews were transcribed verbatim and analysed using Burnard's Thematic Content Analysis.
Results Four key themes emerged: (1) '*HSV – The Facts*', explored the medical aspects of the infection; (2) '*Stigma and Psychological Aspects of HSV*', explored participant's experiences of the emotional aspects of HSV; (3) '*The Challenge of Disclosure*', explored participant's views and experiences of discussing disclosure; (4) '*The Legal Case – Revenge not Justice*', explored participant's views on the legal prosecution.
Discussion/conclusion Participants believed disclosure to be the patient's choice. There was a general consensus that disclosure was not required due to the prevalence of HSV. Notably, participants had not altered their practice to advise disclosure to all partners in accordance with local protocol. An aspect found within the findings but not in the previous literature was the normalisation of HSV. Participants used the prevalence of HSV in an attempt to normalise and de-stigmitise the infection. This study disputed a key finding from the literature review that healthcare providers were providing inaccurate information about HSV.

P58 A REVIEW OF HEPATITIS C TESTING IN A DISTRICT GENERAL HOSPITAL – A CASE FOR TESTING COCAINE USERS AND SEXUAL CONTACTS OF HIV NEGATIVE HEPATITIS C PATIENTS?

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Background/introduction Hepatitis C has significant public health consequences and substantial morbidity and mortality. Timely identification and treatment is needed to avert the rising prevalence of Hepatitis C related chronic liver disease. There is currently an inconsistency in the guidance for which groups to screen, with BASHH and Public Health UK recommending slightly differing protocols.
Aim(s)/objectives The aim of this project was to audit Hepatitis C testing in the Rotherham GU medicine clinic against the standards set out by the Public Health England Migrant Health Policy.
Methods All hepatitis C antibody positive diagnoses between January 2010 and May 2014 were identified. A retrospective case note review was undertaken to ascertain the indication for hepatitis C testing.
Results 25/27 of the hepatitis C positive patients were tested for a reason recommended by the Public Health England guidelines:

Abstract P58 Table 1 Hepatitis C testing

Rationale for testing	Percentage	Percentage of testing in line with Public Health UK Guidance
Intravenous drug use	88.9%	92.6%
Born outside of Western Europe	3.7%	
Intranasal cocaine use	3.7%	
Sexual contact of Hepatitis C	3.7%	

Discussion/conclusion Two of the patients were tested for reasons other than those listed by Public Health England and BASHH guidance. The issue of hepatitis C testing in cocaine users and HIV negative heterosexual contacts is currently under scrutiny by Public Health England and NICE, however neither advocates testing based upon these. Our audit data suggests that hepatitis C testing may be advisable in intranasal cocaine users