

invited by reception staff to leave the clinic until they were sent another text when they were due to be seen. Patients in possession of a Smartphone could refresh a link to check their place in the queue at any time. IR1s and patient feedback were assessed before and after implementation

Results Average no of symptomatic patients seen over a weekend was 70 with an average wait time of 89 min. In the 4 month period prior to the software implementation there were 6 IR1 forms received from staff about patient aggression. In the 4 month period after its introduction there were none. Two months post its introduction the average number of patient complaints about waiting times received was 1 from an average of 4 prior to its use.

Conclusion The introduction of the queuing software has been an inexpensive and effective method of reducing complaints about patient waiting times and improving patient satisfaction with the service.

019 CAN EXPRESS TREATMENT REDUCE ONWARD TRANSMISSION?

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Background/introduction The introduction of onsite Cepheid® GeneXpert diagnostics for asymptomatic STI screens cut 'test to treatment' time by 190 h.

Aim(s)/objectives To evaluate the Public Health benefit of faster treatment.

Methods Patients with chlamydia (CT) and/or gonorrhoea (GC) over 8 weeks in February 2014 were retrospectively identified. We compared the timing of testing, treatment and number of recent sexual partners with a control group from November 2013. Assuming rate of partners remains unchanged, we calculated 'partners spared' exposure per infected patient due to faster treatment.

Results 431 patients were identified with CT and/or GC infection. 81% (349/431) were MSM. Median age was 29 years. 23% of index patients disclosed high risk behaviour including fisting, chemsex and injecting drug use. Median 'test to treatment' time dropped from 238 h to 48 h. The number of partners spared exposure was 0.5 per index case. This equates to a total 196 partners spared exposure over the study period.

Discussion/conclusion For every two people diagnosed with an infection, one partner was spared exposure. Limiting the duration of infectivity and the potential for onward transmission has clear public health benefits and is of particular value in this cohort with multiple partners who engage in high-risk behaviour.

020 ON-LINE STI TESTING SERVICES: IMPROVING ACCESS, EFFICIENCY AND USER EXPERIENCE

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Background/introduction There are many barriers to accessing sexual health and HIV testing services. Novel service models could address this. On-line testing may provide a solution.

Aim(s)/objectives To evaluate the acceptability and potential impact of on-line STI testing.

Methods We developed a dedicated, secure website for free on-line STI testing. Website content and testing process was iteratively designed in response to user feedback. Simple questions identify those most at risk or symptomatic and signpost to local services. Clients order self-taken NAAT tests for chlamydia (CT) and gonorrhoea (GC) and a pin-prick blood test for syphilis and 4th generation HIV testing and post them to the laboratory. Results are received by text. In November 2014 we piloted the process by offering it to clients attending 2 sexual health services.

Results 47 clients used the service. 31 (65.9%) men, of whom 5 (16%) were MSM. Mean age was 29 (range 19–64). Mean time to receipt of results was 3 days (range 0–8). 18 (38.3%) clients received their results on the same day the sample was taken. One client tested positive for syphilis. All other tests were negative. User feedback was predominantly positive, with specific reference to its speed and simplicity. 8/47 (17%) left negative feedback about the pinprick process, which they found difficult or unpleasant.

Discussion/conclusion The service was highly acceptable. Rapid results turnaround was more efficient than local 'traditional' services. The service (which soon becomes available to all local residents) will contribute significantly to local STI/HIV testing and prevention strategies.

021 SECURING EXCELLENCE IN CHLAMYDIA SCREENING OUTCOMES ON A SHRINKING BUDGET

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Background/introduction The National Chlamydia Screening Programme (NCSP) recommends opportunistically screening sexually active 15 to 24 year olds annually and on change of partner. Through a number of changes to the delivery of screening, Leeds has maintained a higher than average detection rate indicator (DRI) despite declining spend. We describe these changes and corresponding DRIs.

Aim(s)/objectives To review and re-structure chlamydia control activity to provide greater value for money.

Methods A multi-professional steering group was established and a strategic approach taken to commission chlamydia within sexual health services. Our approach included: screening, treatment and partner notification embedded within contraception and sexual health services; commissioning of online testing and an enhanced pharmacy scheme; signposting website developed; phasing out financial incentives for General Practitioners (GP); reducing outreach testing, marketing and staff.

Results In 2014 £371k was spent on screening activities (£538k 2010/11). 2014 Q1-Q2 DRI was 3,104 (2,168 England; 2,325 Yorkshire and Humber) and 2,511 (1,888 England; 2,128 Y&H), respectively compared to 2,698 (2,093 England; 2,367 Y&H) and 2,355 (1,947 England; 2,068 Y&H) for equivalent time periods in 2013. In 2013 most tests were performed in GP (30%) followed by GUM (26.6%), Internet (26.8%) and CASH (13.5%). Positivity across all settings in 2013 was 9.5%.