

ABCD National Research Partnership, this project aimed to develop an audit tool to be used within a continuous quality improvement approach to enhance adherence to best-practice guidelines and improve the quality of Indigenous primary sexual health services.

Methods The process of development of the tool involved engagement of a range of stakeholders including clinical experts, quality improvement practitioners and researchers; identification and review of best practice guidelines; development of key indicators that reflect quality of care; generation of audit items and questions; and construction of the tool, protocol and report. The tool was piloted in Western Australia, Northern Territory, Queensland and South Australia.

Results The sexual health tool includes indicators that cover the basic elements of sexual health care including risk assessment, investigations, treatment, contact tracing and follow up. The protocol guides the use of the tool and the tailored report assists in identification of gaps, goal setting and planning of actions for improvement. Important elements of tool development are broad end user engagement, multidisciplinary and multi-jurisdictional consultation, effective leadership, sufficient resources and consensus building around selection of key elements of sexual health care.

Conclusion The tool, which reflects the best practice for Indigenous primary sexual healthcare, is now available to Indigenous primary health care services through the National Centre for Quality Improvement in Indigenous Primary Health Care (One21seventy). Used in conjunction with the systems assessment tool, the tool will be used to identify evidence-practice gaps, determine systems-related facilitators and barriers to quality care enhance the quality of sexual health care delivered to, and ultimately reduce the burden of STIs among, Indigenous Australians.

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P13.07 WHICH ELEMENTS OF A NOVEL SELF-DIRECTED RAPID ASYMPTOMATIC SEXUALLY TRANSMITTED INFECTION SCREENING SERVICE ARE MOST IMPORTANT TO USERS?

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Introduction In Feb 2014 we launched an innovative walk in asymptomatic screening service targeting higher risk groups in central London UK. Users self register and record their own sexual history using a touch screen which triggers automated test ordering. Users then are self-directed to take their own samples using video instructions. HIV point of care testing gives 60 s results. The use of on site Cepheid® GeneXpert allows samples to be processed within 90 min with results delivered by automated results management. Within 6 months the service was attracting over 6000 attendances per month. The aim of this survey was to ascertain the elements of the service that were most attractive to users.

Methods Prospective survey of sequential attendees.

Results 78% identified as Gay/Bisexual, 20% Heterosexual, 2% Lesbian.

All respondents said that they would recommend the Dean Street Express model to a friend. Use of touch screen. Really Easy 78%, Easy 22%, OK 0%, Hard 0%, Very Hard 0%. Self-taken samples. Really Easy 66%, Easy 26%, OK 8%, Hard 0%, Very Hard 0%.

Percentage indicating important:

Walk in service	96%
Rapid results	76%
Location	64%
Self taken swabs	62%
Staff	62%
Pleasant environment	48%

Conclusion The use of touch screens, self sampling and rapid results through the use of on site diagnostics are highly acceptable to service users.

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P13.08 ACT TESTING MONTH: PROMOTING TESTING AND INCREASING CROSS SECTOR COLLABORATION

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Background Prompted by an increase in HIV notifications, community support after AIDS 2014 and the success of NSW's inaugural HIV Testing Week, the Australian Capital Territory (ACT) held its first Testing Month in November 2014 to promote initial and ongoing testing for HIV, STI and hepatitis in priority populations.

Methods A stakeholder group collaborated to promote testing via social and mainstream media, offer targeted outreach testing and provide workplace-based GP education focussing on local epidemiology, national testing guidelines and participant perceptions of barriers to testing. Digital and print media was used to promote the Ending HIV campaign, Time to Test and Testing Month. ACT Testing Month was launched at a gay community event on 1 November and ran until World AIDS Day, 1 December 2014.

Results Social marketing focussed on testing with links to testing sites. Local media ran 4 print articles and 4 radio talks. Seventy-two people attended targeted outreach testing: 62 male, 8 female and 2 transgender; 44% were aged 21–30 years, 20% had not tested before and 30% had not tested in the previous 12 months. Thirty-eight doctors and 19 nurses from 5 general practices, a justice health centre and a specialist travel clinic attended 45-minute workplace education sessions.

Conclusion ACT Testing Month enabled collaboration between government and non-government stakeholders in the sexual health sector to promote HIV, STI and hepatitis testing according to national clinical guidelines. Specific outreach testing was geared to particular at risk groups, whilst workplace-based small group GP education aimed to increase knowledge and reduce