Discussion The use of image and performance enhancing drugs has grown substantially, but the risk of exposure to blood borne viruses among those who inject drugs to change body appearance or improve performance has rarely been studied. Although small numbers, our survey identified higher than anticipated use of injected anabolic steroids in males attending our sexual health service.

P215 SHARING THE JOURNEY; PUBLIC AND COMMISSIONER EXPERIENCES IN DEVELOPING E-SERVICE PATHWAYS IN SEXUAL HEALTH

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Introduction The London e-service is an innovative online digital health solution including: Health promotion and education; risk assessment and triage process to access self-sampling kits; provision of self-sampling kits in clinic and online; diagnostics; remote treatment for uncomplicated chlamydia; results management and partner notification.
Methods Over 5000 service users were engaged through waiting room and online surveys, interviews and public groups. There was an appetite for an online service in some segments of the population. Clinicians and commissioners worked collaboratively to develop the e-service pathway. The vision was for a high quality health pathway where the service user seamlessly travels between appropriate providers. The pathway development factored in: service user choice; clear referral pathways; protocols for safeguarding; enhanced results management and partner notification; appropriate treatment.
Results 27 boroughs participated in the collaborative procurement of the London e-service. The integration of the e-service and sexual health clinics remains a critical success factor. The pathway focuses on 2 main areas of interaction between providers: 1) The e-service 'offer' in a clinical environment; a specialist behaviour change company is working with the e-service and providers to develop channel shift resources. This is backed by a clinical service specification with associated KPIs. 2) Ensuring appropriate access to service user results and case history. This requires data sharing agreements and innovative technology solutions. The pathway was further finessed through the negotiation phase, with e-service bidders suggesting additional commercial solutions.
Discussion Can an e-service help improve access, user experience, outcomes and manage resources?

P216 EVALUATING A MOTIVATIONAL INTERVIEWING CLINIC FOR BEHAVIOUR CHANGE

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Introduction A service was set up to support patients in behaviour change, staffed by motivational interviewing trained nurses and workers from a voluntary drugs service.
Methods An evaluation was undertaken of the service. Between 16.09.15 and 09.11.16 at total of 101 patients were booked into the service: 53 were referred to the nurses and 48 referred to the drug worker (some were referred to both). A total of 30 patient notes were selected at random and data extracted.
Results Of the 101 patients 4 were female and 97 were male (aged 21 to 63 years old). 3 were bisexual, 5 heterosexual, the remainder MSM and 5 were sex workers. Of the 12 HIV-positive patients, all were on treatment and undetectable. In the 12-months prior to referral 15 had been diagnosed with at least 1 STI and 8 had received PEPSE (2 receiving 2 courses). Reasons for attendance; chemsex (20), substance use (7), alcohol (1) risky sexual (1) not documented (1). 19 patients had been seen within 3 attendances (range 1 to 11) and the majority did not require onward referral (n=21).
Discussion There was a high DNA rate within the service which is common among this patient type. 8 patients reduced or stopped the behaviour that they were referred for. 9 of the 15 diagnosed with an STI prior to referral did not have an STI documented in their notes post referral. This shows that MI based programmes have utility in supporting vulnerable patients desiring behaviour change.

P217 SYPHILIS ON THE RISE – IMPLEMENTATION OF ENHANCED SURVEILLANCE

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Introduction Diagnoses of infectious syphilis have risen dramatically in the UK since the late 1990s. This resurgence has been facilitated by a number of outbreaks across the UK, occurring mainly in men who have sex with men but also in heterosexual men and women.

In response, a number of enhanced surveillance initiatives have been developed and implemented across England to collect timely demographic, clinical and risk factor information. These run alongside the routine surveillance system for sexually transmitted infections, the quarterly Genitourinary Medicine Clinic Activity Dataset (GUMCADv2). The system in the East of England is described here.
Methods Up to 2016 two paper based forms were utilised. A one page 'surveillance' form was completed for every case of infectious syphilis, and a more detailed 'investigation' form used if an unusual increase required investigation. During 2016 these two forms were merged and information is now entered into an online form. All forms are completed by the diagnosing clinic.

Data collected is used to generate automatic reports, identify and investigate any unusual increases and for audits against GUMCADv2.
Results
Enhanced surveillance has allowed the identification of a number of unusual increases prompting timely and appropriate investigations to be launched; identified opportunities to improve reporting standards. The change to an online system has improved the timeliness and accuracy of reporting and made the system more secure.
Discussion Ongoing enhanced surveillance complementing GUMCADv2 is important. This information provides timely intelligence on the epidemiology of infectious syphilis across the region.