

from women. Serology was offered for HIV and Syphilis. Hepatitis B serology was offered to those who reported intravenous drug use or sex with commercial sex workers. Anyone diagnosed with an STI was offered treatment at Occupational Health services on site or a local sexual health clinic.

**Results** In total 614 clients were seen, with a median age of 28 years. 91% were men. There were 19 different ethnic groups. Nearly half (285/614, 46%) reported their ethnic group as English/Scottish/Welsh. The other large ethnic groups were 53 Indian (9%), 52 Eastern European (8%) and 39 Irish (6%). 20 clients (3%) had Chlamydia and one was diagnosed with Hepatitis B. Reported levels of sexual risk factors are shown in abstract P101 table 1.

**Abstract P101 Table 1 Sexual risk factors of in the olympic site construction workers**

Sexual risk factor	No. of people/ % of sample
Sex between men	5 (<1%)
Previous STI	20 (3%)
More than one sexual partner in last 3 months	173 (28%)
Intravenous drug use	3 (<1%)
Use of commercial sex workers	3 (n=76) (4%)

**Conclusions** There was a low prevalence of STIs in these construction workers, contradicting prior fears of a high disease burden. Reported levels of sexual risk factors, including use of commercial sex workers, were low.

**P102 A HIGHLY COST-EFFECTIVE AND TARGETED SERVICE PROMOTION CAMPAIGN USING THE SOCIAL MEDIA SITE FACEBOOK**

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**Background** Facebook is the leading social media site in the world with over 30 million active users in the UK, 50% of who log on every day. It enables promotion to be targeted to specified demographic groups and is cost-effective because advertisers only pay for users who click through to their website. Using Facebook we led an advertising campaign to men having sex with men (MSM).

**Method** The advert featured from 9th October to 31st December 2009 and offered a free rapid HIV testing and sexual health screening service to users actively logged on to their Facebook account. We targeted men interested in men, aged between 18 and 50 yrs, that were single or in a relationship and living within 50 miles of our city. Users clicking onto the advert were automatically diverted to our website's appointments section. Each click-through incurred a small fee ("Pay-per-click").

**Results** The campaign targeted 30580 registered Facebook MSM users. Over 3 months the advert appeared 2.86 million times. Up to 9750 individuals were exposed to the advert on any given day and it frequently featured several times a day to each user. In total, 872 (2.9%) registered MSM users clicked through to our website at an average cost of £0.55 per click. These were aged 18–24 (55%), 25–34 (27%), 35–44 (14%) and 45–54 (4%) years. The total cost of the campaign was £483. Facebook provided regular statistical reports which enabled us to monitor its effect, control our budget and prospectively tailor the advert accordingly.

**Discussion** This simple Pay-per-click Facebook campaign advertised to 8.5% of the UK MSM population (estimated UK MSM population is 3.6 million). Using Payment by Results income, only 0.3% (3–4) of clickers would need to attend our service to make the campaign cost-neutral. Whilst the functionality, diversity and social reach of Face-

book is growing year on year, this presents a highly cost-effective opportunity for service/health promotion to hard to reach groups.

**Electronic patient records and use of IT**

**P103 ENHANCING PATIENT SAFETY IN A LARGE HIV OUT-PATIENT SERVICE: EVALUATION OF AN ELECTRONIC RESULTS CHECKING SYSTEM FOR BLOOD TESTS**

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**Background** HIV services face the challenge of regular monitoring of a growing patient cohort and ensuring prompt action upon abnormal results. We identified a number of issues using a paper-based results system (PBS) including: (1) missing results, (2) delayed delivery, (3) clinician error, (4) lack of audit trail, placing patients at risk of delayed identification of drug toxicity and serious conditions for example, acute hepatitis.

**Aims** We piloted an electronic results checking system (ERC) which classifies results as normal or abnormal (non-urgent (NUAbn) or urgent (UAbn)) to compare the speed and performance of PBS and ERC in identifying biochemical abnormalities.

**Methods** Between 4 July 2011 and 22 July 2011 we compared the time intervals from sampling to (1) receipt of results; (2) clinician review of UAbn/NUAbn and (3) review of NUAbn by a clinician. Abnormalities were graded and both systems reviewed daily. Data were analysed using STATA V.11.0. Mann–Whitney U tests were used to compare the intervals.

**Results** Of 513 patients undergoing  $\geq$  one blood test, 296 (57.7%) had  $\geq$  one biochemical abnormality identified by the ERC (10.7% UAbn, 42.3% NUAbn and 47% not clinically significant). Of these, PBS simultaneously identified 83%. The median interval between sampling to (1) receipt of results was 1 (IQR 1–2) vs 4 days (IQR 3–5),  $p < 0.0001$ ; (2) clinician review 3 (IQR 1–4) vs 3 (IQR 3–6) days,  $p < 0.037$ ; and (3) review of NUAbn by clinician 2 (IQR 1–4) vs 10 days (IQR 9–12),  $P = 0.136$ , for ERC and PBS respectively. 11% of the missing PBS results were classified UAbn. ERC missed three abnormalities highlighting a software error which has now been corrected.

**Conclusion** We demonstrate the use of IT to review blood results leads to the faster identification of biochemical abnormalities, which are common in our HIV cohort, facilitating their timely management. We anticipate the use of ERC in routine practice will avoid delay/non-identification of a significant number of abnormal results within our service.

**P104 PATIENT VIEWS ON CONFIDENTIALITY IN THE ELECTRONIC ERA**

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**Background** Confidentiality is a cornerstone of good medical practice. However, sharing of medical information is often essential for safe, effective care. The advent of computerised records has increased the scope for efficient data transfer. However, the same principles for patient confidentiality remain for this format. Ambiguity in current guidelines exists regarding patient data relating to sexual health. Peer-reviewed research reveals a lack of patient understanding on confidentiality, and concerns on inappropriate data disclosure within local areas.

**Aims** A survey assessing patient understanding of, and views on, confidentiality and data sharing in sexual health.

**Methods** Data were collected using a questionnaire distributed to 203 consecutive patients seen in our busy inner-city sexual health clinic and analysed using Microsoft Excel 2007.

**Results** The 90 respondents demonstrated a good understanding of the definition of confidentiality (92%). Of the 54 respondents that were happy for information to be shared, 9% preferred this to be in paper format, 37% electronic, 54% were happy with both. 30% would be happy with medical record sharing between sexual health clinics, and 58% of these would prefer this information to be shared locally rather than nationwide. 50% agreed with the use of a shared database between our Trust's sexual health centres.

**Conclusion** Patients understand the concept of confidentiality. Pertinent to the increasing use of electronic patient records, patients prefer the transfer of information to be in an electronic format. Opinions vary on data sharing practices, and at present, half of patients agree with the prospect of a shared database.

### P105 THE INTERNET AS A SOURCE OF SEXUAL HEALTH INFORMATION; WHAT DO SERVICE USERS WANT?

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**Background** Access to information is a key challenge in sexual health, with poor knowledge associated with poor outcomes. Internet interventions have been shown to improve sexual health knowledge, highlighting the potential of the web as a source of information.

**Aims** To assess sexual health service users' use of the Internet to obtain sexual health information, and to use the data to inform the design of a local sexual health website.

**Methods** 243 participants were recruited from a busy walk-in sexual health clinic in July and September 2011. A structured questionnaire assessed their use and rating of the Internet for various aspects of sexual health information (STIs, contraception, clinic information, homosexuality, virginity and body worries) and gauged opinion on the content of a local sexual health website.

**Results** 62% of participants were female. 44% identified as black African, black Caribbean or black British and 42% were white. 44% were aged under 25. 67% of respondents use the internet for sexual health information. It was the most popular resource for information on STIs, clinic information and homosexuality (compared to doctor/nurse, friends, family, school, TV and magazines). The next most popular choices were doctor/nurse and friends. 67% stated they would use a local sexual health website with STIs, clinic information and contraception being the topics they would most like information on. "Detailed" and "Basic" information were highlighted as important aspects of website content. Only 19% selected "original design" as being important.

**Conclusions** The internet is a popular source for sexual health information. For STIs it was selected over doctors/nurses indicating the need for good online information. Both basic and detailed information were requested highlighting the importance of a range of educational resources. Originality was not as important as having a site they could trust. These findings will inform the development and content of a local website.

### P106 POST (ZIP) CODE POWER: A NEW WEB/SMS TOOL TO MARKET PROVIDERS AND SIGN POST CLIENTS

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**Introduction** Helping clients to find the right service in the right place at the right time is important for individual and public health. Many websites try to address this; however, providers lack control of their web profile and the accuracy of sign posting varies. A free confidential web/SMS service (<http://www.sxt.org.uk>) was therefore developed to support both providers and clients. All texts are charged at the standard SMS rate. Data collected were then evaluated for service utility, ability to provide gap analysis, met and unmet need and the capture of client feedback.

**Methods** Web site traffic was analysed by Google analytics whilst SMS usage, provider sign up, met and unmet need and gap analyses were made possible from data downloads. Marketing was initiated by business card adverts to South London colleges and MSM venues as well by Google Ads to London users.

**Results** There are currently 23 providers of sexual and reproductive health in SXT across 10 London boroughs. These providers include hospital and community sexual health clinics, primary care physicians and pharmacies. In addition, out of hours post-exposure prophylaxis providers and the three sexual assault referral centres have been included in SXT. All early adopters were able to edit their profile and add services within 20 min. Over 3 months, 701 unique visitors viewed the website with a bounce rate of 41%. Gap analyses of key services have been produced to inform service development in the London boroughs of Lambeth and Southwark. The SMS service had 74 users and the met need was 32%. Only 31 (0.04%) of all web and SMS users opted-in to provide qualitative feedback.

**Conclusion** A scaleable web/SMS tool has been developed to match provider services with client needs that both supports local marketing initiatives and captures client feedback. Additional provider, client and commissioner feedback is required to optimise SXT.

### P107 CYBERSPACE AND SEXUAL HEALTH: AN OBJECTIVE REVIEW OF WEBSITE QUALITY AND NAVIGABILITY

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**Background** Sexual health providers/organisations are increasingly using the web as a powerful tool to market their services and educate people.

**Objective** This study explored the quality of sexual health websites in the UK in order to help facilitate learning and development.

**Methods** 7 websites were selected to represent a range of providers (eg, NHS vs charitable organisations) and target audience (youth vs adult). The following areas were rigorously analysed: (1) Common content (2) Clarity (quality of flow/ease of navigation) (3) Innovative features and (4) Number of clicks to important information (see abstract 107 table 1).

**Results** Common content covered by the websites were Clinic Information, Contraception, Pregnancy, STIs, HIV, Sex/

Abstract P107 Table 1 Number of clicks required to reach information according to website

Number of clicks to ...	Cambridge	Kingston	SWISH	Brook	Birmingham	THT	NHS choice
Emergency Contraception	1	1	2	1	2	3	2
Post Exposure Prophylaxis	1	1	2	Cannot find	Cannot find	3	Hard to find
STI test 'specifically' for Gay men	Cannot find	2	2	Cannot find	Cannot find	2	No search function
Number of Innovative features	3	>5	>5	>10	>10	>10	1