

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-stigmatise 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