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 IR1s, one of which was 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.

**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.

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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 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.

**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.