

beliefs, along with provision of LARC prior to discharge needs addressing.

Discussion Despite international evidence, which strongly suggests that the use of LARC's reduce unintended pregnancies and subsequent abortions, their use in Australia remains low. There is a need to address the barriers to increasing the use of LARC's in Australia, particularly by young women who are highly fertile & have unintended pregnancies. Use of COCP is higher in Australia than in other countries. Implants, injectable and IU devices, combined are still used by fewer than 10% of Australian women and their provision in general practice is low.

Electronic Patient Records and Information Technology

P051 EVALUATION OF THE ACCEPTABILITY AND IMPACT OF AN ONLINE BOOKING TOOL

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Introduction Finding smarter ways of working which meet the needs of increasingly IT-savvy clients and support their busy lifestyles is always a priority and provides an opportunity to innovate.

Informed by focus groups, we developed an on-line booking system, designed to be mobile-first, empowering people to book and manage their own appointments through a secure server.

Methods We monitored use of the online booking system and impact on DNA rates, as well as user acceptability, through online feedback and continued engagement with user focus groups.

Results In the first 5 months we have seen: Average 11% of all bookable appointments made on-line, with majority completed out of hours. 75+% users accessing from a mobile device. 10% reduction in call volumes to services, saving 213 hours of admin time. Improved patient experience and choice as evidenced through user survey: Very easy or easy to book an appointment online: 84%; Very likely or likely to use the website again: 95%. As yet DNA rates have been unaffected.

Discussion The ability to book and manage appointments online has been well received by users and has reduced administrative time. Further tweaks have included a 'text to cancel' system which we anticipate will have a positive impact on DNA rates.

Investigation of different uptake rates between services has led to shared learning and it is anticipated that the average uptake of bookable appointments made online will reach the target of 20% within the next 3 months.

P052 USING MODERN TECHNOLOGY TO IMPROVE THE MANAGEMENT OF INITIAL PRESENTATION OF HERPES SIMPLEX VIRUS INFECTION – COMMUNICATION WITH PATIENTS AND DELIVERING PCR RESULTS

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Introduction The first presentation of Herpes Simplex Virus (HSV) may be distressing, with severe symptoms and associated stigma pertaining to the diagnosis. Initial audit confirmed clinic staff were inconsistent with how the initial clinical diagnosis was relayed to patients, the amount of information given and how follow up and PCR test results would be provided. Best practice dictates that detailed information and uncertainties around diagnosis should be communicated.

Methods Staff training was delivered using workshop style sessions and local protocol changed to highlight '10 key points' to be communicated. An SMS used to deliver positive HSV PCR results was changed to include a bitlink to clinic website 'Genital Herpes' page and link to BASHH patient information leaflet. The automated results line was changed for PCR negative results, providing information for follow up if symptoms remained. A GP letter was created for PCR positives.

Results Audit cycles were comparable in gender, age distribution, HSV type and PCR negativity rate. There was a significant improvement in the number of patients who received written information ($p=0.0043$), discussion on PCR sensitivity ($p<0.0001$), discussion on disclosure ($p<0.0001$) and significant reduction positive PCR results with no record of result being given ($p=0.0091$). There number of patients requiring follow up appointment for same episode of HSV did not change.

Discussion Using modern technology can improve communication of important information to the patient and ensure the patient receives the result appropriately. Altering electronic resources can give more information and provide a back up when the diagnosis is unclear.

P053 TOGETHER IN ELECTRIC SCREAMS: THE FRUSTRATIONS OF GUM ELECTRONIC PATIENT RECORDS

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Introduction Many GUM clinics have shifted from paper to Electronic Patient Records (EPR). While paper has limitations, its natural functionality – e.g. free-form writing, sketching and page-turning – is intuitive and easy to exploit. EPR promises so much, but how easy or intuitive is it in current clinical GUM practice?

Methods A mixed methods paper survey asking GUM clinicians about the EPR they use.

Part one asked about usability and function with fourteen 7-point Likert-scale items. Part two guided respondents to describe qualitatively how EPR affected their sense of the clinical consultation.

Results Out of 33 surveys distributed, 28 were returned (85%) by mixed staff groups from 3 clinics using the same EPR.

Likert-scale items underwent chi-square analysis after collapsing responses into positive and negative groups. All 14 items were negatively skewed away from neutral; 8 of these were significant ($p<0.05$): history overview, accuracy with multiple visits, getting lost, mirroring clinical reality, use of graphics, amount of clicking, searchability and support of clinical practice. Further analysis will explore this deviation from neutral.

Qualitative responses described frustration, reduced competence/autonomy, interrupted flow, poor eye contact, poor