Discussion The lesion assay offers simultaneous detection and differentiation of pathogens that cause genital lesions. In response to the current emerging syphilis outbreak, this assay could provide a rapid and effective method of determining the infectious agent responsible for genital lesions, supporting earlier detection and rapid treatment to reduce morbidity or worse outcomes.

P121 CHOOSE TO TEST

[1]Jonathan Syred, [2]Chris Howroyd, [2]Gillian Holdsworth, [3]Kes Spelman, [1]Paula Baraitser*. *[1]King's College London, London, UK; [2]SH:24, London, UK; [3]Provide, Essex, UK*

10.1136/sextrans-2017-053232.165

Introduction Choice is an increasingly important element of health care. We introduced choice of test into an online sexual health service.

Methods Users were offered testing based on their risk profile (table 1) with an option to request additional tests. Routinely collected anonymised data were collected on choice of test.

Abstract P121 Table 1 Results from Choose to test

	<24	24+	BME	MSM
Genital GC/CT*	Yes	Yes	Yes	Yes
Oral GC/CT*	No	No	No	Yes
Anal GC/CT*	No	No	No	Yes
Syphilis	No	No	No	Yes
HIV	No	No	Yes	Yes

Results 2550 users ordered tests (30/10/16 – 19/12/16). 56% were <24, 10% were from black or ethnic minority (BME) groups and 17% were men who have sex with men (MSM). 1853 (72.6%) returned a test, 6.7% were positive for any STI. Of the non-BME/non-MSM users offered chlamydia/gonorrhoea testing, 66% chose to add HIV + syphillis testing. Of the BME/non-MSM users offered chlamydia/gonorrhoea + HIV testing, 71% chose to add syphilis testing. Of the MSM users offered chlamydia/gonorrhoea (genital, oral, anal) + HIV + syphilis testing, 85% chose this option. 6% chose to omit the HIV/syphilis test. User choice resulted in 611 fewer HIV tests, 596 fewer syphilis tests and 27 fewer chlamydia/gonorrhoea tests.

Discussion Online service users actively exercise choice in STI test selection. The majority of users choose to test for chlamydia, gonorrhoea, HIV and syphilis regardless of what they are offered. User choice of test reduces the total number of tests offered online.

P122 DELIVERING SYSTEM TRANSFORMATION THROUGH COLLABORATION BETWEEN ONLINE AND TERRESTRIAL SEXUAL HEALTH SERVICES

[1]Joia de Sa*, [1]Chris Howroyd, [1]Gillian Holdsworth, [2]Katy Turner, [3]Paula Baraitser, [4]Anatole Menon-Johansson, [5]Michael Brady. *[1]SH:24, London, UK; [2]School of Social and Community Medicine, University of Bristol, Bristol, UK; [3]King's Centre for Global Health, King's College London, London, UK; [4]Guy's and St Thomas' NHS Foundation Trust, London, UK; [5]King's College Hospital NHS Foundation Trust, London, UK*

10.1136/sextrans-2017-053232.166

Introduction Online sexual health services could shift demand for asymptomatic testing from clinics to relieve pressure and reduce cost. An online service collaborated with clinicians in two London boroughs to facilitate this through new service pathways.

One clinic developed a triage system directing asymptomatic attenders to order directly via the online service using tablets in the clinic with self-sampling packs prepared immediately to take away. Two clinics offered a 'weblink' card signposting those attending during busy periods to the online service. This study describes and evaluates these new pathways to re-direct demand.

Methods We used routinely collected testing data to analyse uptake. We compared the populations who used new pathways (weblink, 'tablet-in-clinic') with those resident in the same area accessing the online service without signposting or triage (organic users).

Results In a 6-month period, there were 8,987 orders from organic users, 1,280 orders through 'weblink' and 1,555 orders from 'tablet-in-clinic' users. Weblink users had a lower kit return rate (62.7%) compared with 'tablet-in-clinic' and organic users (71.4%; 71.9%). Positivity rates for any infection were higher among weblink (8.6%) and 'tablet-in-clinic' users (8.2%) compared with organic users (6.1%). In this period, 157 service users ordering through weblink or 'tablet-in-clinic' ordered their next test through the organic route.

Discussion Collaborative strategies to increase uptake of online services can be effective. These can increase capacity but may reduce user choice. Further work on predictive triage and targeted support for users switching service modality could enhance this offer.

P123 IS THERE A RELATIONSHIP BETWEEN THE TENDERING HISTORY OF A GENITOURINARY MEDICINE CLINIC AND ITS ACCESSIBILITY?

[1]Stephen Yekini*, [1]Azra Khatun, [1]Gabriela Agathangelou, [1]Thomas Rose, [2]Elizabeth Foley, [1,2]Rajul Patel. *[1]University of Southampton, Southampton, UK; [2]Solent NHS Trust, Southampton, UK*

10.1136/sextrans-2017-053232.167

Introduction Since 2004, DH guidance has recommended that GUM clinics in England should endeavour to see patients within 48 hours of initial contact. Recent changes in service commissioning and the wider adoption of competitive tendering since 2013 has led to concerns about maintaining 48-hour access.

Aim To establish whether there is a relationship between the tendering history of a GUM clinic and its accessibility.

Methods Postal questionnaires regarding tendering history were sent to lead clinicians of all 262 GUM clinics in the UK. Only questionnaires which were returned within a two-month window were analysed. Each clinic with a returned questionnaire was telephoned eight times by male and female researchers posing as patients with symptomatic and asymptomatic presentations. The researchers asked to be seen as soon as possible and recorded whether this fell within 48 hours.

Results 67 clinics (25.6%) returned their questionnaires on time. A chi-square test found no statistically significant difference between clinics tendered within the last five years (n=49) and the rest (n=18), regarding 48-hour access (86.5% and 86.2% respectively, p=0.916). Interestingly, 88% of contacts with clinics still undergoing a tender resulted in a 48-