Introduction Public Health England recommends that local authorities should work towards making STI testing more accessible. Since August 2015, sexual health services in Birmingham and Solihull area (Umbrella) have provided online home-based testing.
Methods We conducted a retrospective analysis of the clinic and online database to identify patients who undertook home-based and clinic-based testing in the Birmingham and Solihull clinics between January and June 2016.
Results

Abstract O15 Table 1 Home based v clinic based testing

	Home-based testing (n=9258)	Clinic-based testing (n=19193)	P value
Age			
16–24	6033 (65%)	9654 (50%)	<0.001
>25	3225 (35%)	9539 (50%)	
Gender			
Female	5986 (65%)	10861 (57%)	<0.001
Male	3258 (35%)	8306 (43%)	
Transgender	14 (0%)	26 (0%)	
Ethnicity			
White	6648 (72%)	7996(42%)	<0.001
Black/British Black	892 (10%)	4026 (21%)	
Asian/British Asian	558 (6%)	2167(11%)	
Other:	920 (10%)	2160 (11%)	
Not specified:	240 (3%)	2844 (15%)	
Asymptomatic	7408/9258 (80%)	9729/19193 (51%)	<0.001
Return rate	4476 (48%)	–	
Prevalence rates	382/4476 (9%)	2141/19193 (11%)	<0.001
Treatment rate	174/382 (46%)	1663/2141 (78%)	<0.001

Discussion Home-based testing appears to be popular among asymptomatic, younger (16–24 years), white and female patients, with poor overall return rates. There may be a need for promotion of this method of testing among ethnic minorities. The current method of recall needs to be reviewed to improve treatment rates in the home-based testing group.

O16 ACCEPTABILITY, UPTAKE AND IMPACT OF ONLINE HOME-SAMPLING FOR STIS IN HAMPSHIRE, UK: A SERVICE EVALUATION

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Introduction Home-sampling offers cost-effective and equitable approaches, allowing hard-to-reach populations to remotely access screening for sexually transmitted infections (STIs). We aimed to evaluate a pilot home-sampling service - its utilisation, acceptability and impact on clinic attendance and service delivery, notably its capacity to direct 10% of asymptomatic clinic attenders to the online service.
Methods We ran descriptive statistics on six-month data (Sep 2015–Mar 2016) on STI kit requests and completion in Hampshire, and conducted trend analysis to examine the impact on attendances. Overall acceptability was assessed via online feedback survey and in-depth interviews with service users.
Results In total, 4,305 kits were requested and 1974 (48%) were returned, with 15% providing insufficient blood samples. After analysis, 73 samples were positive (1 HIV, 1 syphilis, 5 Hepatitis-B, 53 Chlamydia, and 13 Gonorrhoea). There was no significant reduction in asymptomatic attendances since the introduction of the service (p=0.12). While 95% would use the online service again and 93% would recommend it to family and friends, 39% reported difficulties taking blood samples.
Discussion Online home-sampling is an acceptable method of screening for STIs. The overall positivity rates are comparable to those reported in the clinic. However, the introduction of the online home-sampling might not reduce clinic attendances, due to the novelty aspects of the service. Further development of online screening needs to increase kit return rate and educate service users on more effective ways of providing sufficient samples for blood analysis.

O17 TRANSFORMING SEXUAL HEALTH SYSTEMS THROUGH ONLINE SERVICES

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Introduction Online sexual health services can transform sexual health systems through increased access and self-management. They are one element of the whole sexual health economy. Best practice facilitates appropriate movement of users between online and clinic services according to their sexual health need.
Methods Using routinely collected, anonymised service activity data, SHHAPT codes, and interviews with users/providers we studied online options for system transformation in sexual health services in two London Boroughs with high rates of sexual ill health. We focused on: Total sexually transmitted infection testing capacity; Access for new populations; Testing and treatment choices; Online contraceptive pills provision
Results Online services increase STI testing capacity, total testing in the area by 9.6% from 73,714 (01/04/14–31/3/15) to 80,757 (01/04/15–31/03/16). 90.8% of online users were asymptomatic with a positivity rate of 6.8%. Users move between online and clinic – 55% of online users had used a clinic within the last year and 6.8% of online users were referred to clinics. The online service engaged new populations – 19% of online users had never used a clinic before. 11,353 treatments for chlamydia were provided across the whole system (2015/16). A pilot of online treatment and partner notification shows 95% uptake demonstrating the potential impact of an online only chlamydia management pathway. Users engage with online medical histories, self reported blood pressure and SMS based clinical conversations for contraceptive prescribing.