sexual health service in Birmingham, UK has provided free online home-based sampling in addition to a clinic-based service. The objectives of the study were to: - assess whether there were differences between the groups accessing screening online and in clinic; - evaluate the health outcomes associated with screening by setting; - analyse the interactions between online services and clinic-based services in terms of patient usage, and changes in access over time.

Methods A retrospective analysis of the clinic and online databases was undertaken to identify patients who undertook home-based and clinic-based testing between January and December 2017. Statistical analyses were undertaken to assess the uptake of screening by population group and identify predictors of screening uptake in different settings.

Results Overall 31,901 online testing kits were requested, with 18,087 returned, which equated to 14,667 patients. In the same period, 44,047 appointments were conducted in clinic, for 36,209 patients. A higher proportion of patients accessing online screening compared to clinic-based services were female (66.3% vs 52.1%, p<0.001), aged <25 (52.5% vs 41.5%, p<0.001), white (74.4% vs. 40.1%, p<0.001), asymptomatic (79.6% vs. 49.4%, p<0.001), and a lower proportion were from the two most deprived socio-economic groups (38.8% vs. 50.5%, p<0.001). There were also differences in positivity rates for chlamydia and gonorrhoea (7.25% vs. 9.98% and 1.53% vs. 3.47%, p<0.001).

Conclusion This study provides valuable insights into differences in patient characteristics between those accessing online and clinic-based services. This knowledge will allow those involved in planning and delivering services to understand how different service elements can complement each other. Our findings can be used to ensure that digital health services are integrated effectively alongside other types of services, in the context of limited resources, both in the UK and internationally.

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