Aims A survey assessing patient understanding of, and views on, confidentiality and data sharing in sexual health.

Methods Data were collected using a questionnaire distributed to 203 consecutive patients seen in our busy inner-city sexual health clinic and analysed using Microsoft Excel 2007.

Results The 90 respondents demonstrated a good understanding of the definition of confidentiality (92%). Of the 54 respondents that were happy for information to be shared, 9% preferred this to be in paper format, 37% electronic, 54% were happy with both. 30% would be happy with medical record sharing between sexual health clinics, and 58% of these would prefer this information to be shared locally rather than nationwide. 50% agreed with the use of a shared database between our Trust's sexual health centres.

Conclusion Patients understand the concept of confidentiality. Pertinent to the increasing use of electronic patient records, patients prefer the transfer of information to be in an electronic format. Opinions vary on data sharing practices, and at present, half of patients agree with the prospect of a shared database.

P105	THE INTERNET AS A SOURCE OF SEXUAL HEALTH INFORMATION; WHAT DO SERVICE USERS WANT?

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Background Access to information is a key challenge in sexual health, with poor knowledge associated with poor outcomes. Internet interventions have been shown to improve sexual health knowledge, highlighting the potential of the web as a source of information.

Aims To assess sexual health service users' use of the Internet to obtain sexual health information, and to use the data to inform the design of a local sexual health website.

Methods 243 participants were recruited from a busy walk-in sexual health clinic in July and September 2011. A structured questionnaire assessed their use and rating of the Internet for various aspects of sexual health information (STIs, contraception, clinic information, homosexuality, virginity and body worries) and gauged opinion on the content of a local sexual health website.

Results 62% of participants were female. 44% identified as black African, black Caribbean or black British and 42% were white. 44% were aged under 25. 67% of respondents use the internet for sexual health information. It was the most popular resource for information on STIs, clinic information and homosexuality (compared to doctor/nurse, friends, family, school, TV and magazines). The next most popular choices were doctor/nurse and friends. 67% stated they would use a local sexual health website with STIs, clinic information and contraception being the topics they would most like information on. "Detailed" and "Basic" information were highlighted as important aspects of website content. Only 19% selected "original design" as being important.

Conclusions The internet is a popular source for sexual health information. For STIs it was selected over doctors/nurses indicating the need for good online information. Both basic and detailed information were requested highlighting the importance of a range of educational resources. Originality was not as important as having a site they could trust. These findings will inform the development and content of a local website.

P106	POST (ZIP) CODE POWER: A NEW WEB/SMS TOOL TO MARKET PROVIDERS AND SIGN POST CLIENTS

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Introduction Helping clients to find the right service in the right place at the right time is important for individual and public health. Many websites try to address this; however, providers lack control of their web profile and the accuracy of sign posting varies. A free confidential web/SMS service (http://www.sxt.org.uk) was therefore developed to support both providers and clients. All texts are charged at the standard SMS rate. Data collected were then evaluated for service utility, ability to provide gap analysis, met and unmet need and the capture of client feedback.

Methods Web site traffic was analysed by Google analytics whilst SMS usage, provider sign up, met and unmet need and gap analyses were made possible from data downloads. Marketing was initiated by business card adverts to South London colleges and MSM venues as well by Google Ads to London users.

Results There are currently 23 providers of sexual and reproductive health in SXT across 10 London boroughs. These providers include hospital and community sexual health clinics, primary care physicians and pharmacies. In addition, out of hours post-exposure prophylaxis providers and the three sexual assault referral centres have been included in SXT. All early adopters were able to edit their profile and add services within 20 min. Over 3 months, 701 unique visitors viewed the website with a bounce rate of 41%. Gap analyses of key services have been produced to inform service development in the London boroughs of Lambeth and Southwark. The SMS service had 74 users and the met need was 32%. Only 31 (0.04%) of all web and SMS users opted-in to provide qualitative feedback.

Conclusion A scaleable web/SMS tool has been developed to match provider services with client needs that both supports local marketing initiatives and captures client feedback. Additional provider, client and commissioner feedback is required to optimise SXT.

P107	CYBERSPACE AND SEXUAL HEALTH: AN OBJECTIVE REVIEW OF WEBSITE QUALITY AND NAVIGABILITY

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Background Sexual health providers/organisations are increasingly using the web as a powerful tool to market their services and educate people.

Objective This study explored the quality of sexual health websites in the UK in order to help facilitate learning and development.

Methods 7 websites were selected to represent a range of providers (eg, NHS vs charitable organisations) and target audience (youth vs adult). The following areas were rigorously analysed: (1) Common content (2) Clarity (quality of flow/ease of navigation) (3) Innovative features and (4) Number of clicks to important information (see abstract 107 table 1).

Results Common content covered by the websites were Clinic Information, Contraception, Pregnancy, STIs, HIV, Sex/

Abstract P107 Table 1   Number of clicks required to reach information according to website

Number of clicks to …	Cambridge	Kingston	SWISH	Brook	Birmingham	THT	NHS choice
Emergency Contraception	1	1	2	1	2	3	2
Post Exposure Prophylaxis	1	1	2	Cannot find	Cannot find	3	Hard to find
STI test 'specifically' for Gay men	Cannot find	2	2	Cannot find	Cannot find	2	No search function
Number of Innovative features	3	>5	>5	>10	>10	>10	1

Relationships, Sexual assault and The Law. Interestingly, sites with more innovative features had less clarity, and vice versa. Examples of innovative features include image galleries/videos/films, newsfeeds, voting tools, online feedback forms, contraception tools, clinic finders, online booking and risk assessment tools.

Discussion/Conclusions Populating the website with more innovative features appears to reduce clarity. Are they mutually exclusive? To answer that question, user feedback should be sought and web site analytics used to determine if features have real utility or are just superfluous.

P108 "DON'T FORGET THE CHILDREN", USING ELECTRONIC PATIENT RECORDS AS A TOOL TO ACHIEVE HIV TESTING OF CHILDREN OF HIV POSITIVE PARENTS

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Background The HIV status of children of HIV positive adults in the UK should be known as a matter of urgency. Implementing robust systems to identify and then test this vulnerable group of children remains a challenge.

Aims We present a single service experience of using Electronic Patient Records (EPR) to help identify such children.

Methods A clinical proforma to record the HIV status of all children of all HIV positive adults attending this service was developed on the EPR system in early 2010. Using the EPR Lilie database the records of all adult patients attending the service in 2010 and 2011 were searched for details of the HIV status of their children under 18 years.

Results There were 389 HIV positive patients and 306 children identified. 278 of these children live in the UK. Of these, 242 (87%) had a verified HIV status and 36 (13%) an unverified HIV status. Of the 36 with unverified status, 12 (33%) were said to be HIV tested (negative) but this was unconfirmed, 9 (25%) had an HIV positive father and a mother who was said to be HIV negative but this was unconfirmed. 7 (19%) had been referred to paediatrics for testing and 8 (22%) children were untested for mixed reasons.

Discussion Verifying the HIV status of the children of HIV positive parents is a complex, multidisciplinary exercise requiring excellent documentation and cooperation between different teams. The first crucial step is identifying the at risk children. The proforma in the patient records acted as a prompt to the clinician to obtain this information from the patient. Information was then easily identifiable in the EPR. The results demonstrate the strength of the EPR system. All proformas were completed showing that of our cohort of children living in the UK 87% have verified HIV status and in 13% there is enough information to pursue HIV testing or verification.

P109 INTRODUCTION OF AN ELECTRONIC PATIENT PROFORMER CONTRIBUTES TO AN INCREASE IN UPTAKE OF HIV TESTING

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Background The BASHH MEDFASH Standards for the Management of STIs 2010 recommend that 100% of GUM patients should be offered an HIV test with a minimum uptake of 60% at their first STI screen.

Aim To assess whether the introduction of an electronic patient proformer resulted in an improvement in the uptake of HIV testing in a level 3 GUM service, and whether there was scope for further improvement.

Methods Retrospective case note review of new and rebook (patients who had not attended in the past 3 months) patients attending a level 3 GUM service in October 2007 (when a paper patient record was kept) and October 2010 (following introduction of an electronic patient proformer with a prompt for HIV test offered). Data on uptake of HIV testing was collected, and further data on the reasons for not being tested for HIV was collected on patients seen in October 2010.

Results 772 new or rebook patients were seen in October 2007, of whom 562 (72.8%) accepted HIV testing. 1141 new or rebook patients were seen in October 2010 of whom 891 (78.1%) accepted HIV testing, with a p value (calculated using Fisher's Exact test) of 0.009. Of 250 (21.9%) patients not tested for HIV in October 2010, 41.6% were not tested for clinical reasons, such as the patient having had a recent HIV test or being known HIV positive. 35.2% of patients not tested for HIV declined the test. Evidence of suboptimal management was also found, with 6.8% of patients not tested as they were within the window period, and 6% not tested due to needle phobia.

Conclusion The introduction of the electronic patient proformer with a prompt for HIV testing has improved uptake. There is further room for improvement including offering POCT to needle phobic patients, and testing those within the window period prior to follow-up testing. Adding a mandatory field to the patient proformer with reasons for declining may allow improved understanding of reasons for declining, which may then modify future practice.

P110 DEVELOPMENT OF A WEB-BASED PARTNER NOTIFICATION NETWORK LINKING GENERAL PRACTICE, CASH SERVICES AND COMMUNITY PHARMACY WITH SPECIALIST GUM SERVICES

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Background Partner notification in primary care is problematic and of limited effectiveness despite enthusiasm from primary care providers to engage with sexually transmitted infection (STI) management. Often it relies on the clinician informing the patient to advise his/her sex partners to attend a sexual health clinic for investigations and treatment despite evidence suggesting that only around half of sex partners informed in this way receive treatment. Many of those referred on to a sexual health clinic by a GP fail to attend and follow-up is infrequent.

Aim To develop a robust, web-based tool for managing partner notification for patients diagnosed with bacterial STIs in primary care with broad geographical and service applicability for use in our Accelerated Partner Therapy randomised control trial in primary care.

Method We applied a user-centered design approach to develop a web-based partner notification tool linking different types of community sexual health providers with the specialist GU service. The approach included a pre-design phase using discussions with primary care health professionals, and sexual health clinic health advisers, to determine their needs, current activity and work habits, to ensure that the web-based tool would be successfully integrated in their daily work practice. The web-tool was designed to our specifications by a bespoke software company.

Results and Discussion We have designed a secure, simple to use web tool that allows users in a variety of settings to easily initiate, manage and monitor partner notification. A major advantage of this platform compared to other visualisation tools is its web-based format, which requires no software installation or data downloads.