

Method The NDC, established in its current form in 2011, is accessible to 'those recently diagnosed or struggling with diagnosis'. Providing a structured, peer-led, group-based, participatory programme delivered by experienced facilitators. NDC comprises 6 sessions (21 contact hours). All participants were invited to complete pre-and post-course questionnaires (using a 4-or 5-point scale), most did at the first and last sessions. This analysis presents data from 2011-2016. Data were analysed in STATA using Wilcoxon signed rank test.

Results Across 30 NDCs, 314 participants completed both questionnaires (response rate 87%). The majority were men who have sex with men (91.3%), 72% of whom were of white ethnicity. Approximately 15% were female, the majority Black-African ethnicity (56%) and heterosexual (88%). Heterosexual men and transgender individuals represented 6.5% and 0.3% respectively. The table summarises participant's responses for selected questions (P Values <0.001 for all comparisons):

Pre- and Post-Course Questions:	•Pre-course n/N (%)	•Post-course n/N (%)
*Current emotional state	144/136 (43)	287/339 (85)
*Confidence in dealing with HIV status	130/335 (39)	307/339 (91)
*Confidence around sex and relationships	46/336 (14)	172/279 (62)
*Confidence in the future	130/338 (39)	290/332 (90)
How confident do you feel about disclosing your HIV status?	26/338 (8)	136/340 (40)
How satisfied are you with your ability to get more information about HIV medications?	97/336 (29)	130/314 (41)
How much knowledge do you have about how HIV is transmitted?	183/337 (54)	324/340 (95)
How much do you know about how to access Post Exposure Prophylaxis (PEP)?	169/337 (28)	274/340 (81)
How much knowledge do you have about CD4 count and HIV viral load?	82/337 (24)	300/340 (88)
Personal satisfaction with NDC overall n/N (%) rating 'mostly' or 'fully' useful		324/328 (99)
*Questions headed: 'Thinking about your HIV how would you rate the following' Respondents rating highest using 4- or 5-point scale		

Discussion This innovated peer-led NDC engaged over 300 PLWH since 2011, resulting in short-term self-reported improvements. 6-and 12-month questionnaires would assess durability of changes, and we're exploring the association with attendance at NDC and clinical outcomes (e.g. viral suppression and retention in care). In conclusion, the NDC is a sustainable and acceptable model, providing holistic support and promoting self-management in PLWH.

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WHAT ARE THE PERSPECTIVES OF KEY INFORMANTS ON THE IMPLEMENTATION HIV SELF-TESTING (HIVST) IN ENGLAND? A QUALITATIVE STUDY OF BARRIERS, FACILITATORS AND ANTICIPATED IMPACTS

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10.1136/sextrans-2017-053232.122

Introduction HIVST is a new approach for individuals to test themselves for HIV in a location and at a time of their choosing using a rapid diagnostic test. This approach has the potential to increase testing uptake and frequency. Questions

remain about where and how to situate HIVST in a landscape of diverse HIV testing provision. This study aims to understand the perspectives of key informants on the implementation of HIVST.

Methods In order to inform development an intervention for use in a trial recruiting men who have sex with men (MSM) and transgender people, we conducted in-depth interviews with 17 key informants (KIs) including clinical staff in HIV and STI services, voluntary sector service providers and HIV testing commissioners. Interviews were transcribed verbatim and analysed using a thematic framework analysis.

Results KIs valued HIVST for providing patients with additional choice. Careful attention to intervention design was important as local context and client group shaped anticipated patient response to HIVST. Interventions should deliver HIVST through integrated approaches that provide direct pathways into additional testing services and HIV care. Anticipated impacts were a loss of support from face-to-face testing services, the possibility of increased risk of self-harm, reduced STI detection, but conversely HIVST also increased potential for empowerment.

Discussion HIVST interventions should be responsive to context, taking into account both local and national needs. Concerns centred on potential negative impacts indicating that innovative service delivery designs which address these may be key to KI buy-in for HIVST implementation and patient outcomes.

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USER PARTICIPATION IN THE DEVELOPMENT OF HIV SELF-TESTING SERVICES: RESULTS OF CO-DESIGN WORKSHOPS

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10.1136/sextrans-2017-053232.123

Introduction Novel ways to encourage HIV testing are urgently needed. In Brighton, the use of a digital vending machine to distribute free self-test kits to men who have sex with men (MSM) using saunas is being piloted along with a campaign to increase awareness of self-testing.

Methods Volunteers attended design workshops and designers attended an LGBT community meeting. Participants completed a questionnaire and discussed visual concepts for the campaign. Workshops utilised tools such as personas (creating 'characters' to explore theoretical individuals' thoughts and behaviours), construction of user journeys, and mock-ups of vending machine design and interaction.

Results There were 11 respondents; 8 aged <25, two 25-34 and one 45-64 years. Eight had previously tested for HIV. Two had self-tested. Themes relating to concerns with self-testing were: perceived reliability or 'faith in the results'; tests being 'done properly'; familiarity with self-testing; fear of needles or blood; STI screening; support if test positive. Factors encouraging HIV self-testing were: awareness; accessibility; confidence in ease of use. Key themes relating to visual campaign options were: sense of community and support; clinical versus community settings; giving clear information. Participant discussions using personas included targeting appropriate