Results Findings are presented in 5 acts that demonstrate how the researcher was able to engage with the community and allow findings to be applied in real time. In addition to developing a process model of service delivery (Act 1), the researcher: supported the development and implementation of an integrated reproductive health program (Act 2); tracked, documented, and evaluated a knowledge transfer intervention on maternal opioid use (Act 3), and helped design a county-wide demonstration project to improve service utilization for the population (Act 4). The fifth act outlines future directions for a full-scale dissemination study.

Conclusions The community-engaged approach shaped the study’s emerging design, which then influenced subsequent program development and delivery. Qualitative methodologies, when combined with community-engaged approaches, can support the timely application of contextualized findings that are delivered through established relationships, using persuasive formats.

P9 HOW DO HEALTHCARE PROFESSIONAL PERCEIVE ONLINE INFORMATION AND SUPPORT FOR YOUNG PEOPLE WITH CANCER

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Background The internet is integral to young people (YP) providing round-the-clock access to information and support. We previously identified how, when, and why YP use online resources and highlighted variation in how these are introduced by their healthcare team.

Aims We sought to understand how healthcare professionals (HCP) perceived online information and support for young people with cancer.

Methods Semi-structured interviews with 8 HCPs across the UK informed the development of a survey completed by 38 HCPs. Framework analysis was used to identify key themes and the survey was analysed descriptively.

Results Seven themes emerged:

- Views about YPs use of online resources: HCP felt it was important to facilitate access to the internet and it was part of their role to do this safely.
- How YPs online needs change along their cancer timeline: Professionals described increasing internet use near the end and after treatment.
- Different platforms where HCPs refer YP online: websites HCPs trusted so recommended to YP.
- Are young people online needs currently met? HCP felt the internet supported factual information about diagnosis and treatment, but most participants agreed unmet needs around other parts of the cancer timeline existed i.e. end-of-treatment.
- Recognition of the emotional relationship between young people and the internet: HCPs described emotions which trigger YP to search i.e. ‘panic’ and ‘curiosity’.
- Barriers and concerns when referring YP to online resources: the biggest perceived barrier to access was costs to the NHS and most concerning factor was keeping YP safe online.
- Strategies used in practice: included the use of caveats, guiding and pre-empting by searching themselves.

Conclusion We will present key findings from each theme and detail recommendations from the study that could be adopted internationally as a benchmark for best practice for online information and support.

P10 END OF LIFE CONVERSATIONS IN THE CRITICAL CARE UNIT


Background Several investigations have highlighted variable and sometimes inadequate care at end of life.1,2 A consistent theme of guidance and reviews1-4 is the importance of good quality communication. Current guidance5 does not address the unique circumstances of critical care. Differentiating between treatments that prolong death or enable recovery is