

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.

P8 THE FUTURE OF SOCIAL RESEARCH ABOUT PAEDIATRIC CARDIOLOGY SERVICES IN THE UK

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10.1136/bmjopen-2019-QHRN.43

Before the NHS was established, without state funding few families could afford paediatric services. But since 1948, the NHS has funded and gradually developed the necessary paediatric medical, surgical, nursing and technical services, the training and research. From the 1970s onwards, paediatric cardiology, the care of children born with abnormal hearts, developed exponentially. Research and development have continued. Around 30 abnormalities were identified in the 1970s; today, 3000 innate heart abnormalities are treated by 2500 different techniques. Technologies have transformed the way heart problems are investigated, diagnosed, treated and prevented. The NHS as a national service has also been vital in providing a few highly specialised centres that serve networks of local hospitals, and transfer children swiftly and safely between them.

There are doubts whether the national funding, planning and administration of the NHS will continue, or be broken into local services, overwhelmed by public health and social care needs. Costly super-specialties may be neglected. BREXIT, if it occurs, is likely to increase difficulties with the supply of funding, staffing, equipment, research and medicines.

Social research about the future of paediatric cardiology will need to address: space (relations between local and supra-regional centres and international supply chains of staff, research and technologies); time (how past, present and future changes emerge through dynamic processes); the dialectic of structure and agency; uncertainty (and theories of possibility and absence); and inter-disciplinarity that examines and connects health care expertise, planning and administration, staff training and support, policy and funding, and the interpretive views and actual experiences of the involved families and practitioners.

The aim of this paper is to summarise how critical realism offers concepts and analytical frameworks, which connect disparate but essential parts of the complex service, to assist research about the present and future of British paediatric cardiology services.

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

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10.1136/bmjopen-2019-QHRN.44

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 nearing 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

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10.1136/bmjopen-2019-QHRN.45

Background Several investigations have highlighted variable and sometimes inadequate care at end of life.^{1,2} A consistent theme of guidance and reviews^{3,4} is the importance of good quality communication. Current guidance⁵ does not address the unique circumstances of critical care. Differentiating between treatments which prolong death or enable recovery is

difficult,⁶ making it hard for clinicians, patients and families, to alter mindset from one of ‘cure’ to one of comfort, bringing different challenges to these discussions.

Aim Assess the quality and content of end of life conversations in a London Critical Care Unit (CCU).

Methods The notes of 15 patients who had recently died on the CCU were reviewed by two clinicians (DB and JA). Content analysis approaches used for documentary review were used. Emergent themes were identified from the data and discussed between reviewers. A data extraction form was then developed by modifying the UCLH ‘Excellence at End of Life Framework’ to ensure consistency between reviewers. Extracted data were then synthesized to answer the research questions.

Results Conversations in critical care occur, but normally happen with family because the patient lacks capacity. The reasons for lack of capacity are rarely documented, but can be deduced from surrounding documentation (e.g. patient is sedated). The conversations cover the ‘key points’ for decision making and it is possible to understand what has/is happening. An area which is often missed is the spiritual and psychosocial support for patients and families.

Conclusions The prognostic uncertainty of treatment in critical care often delays diagnosis of ‘dying’ to a point when it is too late for patients to communicate their wishes. In our cohort, this resulted in the majority of conversations happening with family. Spiritual and psychosocial support was frequently missed in these conversations. This omission might be due to a heavily ‘technological culture’ prevalent in critical care.

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P11 PERCEIVING THE DIVERSION POTENTIAL OF THE BUPRENORPHINE/NALOXONE COMBINATION IN TAIWAN

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10.1136/bmjopen-2019-QHRN.46

Background The buprenorphine/naloxone combination was first introduced in Taiwan in 2005 and has since been widely used in clinical settings to treat opioid dependence. This medication can be prescribed by any physician with a valid license. The other treatment option is methadone, but its use is strictly supervised by psychiatrists only and distributed through government-certified hospitals. Considering the relatively loose architecture (a concept of sociologist Shobita Parthasarathy) of the buprenorphine/naloxone combination, diversion has become a potential public-health concern.

Objectives This study aims to examine the diversion potential of the buprenorphine/naloxone combination from the perspective of healthcare providers and situate this medication’s

perceived potential in an architecture of pharmaceutical governance taking form out of institutional, professional, and social conditions.

Methods Data are collected by reviewing relevant archives encompassing academic journals, newspapers, official and professional documents, and statistical reports. Additionally, in-depth interviews were conducted with 20 professionals who were involved in the distribution and management of the buprenorphine/naloxone combination.

Results The architecture of buprenorphine/naloxone governance is best characterised as a sociomaterial assemblage taking shape in a historical process. On the social side are ingrained discrimination against people who use drugs, slow acceptance of addiction as a medical illness, exclusion of addiction from the coverage of national health insurance, competition of imported medicine and local generics, and professionalisation of addiction medicine. On the material side are the pharmacological properties of buprenorphine and naloxone, as well as the drug design that renders the combination safe and convenient. All of these factors combine to make the buprenorphine/naloxone tablet liable to diversion.

Conclusions The notion of architecture as a sociomaterial assemblage is a useful theoretical tool to understand how a substance prevails in its societal environment and interacts with it.

P12 SOCIAL AND CULTURAL CONSIDERATIONS IN ADHD DIAGNOSIS: A CROSS-CULTURAL DISCOURSE ANALYSIS

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10.1136/bmjopen-2019-QHRN.47

Attention Deficit and Hyperactivity Disorder (ADHD) is described as a neurodevelopment disorder with a highly inheritable genetic origin according to standard terminology. Since 1960s the biomedical perspective of ADHD as a self-evident scientific reality, which apparently dominates the field, by sociologists, psychologists, neurobiologists, psychiatrists, and paediatricians. The globalisation of diagnostic and pharmacological treatment become widespread throughout the world by the domination of the biomedical approach. In this study, I intend to scrutinise different manifestations of ADHD’s adoption in various countries via a comparative discourse analysis. This paper presents my research in order to explore how the diagnostic category of ADHD is socially and culturally established, and how it is maintained.

A cross-cultural research between France and Turkey, including semi-structured interviews with psychiatrists will be the main part of the research. France, where the psychoanalytic tradition is deeply rooted, however at the same time the effect of DSM and biomedical approach gradually increase, and Turkey, where the psychological circles act in line with the APA’s approach, were selected data gathering.

Anticipated results from the ongoing procedure are; the theoretical orientation of medical education in the country where psychiatrists originated, affects their thoughts and practices about ADHD, therefore the social and cultural factors of their countries have the capacity to influence their diagnostic and treatment decision.

Consequently, the research aims to contribute to the discussion of the multidimensional understanding of ADHD phenomenon in order to move it further biological reductionism.