reported outcomes are recorded in comparison to patients with other cancer types. Studies examining psychosocial functioning of those affected by sarcoma are needed to improve wellbeing.

Aim This study aims to explore the experiences of adolescents and young adults (AYA) with sarcoma.

Methods A total of 35 AYA diagnosed with soft-tissue and bone sarcoma (19 female) aged 13–39 years old ($M=28.8$; $SD=6.7$) participated in semi-structured telephone/face-to-face interviews (25 diagnosed within the previous 4 years; 4 had an amputation). Interviews were recorded and transcribed verbatim and analysed using Framework analysis.

Results The quality of life domains of physical, emotional and social wellbeing were the overarching themes of analysis. In addition to descriptions of the impact of sarcoma on these domains, results showed three influencing factors of AYA experience: healthcare professionals' role; social support and coping strategies. AYA described experiences of being reassured and receiving information at the right level from professionals. Healthcare professionals' expertise and accessibility was valued by AYA. Family, friends and interactions with peers with cancer were core elements of support. Adaptation after diagnosis, treatment and/or surgery was influenced by the way AYA dealt with stress and adversity, with some struggling with finding their 'new normal'. Rehabilitation and therapy/counselling services had a considerable role in AYA's physical and emotional wellbeing; however access to these services was not equitable.

Conclusions A sarcoma diagnosis disrupts normality and initiates a process of re-examining expectations for self, daily life, and future hopes and plans. This study shows the impact of sarcoma on AYA's wellbeing and identity development; protective/risk factors identified could guide future support interventions for AYA with sarcoma.

P22 IMPROVING THE COMPREHENSIVE CARE OF PEOPLE WITH ADVANCED CHRONIC DISEASES IN ACUTE HOSPITALS

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Background One of the most relevant challenges of health-care systems is to provide high quality and cost-effective responses in progressive advanced chronic conditions with limited life prognosis and palliative care needs (PACC). These populations represent 75% of the mortality in middle-high income countries, a prevalence of 1.5% of general population, and 35%–45% of hospital admissions. Over the last 10 years, a new perspective of palliative care has emerged, identifying needs earlier and addressing them across all stages of patient's pathway. Our study is informed by this perspective and based on the implementation of a screening instrument identifying needs of PACC 48 hours after their hospital admission.

Objectives

1. Determine prevalence, clinical characteristics, and needs of PACC in acute care hospitals;

2. Identify barriers, difficulties, challenges and develop proposals to improve their attention;
3. Establish survival rates relating it to each illness trajectory (cancer, organ failure, frailty, and dementia).

Methods

Quantitative Phase:

Observational, multicenter, cross-sectional descriptive study to determine prevalence and clinical characteristics of PACC in 3 acute hospitals (AH) of the Northeast of Argentina (NEA) using NECPAL-CCOMS-ICO[®] instrument. It will involve a longitudinal analysis of a cohort of recruited patients for 1.2 years.

Qualitative Phase:

Each hospital will undergo a self-assessment survey exploring their current care delivery models and potential barriers they might face in delivering continuous care to PACC. Focus groups will be carried out with a sample of healthcare professionals exploring these barriers in greater detail.

Expected results

- Prevalence of PACC in AH
- Characteristics of PACC in AH of the NEA
- Survival of PACC identified at 1.2 years and predictive model
- Definition of improvement areas to elaborate an integrated assistance proposal, including training, quality standards and organizational changes adapting the use of hospital resources to implement a more efficient model of care delivery.

P23 FRAGILE SUCCESS: FINDINGS FROM A REALIST PROCESS EVALUATION OF OPT-OUT BLOOD BORNE VIRUS TESTING

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The elimination of viral hepatitis C in England by 2025, is predicated on the diagnosis of blood-borne virus (BBV) infections in high prevalence settings, such as prison. In response to historic low testing rates, opt-out BBV testing has been implemented across the English estate. As part of a wider realist process evaluation, a high and low performing prison in London were selected for qualitative data generation, with the aim of unpicking conditions that facilitate or hinder programme performance.

Data were used to test context-mechanism-outcome theories. Four months were spent within each prison. Documentary analysis and unstructured observation captured aspects of the broader social and physical context. Semi-structured observation focused on the sequence of events that constitute opt-out testing, which was supplemented using realist interviews, conducted with prison officers, health workers, and patients.

Support from the Governor was crucial to ensure scarce resources were directed towards programme enablement. The testing was spearheaded by a single health worker and differences in personal motivation, experience, and confidence were salient. However, stress from pushing the programme, in an environment where healthcare was not prioritised, risked burnout. Within the poor performing

prison, a lack of officers precipitated a 'dangerous environment', where safety concerns constrained patient access. Within the high performing prison, clinic set-up fostered interaction between health workers and officers. Social relationships developed, with staff occupying a liminal space, facilitating the development of informal strategies that maximised testing.

The success reported by some London prisons is a vulnerable one. Until wider structural pressures are addressed and opt-out testing securely embedded, staff change risks programme disintegration. Results suggest there is opportunity for innovation within the liminal space between the prison and healthcare, but formalisation of roles within this space is recommended. Further work is required to ensure London prisons are on track to facilitate elimination targets.

P24 STUDY PROTOCOL: A CRITICAL COMMUNICATIVE EVALUATION OF MATERNAL CARE PATHWAYS FOR FGM IN LOTHIAN

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Background For expectant mothers with female genital mutilation (FGM), relevant care pathways are critical to a positive maternal care experience. Women with FGM may require a range of unique support, from mental health counselling to antenatal vaginal surgery.⁵ Challenged by evidence of substandard patient care, poor staff knowledge, and an increase in FGM-affected populations across Scotland, NHS Lothian established a specialist care team and training for FGM in 2015.^{1,3,4} This protocol presents an adaptation of the critical communicative methodology (CCM) to understand NHS staff and community views on the impact of these developments, and how the system can continue to improve.

Objective To present a publicly led strategy for the evaluation of training and maternal care for women with FGM in Lothian.

Methods CCM provides a useful tool for researchers to avoid the disadvantages of excluding the public from healthcare research and development.² The method treats the contributions of researchers and the community equally, resulting in actionable and relevant evidence-based priorities for improvement. This protocol details our use of CCM's approach to include relevant, diverse voices (the NHS Lothian FGM team, midwives, and new mothers) in every step of the research process. In-depth interviews partner researchers and individuals in an exploration of existing research evidence and their impressions of the new maternal strategy for FGM. Democratic discussion groups then analyze these views to determine recommendations for future maternal training and care for women with FGM. Ethical approval for this study was obtained from NHS South East Scotland.

Conclusion This protocol should be of interest to those seeking to apply methods with an emphasis on social justice, which recognize the agency of the public to contribute to the healthcare strategies affecting their communities.

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P25 BALANCING PERSPECTIVES ON INTERVENTION FEASIBILITY: USING STAKEHOLDER VIEWS IN DECISION-MAKING

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Background Anxiety and stress are prevalent in general practice and primary care settings, particularly among women. The 'Redesigning Daily Occupations' (ReDO) programme is a manualised occupational therapy-led intervention designed to improve balance in daily life and reduce stress. A pilot study aiming to explore the feasibility of implementing ReDO in primary care settings was carried out. Despite predicted demand, recruitment was slower than anticipated.

Objectives

- To understand the feasibility and acceptability of ReDO from the perspective of stakeholders.
- To understand the study processes better.
- To use this information in decision-making to plan future intervention evaluation/development.

Methods Six women diagnosed with anxiety or stress-related conditions were recruited to take part in the 10 week group programme via their general practitioner. Qualitative interviews were completed with five group participants, two group facilitators, and nine general practitioners (n=17). The data analysis was informed by principles of qualitative evaluation research where the focus is on achieving practical, actionable understandings of real-world issues in context.¹

Results Results demonstrated conflicting perspectives on the feasibility of ReDO. The participants noted changes in their daily lives in mental health and daily functioning and recommended longer interventions. In contrast, the length of the intervention was balanced with a heavy clinical workload for the occupational therapists, while general practitioners felt the length of the programme restricted study recruitment. The occupational therapy programme facilitators and participants contributed to understanding how changes had taken place within the context of group dynamics adding to insight into who the intervention might best be suited to.

Conclusions The qualitative approach contributed greatly to decision-making. The programme will be delivered again in 2019 with small changes to the inclusion/exclusion criteria and recruitment strategy. Future research will explore the