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