mechanism of change as understood by participants and facilitators within this intervention.

REFERENCE

1. Patton M. *Qualitative research and evaluation methods: Integrating theory and practice (4th Edition)*, 2015. Thousand Oaks, CA: SAGE Publications, Inc.

P26 UNDERSTANDING THE USE OF DATA FOR IMPROVEMENT

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Background Using data for improvement is a national policy priority.¹ However, despite the considerable resources required to collect data for national clinical audits, their information is rarely used effectively to improve quality.² Barriers lie with the collection, analysis and feedback of these data, as well as with the capability, capacity and motivation of local teams to use them for improvement.³ The perioperative setting encompasses the period before, during and after surgery and represents an increasingly recognised healthcare sector.⁴ A scoping review we have conducted has confirmed that national clinical audit data is used inconsistently for local improvement of perioperative services.⁵ The new national Perioperative Quality Improvement Programme (PQIP) aims to facilitate this use of data to improve perioperative services in the NHS.⁶

Aim This study seeks to explore whether, how, and in which contexts, perioperative data are currently used for quality improvement, and how this is affected by PQIP.

Methods A mixed-methods approach has been adopted comprising a national survey and qualitative fieldwork. The survey is gathering multidisciplinary staff experiences of using perioperative data and their perceptions of contextual factors. Findings from the survey will be triangulated with qualitative fieldwork in two case study hospitals, before and after they engage with PQIP. Furthermore, local understanding of PQIP's programme theory in these case study hospitals will be compared with that of the central PQIP project team to help understand any implementation gaps.

Results Data collection and analysis remains ongoing but will be available by March 2019.

Conclusions Using data for improvement in the NHS has often been an aspiration rather than an achievement due to difficulties posed by defining, measuring and improving quality. This study seeks to understand whether a theoretically derived program can overcome these barriers in the perioperative setting.

REFERENCES

1. National Improvement and Leadership Development Board. *Developing People – Improving Care*, 2016.
2. Allwood D. Engaging Clinicians in Quality Improvement through National Clinical Audit. *Rep to Health Qual Improv Partnersh*. 2014;2014(October).
3. The Royal College of Physicians and the Healthcare Quality Improvement Partnership. *Unlocking the Potential Supporting Doctors to Use National Clinical Audit to Drive Improvement*; 2018.
4. The Royal College of Anaesthetists. *Perioperative Medicine the Pathway to Better Surgical Care*; 2015.
5. University of York, Centre for Reviews and Dissemination. PROSPERO. <https://www.crd.york.ac.uk/prosperto/>. CRD42018092993.
6. www.pqip.org.uk.

P27 ABSTRACT WITHDRAWN

P28 THE SOCIAL INVISIBILITY OF MENTAL HEALTH: UNDERSTANDING SOCIAL EXCLUSION THROUGH PLACE & SPACE

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Background Mental health is considered the Cinderella of any healthcare system. There is a European target that the 5% of the healthcare service budget goes to mental health and most countries have reached that target. Yet, this might not be enough to cover the inequity between health and mental health provision.

Aim 'The social invisibility of mental health facilities' is a multi-disciplinary, innovative, research-through-arts project, involving a School of Architecture, a Division of Psychiatry and a School of Art. The aim is to detect if there are elements demonstrating inequality demonstrated from place and space related to the facility provision.

Methods It compares healthcare vs mental health facilities of the same catchment area, raising awareness of inequalities between the two and the social exclusion of mentally ill people through a visual, multimedia perspective. It juxtaposes (mental) healthcare facilities in terms of access, condition and status compared to their surroundings. The exhibits were created from both art and architectural schools post-graduate students. The exhibition took place close to Ben-tham's auto-icon, the designer of Panopticon custodial facility, demonstrating inverse links between his Panopticon, and the concealment/invisibility that NIMBYism produces towards the mentally ill that resulted in their exclusion, within deprived, under-funded, isolated facilities 'in the community'.

Conclusions The exhibition with the satellite actions, such as the mapping of the facilities and the picture-rich book demonstrated the under-budgeting of mental health facilities and their stigmatization as expressed by the centrality of locations and the overall projected image of the building exteriors. This outlined the path for integrated, transdisciplinary research in the future involving architecture, arts and psychiatry.

P29 THE ELECTRONIC CAPTURE OF PATIENT-REPORTED OUTCOMES IN TRAUMA RESEARCH: VIEWS FROM THE FIELD

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Background The numbers of major trauma and traumatic brain injury (TBI) survivors are increasing. Finding efficient ways to capture the impact of symptoms on their quality of