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

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P26 UNDERSTANDING THE USE OF DATA FOR IMPROVEMENT

Duncan Wagstaff, Cecilia Vindrola, Naomi Fulop, Ramani Moonesinghe. *University College London, London, UK*

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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.

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P27 ABSTRACT WITHDRAWN

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

¹Evangelia Chrysikou, ²Eleftheria Savvopoulou, ³Efstathia Kostopoulou, ⁴Naaheed Mukadam, ⁵Ioanna Tsimopoulou, ⁶Sarah Pickering, ⁷Ava Fatah Gen Schieck. ¹The Bartlett Real Estate Institute, University College London (UCL), London, UK; ²SynThesis Architects, London, UK; ³University College London, London, UK; ⁴University College London, Division of Psychiatry, London, UK; ⁵Camden and Islington NHS Foundation Trust, London, UK; ⁶Slade School of Fine Art UCL, London, UK; ⁷The Bartlett School of Architecture, UCL, London, UK

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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

¹Christel McMullan, ¹Grace Turner, ¹Derek Kyte, ¹Anita Slade, ¹Ameeta Retzer, ²Tony Belli, ²Karen Piper, ¹Mel Calvert. ¹Institute of Applied Health Research, University of Birmingham, Birmingham, UK; ²University Hospital Birmingham NHS Foundation Trust, Birmingham, UK

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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

life, and optimise patients' outcomes and clinical shared decision-making is a priority. Patient Reported Outcome Measures (PROMs) are used in healthcare to understand the impact of symptoms on people's quality of life. Electronic capture of PROM data (e-PROMS) are an efficient way of collecting PROM data and can minimise patients' burden.

Aim This study aims to establish the impact of trauma on patients' quality of life and to explore views on using e-PROMs to support clinical care and research.

Methods In-depth semi-structured one-to-one interviews were conducted with (i) TBI survivors and family members/carers; (ii) healthcare professionals/researchers working in trauma related clinical areas; and (iii) members from third sector organisations who support trauma patients and their families/carers.

Results Preliminary results from 19 participants show using PROMs contributed to focus clinical consultations on issues deemed important to patients, including memory loss, anxiety, and lack of concentration. E-PROMS were considered flexible and timesaving and a valuable way of evaluating ongoing symptoms and their impact on quality of life when consulting with clinicians. Patients' mental health, type of injury, physical impairments, and changes in personality were considered as key features for inclusion in e-PROMs. Over and under-reporting, lack of insight, cognitive and communication problems and lack of internet access, (especially among older patients), were considered barriers to using e-PROMs. Suggested features to facilitate use, included: easy to use, short length, conciseness, and lay language easily understood by trauma patients.

Conclusion The electronic capture of PROMs was found to be an acceptable way of reporting patients' symptoms. Particular attention should be paid to the inclusion of specific measures in future e-PROMs system, such as patients' ongoing mental health.

P30 #CRISISTEAMFAIL: TWITTER ANALYSIS TO ENRICH UNDERSTANDINGS OF MENTAL HEALTH CRISIS SERVICES

Natasha Chilman, Nicola Morant, Bryn Lloyd-Evans, Jane Wackett, Sonia Johnson. University College London, London, UK

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Background Analysis of Twitter data is a relatively new and developing form of qualitative health research. It allows access to how issues and experiences are socially shared and constructed amongst communities of health service users and providers, in ways that traditional or individual-based qualitative methods may not. In the UK, Crisis Resolution Teams aim to provide intensive home-based support to adults in mental health crisis. However, there are known problems with user satisfaction, and wide variations in implementation.

Aim To explore how Crisis Resolution Teams were discussed on Twitter and compare this with data collected via interviews and focus groups in a related study.¹

Methods Twitter's advanced search function was used to retrieve relevant Tweets on Crisis Resolution Teams (2010–2018). A form of thematic analysis was conducted on 500 relevant randomly selected Twitter posts. Principles of refutational synthesis were applied to compare themes with those identified in interviews and focus groups.

Results The most popular 'hashtag' search term was '#Crisis-TeamFail'. Negative comments about Crisis Resolution Teams were found in 40.8% of Tweets, principally relating to access and quality of care. There were some overlaps between themes identified in both datasets, including the importance of rapid access to care and planned discharges. However, views expressed on Twitter were generally more critical than those obtained via face-to-face methods. This may be because people post about experiences with mental health services as they happen, and because Twitter communities include individuals who are less engaged with services.

Conclusion By looking at stakeholder views expressed on social media alongside traditional qualitative methods, researchers can capture a wider spectrum of opinions than with one method alone. Twitter can be a valuable resource for future health research which could feed into improving user engagement and collaboration in service design and improvement.

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P31 FROM FIGHTING THE SCOURGE TO EVERYDAY MANAGEMENT OF CANCER RISK: A FOUCAULDIAN ARCHAEOLOGICAL STUDY

CF Brooks. University of Southampton, Southampton, UK

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Background Studies of publicly available cancer information (CI) focus upon the provision of CI at specific times in history¹⁻² or more recently patient preferences and use of electronic resources.³ As such, there is little research exploring the changing representation of cancer through early to electronic forms of CI.

Aims The aim of this paper is to present theoretical, methodological and epistemological insights from a qualitative study using Foucault's archaeological approach⁴ combined with the theoretical lens of medicalization⁵ to investigate the changing representation of cancer through CI (1934–2010), and consider their implications to current understandings of CI.

Methods Adopting a purposive sampling approach, archival and electronic CI were collected from a variety of sources, including the Wellcome Library, British Library, National Archives, GP surgeries and cancer charity websites.

Results Analytical findings reveal five thematic shifts, showing how increasing responsibility for the management of cancer risk and promotion of health has been placed upon the 'imagined reader'⁶ of CI:

- the emergence of cancer as a scourge involving the combined efforts of medical professionals and the public to 'fight' (1934–1947).
- the moral pursuit of life saving (1948–1959).
- smoking, lung cancer and engaging in risky behaviours (1960–1978).
- individualism and the emergence of a regulatory consumer (1979–1999).
- everyday management of cancer risk and promotion of health (2000–2010).