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Champion and half having treatment as usual. We are evaluating the implementation of the intervention with our primary outcome being the acceptability of the intervention. We are also evaluating the cost-effectiveness of the intervention. Our primary effectiveness outcome is physical health related quality of life and we are also collecting data on other related clinical and social outcome.

The intervention has been amended so that we could deliver it remotely during the COVID pandemic with the aim of it being face-to-face when this is able to happen.

**Results**

The study is underway. We will discuss the progress of the trial so far and our learning from delivering the intervention during the COVID pandemic.

**Conclusion**

Providing support to people with SMI with their physical health is even more important during the COVID pandemic. Our study will give us good data on the challenges of implementation during a global pandemic.

**Trial Registration**

ClinicalTrials.gov, registration no: NCT04124744

**Consent to publish**

NA

**P39**

**What are the strategies for implementing primary care models in maternity? A systematic review on midwifery units**

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**Background**

Midwifery Units (MUs) are associated with optimal perinatal outcomes, improved service users’ and professionals’ satisfaction as well as being the most cost-effectiveness option. However, they still do not represent the mainstream option of maternity care in many countries [1, 2]. Understanding effective strategies to integrate this model of care into maternity services could support and inform the MU implementation process that many countries and regions still need to approach.

**Method**

A systematic search and screening of qualitative research about implementation of new MUs was conducted (Prospero protocol reference: CRD42019141443) using PRISMA guidelines [3]. Included articles were appraised using the CASP checklist [4]. A meta-synthesis approach to analysis was used [5]. No exclusion criteria for time or context were applied to ensure inclusion of different implementation attempts even under different historical and social circumstances. A sensitivity analysis was conducted to reflect the major contribution of higher quality studies.

**Results**

Twelve studies were identified for inclusion in this review after a screening process (see figure 1). The synthesis highlighted two broad categories: drivers to open the new MUs and barriers or facilitators to the MU implementation. The latter category included eight key themes: “culture and perceptions”, “healthcare system”, “midwives’ identity and role”, “knowledge, skills and training”, “leadership”, “collaborative approach”, “integration” and “environment”. A logic model was created to explain the role of each during the implementation process.

**Conclusion**

The studies selected were from a range of settings and time periods and used varying strategies. Nonetheless, consistencies were found across different implementation processes. These findings can be used in the systematic scaling up of MUs and can help addressing barriers at system, service and individual levels. All three levels need to be addressed when implementing this type of change.

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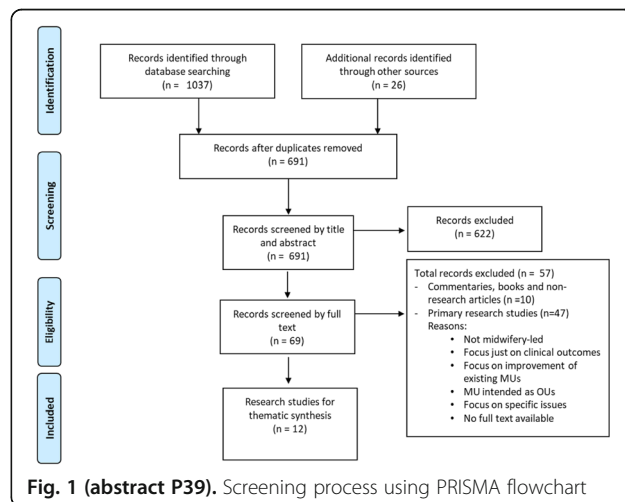


Fig. 1 (abstract P39). Screening process using PRISMA flowchart

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**Factors effecting the sustainability of NSPCC services adopted by Local Authorities and voluntary organisations**

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**Background**

The NSPCC Scale Up Unit works with Local Authorities and voluntary organisations to help them successfully adopt ‘tried and tested’ NSPCC services in order that more children can potentially be helped. Much research exists on the implementation of services in the early stages, including NSPCC services [1]. However, there is little evidence, at least within the social care field, about how services are sustained in the medium to longer term [2]. Therefore, the current research aimed to find out about how NSPCC services were fairing two to four