PRIORITY IN THE UNITED KINGDOM NATIONAL HEALTH SERVICE DURING A NATIONAL EMERGENCY: A QUALITATIVE CASE STUDY OF SURGICAL TEAM EXPERIENCES OF COLORECTAL CANCER SURGERY IN THE ACUTE EARLY STAGES OF THE COVID-19 PANDEMIC

Introduction
The onset of the COVID-19 pandemic in early 2020 triggered reorganisation of hospital departments around the world as resources were configured to prioritise critical care. In spring 2020, NHS England issued national guidance proposing acceptable time intervals for postponing different types of surgical procedures for patients with cancer and other conditions. The ‘Consider-19’ study sought to investigate prioritisation decisions in practice, with in-depth examination of colorectal cancer surgery as a case-study, given recommendations that these procedures could be delayed by up to 12 weeks.

Methods
Twenty-seven semi-structured interviews were conducted with healthcare professionals between June – November 2020. A key informant sampling approach was used, followed by snowballing to achieve maximum regional variation across the UK. Data were analysed thematically using the constant comparison approach.

Results
Interviewees reported a spectrum of perceived disruption to colorectal cancer surgery services in the early phase of the pandemic, with some services reporting greater scarcity of resources than others. Nonetheless, all reported a need to prioritise patients based on local judgments. Prioritisation was framed by many as unfamiliar territory, requiring significant deliberation and emotional effort. Whilst national guidance provided a framework for prioritising, it was largely left to local teams to devise processes for prioritising within surgical specialties and then between different specialties, resulting in much local variation in practice.

Discussion
The pandemic necessitated a significant change in practice as surgeons, in a tense and uncertain situation, found themselves having to navigate clinically, emotionally, and ethically-charged decisions about how best to use limited surgical resources. Whilst unavoidable, many felt uncomfortable with the task and the consequences for their patients. The findings point to a need to better support surgeons tasked with prioritising patients and raise questions about who should be involved in this activity.

IMPACT EVALUATION OF A SMARTPHONE APPLICATION TO IMPROVE MATERNAL HEALTH KNOWLEDGE AND DIET AMONG PREGNANT WOMEN IN INDIA

Introduction
With maternal mortality ratios higher than 100 per 100,000 live births in many low- and middle-income countries (LMICs), reducing these deaths features high on international public health agenda. In LMICs, mHealth interventions are increasingly being used to strengthen the healthcare system and to empower patients. The objective of this study is to evaluate the effects of a smartphone application on maternal health knowledge and diet among pregnant Indian women.

Methods
A randomized controlled trial in one private hospital in the state Maharashtra, India was conducted. Pregnant women were onboarded when they were entering prenatal care. Allocation to the intervention and control group was based on the random assignments of numbers to the enrolled participants. Pregnant women in the intervention group were invited to download the application in addition to regular antenatal care. The control group only received regular antenatal care. The study duration was 12 weeks. App usage was monitored, maternal health knowledge and dietary intake were collected via telephonic interviews, background characteristics and medical history were obtained via the antenatal care provider.

Results
In total, 178 respondents completed all measurements (control = 83; intervention=95). Intervention participants had on average five sessions per week with the application. Preliminary results show that both the intervention and control group had improvements in all knowledge modules, but improvements were largest for the intervention group. Breast-feeding, physical activity and anaemia knowledge modules showed the largest difference between control and intervention group. Diversity in dietary intake also substantially increased most among respondents in the intervention group, with an increase of four food groups per week.

Discussion
mHealth seems a promising route to improve maternal health knowledge and behaviors among pregnant women in India. Future research steps include the roll-out of a multi-centre study to assess the effect of the smartphone application on health outcomes.