support patients at high risk of T2D. Opportunities to adapt, try, negotiate, and ultimately reinvent SP to suit patients' own needs allowed practitioners to engage with complexity and provide the personalised (usually more intensive) support that patients at high risk of T2D required.
Conclusions Practitioners' capacity to be creative in accommodating patients' needs ('I do what it takes'), resign to delivering insufficient SP services ('I do what I can') or uncritically adhere to existing conventions ('I do as I'm told') represented different types of SP practices, enacted within dynamic and highly contested contexts.

7 THE LISTEN METHOD – SYNTHESISING COLLABORATIVE AND DIGITAL METHODS FOR BIG QUALITATIVE DATA ANALYSIS

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Background Big qualitative data analysis is an emerging discipline in qualitative health research and has been used with online posts, open-ended survey responses, and patient health records. Traditional methods of qualitative data analysis can be time-consuming and biased by small sample sizes. The combined strengths of collaborative and participatory methods from rapid research approaches and the efficiency of digital software analyses can mitigate these issues.
Aim We developed the LISTEN method (Collaborative and Digital Analysis of Big Qualitative Data in Time Sensitive Contexts), combining interdisciplinary expertise in collaborative, participatory, and digital methods for big qualitative data analysis.
Methods The LISTEN project iteratively combines findings from a systematic review of peer-reviewed literature and world-wide-web data as well as consultation with stakeholders, collaborative team discussions and text network analysis using digital software. Text and thematic analysis software was used to conduct sentiment analysis and text network analysis of data from academic literature on digital software usage, types of qualitative data, qualitative analysis methods, analysis steps, and citations of notable publications in the field of big qualitative analysis methods.
Results 520 peer-reviewed studies and 37,129 internet posts were systematically reviewed. Web and social media posts referencing large qualitative data sets presented negative sentiments and many posts expressed ambiguity surrounding the categorization of digital and computational methods within the qualitative data analysis discipline. Over 50 types of digital software, and several collaborative qualitative data analysis methods and steps were identified. A LISTEN method manual has been developed to train and support the implementation of the method at three different sites, as well as the development of an interactive living systematic review.
Conclusions The newly developed LISTEN method will provide research teams with the flexibility to triangulate different types of data and combine the strengths of rapid research designs and digital methods.

8 THE ESSENCE OF HEALTH COMPLAINTS MECHANISMS IN THE IMPROVEMENT OF QUALITY PRIMARY HEALTHCARE DELIVERY IN MALAWI

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Background Complaints mechanisms are key components of healthcare accountability in health systems across the world. They can help identify structural problems and poor service by individual health workers and can support equitable access and ensure that patient safety is a priority. As part of a larger study on accountability and anti-corruption, the aim of this study was to explore and understand the role of the different channels for complaints that are available to Malawian healthcare users. It aimed to explore how they function, and what undermines their use.
Methods We conducted a qualitative study in Blantyre district using participant observations, in-depth interviews and focus group discussions. We spent 8 weeks at health facilities and the Blantyre district health office (Directorate of Health and Social Services) and then explored the challenges of accessing and using patient complaints mechanisms.
Results Healthcare users continuously encounter numerous challenges within the Malawian health system. We identified 32 mechanisms for complaints handling and redressal which are also meant to act as tools for checks and balances. At the same time, interviews with health providers, stakeholders and document analysis demonstrated that the complaints and redressal system has multiple weaknesses. These include geographical barriers, lack of trust and visibility of these mechanisms, and limited capacity in institutions to manage the complaints and redress process, as well as lack of political will to adopt changes within the health system.
Conclusion The weaknesses of the health complaints and redress system in Malawi pose obstacles to delivering quality primary healthcare to the most disadvantaged communities. Urgent interventions to redesign these mechanisms, ensuring that they are not constrained by power differentials and lack of trust is needed.

9 SCHOOL FOOD PROVISION PARTNERSHIPS FOR CHILD HEALTH: INSIGHTS FROM THE ACTEARLY FIGS STUDY

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This paper focuses on the central role of partnerships in public programmes seeking to address child health inequalities, which have increased with the UK's cost-of-living crisis, leaving millions of UK children vulnerable to food insecurity. In Tower Hamlets, a diverse London borough where over half of children experience poverty, child-centred initiatives like universal provision of free school meals are crucial. Although offered to all primary school children in the borough, not all families take up this offer. More research is needed to