

patient care and efficiencies [1, 2]. These included reduced length of stay, readmission rates and drug costs with improved medicines appropriateness and communication with primary care. Against a background of the review of public administration, focus on efficiencies and future models for integrated health and social care, IMM remains a key policy initiative.

Purpose Within this context, a review of IMM service provision is being undertaken to assess the current application of the IMM model and its strategic alignment with plans for integrated health and social care.

Materials and Methods The first stage of the review involved a quantitative assessment of IMM practise within HSCTs to measure the application of the IMM model against a range of good practise indicators, relating to: use of funding for a dedicated IMM workforce; relevant staff roles and professional focus; workforce deployment across HSCT sites; availability and level of IMM service provision.

Results During 2011/12 66% of the total funding identified for IMM services in all HSCTs in Northern Ireland was used to employ pharmacists and 34% for pharmacy technicians. Within this workforce 96% of pharmacists and 98% of technicians had IMM roles included in their job descriptions with pharmacists spending 80% of their working time on clinical or IMM duties and pharmacy technicians 65%. The IMM workforce was deployed at 74% of HSCT sites (n = 17) with IMM services available for a range of bed types from Monday to Friday between 8am and 6pm. 40% of the total number of beds identified as suitable for IMM service provision across all HSCTs were reported as having active service provision during 2011/12 with activity levels ranging from 20% to 95% between HSCTs.

Conclusions IMM is regarded as a cornerstone of medicines policy in Northern Ireland and results indicate that the funding allocated for this service is being used to support the deployment of a cohort of pharmacists and pharmacy technicians with roles that are focused on clinical practise and medicines management. Results show the provision of IMM services within defined periods across HSCT sites in a range of bed types but with some variation in the active application of the IMM model between HSCTs.

References

1. Burnett KM, Scott MG, Fleming GF, Clark CM, McElnay JC (2009), Effects of an integrated medicines management programme on medication appropriateness in hospitalised patients.
2. Scullin C, Scott MG, Hogg A, McElnay JC, (2007), An innovative approach to integrated medicines management.

No conflict of interest.

GRP-007 A RETROSPECTIVE SURVEY OF PATIENT OUTCOMES AFTER SWITCHING INTRAVENOUS IMMUNOGLOBULIN

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Background The market place for human immunoglobulins is constantly evolving and reacting to instability of supply of the raw material. This has meant new products emerging as well as old products being replaced or withdrawn.

The NHS 'Demand Management Plan' has stabilised the UK market and helped to ensure adequate supplies. This plan also included a national contracting process and this has led to more cost-effective products becoming available.

These issues have led to two occasions when a complete product switch of the IVIg patient population was undertaken at Southend Hospital NHS Trust.

Purpose To assess the level of significant adverse effects, resulting in product discontinuation, seen during two IVIg switches in 2009 and 2011.

Materials and Methods The hospital pharmacy system was used to identify all IVIg patients.

Patient notes were requested for review.

Each patient's entry on the UK IVIg database was reviewed.

Results 68 patients completed a total of 98 switches.

2 patients were unable to continue with the alternative IVIg product. Both were receiving monthly IVIg infusions for multiple myeloma. Both experienced headaches and flu-like symptoms post-IVIg infusion after being switched to Octagam 10% and were subsequently returned to their previous product, Intratect.

Conclusions The switching of IVIg products is typically not encouraged. However there is a very little recently published literature that discusses the problems encountered when switching these products. The quality and relevance of what is available is variable and often relates to non-UK products.

This retrospective survey indicates that comprehensive IVIg switch programmes can be undertaken with a low level of patient disruption.

Abstract GRP-007 Table 1

IVIg switch	Patient numbers
Intratect to Octagam 10%	17
Octagam 5% to Intratect	1
Octagam 5% to Intratect to Octagam 10%	1
Vigam to Octagam 10%	1
Sandoglobulin to Octagam 10%	2
Sandoglobulin to Intratect to Octagam 10%	29
Sandoglobulin to Intratect	17

No conflict of interest.

GRP-008 A SOCIO ECONOMIC APPROACH TO MANAGEMENT (SEAM): AN ATTRACTIVE TOOL FOR MONITORING CHANGE IN A CLINICAL PHARMACY ENVIRONMENT

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Background Organization has become more complex in hospitals. In the context of change, management is particularly critical.

Purpose The aim of our project was to develop and improve clinical pharmacy services between the Pharmacy and the cardiology departments using SEAM.

Materials and Methods Socio Economic Diagnosis (SED) was conducted through semi-directed interviews (SIDs) to identify dysfunctions (Ds) in 2009 (n = 30 SIDs i.e 62 collaborators) prior to the start of the project and in 2012 (n = 23 SIDs i.e 48 collaborators) when the action plan was completed. Ds were classified according to the ISEOR grid*. The action plan was undertaken from 2009 till 2012 as major Ds were identified. Feedback meetings with staff were undertaken after each SED.

Results SED generated 352 verbatim comments in 2009 and 508 in 2012, summarised in 55 and 73 'key ideas'. From the SED run in 2009, the action plan included three major projects: 'Improving the ward drug cabinet supply chain' to 'Lower emergency drug requests', 'Establishing a skills grid of Pharmacy collaborators' to 'Maintaining Pharmaceutical Care standards', and 'Optimizing clinical pathway of patients receiving chemo'. SED 2012 showed an improvement in all "Centre for research and expertise in socio-economic management" (ISEOR) items particularly within Work organisation, communication-coordination and strategy development domains. The so called 'Mirror effect' meetings to feedback to all professionals (whether they were managers or not) were very fruitful and gave consideration and recognition to the entire staff.