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

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No conflict of interest.

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

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J Kent. *Southend Hospital NHS Trust, Pharmacy, Southend on Sea, UK*

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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[1]M Frachette, [2]AG Caffin, [2]R Haddad, [2]A Hay, [3]M Slama, [3]A Rieutord. *[1]Iseor, IAE de Lyon Université Jean Moulin, Lyon, France; [2]Hôpital Antoine Béclère, Service Pharmacie, Clamart, France; [3]Hôpital Antoine Béclère, Service Cardiologie, Clamart, France*

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.

Conclusions SEAM enables hidden costs associated with dysfunction to be re-allocated to activities with much higher professional added value. It is an attractive approach to monitor the time needed to transform our low-quality clinical pharmacy services into a competitive environment of modern and reactive Pharmaceutical Care services.

No conflict of interest.

GRP-009 ADHERENCE AND NUMBER OF TABLETS IN ANTIRRETROVIRAL TREATMENT

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F Gutiérrez Nicolás, MM Viña Romero, MG Callejon Callejon, P Diaz Ruiz, FJ Merino Alonso, JA Martin Conde. *Hospital Ntra. Sra. de Candelaria, Pharmacy, Santa Cruz de Tenerife, Spain*

Background Antiretroviral efficacy is closely related to the degree of adherence

Purpose To determine the adherence to highly active antiretroviral therapy (HAART) in HIV-infected patients with once-daily dosing regimens, depending on the number of tablets.

Materials and Methods Two-month observational study (May–June 2010 of selected patients on HAART who collected their medicines in the pharmacy with the following inclusion criteria: adult patients on HAART for more than a year, who were not included in any clinical trials, mentally competent and who obtained the medicines exclusively in our LEU.

The SMAQ survey was used to assess adherence. Adherence data, along with the number of tablets and demographic characteristics of the patients were tabulated and analysed using Excel.

Results 223 patients were included in the study. 39.5% (n = 88) had once-daily regimens. 72 were men and 16 women. The mean age was 44.3 years and 7.35 years on HAART. The mean adherence was 67.05%.

The study population was divided into two groups: one tablet (OT) (n = 49) and two or more tablets (MT) (n = 39). Baseline characteristics were homogeneous in the two groups. However adherence rates were 71.42% vs. 61.54% respectively (p = 0.3268).

Conclusions Simple dosing regimens facilitate adherence to HAART. In our study we found that OT patients were more adherent that MT patients. Although the difference in adherence was not statistically significant, we believe that this difference may have high clinical impact on controlling the disease.

No conflict of interest.

GRP-010 ADHERENCE TO ORAL CANCER TREATMENT: THE ROLE OF THE HOSPITAL PHARMACIST IN THERAPEUTIC SUCCESS

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F Santoleri, P Sorice, R Lasala, RC Rizzo, A Costantini. *Santo Spirito General Hospital of Pescara, Hospital Pharmacy, Pescara, Italy*

Background The management of cancer treatment has changed considerably in recent years with the entry into the market of novel oral cancer agents. Although treatment at home improves patient compliance, in practise it's difficult to assess the quality of treatment without the supervision of healthcare professionals.

Purpose To monitor patients at home and to assess the variables influencing adherence to treatment. We sought to educate, discuss and establish effective communication with patients in order to minimise the barriers between patients and physicians.

Materials and Methods From July 2012, hospital pharmacists have provided their haematology-oncology patients with a self-report medicines diary. Patients were asked to write the date, time, treatment dosage and concomitant treatments, as well as to describe their health status and report any side effects. Data were saved in a database created for the purpose. Treatment adherence was calculated as Medicines Possession Ratio according to the treatment indications in the patient diary.

Results From July 2012 to October 2012, a total of 261 patients were asked to participate in the study and to fill out a self-reported diary. 243 patients agreed to participate in the study, of these 86 completed and returned the self-report diaries (41%) to the hospital pharmacy. The percentage of adherence to treatment was significantly higher in those patients who completed the medicines diaries compared to those who did not use the medicines diary (0.99 vs. 0.88). The reported side effects indicated that medicines were well tolerated and did not cause discontinuation of treatment.

Conclusions The preliminary data of this patient-oriented research emphasises the importance of promoting dialogue in order to optimise home treatment. The hospital pharmacist plays a key role in promoting and improving adherence to treatment by analysing side effects and concomitant treatment and, in addition, by reinforcing patients' awareness of the importance of following the prescription schedule correctly.

No conflict of interest.

GRP-011 ADHERENCE TO TYROSINE KINASE INHIBITOR THERAPY IN CHRONIC MYELOID LEUKAEMIA

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[1]V González Rosa, [2]MM Viña Romero, [3]F Gutiérrez Nicolás, [1]R Gavira Moreno, [1]MT Moreno Carvajal, [1]F Gómez de Rueda, [1]R Gázquez Pérez, [1]P Gómez Germá, [1]A Almendral Vicente, [1]MT Gómez de Travecedo y Calvo. *[1]Hospital SAS Jerez de la Frontera, UGC-Farmacia, Jerez de la Frontera (Cádiz), Spain; [2]Hospital Universitario Nuestra Señora de Candelaria, UGC-Farmacia, Tenerife, Spain; [3]Hospital Universitario de Canarias, UGC-Farmacia, Tenerife, Spain*

Background Improved survival associated with tyrosine kinase inhibitor (TKI) treatment has transformed chronic myeloid leukaemia (CML) into a long-term disease, but therapeutic success is challenged with poor medicines adherence. Controlling side effects in combination with patient education that includes direct communication between the pharmacist and the patient are essential components for maximising the benefits of TKI treatment.

Purpose To estimate the adherence to oral chemotherapy and describe side effects with TKI treatment and their impact on adherence in patients with CML.

Materials and Methods An 18-month retrospective observational study (from January 2011 to June 2012) was made on patients diagnosed with CML in which patients were selected who collected medicines in the pharmacy and who were being treated with selected TKIs (imatinib, dasatinib, nilotinib).

The SMAQ interview was used to determinate adherence. Adherence data, side effects and demographic characteristics of the patients were tabulated using Excel. The x^2 test was used for categorical variables and the t-test was used for normally-distributed continuous variables using SPSS statistical software.

Results 25 patients were included in the study. 16 were men and 9 were women. The mean age was 60 years (25–88). Imatinib was the first line treatment for all patients. The average adherence was 62.5%.

Adherence for patients younger than 50 years was 83.3% and in older patients was 55.6% (P = 0.125). Relating to years of treatment: less than 4 years 70.0% but for longer treatment 57.1% (p = 0.521). Patients with side effects showed less adherence: gastrointestinal disorders (80.0% vs. 64.28%, p = 0.402), musculoskeletal pain (70.0% vs. 42.8% p = 0.188).

Conclusions Data suggest that more than one-third of patients are poorly adherent to TKI treatment. Identifying risk factors such as side effects, and educating patients on the need to take