Results In men the cost is estimated at €209 for the usual UC removed by flexible cystoscopy versus €124 for the magnetic UC (gain of €85 with the magnetic UC, higher than the €63 announced). In women, the cost is estimated at €84 for the usual UC removed by rigid cystoscopy, versus €124 for the magnetic UC (€40 more expensive with the magnetic UC, contrary to the gain of €32 announced). Since the magnetic UC was placed but not yet removed, this estimation does not include the cost of hospital staff.

Conclusion The economic evaluation conducted in our hospital is largely in favour of the use of the magnetic UC in men. Although this is not the case for women, its referencing to replace the current UC could save more than €12 000 per year in our hospital, based on 2017 consumption. Patient satisfaction also remains to be assessed.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

1ISG-036 THE IMPACT OF HOSPITAL PHARMACY INFRASTRUCTURE AND HUMAN RESOURCES ON MEDICINES OPTIMISATION AND INTEGRATED CARE

¹D Gennimata, ²K Nikou, ³L Kouri*, ¹F Marini, ⁴K Perdikouri. ¹'Korgialenio-Benakio' Red Cross General Hospital, Pharmacy, Athens, Greece; ²General Hospital of Chest Diseases 'Sotiria', Pharmacy, Athens, Greece; ³Paediatric Hospital 'Aglia Kyriakou', Pharmacy, Athens, Greece; ⁴'Spiliopoulou' Hospital, Pharmacy, Athens, Greece

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Background The hospital pharmacy (HP) is frequently among the most multitasking departments of the institution. Although administrative tasks, concerning all steps of the medicines supply chain, tend to be a priority for several hospital managers, the key role of medication review that hospital pharmacists play in medicines optimisation (MO) and integrated care (IC) is often ignored.

Purpose The purpose of the present study is to identify the degree of prioritisation in MO steps, among the participating hospital pharmacies (general, paediatric and terminal care) located in the same healthcare region and to assess the impact of infrastructure and human resources on the overall organisation of tasks assigned to the HP.

Material and methods During the first semester of 2018, pharmacists from the participating hospitals registered MO tasks, IC initiatives and relevant attributes (e.g. range, distribution) in semi-structured diaries, on a weekly basis, including relevant time spent on each commitment. Personnel capacity and appropriateness of infrastructure were also recorded. Data were analysed by Excel and SPSS.

Results Great differences concerning the type of daily tasks in each hospital pharmacy were observed, e.g. in compounding, administrative management, procurement and clinical services. The availability of both pharmacists and supportive personnel in combination with the appropriateness of infrastructure had a major impact on time allocated at every task. Administrative responsibilities and supply chain maintenance were highly prioritised in all cases, whereas a variation concerning the provided clinical services from 20% to 50% as a percentage of the overall hospital pharmacy activities was described. Furthermore, given the need for customised dosage forms in paediatric hospitals, a significant amount of time and human resources was dedicated to compounding.

Conclusion Although all aspects of MO are considered essential in providing IC to patients, due to a lack of human resources rather than lack of infrastructure, hospital pharmacists are obliged to prioritise administrative and supply chain services over their clinical ones. Therefore, pharmaceutical care remains fragmented and a multidisciplinary approach to patient care is difficult to achieve.

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1ISG-037 HEALTH-RELATED QUALITY OF LIFE IN HEPATITIS C PATIENTS WHO ACHIEVE SUSTAINED VIROLOGICAL RESPONSE TO DIRECT-ACTING ANTIVIRALS: A COMPARISON WITH THE GENERAL POPULATION

¹R Juanbeltz, ¹J Castilla, ¹I Martínez-Baz, ²A O'Leary, ³C Burgui, ⁴J Preciado, ⁴L Ulacia, ⁴B Larrayoz*, ⁴M Sarobe, ⁴R San Miguel. ¹Instituto de Salud Pública de Navarra-Idisna-Cibersp, Transmissible Diseases and Vaccination, Pamplona, Spain; ²National Centre for Pharmacoeconomics- St James's Hospital- Royal College of Surgeons in Ireland, School of Pharmacy, Dublin, Ireland; ³Ciber Epidemiología y Salud Pública Cibersp, Department of Hospital Pharmacy, Pamplona, Spain; ⁴Complejo Hospitalario de Navarra, Department of Hospital Pharmacy, Pamplona, Spain

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Background A short-term benefit on health-related quality of life (HRQoL) has been reported in successfully treated chronic hepatitis C patients with direct-acting antivirals. However, no information exists regarding the HRQoL difference compared to the general population after viral clearance.

Purpose To compare HRQoL outcomes between hepatitis C patients who achieve sustained virological response (SVR) and a sample of the general population.

Material and methods Patients were recruited from May 2016 to April 2017. At post12 SVR time-point, a hospital pharmacist assessed HRQoL using the EQ-5D-5L questionnaire in a telephone interview. Results were compared to those of the general population of the same sex and age obtained from the 2011/12 National Health Survey in Spain. Observed/expected (O/E) ratios for health dimensions (mobility, self-care, usual activities, pain/discomfort and anxiety/depression) and differences between O/E in EQ-5D utility and visual analogue scale (VAS) scores were calculated.

Results Two-hundred and six patients with SVR were studied. Mean age was 52 (SD=9.0) years. Sixty-six per cent were male and 32% were HIV co-infected. According to liver fibrosis, 25% were F0-F1, 47% F2-F3 and 28% cirrhotic. After SVR, patients had more limitation than the general population, especially for the usual activities (O/E=3.1), anxiety/depression (O/E=2.8) and EQ-5D utility (-0.086, p<0.001); however, no difference in VAS score was observed (74.8 vs 76.5 respectively, p=0.210). F0-F1 patients with SVR had minor differences with the general population in mobility (O/E=0.6), self-care (O/E=1.0), usual activities (O/E=1.5) and pain/discomfort (O/E=1.3). However, anxiety/depression was nearly three times more frequent compared to the general population (O/E=2.7). Cirrhotic patients still had worse HRQoL after SVR, especially in usual activities (O/E=4.8) and self-care domains (O/E=3.7), EQ-5D utility values (-0.152, p<0.001) and VAS score (-8.5, p=0.005).

Conclusion HRQoL of chronic hepatitis C patients is considerably lower than that of the general population despite SVR.