

related limitations and benefits. The interviews were audio recorded, transcribed verbatim and analysed using framework analysis. Ethical approval was obtained from the participating hospital.

**Results** Thirteen healthcare providers from various clinical areas (medicine, surgery, critical care and emergency) were interviewed: two pharmacists, three pharmacy technicians, seven nurses and one doctor. Interviews lasted on average 20 min. All participants had overall positive views towards pharmacy team involvement. However, there were mixed opinions on the extent of involvement. All participants (with the exception of both clinical pharmacists) agreed that pharmacists and pharmacy technicians can be directly involved by administering oral medications and reconstituting medicines on wards. However, clinical pharmacists felt that direct involvement may be intrusive to nurses. Therefore, they suggested that pharmacists can be indirectly involved by providing advice on preparation/administration processes and in identifying and solving incompatibilities. The perceived benefits of such involvement were less errors and delayed treatment. However, limitations of practical experience, service costs and lack of staff were identified.

**Conclusion and relevance** In this exploratory work, attitudes towards involvement were overall favourable, however various levels of involvement were identified. Therefore, further work should investigate the extent of involvement and feasibility across different clinical areas. These findings add to the evidence base, the acceptability and development of pharmacy team involvement across various clinical areas.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

#### 4CPS-213 PATIENT PERCEPTIONS OF GENERIC MEDICINES 20 YEARS AFTER THE RIGHT OF SUBSTITUTION BY PHARMACISTS

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**Background and importance** In France, since 1999, pharmacists have been authorised to substitute the original medicine with a generic product, provided the patient agrees and that the doctor has not excluded a drug by affixing, in handwritten words, 'not substitutable' on the prescription. The success of generics depends on the propensity of the patient to accept substitutions.

**Aim and objectives** The aim of the study was to determine patient perceptions of generic drugs 20 years after the substitution right was granted to pharmacists.

**Material and methods** We carried out a survey from 1 April to 30 June 2019 on a sample of people representative of the French population aged 18 years and over, through an online questionnaire using the Cawi system (Computer Assisted Web Interview) and in paper format. A questionnaire of 17 questions was developed. The questionnaire was validated by a sample of 20 randomly selected people. Feedback from these people helped with adjustment of the questionnaire before the survey was conducted.

**Results** We collected 467 questionnaires (264 paper questionnaires and 203 online questionnaires). Of these, 42% of patients reported high confidence in generic drugs and

45.6% freely chose generics. We found that 57% of patients accept unreservedly the generic substitution when it was proposed by the pharmacist (vs 49.7% in the survey by Ostan<sup>1</sup>): 73% said generic drugs are as effective as brand name drugs; 81% said generic drugs have as many side effects as brand name drugs; 15% of patients reported that generic drugs have more side effects and 4% reported the opposite; and 12% of patients said they were asking for 'non-substitutable' on their prescription (vs 20.3% in the survey of Ostan<sup>1</sup>). In 34% of cases, this statement 'not substitutable' was a doctor's decision. Also, 1% of patients reported not knowing generic drugs.

**Conclusion and relevance** In our study, 45.6% of the general public freely chose generic drugs. This reached 57% when generic drugs were offered by pharmacists. Lack of knowledge about generic drugs affects patients' perceptions of generic medicines. To overcome this lack of confidence, we have developed an information leaflet on generic drugs.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

- Ostan I. Perception du médicament générique dix ans après le droit de substitution, Thèse Pharmacie, Toulouse, 2009.

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#### 4CPS-214 IMPROVING INTRAVENOUS TO ORAL SWITCH BY IDENTIFYING AND TACKLING BARRIERS PERCEIVED BY PHYSICIANS AND NURSES

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**Background and importance** Appropriate and timely switching of drugs from intravenous (IV) to oral administration is a good, safe and cost effective intervention. However, IV to oral switch guidelines are not always adhered to adequately.

**Aim and objectives** The aim of this study was to investigate how hospital pharmacists can promote IV to oral switches.

**Material and methods** An interventional before and after study was performed in a 500 bed regional hospital. Physicians and nurses completed a structured questionnaire asking about switch criteria, the main barriers for not switching and interventions to improve switch practice. Mean duration of non-appropriate IV therapy and number of IV to oral switches were retrospectively measured based on chart review and validated criteria over a 6 month periods before and after implementing a bundle of tailored interventions on an orthopaedic and geriatric ward.

**Results** The questionnaire was completed by 36 physicians and 29 nurses. The respondents agreed on the established IV to oral switch criteria. The reasons for not switching despite eligibility were mainly patient centred concerns: the patient feels ill (60%), swallowing difficulties (54%) and suspicion of non-adherence (55%). Interventions that they considered useful were predefined drug orders and reminders in the electronic prescribing system (58.5%) and the pharmacist contacting the prescriber in case of a possible switch (40%). A poster campaign concerning IV to oral switch for acetaminophen and antibiotics was implemented; the powder formulation of acetaminophen was included in predefined drug orders and patient specific advice was given by the pharmacist who checked the prescriptions in the