term). We included studies evaluating CSTD, safe handling and drug quality.
Results We included 7 articles (one systematic review, four reviews and two prospective studies) that showed the following critical issues:

- There is a wide variety of components in CSTDs that can potentially cause incompatibility issues, physical and chemical instabilities as well as drug loss and poor quality product due to adsorption onto CSTD materials.
- CSTDs are associated with higher incidence of insoluble fine particles related to silicone oil droplets. MAb are known to form aggregates when CSTDs are used that could be potentially detrimental to patient safety.
- CSTDs holdup volume range from 0,04 to 1 mL which has an impact on deliverable drug dose which is especially worrying in low volume-dose IDP.

Conclusion and Relevance Frequently, there is insufficient information to exclude safety concerns for IDP leading to broad use of CSTDs according to guidelines.

There is an urgent need to increase knowledge about the hazard of new therapies and to assess CSTDs impact on product quality, clinical trial outcome and patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

Late breaking abstracts

1ISG-003 PROTOCOL FOR THE OPTIMISATION OF PHARMACEUTICAL VALIDATION IN HOSPITALISED PATIENTS

[1]R Claramunt García, [1]M Merino Almazán, [1]T Sánchez Casanueva, [2]N Garcia Gomez*. *[1]Hospital Virgen De Altagracia, Pharmacy, Manzanares, Spain; [2]Hospital Universitario De Jaén, Pharmacy, Jaén, Spain*

10.1136/ejhpharm-2023-eahp.356

Background and Importance Pharmacist validation of hospitalised patients' medication is a fundamental task that spends much of the hospital pharmacist's time.
Aim and Objectives To establish a protocol for optimisation of pharmaceutical validation through the analysis of the validation timetable of prescribing physicians.
Material and Methods A validation statistics report was carried out for the prescribing medical staff for the last 6 months (March 2022 to September 2022). In this, the total validations were divided into the 24 hours of the day, calculating the percent corresponding to each of the hours. With the results obtained, an analysis was made of the hours with the most validations per day. With this, the pharmacist validation was adapted to those hours in such a way that most prescriptions were reviewed shortly after being validated by the doctor, and the rest of time were left for other assistance tasks of the pharmacist.
Results The hours with the highest medical validation were 10 a.m. (15.98%) and 11 a.m. (13.52%), while the night hours (0 a.m. to 7 a.m.) had the least validation (0.06–1.03%). Therefore, the pharmaceutical validation schedules were adapted to the following:

- 8 am: to review the treatments validated by the physician between 3 p.m. and 8 a.m. (hours in which the Pharmacy Service is closed), and which correspond to 27.48% of daily medical validations.
- 11 am: to review the treatments accumulated in the hours with the highest medical validation. They correspond to 36.71% of daily medical validations.
- 2 pm: to finish reviewing pending treatments before sending the medication to the patients (which is at 3 p.m). They correspond to 35.81% of daily medical validations.

Conclusion and Relevance Optimising the timetable of pharmaceutical validation allows the pharmacist to use the rest of the time in other care tasks, which has a positive impact on patients, while still being able to resolve any discrepancies found in the validation at the right time.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest

1ISG-009 A FRAMEWORK FACILITATING ACCESS TO MEDICINES IN THE EUROPEAN UNION

L Wismayer, M Zarb Adami, LM Azzopardi*. *University of Malta, Department of Pharmacy, Msida, Malta*

10.1136/ejhpharm-2023-eahp.357

Background and Importance In the European Union (EU), access to medicines is established as a fundamental right, enforceable through the judicial system. However, equity to access has become increasingly challenging, with Member States adopting different healthcare models seeking to attain cost-containment quality of care and improved patient outcomes. As a result, patients experience disparate levels of access to medicines. Ensuring enhanced, timely and equitable access is acknowledged as an important goal. This study sought to identify access enablers which may be embedded in the wider health system domain and flexibly adopted by EU Member States.
Aim and Objectives To identify and evaluate factors which impact medicines' access and propose a methodology enabling sound decision-making strategies optimising timely patient access to effective medication.
Material and Methods The study consisted of four phases. Phase 1 addressed pharmacists and healthcare professionals, intended to obtain their feedback on access to medicines through unstructured open-ended questionnaires. In phase 2, structured interviews were held with pharmaceutical policymakers and experts. Phase 3 consisted of a questionnaire to pharmaceutical regulators and prescribers. In Phase 4, a focus group discussion was organised with policymakers and regulators to collate qualitative and quantitative data and propose the factors impacting medicines access and obtain consensus on the developed access framework.
Results The developed access framework consists of four dimensions that highlight indicators supporting strategies to optimise timely patient access to medication. The domains and the respective indicators are: 1) Uptake (reimbursement, affordability, sustainability); 2) Utilisation (shortages, rational use through protocols, educational material); 3) Audit

(utilisation studies, prescribing databases and patient registers); and 4) Re-evaluation (re-appraisal, actioning of audit results).
Conclusion and Relevance The developed access framework can be implemented across different healthcare ecosystems and in different EU countries to identify strategies and actions that improve timely patient access to good quality, safe and effective medicines. A structured generic framework that provides a common decision-making platform, but which may be flexibly adopted by the Member States offers an opportunity to strengthen the effectiveness and resilience of European health systems and provide improved patient care. Access to effective medication is a multi-faceted issue which, unless appropriately understood and managed, has the potential for grave repercussions to public health.
Conflict of Interest No conflict of interest

1ISG-010 PHARMACY STAFF SATISFACTION AND OPINION OF NEW WEBSITE APPLICATION FOR OUTPATIENT CARE

A Merino*, N Herrero Muñoz, AB Fernández Román, B Hernández Muniesa, A Pou Alonso, A Ontañón Nasarre, J Pedreira Bouzas, MJ Canalejo Fuentes, M García Gil. *Hospital Universitario De Fuenlabrada, Servicio De Farmacia, Madrid, Spain*

10.1136/ejhpharm-2023-eahp.358

Background and Importance Up until March 2022, medical prescription orders and next appointments were printed on paper for pharmaceutical validation and medication dispensation. A new website was developed to optimise this process.
Aim and Objectives Assess the level of improvement and satisfaction of professionals with the new outpatient website application.
Material and Methods A seven question Likert-type survey was conducted in September 2022 among pharmacy technicians and pharmacists who had worked with and without the new website. There were five questions assessing patient waiting time, time spent on pharmaceutical validation and dispensation, communication between pharmacists and technicians, safety, and information accessibility about patients and their treatment. There were two remaining questions assessing global satisfaction before and after the web. To assess improvement and satisfaction, answers were scored from one (totally disagree) to five (totally agree). All questionnaires were anonymous. The mean score was calculated with Microsoft Excel® (v.2019) for each of the questions. The results obtained were analysed for each of the professional categories.
Results A total of 14 pharmacy technicians and 17 pharmacists were included. According to technicians, 40% (6) believe that patient waiting time has been reduced (mean: 3), 27% (4) believe that validation and dispensing times have been reduced (mean: 3), and 20% (3) believe that technician-pharmacist communication has improved (mean: 3). 80% (12) answered that safety has improved (mean: 4) and 47% (7%) responded that accessibility to information regarding patients and their treatment has improved (mean: 3). 76% (13) of pharmacists responded that patient waiting time has been reduced (mean: 4), 82% (14) thought that the time spent on validation and dispensation has been reduced and that technician-pharmacist communication has improved (mean: 4). 88% (15) believe that safety has improved (mean: 4) and 100% (17) of pharmacists believe that accessibility to information regarding patients and their treatment has improved (mean: 5). The global average satisfaction without the website was 3 points, with the website was 4 points for technicians and 5 points for pharmacists.
Conclusion and Relevance Staff opinions differ according to their professional category: for pharmacists, the new web has reduced working time and has improved communication, safety and accessibility to treatment. For technicians, it has only improved safety. However, the overall staff satisfaction with the website is higher.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest

1ISG-011 MANAGEMENT OF UNADMINISTERED THERAPIES: IMPACT OF PHARMACIST-DOCTOR COLLABORATION TO OPTIMISE THE PROCESS OF PREPARING CANCER THERAPIES

[1]S Giorgetti*, [2]C Cardinali, [1]A Morichetta, [1]C Antolini Broccoli, [1]J Montecchia, [1]A Minnucci, [1]L Fazi, [2]C Polidori, [1]L Scoccia. *[1]AV3 Asur Marche Macerata, Uoc Farmacia Ospedaliera Macerata, Macerata, Italy; [2]University of Camerino, School of Hospital Pharmacy, Camerino, Italy*

10.1136/ejhpharm-2023-eahp.359

Background and Importance At our Antiblastic Drugs Unit (ADU), pharmacy staff fulfil requests from three hospitals. From October 2021 to March 2022, oncological preparations were frequently returned unused. In some cases, the preparations could be reused, but many others were disposed of. In order to reduce waste and improve efficiency, the costs were quantified in terms of economic value as dedicated time and sharing results with prescribers.
Aim and Objectives This work evaluated how pharmacist-doctor collaboration could reduce waste and optimise the process of setting up oncological therapies
Material and Methods An Excel file recorded the returns, quantified the cost of the therapies disposed of and the therapies recovered before and after the collaboration with prescribers, with whom it was agreed to give double confirmation before setting up therapies that are costly and/or have short chemical-physical stability.
Results Between 1 October 2021 and 31 March 2022, out of 13,008 therapies set up, 210 (1.6%) were returned, for an economic value of € 96,192. Of these, 141 (67.14%) were reassigned to other patients and thus € 58,926 were recovered, but 69 of them (32.86%) were disposed of, thus wasting € 37,266. The time dedicated by the ADU staff was 28 hours (8 minutes for each preparation). After implementing a collaboration with clinicians (April to May 2022) only 43 therapies were returned, on average 21.5 per month for an economic value of € 18,661. Of these, 33 (76.7%) were reused, recovering € 12,989 and 10 of them (23.25%) were disposed of, wasting € 5,672.
Conclusion and Relevance Hospital pharmacists tracked cancelled therapies and communicated these findings to prescribing physicians. By implementing corrective measures, this collaboration proved successful in optimising the use of resources and for further improvement of traceability, a special return form will be made.