ad-hoc basis with several specialist pharmacists reviewing queries on a daily basis. Average call durations were between 5 to 8 minutes with more complex queries requiring in depth data search taking up to 30 minutes. All queries are logged on paper and then reviewed on a monthly basis as they are entered onto a database. Since the introduction of the service, the volume of calls received has increased by more than 50% with average of 35 per month in 2015 and 54 in 2017. Originally, the service was designed primarily for patients, parents and carers. Due to the increased recognition, the service has now been expanded to a variety of internal and external healthcare professionals, community practitioners and pharmacies, drug companies, commissioning staff, researchers and students. The types of queries range from supply issues, procurement of unlicensed medicines, to adverse effects, administration advice and complex pharmaceutical queries.

Conclusion The service has grown and developed with focus based around improving patient care, medication adherence and minimising medicines related risks. Through providing accurate, up-to-date and evidence based information its appeal has reached a wider audience including healthcare professionals. Combined with an increase in the number of calls and technological advances, a new email service has been rolled out in 2017, as an alternate means to contact the service. Direct comments from users of the service has shown positive feedback and trust.

REFERENCE

VALUE FROM YOUR VITAMINS – OPTIMISING VITAMIN SUPPLEMENTATION IN CHILDREN WITH CYSTIC FIBROSIS

Eleanor Turner. Royal Manchester Children’s Hospital

Aim To optimise fat soluble vitamin supplementation in children with CF in a tertiary children’s hospital and primary care. To compare supplementation of individual vitamins and supplementation with a new multivitamin preparation against national guidelines, cost and patient acceptability.

Methods Comparison of current practice (supplementation of individual vitamins) with a new multi-vitamin preparation, Paravit-CF. Form and dose of each of the fat soluble vitamins was compared against national CF Trust guidelines for nutrition. Cost of treatment per day was compared. Patient acceptability was explored by comparing medication burden and with a focus group made up of representatives from the CF multi-disciplinary team (MDT) including, consultants, specialist nurses, dieticians and a pharmacist.

Results Current approach to vitamin supplementation is not in line with the CF Trust guidelines for nutrition. Supplementation with Paravit-CF preparations meets recommendations made in the CF Trust guidelines for nutrition for patients of all ages except for infants. Infants will receive vitamin A at higher doses than recommended. Cost of vitamin supplementation is reduced by approximately 50% when using Paravit-CF compared with current practice. Medication burden is reduced by more than 50% when using Paravit-CF compared with for example if the patient is to be transferred onto aspirin, clopidogrel, warfarin or enoxaparin.