

frequently not treated according to the local guideline. The initial audit results were used to highlight the issue to our surgical and neonatal teams. After the re-audit, it is clear that this approach improved the compliance with the guideline in terms of which antibiotics were used. However, we also found that the duration of treatment still varied considerably.

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P39 PHARMACY PREPARATIONS FOR THE BIRTH OF TWINS TO AN EBOLA SURVIVOR

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Background A 43 year old patient previously treated for re-activation of Ebola Virus Disease¹ presented to hospital with a twin pregnancy. As a conservative precaution, Remdesivir was obtained for potential use in the mother and the neonates.

Method All literature was reviewed on the drug in trial and restricted license, along with drugs previously administered in this patient. The recommendation was made to consider Remdesivir and Favipiravir. The patient had received Remdesivir with probable benefit in the past. As the drug is unlicensed, the clinical team from Gilead, California were closely involved. Details of drug dosage and side effects were provided following a non-disclosure agreement. Preparations were made for an import licence following approval by NHS Greater Glasgow and Clyde health board and the Medicines and Healthcare products Regulatory Agency to import the product from California into the UK.

Temperature monitored storage was arranged in advance and the drug appropriately stored. The pharmacy manual was supplied by Gilead and worksheets were prepared in advance.² A small team of out of hours aseptic pharmacists and technicians were briefed in order to facilitate immediate supply if required. Based on published data, there were no known drug interactions and no contra-indications to breastfeeding.³

Outcome In the weeks leading up to the delivery the infectious diseases pharmacist, aseptic lead pharmacist and neonatal pharmacist were on call for that period to then cascade requirements down to other pharmacy staff, if required out of hours. The twins were delivered safely with no issues for the neonates or the mother.

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P40 A QUALITATIVE STUDY ON THE SUPPLY OF SPECIALIST MEDICATION IN CHILDREN AT THE INTERFACE OF CARE

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Aim To explore the views and experiences of healthcare professionals in primary care around the supply of specialist medication after a child is discharged from a specialist paediatric centre and suggest ways to improve it.

Method A qualitative study conducted with semi-structured interview via telephone was carried out to explore the views of primary pharmaceutical advisors on the supply of specialist medicine in children. Participants were identified by reviewing outpatient prescriptions from 19 November 2018 to 30 November 2018. Telephone interviews were recorded on interview forms, as the form of data. Framework analysis was used to analyse the data.

Results A total of 109 outpatient prescriptions with 56 Clinical Commissioning Groups (CCGs) were identified. 8 CCG pharmaceutical advisors were recruited. Four key themes were identified.

Theme 1: In order to overcome issues around the supply of specialist medicines, it is important to understand different supplying considerations in primary care. Factors including patient clinical status, GP's expertise and confidence in prescribing and shared care agreement.

Theme 2: Actions that are untaken by primary care to solve supplying issues include drug alternatives, direct communication between clinicians and the clinical input of pharmacists.

Theme 3: Views on current shared care arrangements were generally negative. For example, participant 2 expressed: 'Good principle... but they are too wordy, they are 10 pages long'.

Theme 4: Views on improvement in continual medicines supply included participants explaining the lack of understanding between GP and Specialist. Participant 1 commented, 'Specialist has to understand we lack the expertise to prescribe the drug. It is not just about money...'

Conclusion Currently there is a lack of an integrated system in medicines supply at the tertiary to secondary/primary care interface. In order to deliver continuity of patient care, there is a need for different healthcare professionals to break down preconceptions and understand the pathway and policy involved in different care setting. A shared care should involve patient and carers, GP and the hospital consultant when making decision on the child's health. Moreover, pharmacists in different settings have an active role in medicine optimisation and it is important to value their opinions to improve the continuation of specialist medicines supply.

P41 PHARMACOKINETICS-BASED ESTIMATION OF EVOLOCUMAB DOSING FOR HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA (HOFH) IN PATIENTS AGED 6 TO 12 YEARS OLD

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Background Homozygous familial hypercholesterolaemia (HoFH) is a rare genetic disorder characterised by high