

SP8 PHARMACIST-LED CENTRALISED PRESCRIBING SERVICE FOR PAEDIATRIC GROWTH HORMONE IN SOUTH WALES

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Aim To standardise the supply and monitoring of growth hormone to children across the tertiary paediatric endocrine service and ensure cost-effective prescribing of growth hormone in children.

Method Patients identified by recorded data on the Growth Analyser® database used by the paediatric endocrine team. A pharmacist reviewed the current process and using process mapping identified ways of simplifying the registration process for new starters in different health boards. Patients and families offered to register with new service during the annual tertiary endocrine review clinic, or more urgently if issues identified and raised by the patients/family to the pharmacist. The pharmacist completed registration paperwork and prescribed growth hormone 6 monthly, ensuring appropriate monitoring is conducted before prescribing. All patients transitioned to new service recorded on Excel spreadsheet comparing monthly cost on the previous service, to monthly cost on the current service.

Results 150 patients identified on growth hormone across 6 health boards prescribed majority via GP with few via homecare at an approximate cost of £800,000 a year. Over 1 year now 90 patients prescribed by the pharmacist based in the paediatric endocrine team and supplied by homecare. Resulting in cost savings of £100,000 a year, an average of £1,700 per patient, with the most significant cost saving of £4,400 a year for one patient. The time taken to start a new patient on growth hormone has reduced from an average of 6 weeks to 2 weeks, due to less burden on GP and shared care agreements. Reduced burden on specialist nurses to complete paperwork, deal with queries and chase prescriptions as managed by the pharmacist. Support to consultants to ensure patients are monitored at least every 6 months as per BSPED recommendations¹ and NICE guidance.²

Conclusion Pharmacist-led prescribing of growth hormone can reduce the burden on consultants, specialist nurses, and GP's, and standardise the supply and support that patients and their families receive when starting growth hormone. Ensuring patients receive treatment in a timely manner and receive appropriate monitoring regardless of where they live. Supplying growth hormone via homecare is more cost-effective than supplying via primary care. Utilising a pharmacist to oversee this service, identify and approach patients and their families to transition over to the new service can achieve significant cost savings to the NHS, without adding pressure to the specialist team.

REFERENCES

1. British Society for Paediatric Endocrinology and Diabetes (2017). *Clinical Standards for GH Treatment in Childhood & Adolescence*. Available at: https://www.bsped.org.uk/media/1372/gh-standards-document_nov2017.pdf
2. National Institute for Health and Care Excellence. (2010). *Human growth hormone (somatropin) for the treatment of growth failure in children* [NICE TA188]. Available at: www.nice.org.uk/guidance/TA188

SP9 PARENT CO-DESIGNED DRUG INFORMATION FOR PARENTS AND GUARDIANS TAKING NEONATES HOME – SURVEY OF HEALTHCARE PROFESSIONALS AND PARENTS/CARERS – AN INTERIM ANALYSIS

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Aim The aim of this project is to work with healthcare professionals (HCPs) and parents/carers to co-design resources aimed at improving medication safety and reducing parental anxiety for those giving medications to neonates at home.

Method Healthcare Professionals (HCPs) in national and international sites and parent/caregiver networks were identified using a stakeholder map. An electronic-survey (e-survey) was developed by a multi-disciplinary study management group including HCPs and expert parents. This was circulated to HCPs involved in the care of neonates and parents/carers whose babies had recently been discharged from hospital. A small number of participants from five hospital sites will be invited to take part in focus groups. Current medication issues will be identified, and resources will be co-designed with parents/carers to support caregivers with medicines administration.

Results To date 27 parents/carers have responded to the e-survey. 70% of the parent/carer group reported having 'very little' or 'no experience' giving medicines prior to their hospital stay. 48% reported administering between four and six medicines at home. Parents/carers were asked a question about how confident they felt administering medicines at home; on a scale of 1 to 5 with 5 being 'very confident' and 1 being not 'confident at all'. The average level of confidence reported was 3.6; with 20% selecting 'not confident at all'. 44% received information about their baby's medicines from the hospital prior to discharge. This information was most frequently given face to face individually with written information being the second most common method. 48% of parents/carers reported finding some resources themselves. Parents/carers were asked about challenges they experienced, and responses included: supply issues, running out of medication or syringes, difficult to find the time to administer, forgetting to take medicines out, storage issues and reluctance to leave house. They were also asked about the timing of the information given and when was most appropriate with 'throughout the hospital stay' being the most popular (49%).

To date 38 HCPs have responded to the e-survey, 81% were from Pharmacists. Nurses and Advanced Neonatal Nurse Practitioners accounting for the remainder, there were no responses from doctors at present. 58% of HCPs stated that resources or information to support parents/carers were used at their hospital. The most popular method being face to face information given individually and written information. 66% reported using the resources prior to discharge and 24% throughout the inpatient stay. 86% thought the resources were helpful. 64% felt they could be improved. When HCPs were