They contributed expert knowledge on formulations and doses, supporting delivery of high-quality treatment and equity of access for children and young people with HCV in England. Education and awareness of new Paediatric formulations for local Pharmacy teams may prevent future dispensing errors.

REFERENCE

1. NHS News 2021. Life saving hepatitis C treatment for children on the NHS. 24th August 2021. Available at: NHS England » Lifesaving hepatitis C treatment for children on the NHS [accessed 12th June 2022].

P06 EVALUATING THE NOVEL ROLE OF THE PAEDIATRIC ENDOCRINE PHARMACIST

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Context, Situation or Problem The UK clinical standards for paediatric endocrinology stipulate that a designated pharmacist should be a member of the multidisciplinary team at a lead specialist centre.[1] However, the paediatric endocrine pharmacist role remains underutilised and ill-defined nationally. The aim of this quality improvement project was to develop the specialist clinical pharmacist role within a large tertiary paediatric endocrine department, and to evaluate and assess the contribution of the pharmacist to patient care. The project was undertaken from July 2021 to May 2022 and focussed on two newly defined pharmacist-led roles: 1) review and prescribing for day case paediatric patients receiving zoledronate infusions for bone fragility, and 2) steroid medication review clinics for children with adrenal insufficiency. Day case duties were previously undertaken by the specialist registrar, whereas the outpatient duties comprised the development of a new clinical service. The number and type of prescribing interventions were documented. A validated 10-item experience of service questionnaire (ESQ) was offered to patients and parents at the end of appointments to measure their satisfaction of care.[2] The questionnaire outcomes were converted to a standard numerical score and presented as percentage points. During the review period, the pharmacist led on 36 day cases for zoledronate infusions and 60 outpatient clinic appointments for hydrocortisone medication review. For the day case cohort, the pharmacist made changes to the patient's usual calcium formulation in 12 cases (33%), identified the need for vitamin D supplementation or treatment dose for 7 cases (19%), and prescribed off-guideline calcium dosing for 3 cases (8%). For the outpatient cohort, the pharmacist made 44 prescribing decisions. These were classified as changes to hydrocortisone stress doses or emergency injection doses (n=6, 10%), or issuing a prescription via outpatient pharmacy or GP (n=38, 63%). Of the prescriptions issued, the most common interventions involved a change in the oral hydrocortisone formulation (n=11, 18%) or prescribing hydrocortisone sodium phosphate ampoules when it was not being offered by the GP (n=11, 18%). Ten patients/parents in the day case cohort and 20 in the outpatient cohort completed the survey, with the average score of satisfaction of care being 99.7% and 99.6%, respectively.

Conclusion The project demonstrates the positive impact of the clinical pharmacist as part of the evolving specialist practitioner role, encompassing consultation skills and clinical decision-making within the day-case ward and outpatient clinic settings. The above duties relieved registrar time and offered new clinics to further support local and regional paediatric patients. Furthermore, the outcomes revealed a significant need for dedicated review of drug formulations for these patient groups. Expected benefits of formulation reviews include improvement in children's adherence and independence with taking their medicines.[3] The high score obtained by ESQ highlights the quality of pharmacist-led consultations in both the day case and outpatient settings. Together, these outcomes show a promising new model for the clinical paediatric endocrine pharmacist and prompt the need for further developing such specialist roles within the multidisciplinary team.

REFERENCES

1. British Society for Paediatric Endocrinology and Diabetes (BSPED). UK Standards for Paediatric Endocrinology, 2019. Online at: https://www.bsped.org.uk/media/1580/uk-standards-for-paediatric-endocrinology-2019.pdf
2. Child Outcomes Research Consortium (CORC). Experience of Service Questionnaire (ESQ), 2021. Online at: https://www.corc.uk.net/outcome-experience-measures/experience-of-service-questionnaire-esq/
3. El-Rachidi S, LaRochelle JM, Morgan JA. Pharmacists and pediatric medication adherence: bridging the gap. *Hospital Pharmacy* 2017;**52**:124–131.

P07 DISCHARGE MEDICINE SUPPLY – WOULD A DIFFERENT APPROACH POSITIVELY IMPACT PATIENT FLOW?

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Aims In March 2020, prior to the first national lockdown, as part of escalation planning for the COVID pandemic, clinical areas within the Children's Unit in our District General Hospital were repurposed. This was to increase the number of single rooms to meet stringent social distancing and isolation standards. As a result of this, the overall bed capacity within the unit was reduced. A UK government publication at the time concluded that children who had so far been infected with the SARs-CoV2 virus had mild, or no symptoms and were far less likely than adults to need medical intervention. However, at this very early stage, it acknowledged that there was a lack of good quality data.[1] There was concern within the service that admissions for any indication would need to be accommodated in fewer beds, and in order to maximise patient flow, options to reduce length of stay were examined. One of the pinch points in the patient journey was identified as the waiting time for discharge medication supply via the hospital pharmacy, as there was no paediatric discharge lounge, and the pharmacy team were asked to look at alternative, ward-based medication supply options.

Method Several options were identified and implemented. Changes to the local Code of Practice were effected to allow-

- Selected labelled discharge (TTO) packs for commonly used inhalers, antibiotics and analgesics to be dispensed at ward level against an Immediate Discharge Letter (IDL) 24 hours a day (previously only an out of hours option)
- Hospital HBP forms to be used far more widely for supply, via a community pharmacy

In addition, a small selection of Patient Group Directives (PGDs) which had previously been successfully trialled in the children's department was expanded to include indications for other commonly used drugs. These were used alongside the nurse-led discharge pathway if medical staff were not immediately available to write a discharge prescription. In order to