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Introduction: Housebound patients may face challenges to their medicines management due to reduced household mobility and potential lack of access to healthcare services. Previous literature has explored the medication-related needs of housebound patients from pharmacists’ perspectives (1-2). However, little work has focussed on the patient/family perspective. In this study, we used data obtained from those staying at home as much as possible during the COVID-19 pandemic to fill this gap.

Aim: To explore home medicine practices and safety for people who were housebound during the COVID-19 pandemic and to create guidance, from the patient/family perspective, for enabling pharmacists to facilitate safe medicine practices for this population.

Methods: Interviews were carried out with people who were taking at least one long term medication and met the criteria for ‘shielding’ and/or were over 70 years of age during the first wave of the COVID-19 pandemic in the UK and/or their family carers. Respondents were recruited through patient and public involvement representatives, the research team’s networks, and support groups. Potential participants were approached via personal contact and social media. Interviews were conducted by telephone or video conferencing and participants asked about their medicines management while staying at home. Inductive thematic analysis was carried out. Patient and public involvement representatives were involved in the data analysis alongside the researchers.

Results: Fifty people were interviewed (16 males, 34 females; mean age 68 years, range 26–93 years). Interview data suggested diversity of experiences of medicines management while staying at home. Some respondents reported no or little change, others an initial crisis followed by re-stabilisation, and others that the pandemic was a tipping point, exacerbating underlying challenges and having negative effects on their health and wellbeing. Medicine safety issues reported included omitted doses and less-effective formulations being used. Participants also described experiencing high levels of anxiety related to obtaining medicines, monitoring medicines and feeling at risk of contracting COVID-19 while accessing medicine-related healthcare services. Key factors identified as facilitating a smooth transition included patients’ own agency, support from family, friends and community, good communication with pharmacy staff, continuity of pharmacy services and synchronisation of medicines supply so that a maximum of one collection/delivery was required each month.

Conclusion: The study findings that we have presented relate to the UK only; this may limit the generalisability of our findings to other countries. Findings from Ireland are in the process of being analysed and will provide a basis of comparison. In addition, more females took part than males, despite efforts to address this. However, our findings suggest pharmacy staff can support medicines management for people who are housebound by synchronisation of medicines supply, delivering medicines where possible, developing/raising awareness of alternative means of communication, providing continuity of pharmacy services and signposting any community support available.

References
(1) Kayyali R, Funnell G, Harrap N, Patel A. Can community pharmacy successfully bridge the gap in care for housebound patients? Research in Social and Administrative Pharmacy 2019;15:425-439.
(2) Latif A, Mandane B, Anderson E, Barraclough C, Travis S. Optimizing medicine use for people who are homebound: an evaluation of a pilot domiciliary Medicine Use Review (dMUR) service in England. Integr Pharm Res Pract 2018;7:33-40.

EXPLORING OVER THE COUNTER AND PRESCRIPTION ONLY MEDICATION MISUSE AMONGST ADULTS ACCESSING SPECIALIST TREATMENT SERVICES: A SURVEY DURING COVID-19
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Introduction: An improved understanding of Over the Counter (OTC) and Prescription Only Medication (POM) misuse by people who access substance misuse services (SMS) is essential so that appropriate treatment interventions can be provided. There is growing awareness and concerns about this issue, especially during COVID-19; however, there is a paucity of published data (1, 2).

Aim: To use a questionnaire to explore the misuse of OTC/POM by adults accessing SMS, including the types of medication involved, demographic characteristics, the use of other substances and changes during COVID-19.

Methods: Following successful piloting, an anonymous (online/paper) self-administered survey was completed by English-speaking adults (18 years or over) currently accessing SMS with a purposive sampling approach. This was undertaken in community SMS across England, provided by one of the UK’s largest third sector organisations. Quantitative analysis was undertaken using SPSS and thematic analysis for qualitative data.

Results: In 2021, 80 questionnaires were completed, and the 56 that met the inclusion criteria were analysed. All were Caucasian (94.6% British), aged between 18 and 61 years and the majority identified as male (58.9%). Forty respondents (71.4%) were in receipt of prescribed interventions for their use of substances, with an adherence rate of 92.5% despite increased liberalisation of dispensing arrangements and additional challenges during COVID-19. In the preceding month 44.6% used alcohol (52% daily), 73.2% used tobacco/vaped and 58.9% used illicit substances concomitantly. Twenty-one (37.5%) reported misusing more than one OTC/POM, route of administration was predominantly oral and ease of their availability was conveyed. Relationships between categories were tested using chi-square/Fisher’s exact test and statistically significant relationships (p <0.05) were identified between the misuse of codeine and the prescribing of oral opioid substitute treatment, and changes during COVID-19 to OTC/POM and illicit misuse. Generally respondents were very complimentary about SMS, outlining the positive impact of accessing pharmacological and psychosocial interventions. However, the need for more training/education and psychologically informed
approaches by GPs and pharmacies was highlighted: there was a theme of primary care restrictions on access to medicines leading to escalating OTC/POM misuse and increased use of unregulated illicit sources.

**Conclusion:** Conducting research during a pandemic is exceptionally challenging. OTC/POM misuse is occurring amongst people accessing SMS and polypharmacy is concerning. A renewed approach to liberalisation, withdrawal management and training for primary care professionals must be considered. Improvements at a systems-level and changes to commissioning/national pathways may assist this and further research is required to explore the themes identified.

**References**

(1) Gittins R, Missen L, Maidment I. Misuse of medication in adult substance misuse services: a systematic review protocol. BMJ Open 2021;11:e047283. doi: 10.1136/bmjopen-2020-047283
(2) Gittins R, Cole S. Buprenorphine for the management of kratom dependency during covid-19: A case report. Drug Science, Policy and Law. January 2021. doi:10.1177/20503245211021193

**AN AUDIT OF ACUTE RESPIRATORY ANTIBIOTIC PRESCRIBING IN COPD PATIENTS DURING THE COVID-19 PANDEMIC**
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**Introduction:** Coronavirus-2 is the virus responsible for the COVID-19 pandemic. People with certain risk factors, such as having chronic obstructive pulmonary disease (COPD) may be more likely to develop complications. Research has identified that ~7% of patients with COVID-19 have a bacterial infection, however antibiotic prescribing rates have been found to vary from 38% to 72% (1,2). Primary care is estimated to make up 75% of antibiotic prescribing and was therefore a key target to evaluate whether antimicrobial stewardship principles were being followed during the COVID-19 pandemic.

**Aim:** To audit the adherence of antibiotic prescribing in people with COPD during the COVID-19 pandemic across a primary care network (PCN) in England against national and local guidelines.

**Methods:** The management of patients with COPD should follow NICE Guideline (NG) 114, NG168 and the local formulary. Three audit standards were created: 1) 100% of COPD patients should not be started on prophylactic antibiotics to reduce risk from COVID-19; 2) 100% of COPD patients should not be prescribed antibiotics for COVID-19 symptoms; 3) 90% of antibiotic prescription regimens should adhere to local and national guidelines. Prescribing data was collected from 12 practices linked to the PCN. Data of patients who had COPD, were prescribed an antibiotic, and had an indication for the antibiotic between 01/03/20 and the 30/06/20 were extracted and transferred into an anonymised spreadsheet. A total of 1088 data points were extracted. Random stratified sampling provided 300 data points for analysis, ensuring each GP surgery was represented proportionally; the required sample size to determine significance was 291. For each practice, the total number of antibiotics prescribed to COPD patients between March-June 2019 and March-June 2020 was extracted. Descriptive statistics were used to determine antibiotic prescribing adherence and overall rates of prescribing. Inferential statistics were used to compare rates of prescribing pre-vs-during the pandemic.

**Results:** Antibiotics were not prescribed for any patient for prophylaxis against COVID-19 (100% adherence to criteria 1). Two patients were prescribed antibiotics for ‘suspected disease caused by COVID-19’ (99.4% adherence to criteria 2). In only 28.7% of cases, the antibiotic was prescribed in line with the national and local guidelines (criteria 3). In most cases, treatment duration was the main reason for poor adherence, with longer courses of antibiotics being prescribed (7 rather than 5 days). Prescribing rates did not change significantly in 2020 compared to 2019 (1134 antibiotic prescriptions vs 1029 antibiotic prescriptions; p>0.05).

**Conclusion:** The audit was successful in determining that the COVID-19 pandemic did not significantly affect antibiotic prescribing rates across the PCN for people with COPD. Adherence to NICE and local guidelines was low, specifically concerning the duration of antibiotic treatment. This highlights an area for improvement; to ensure healthcare professionals across the PCN prescribe in-line with antimicrobial stewardship principles. Extracted data was limited to antibiotic prescribing and could have been expanded to include steroids to provide a fuller audit of prescribing in COPD exacerbations. A re-audit may be beneficial since the publication of NG191.

**References**

(1) Lansbury L, Lim B, Baskaran V, Lim WS. Co-infections in people with COVID-19: a systematic review and meta-analysis. J Infect. 2020 Aug;81(2):266-275.
(2) Seaton RA, Gibbons CL, Cooper L, Malcolm W, McKinney R, Dundas S, Griffith D, Jeffreys D, Hamilton K, Choo-Kang B, Brittain S, Guthrie D, Sneddon J. Survey of antibiotic and antifungal prescribing in patients with suspected and confirmed COVID-19 in Scottish hospitals. J Infect. 2020 Dec;81(6):952-960.

**Theme 2: Language, communication and decision-making**

**LANGUAGE USED TO DESCRIBE MEDICATION REVIEW ACTIVITIES: DOES IT REQUIRE STANDARDISATION? A NARRATIVE SYNTHESIS**
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**Introduction:** Medication review (MR) is a health care professional’s systematic assessment of a patient’s medications with recommendations for improvement (1). To enable comparison between different evaluations of medication review-based interventions to determine whether the nature of activity differs, it is important that standardised language is used. Currently, there is no accepted international taxonomy for