

**Results:** In total, 253 documents were identified. Following removal of duplicates and screening, 98 documents were included in the analysis. Most documents were published in the first three months of the pandemic (March-May 2020). A key theme related to medication prescribing and supply, with changes implemented to ensure continued access to medicines. In both NI and RoI, significant changes were made to emergency supply arrangements (e.g. increase in allowable duration of supply at the request of patients). In RoI, legislative changes were made to recognise Healthmail as the national electronic prescription transfer system and to temporarily extend prescription validity. In NI, many community pharmacy services (e.g. Minor Ailments Service, Medicines Use Review) were 'stood down' during initial months of the pandemic. Much of the communication in NI and RoI related to operational changes to ensure business continuity. In both jurisdictions a temporary register of pharmacists was introduced to allow previously registered pharmacists to contribute to the health service response. Additionally, in NI, General Dental Practitioners were redeployed to assist with community pharmacy response. Other areas of focus across both jurisdictions included infection control within a workplace setting, dealing with situations where staff were affected by COVID-19, and the use of personal protective equipment during pharmacy service provision.

**Conclusion:** This study examined changes in community pharmacy practice across two jurisdictions during the COVID-19 pandemic. Whilst our searches were limited to publicly accessible documents only, the overlap in identified changes reflects the similarities in challenges faced by community pharmacists in adapting and responding to COVID-19. The cross-country comparison may help pharmacists and policy-makers to identify optimal approaches for responding to any future public health crises.

## References

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## MPHARM STUDENTS' RESPONSE TO PHARMACY STAFF SHORTAGES DURING LOCKDOWN

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**Introduction:** During the first lockdown period of the COVID-19 pandemic, pharmacy students, particularly those with previous experience, were encouraged to help address staff shortages in pharmacy practice (1).

**Aim:** This study investigated the response of pharmacy students at Keele University to the request for help to address staff shortages in practice during lockdown.

**Methods:** An online survey using Google Forms was developed based on addressing the aim of the study and a working knowledge of pharmacy practice. The survey was piloted on academic pharmacists, and after minor amendments, was disseminated to all students in years 2, 3 and 4 of the MPharm course, along with a participant information

sheet. Questions regarding consent were incorporated into the Google Form. The survey consisted of a range of question types: tick-box, Likert scale, multiple-choice and free text. A reminder email was sent out to increase response rate. The data were analysed using descriptive and inferential statistics, using Microsoft Excel and SPSS version 24.0.

**Results:** The online survey was distributed to 352 students. A total of 106 responses were collected; providing a response rate of 30.1%. Fifty-nine (55.7%) of these students did not undertake paid employment in a pharmacy during lockdown, compared to 47 (44.3%) who did. Of the 47 who did, most obtained paid employment in a community pharmacy (n=42; 89%), the rest in hospital. Seventy percent of respondents (n = 74) had undertaken work experience in a community pharmacy prior to lockdown. A number of reasons were given for choosing not to work in a pharmacy, including needing time to study for exams or living with a vulnerable family member, but the most frequent reason reported (40.7%) was that students found it difficult to find work. For those students who did work in a pharmacy during lockdown, the reported reasons varied, with the most frequent being to gain experience (n = 35; 74.5%), followed by a sense of duty to help the community (n=31; 66.0%). The time spent working ranged from 8 to 40 hours per week. The majority of students reported working in the dispensary and on the medicines counter, undertaking a wide range of activities. Final year students and those who had previously undertaken work experience in a pharmacy were statistically more likely to obtain paid employment during lockdown. Perceived advantages to working during lockdown included the opportunity to improve communication and clinical skills and apply theory to practice, as well as being able to 'give back' to the community. 97.9% (n= 46) reported feeling under pressure whilst working, although 72.3% (n=34) reported that they enjoyed working despite this.

**Conclusion:** Pharmacy students had various reasons for choosing to work in practice or not during lockdown. Those who did work reported benefiting from the experience in a number of ways. This suggests that pharmacy students with prior experience of pharmacy working, should be encouraged to offer their support in times of staff shortages if future lockdowns occur.

## Reference

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## PROVIDING PHARMACY SUPPORT TO HOUSEBOUND PATIENTS: LEARNING FROM THE COVID-19 PANDEMIC

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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 COVID19 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

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**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