surveillance. This study highlights a need for further studies and development of guidance on pseudomonas in patients on LTV.

Diagnostics and monitoring of asthma and co-morbidities

P42 ASTHMA TREATMENT ADHERENCE CHECKS: PRESENT AND FUTURE

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Introduction In spite of its importance in optimising clinical outcomes and determining whether an escalation in therapy is indicated (e.g. initiating a biologic agent), the difficulty in identifying suboptimal adherence to asthma therapy persists. The most common method used to measure adherence by pharmacists in hospital asthma centres is the prescription refill check (PRC), but it is both flawed (e.g. assumption made that therapy collected has been appropriately administered) and can be time consuming to collect and interpret. This may therefore make it a barrier to effective and timely asthma management. The aim of this retrospective study was to quantify the time taken to complete a PRC from primary care using data retrieved from shared local care records (LCR) versus those obtained by contacting general practice (GP) directly, and the additional time taken when there was a need to obtain hospital prescription data.

Methods Data were scrutinised for patients for whom a PRC was conducted between August 2019 and May 2021 to ascertain the time interval taken between identification of the need for the PRC and its availability on the patient's electronic record.

Results Data for 885 patients were scrutinised and are illustrated in table 1.

A PRC using direct data extraction from a LCR took on average less than 2 days to complete. In contrast, there was an eleven fold increase in the time taken to complete a PRC when GP's had to be contacted. Retrieval of data from another hospital also added a delay to availability of prescription data.

Conclusions Given the frequency of sub-optimal adherence and its impact, access to robust and complete data needs to be efficient. The stark disparity amongst sources suggests

that while the utility of electronic monitoring of therapy is established, appropriate direct access to prescription data is essential. This would then streamline the process by reducing demand on healthcare professionals to provide the data, would minimise delays in treatment escalation decisions, and the significant decrease in hospital pharmacy resource needed to obtain this data would allow pharmacist's time to be better spent improving non-adherence rather than detecting it.

P43 EXPERIENCES OF ASTHMA IN THE UK-RESIDENT ADULT SOUTH ASIAN POPULATION: A QUALITATIVE STUDY

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Introduction and Objectives South Asian individuals living with asthma in the UK are more likely to experience excess morbidity and increased hospitalisation rates than any other ethnic group. Prevention is an integral part of self-management (Pinnock, 2015). Failure to adhere to prescribed regimens is common amongst this population. This study investigated people's experiences with asthma, including medication adherence, the use of non-pharmacological treatment approaches, and the healthcare professional (HCP)-patient relationship in asthma healthcare.

Methods Using a qualitative approach, fourteen adults (12 female, 2 male, aged between 18–50) who identified as South Asian with a diagnosis of asthma (at least step 2 of the BTS guidelines) took part in semi-structured interviews. Interpretative phenomenological analysis (IPA) was used, informed by a symbolic interactionist (SI) perspective; a micro level theoretical framework which suggests that society is shaped and upheld by social interaction and explores how people make sense of their social world (Carter & Fuller, 2015).

Results Four themes were developed, focusing on how the asthmatic identity is negotiated, managing medications, seeking non-pharmacological treatments, and the HCP-patient relationship (see figure 1). Despite suffering acute exacerbations, participants questioned whether they identified as asthmatic, which impacted their decision to use preventative medication. Cultural identity was linked to traditional treatments and medication adherence. Characteristics of developing a therapeutic relationship with HCPs were described, including patient involvement and mutual respect. This involved having open discussions on the use non-pharmacological treatments which were linked to participants' cultural identity, illustrating the HCP's desire to be culturally responsive.

Conclusions HCP's should consider an explorative approach to consultation, to develop a culturally aware, therapeutic relationship and consider negotiation in prescribing. This could enhance the patients' ability to self-manage, and reduce resistance to advice and guidance from HCPs. Cultural identity is an important aspect of treatment and should be discussed to

Abstract P42 Table 1 Time interval for availability of prescription data by data source

Source (number of patients)	Mean interval in days between PRC request and data availability (Std Dev)	Range (days)
GP (n=445)	14.7 (21.1)	0–182
GP + Hospital (n=37)	14.0 (12.2)	0–64
LCR (n=340)	1.3 (3.2)	0–44
LCR + Hospital (n=63)	6.1 (5.6)	0–34