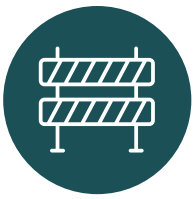
COMMUNITY PHARMACY | DUNDEE, SCOTLAND

HCV TESTING & TREATMENT IN COMMUNITY PHARMACIES

Many people who use drugs (PWUD) attend community pharmacies for opioid substitution therapy (OST). Clients establish a trusting relationship with their pharmacist, and find it easy to access this service. This presented us with an opportunity to introduce hepatitis C (HCV) testing and treatment services alongside OST programs.

WHY DID WE ESTABLISH THIS MODEL?

In the UK, people with HCV are usually treated by a hepatologist or infectious disease team

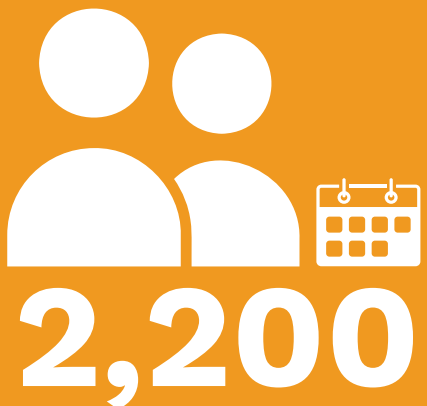


This tertiary care model presents barriers for some clients, so many are lost to care

Many PWUD visit community pharmacies regularly to receive OST, presenting an opportunity to link clients with HCV care

We wanted to see if having pharmacies offer HCV testing and treatment would increase uptake and completion

WHO ACCESSES OUR SERVICE?



2,200

CLIENTS PER WEEK

- People who use drugs (current or past)
- People receiving OAT/OST*

*OAT/OST: Opioid agonist therapy/Opioid substitution therapy

WHAT IS THE MODEL?

OST VISITS

Clients attending the pharmacy for OST are offered HCV testing by the pharmacist. Pharmacist assesses the client for treatment.

DBS TESTING

Trained pharmacy staff perform a dried blood spot test.

EDUCATION

We use a simple infographic to educate clients on the HCV testing and treatment process.

The pharmacist can contact the specialist hepatitis team for advice or fibrosis testing at any time.

PHLEBOTOMY

If the results are Ab positive, a phlebotomist or nurse will visit the pharmacy to take blood and the pharmacist will assess suitability for treatment.

TREATMENT INITIATED

Pharmacists communicate results and prescribe and initiate DAA treatment.

In the UK, pharmacists may be Independent Prescribers or they can provide Prescription Only Medicines using a Patient Group Direction*

TREATMENT MONITORING

DAAs are dispensed along with OST and monitored daily by the pharmacist, or self-administered at the weekend.

SVR12 TESTING

12 weeks after the completion of treatment, the pharmacist invites the client to take a further DBST to confirm a sustained viral response (SVR12)

*A Patient Group Direction is an authorisation to permit the pharmacist to provide specific medications for a specific patient group in defined circumstances

Essential to our model

Training for pharmacists

We provided practical training for pharmacy staff to familiarise them with both HCV and the needs and issues pertinent to people who use drugs. We delivered training sessions in small groups, for all members of the pharmacy team - not just the pharmacist.

Training included:

- Introduction to blood borne viruses
- Dried blood spot testing
- How to interpret test results
- How to assess for cirrhosis risk - FIB-4 calculation
- Hepatitis C treatment
- Stigma and discrimination
- Informed consent

"We made the training short and sharp and kept the amount of information to the key things the team needed to do the job effectively."

ANDREW RADLEY
CONSULTANT IN PUBLIC HEATH PHARMACY
NHS TAYSIDE

WHAT HCV SERVICES DO WE PROVIDE?

- HCV education and information
- HCV testing
- HCV diagnosis
- HCV treatment
- Liver disease assessment
- Referral to other HCV services

WHAT INTERVENTIONS DO WE USE?

- **On-site testing**
- **Dried blood spot testing**
- **Pre-test education**
- **Coordinated mental health, substance misuse, and hepatitis treatment services**

WHO DELIVERS OUR SERVICES?

55 PHARMACIES IN THE TAYSIDE REGION

PHARMACISTS **PHARMACY STAFF**

WITH SUPPORT FROM A SPECIALIST TEAM

SPECIALIST NURSES **HEPATOLOGISTS** **SUBSTANCE MISUSE TEAM**

HOW IS IT FUNDED?

- NATIONAL GOVERNMENT FUNDING
- MEDICATIONS DONATED BY A PHARMACEUTICAL COMPANY

"Utilising community pharmacies helped to overcome some of the barriers to treatment, like clients having to find money to travel and challenges negotiating the health system."

ANDREW RADLEY
CONSULTANT IN PUBLIC HEATH PHARMACY
NHS TAYSIDE

WHAT WERE THE OUTCOMES?

December 2016 - May 2018

55
COMMUNITY PHARMACIES

PHARMACIES WERE RANDOMISED TO EITHER:

a) Refer HCV Ab+ clients to conventional care (n=27)
b) Provide all HCV assessment and treatment in the community pharmacy (n=28)

	CONVENTIONAL CARE GROUP	COMMUNITY PHARMACY GROUP
CLIENTS ON OST	1,353	1,365 =
DBS TESTS TAKEN	145	245 ↗
HCV RNA+ & CONSENTED TREATMENT	137	219 ↗
STARTED TREATMENT	61	112 ↗
FINISHED TREATMENT	58	108 ↗
ACHIEVED SVR12 (CURE)	43	98 ↗
	2 = treatment failed 3 = withdrew from treatment 12 = did not attend SVR12 1 = insufficient DBS sample	2 = treatment failed 4 = withdrew from treatment 6 = did not attend SVR12 2 = insufficient DBS sample

Following the success of this model,

92 **COMMUNITY PHARMACIES**

in NHS Tayside subsequently established this as a routine healthcare pathway.

NHS Tayside have now effectively eliminated HCV.

"Its got to be somewhere that you don't have to travel to. To travel costs you money that you don't always have."

CLIENT
PARTICIPATING COMMUNITY PHARMACY
NHS TAYSIDE

"I think more people have got it done since they start doing that [offering testing and treatment at the pharmacy] because it's easier."

CLIENT
PARTICIPATING COMMUNITY PHARMACY
NHS TAYSIDE

WHAT WERE THE BARRIERS?

BARRIERS	SOLUTIONS
Satisfying clinical governance requirements from remote pharmacy contractor legal offices.	Utilising existing networks, being persuasive, persistent and resilient when negotiating with pharmacy contractors.
The need to re-train staff due to high staff turnover in community pharmacies.	We were flexible in offering re-training at various locations.
Initial slow uptake of HCV Ab+ patients receiving confirmatory RNA blood test.	We offfered constant reminders and flexible hours for testing.
Movement of patients between pharmacies, healthboards and prison during treatment period.	We maintained regular contact with pharmacies and used available information on prescriptions to move medication as required.
Patients did not always return to obtain final test for SVR12, which was a barrier to collecting data for the study.	We offered constant reminders and flexible hours for testing, utilising community pharmacist knowledge of patient location to help with follow-up.

"Having a close relationship with the specialist health team meant that queries from the pharmacists could be dealt with quickly via phone or email."

ANDREW RADLEY

CONSULTANT IN PUBLIC HEATH PHARMACY
NHS TAYSIDE

LOOKING TO IMPLEMENT A SIMILAR MODEL?

OUR TOP 5 KEY CONSIDERATIONS

1

STRONG RELATIONSHIPS WITH SPECIALISTS.

Establish a relationship with local specialist hepatology teams to support your model, providing pharmacists with easy access to specialist services and advice when they need it.

2

STRONG RELATIONSHIPS WITH PHARMACIES.

Get to know the pharmacies and develop ongoing, supportive relationships with each one to understand their challenges. This will help you refine the services you're delivering.

3

STRONG RELATIONSHIPS WITH LABORATORIES.

Laboratory partners are critical to supporting this model. They need to accept and process DBS tests from pharmacies, and return the results promptly. Develop strong relationships to ensure a smooth process.

4

ONSITE PHLEBOTOMY.

Where phlebotomy is required to confirm infection, consider offering a service where a nurse or phlebotomist can visit the pharmacy, to avoid burdening the patient with a requirement to visit another health service.

5

CENTRAL COORDINATION.

Our trial was centrally coordinated and led by a managed care network which dealt with all funding and administration issues. This ensured that the pharmacists could focus on service delivery without needing to negotiate administrative hurdles, contracting or funding.

INHSU
International Network on Health and Hepatitis in Substance Users

NHS Tayside

University of Dundee

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