

Service Specification – Pilot service initiative – Testing for Hepatitis C in Community Pharmacies

DBST – dry blood spot test

HCV - Hepatitis C virus

HBV – Hepatitis B virus

HIV – Human Immunodeficiency virus

BBV – blood borne virus

CCG – clinical commissioning group

LPC – local pharmaceutical committees

SOP – standard operating procedure

NHS England are aiming to eliminate Hepatitis C as a public health threat by 2025 and the All Party Parliamentary Group has written reports with suggestions on ways to achieve this. On the Isle of Wight, performing dry blood spot tests in community pharmacies for people with risk factors for Hepatitis C has been shown to be very effective.

Service providers will offer dry blood spot testing for blood borne viruses (Hepatitis B, Hepatitis C and HIV) to clients with a risk factor (as listed in the SOP) as a pilot service initiative. All service providers must complete the arranged training to offer this service as detailed in the relevant section.

Aims and Intended Service Outcomes

The service provided will have the following aims and intended service outcomes:

- To increase the knowledge, especially among at risk groups, of the availability of dry blood spot testing (DBST) for blood borne viruses (BBV), e.g. Hepatitis C, Hepatitis B and HIV, from pharmacies. The at risk groups are those with a risk factor for a BBV
- To improve access to Hepatitis C testing
- To increase the numbers of at risk clients accessing Hepatitis C testing and working with partners to increase the number of individuals receiving treatment for Hepatitis C.
- To increase the knowledge of risks of viral infection associated with intravenous drug use, and to increase the knowledge and awareness that such infection can be transmitted both through the sharing of equipment and/or paraphernalia and through sexual contact with partner(s)
- To ensure people who have a BBV are referred onwards for treatment.
- To reduce the personal health and public health risk of infection by HCV.
- To demonstrate the effectiveness of community pharmacy based treatment and work with commissioners for this to become a regular service.

This service initiative has funding for 200 tests to be performed. The CCG, LPC, public health team, hepatitis C clinicians and commissioners are on board with this pilot service initiative.

Service Description - Hepatitis C Testing

For clients that qualify for blood borne virus testing as per NICE guidelines:

- For full details please refer to SOP
- The pharmacist will discuss the testing, take consent, ensure accurate documentation and perform the DBST as detailed in the SOP

- The pharmacist will then see the client 2 weeks later with the results of the test
- Refer the patient onwards to the appropriate service as required
- For those that are hepatitis B or C positive, a member of the hepatology team will aim to see the patient in the pharmacy and ensure timely referral for treatment.
- Relevant reception protocols will be fully understood and adhered to in order to participate in this service provision.
- The contractor will agree to provide this service on a minimum of four days each week as far as is reasonably possibly.

In addition to testing the pharmacy team will:

- Provide support and advice to clients accessing the service, including the provision of information on hepatitis C and groups at high risk of infection.
- Offer a user-friendly, non-judgmental, client-centred and confidential service.
- Ensure that supply and support will be made free of charge to the client.
- Ensure that participating pharmacists will link into existing networks for harm reduction services so that clients who need to can be referred on rapidly (i.e. signposting to local drug and alcohol service)
- Ensure that when unable to provide the service, for whatever reason, the client is either advised to return or signposted to another testing location.

Training and Staffing Requirements

Service providers will ensure that participating pharmacists have been trained in discussing DBST, risks BBV as well as importance of treatment, taking consent, documentation on PharmOutcomes, performing the DBST and harm reduction. All participating pharmacists will have attended a dedicated training session.

All service providers have a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

Service outline at participating pharmacies

The pharmacy will provide a sufficient level of privacy (ideally at the level requirement for the provision of Advanced Services as detailed in The Pharmaceutical Services (Advanced and Enhances Services) (England) Directions 2012 (as amended).

A service will be provided that assesses the need and suitability for DBST in community pharmacies for hepatitis C.

If testing is deemed appropriate, the pharmacy will perform the test and document this in PharmOutcomes. The pharmacy will record service details and auditable data that relate to reasons for accessing the service, demographics of the client and means of accessing the service. Data recording will be via the PharmOutcomes platform.

Where performing a test is deemed inappropriate, the pharmacy will provide advice and refer to another source of assistance.

The results of the DBST will be added to PharmOutcomes on the day they are received.

The client will be seen for results within 2 weeks of the test being performed. As part of the consent process, the client consents to automatic onward referral to the appropriate specialist, in the event of any positive test. Therefore when a result is uploaded to PharmOutcomes, a positive HBV or HCV result leads to a designated

member of the hepatology team being informed, and likewise a positive HIV test leads to an automatic referral to a designated member of the Sexual Health Service team. Contact numbers will be available for both teams for help and advice.

The pharmacy will provide verbal and written advice on the avoidance of Blood Borne Viral infections. This will be supplemented by a referral to a service that can provide treatment and further advice and care if necessary.

The pharmacy will maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and will be stored securely and for a length of time in line with local NHS record retention policies, **currently eight years**. PharmOutcomes provides a suitable means of secure storage.

PharmOutcomes will be used to record all relevant service information for the purposes of audit and the claiming of payment.

Quality Indicators for participating pharmacies

The pharmacy will display provided health promotion material and make this available for the potential client group and promote its uptake.

The pharmacy will review its standard operating procedures and the referral pathways for the service on an annual basis.

The pharmacy will be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken relevant training.

The pharmacy will participate in an annual audit of service provision.

The pharmacy will co-operate with any locally agreed assessment of service user experience.

Access to audit information

The pharmacy can access performance information from the "Reports" tab on PharmOutcomes. All claim information for service delivery is available from the "Claims" tab.

Remuneration and Reimbursement

DBST providers

The pharmacy will be paid £40 for each test performed (this amount includes the discussion, consent, performing the test and delivery of results and further advice). The process will be:

- The provider makes a monthly claim for provision of the service. This claim is to be made using the PharmOutcomes platform.
- Payment claims will be auto-extracted on the 7th day of each month following service provision with payment to contractors within 30 days.
- Payment will be within 30 days from the end of the calendar month in which the claim is received.