

The Isle of Wight Primary Care Trust, under the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 as amended, authorises the following pharmaceutical service from pharmacists included in its Pharmaceutical List-the provision of a screening service to help in the management of Hepatitis B, Hepatitis C, syphilis and HIV as detailed in paragraph (4) (1) (p) of those Directions.

1. Service description

- 1.1 The pharmacy will offer an on demand screening service to test clients for HBV, HCV, HIV and Syphilis, using dried blood spot testing with sensitivity and specificity of greater than 97% for HBsAG, Reception protocols must be fully understood and adhered to in order to participate in this service provision.
- 1.2 The pharmacy should provide support and advice to clients accessing the service, including all relevant information pre and post test. The test materials and laboratory facilities will be provided by the Isle of Wight PCT.
- 1.3 The pharmacy should offer a user-friendly, non-judgmental, client-centred and confidential service.
- 1.4 The procedure and support will be provided free of charge to the client at NHS expense.
- 1.5 Pharmacists will link into existing networks for harm reduction, Sexual Health and Blood Borne Virus services so that clients can be referred on rapidly where appropriate.
- 1.6 When unable to provide the service, for whatever reasons, contractors **must** signpost on effectively using the guidance and information provided by the PCT

2. Aims and intended service outcomes

- 2.1 To increase the knowledge in the target groups, of the availability of this type of screening service from participating pharmacies.
- 2.2 To improve access to blood borne virus screening services and health advice.
- 2.3 To increase the number of people screened for Hepatitis-B, Hepatitis-C, HIV and Syphilis, and to increase awareness of risk of transmission to sexual partners, close family contacts or other drug misusers.
- 2.4 To increase the knowledge of risks associated with blood borne viral infections and Sexually Transmitted Infections.
- 2.5 To provide clients testing positive with relevant material and advice and to refer on to an appropriate service for treatment and support. In the most cases, this will be via the established pathway to the Sexual Health Clinic at St Mary's Hospital.
- 2.6 To strengthen the local network of blood borne virus and harm reduction services to help ensure easy and swift access to testing, advice and assessment for treatment where appropriate.
- 2.7 To reduce the personal health and public health risk of infection by Hepatitis-B, Hepatitis-C, HIV and Syphilis.

3. Training and Staffing Requirements

- 3.1 The pharmacy contractor should ensure that pharmacists and staff meet the requirements of the Competency and Training Framework for dried blood spot testing provided by the Isle of Wight Primary Care Trust.
- 3.2 The pharmacy contractor should ensure that pharmacists and staff complete the relevant local training required by the PCT.
- 3.3 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 3.4 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 3.5 The PCT will offer participating pharmacists vaccination against Hepatitis-B prior to service commencement, using the fast track vaccination programme.

4. Service outline

- 4.1 The pharmacy must provide a sufficient level of privacy, at least the level required for the provision of Advanced Services as detailed in The Pharmaceutical Services (Advanced and Enhances Services) (England) Directions 2005 as amended).
- 4.2 A service will be provided that offers dried blood spot testing on request to test clients for HBV, HCV, HIV and Syphilis. This may be provided immediately or pharmacists may have to take a booking.
- 4.3 Tests will be carried out by trained pharmacists in a private room, following pre-test discussion, as described in point 4.1 and those wanting one will be asked to read a leaflet explaining HBV, HCV, HIV and Syphilis, explaining the risk factors. The pharmacist should focus on recruiting those clients who would benefit most from diagnosis.
- 4.4 Clients will be asked for their name, address and GP's name and address, as well as to give consent to inform their GP about a positive result. If the pharmacist believes that incorrect details have been provided, the test should still be provided and the pharmacist giving the result should discuss with them the need to go to their GP).
- 4.5 The pharmacy will carry out dried blood spot testing with sensitivity and specificity of greater than 97% for HBsAG, anti-HCV, HIV and Syphilis. The test will be carried out by a trained Pharmacist after pre-test discussion in a private consultation room.
- 4.6 The results of the test will be available in person from the Pharmacist or assistant or by phone, 2 weeks after the test date. The results will be provided along with a leaflet detailing what happens next and where to get support and advice.
- 4.7 Unless consent is refused, the GP's of those with positive results will be notified by post by the Pharmacy. Patients testing positive will be referred to Sexual Health services at St Mary's hospital. Contact tracing, where appropriate, will be carried out by the sexual health service.
- 4.8 The Pharmacy will telephone all positives after 4 weeks to ask if they have attended Sexual health.
- 4.9 The pharmacy should record service details and auditable data that relate to reasons for accessing the service, the demographics of the client and means of accessing the service on the form provided (see Appendix 2).
- 4.10 The pharmacy should provide verbal and written advice on the avoidance of blood borne viral infections. This should be supplemented by a referral to a service that can provide treatment and further advice and care if necessary.

- 4.11 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies, currently 2 years.
- 4.12 Pharmacists may need to share relevant information with other health care professionals and agencies in line with locally determined confidentiality arrangements, including where appropriate the need for the permission of the client to share the information.
- 4.13 The PCT should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.
- 4.14 The PCT should provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 4.15 The PCT should provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance, including the location, hours of opening and services provided by each service provider.
- 4.16 The PCT should promote the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.
- 4.17 The PCT should provide health promotion material, including leaflets on harm reduction and blood borne viral infection, to pharmacies.

5. Quality Indicators

- 5.1 The pharmacy should have appropriate PCT provided health promotion material available for the potential client group and promotes its uptake.
- 5.2 The pharmacy should review its standard operating procedures and the referral pathways for the service on an annual basis.
- 5.3 The pharmacy should be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- 5.4 The pharmacy should participate in an annual PCT-organised audit of service provision.
- 5.5 The pharmacy should co-operate with any locally agreed PCT-led assessment of service user experience.

6. Remuneration

- 6.1 The PCT will pay a sum as agreed between itself, the Local Representative Committee and other commissioning partners to the pharmacy contractor on submission of:
 - 6.1.1 A monthly claim for provision of the service equal to an agreed amount per test carried out. This fee covers payment for pre, and post test discussion and carrying out the dry blood spot test itself.
- 6.2 Payment will be within 30 days from the end of the calendar month in which the claim is received.
- 6.3 Claims should be made on the form provided (see Appendix 3). (Monthly/quarterly claim forms.)