1. **Service Objectives**

1.1 The specific objectives of the service to provide pharmaceutical care to patients receiving treatment for Hepatitis C are:

- To improve the clinical outcomes achieved by patients prescribed these medicines, especially preventing treatment defaults and poor adherence to treatment courses.
- To shorten the patient journey to one that can be accomplished by the majority of patients and avoid loss to follow-up.
- To ensure close clinical monitoring for patients.

2. **Service Description**

- This service specification allows eligible individuals, who are deemed by the specialist clinician coordinating their care, as likely to benefit from the service, to use their community pharmacy as the delivery point for pharmaceutical care and dispensing of medicines. The community pharmacist may provide advice, dispense or refer the patient to agreed contacts according to their needs.
- The initial consultation must be provided by the community pharmacist in person.
- The community pharmacist must undertake compliance monitoring of the patient and provide regular feedback to the Hepatology Specialist Team.

3. **Service Outline**

3.1 **Service Provision**

- Individual patients can receive a service from the community pharmacy of their choice.
- Individuals can only register with one pharmacy at a time for this service.
- The Hepatology Specialist Team will contact the patients nominated community pharmacy to discuss the planned future supply arrangements and confirm that the community pharmacist is in agreement to dispense the medication. Patient specific information, treatment duration, requirement for supervision and instalment dispensing and guidance to enable the community pharmacist to provide pharmaceutical care to the patient will be discussed.
- The Hepatology Specialist Team will email the community pharmacy with an information pack, completed patient transfer form (Appendix 1) and procurement information.
- After being contacted by the Hepatology Specialist Team, the community pharmacist should create a Patient Care Record (PCR) for the patient, if one does not already exist, to allow the documentation of relevant care issues.
- The Hepatology Specialist Team will prescribe the Hepatitis C medications on a HBP5 prescription on a monthly basis. The initial prescription will be posted to the community pharmacy of the patient’s choice a minimum of 14 days prior to initiation of treatment to allow the community pharmacy adequate time to obtain supplies of the medication. Subsequent prescriptions will be posted monthly to the community pharmacy a minimum of 7 days before the next supply is due, to ensure continuous treatment of the patient.
• The community pharmacist will order sufficient medication from the pharmaceutical company or their wholesaler to ensure continuous treatment of the patient for the medication regime that they are prescribed.
• The community pharmacist will contact a member of the Hepatology Specialist Team if they identify any relevant clinical issues or have any concerns regarding compliance.
• Individual patients can choose to withdraw from the service at any point.
• Pharmacists can withdraw an individual in exceptional circumstances, such as suspected misuse of the service, following discussion with the specialist team.
• Treatment courses may range from 8 to 24 weeks but will be specified for each patient.
• This service will be available to patients during all community pharmacy contracted hours.
• The patient’s GP will be informed as part of routine clinic correspondence that the patient is to receive supply of their medicine through community pharmacy but that GP will not be expected to prescribe this medication.

3.2 Community Pharmacy/Patient Consultation

All patients eligible for the scheme must have an appropriate prescription from the clinician coordinating their care. The prescription will include the necessary instructions for instalment and supervision where required.

The community pharmacist should:

• Complete the appropriate care record for the patient detailing the agreed course/s of action, counselling and advice needs and any requirements for follow up or referral. The PCR should be initiated at first consultation and used to inform care on an on-going basis.
• Help the patient understand the most appropriate way to obtain the best clinical outcome from the medicine, according to their assessed needs. Some patients will require daily supervised administration of their medication and on-going monitoring. Other patients will require on-going supplies of small amounts of medication.
• Usually, no patient should receive more than one week’s supply of medication at a time.
• Agree with the patient how best to contact them should any issues arise with their care.
• Provide advice on how the patient can contact the pharmacy.
• Ensure that the service is user-friendly, non-judgemental, client-centred and confidential.
• Ensure the service is delivered from premises that can provide an acceptable level of privacy to respect a client’s right to confidentiality and safety.

4. Administration, Record Keeping And Audit

• The patient transfer form should be retained by the community pharmacist for a period of 7 years. (NB: NHS Grampian will hold a register of patients receiving care provided by pharmacy contractors through this specification).
• The community pharmacist will retain a dispensing record and maintain a running stock balance of the medication for each patient.
• The community pharmacist will complete and e-mail, a compliance reporting form (Appendix 2) to the Hepatology Specialist Team at the end of each monthly prescription.
• The community pharmacist will document the care provided to patients using the PCR.
• In the case of adverse reactions the pharmacist will consider whether there is a need to report any adverse reactions to the Committee on Safety of Medicines Scotland (CSM) through the Yellow Card reporting mechanism.
- It is a requirement of the service that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements and provide information to NHS Grampian for internal and external audit and evaluation purposes.

5. Remuneration

Contractors will receive an initially payment of £75 per patient when treatment commences for the first month to support initial administration costs, plus a monthly fee, from month 2 until completion of course of treatment, of £28 for ongoing submission of compliance information and provision of pharmaceutical care for the patient. (Note: This is based on an estimated average course length of 17.6 weeks and a total average fee of £200 per patient).

6. Financial Support

The new drugs to treat Hepatitis C are high cost items and therefore contractors may request an advanced payment to cover the initial procurement costs for each new patient. Written requests should be submitted to the Pharmacy and Medicines Directorate along with the original prescription and the invoice (Appendix 3).

7. Training And Supporting Staff

- All community pharmacists providing the service should familiarise themselves with these medicines and be aware of and operate within the service specifications and local practice guidelines.
- Pharmacy contractors should consider developing a standard operating procedure to deliver the service in their own pharmacy.
- The community pharmacist in charge should ensure that all staff, including locum pharmacist staff, are competent to operate the service to ensure a seamless approach to care.
- The specialist service will provide the community pharmacy with an information pack to support the service.

8. Reasons For Community Pharmacy Team To Contact Hepatology Specialist Team

- If the patient expresses any concerns that the community pharmacy is unable to address or the pharmacist identifies any reason why the next supply should not be made.
- If the patient fails to turn up for their initial prescription following notification by the specialist service.
- If the patient fails to collect their medicine on, or within a day of, the next due date the community pharmacist will liaise with the patient to remind them to collect their next supply. If the patient fails to respond to this reminder or is not contactable the community pharmacist will contact the hospital pharmacist to advise them of this.
- If no further HBP5 prescription has been received in the post and the next due date of supply is imminent.
- If the community pharmacist is aware of potential supply issues with the medicine.

9. Reasons For The Hepatology Specialist Team To Contact The Community Pharmacist

- If at the clinic review a change is made to the treatment plan for that patient, the Hepatology Specialist Team will immediately contact the community pharmacist to discuss management of the change and on-going supply including provision of new HBP
prescriptions if necessary and disposal of any remaining HBP prescriptions held by the pharmacy which are no longer appropriate.

- If the patient has become unwell or less medically stable during treatment with and has contacted the hospital service or been admitted to hospital, the Hepatology Specialist Team will contact the community pharmacy to notify them of any change to treatment plan/dispensing schedule or to notify them that the patient has reverted to supply through the hospital pharmacy service.

10. NHS Grampian Hepatology Specialist Team Contact Details

For urgent information, contact the Hepatology Specialist Nursing Team.

**Lead Hepatology Nurse Specialist**

Pauline Dundas 01224 559632

**Nurse Specialists**

<table>
<thead>
<tr>
<th>Nurse Specialist</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shona Allan</td>
<td>01224 551398</td>
</tr>
<tr>
<td>Lorna Bailey</td>
<td>01224 554931</td>
</tr>
<tr>
<td>Louise Cobb</td>
<td>01224 559624</td>
</tr>
<tr>
<td>Emma Grieve</td>
<td>01224 559630</td>
</tr>
<tr>
<td>Rachel Thomson</td>
<td>01224 559623</td>
</tr>
</tbody>
</table>

For non-urgent email information;

grampian.livernurses@nhs.net
11. **Service Level Agreement**

This document, signed at commencement of the service, will become part of the annual contractors review and sign-up process each April. NHS Grampian reserves the right to cancel this SLA and withdraw this service following an agreed period of notice. Contractors are required to provide a minimum of 3 months notice should they wish to withdraw from this service and cancel their SLA.

<table>
<thead>
<tr>
<th>Agreement to Provide Pharmaceutical Care for Patients Receiving Treatment for Hepatitis C Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor representative</td>
</tr>
<tr>
<td>Trading name of pharmacy</td>
</tr>
<tr>
<td>Contractor Code</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

NHS Grampian, PM&D Hepatitis C Service Specification – FINAL March 2015
A decision has been made to start a patient on therapy for the treatment of Hepatitis C by the Hepatology Specialist Team. They have been appropriately counselled and trained on the use of their medication and monitoring in line with BBV MCN Guidelines. The patient is agreeable to obtain supplies via their nominated community pharmacy at the required schedule.

The community pharmacy is initially contacted by telephone to advise of a potential patient. Prior to the patients’ first visit to the community pharmacy, a Patient Transfer Form is completed by the Hepatology Specialist Team and sent to the patients nominated community pharmacy.

Patient should attend appointments for ongoing monitoring / review by the Hepatitis Team as per the BBV MCN Guidelines.

The Hepatology Specialist Team will discuss the patient’s care as part of regular MDT meetings and ensure ongoing supplies are appropriate. Monthly prescriptions are generated and posted to the patient’s nominated community pharmacy. If a patient is not to continue therapy or if they are to have a break in therapy the community pharmacy is contacted by telephone / via clinical e-mail.

The community pharmacist dispenses the supply of antiviral therapy as per the instructions on each prescription. This is recorded on the PCR.

The patient has a consultation with community pharmacist who ascertains if there are any pharmaceutical care issues which need to be resolved. This is recorded on the PCR & compliance reporting form. Patient receives supplies from nominated community pharmacy.

**NO ISSUES**
Supply made to patient. E-mail compliance reporting form to Hepatology Specialist Team

**ISSUES**
Hepatology Specialist Team contacted for further advice. Supply made to patient if appropriate.
Community pharmacist advised, by specialist service, of any change in management plan and supply status if necessary.
<table>
<thead>
<tr>
<th>Patient name</th>
<th>CHI number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient address</td>
<td>Relevant past medical history &amp; medications</td>
</tr>
<tr>
<td>Patient contact telephone number(s)</td>
<td>HCV Genotype</td>
</tr>
<tr>
<td>Patient e-mail address</td>
<td>Cirrhosis Y/N</td>
</tr>
<tr>
<td>Nominated community pharmacy</td>
<td>Treatment experienced or naïve</td>
</tr>
<tr>
<td>Pharmacy e-mail address</td>
<td>Patients General Practitioner</td>
</tr>
<tr>
<td>Treatment choice, regimen &amp; duration</td>
<td>Administration/supply:</td>
</tr>
<tr>
<td>Date treatment to commence</td>
<td>Weekly dispensed only</td>
</tr>
<tr>
<td></td>
<td>Daily consume on premises</td>
</tr>
<tr>
<td></td>
<td>Other please specify</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>Transfer form completed by (Print name)</td>
<td>Date sent to pharmacy:</td>
</tr>
<tr>
<td>Patient consent</td>
<td></td>
</tr>
</tbody>
</table>

I __________________________consent to receiving my supplies of medication from my nominated community pharmacy as specified above and for the transfer of clinical information necessary to the management of my care.

Patient Signature _________________________________ Date ______________________
NHS Grampian
Community Pharmacy Patient Compliance Reporting Form for Hepatitis C Therapy

<table>
<thead>
<tr>
<th>Community Pharmacy Details (Stamp may be used)</th>
<th>Patient details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHI</td>
</tr>
<tr>
<td></td>
<td>Date treatment commenced: __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment month number __________________</th>
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<tbody>
<tr>
<td>__________/------/-------</td>
<td>__________________________</td>
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</tbody>
</table>

**Administration/supply:**

- Weekly dispensed only ☐
- Daily consume on premises ☐
- Other

**Comments.**

This patient has collected their medicine at the expected times over the past month  Yes / No*  
If no, please provide further details  
*please circle as appropriate

**Pharmacist declaration.**

I __________________________ confirm that the information provided for the patient with the above CHI number are correct.

Pharmacist Signature ___________________________ Date _______________________

Please complete a form, for each patient, for every month of treatment.

Please e-mail to:-----------------------------------------------  
Or  
Fax to:-------------------------------------------------------
Advance Payment for High Cost Prescription Items.

Community Pharmacists are paid approximately three months in arrears following the dispensing of a prescription/stock order form (GP10/GP10a). It is therefore important when a high cost item is dispensed, that the pharmacist should receive payment as soon as possible in order that they are not financially disadvantaged.

A high cost item can be described as any item, on a GP10, HBP or GP10a, that is to be dispensed in a single instalment, which has a cost equal to or greater than £1000.
(Note: If the prescription were for more than one item, the whole prescription cost would be reimbursed as part of the advance payment.)

In order for a pharmacist to make a request for advance payment, the steps to be followed are outlined below:

- Pharmacist to write requesting authorisation for advance payment to the Director of Pharmacy, NHS Grampian, enclosing the original GP10/GP10a and any relevant invoices, at the following address:
  
  Pharmacy and Medicines Directorate
  Westholme
  Woodend Hospital
  Queens Road
  ABERDEEN
  AB15 6LS

- The GP10/GP10a must be fully endorsed by the pharmacist stating what was supplied and the cost, with any relevant invoices attached. Particular attention should be paid to hand-written forms, ensuring that all items are legible.

- The community pharmacist will retain a photocopy of the prescription and invoices submitted, for their own records

- The community pharmacist will receive faxed/written/e-mail confirmation of authorisation from the Pharmacy and Medicines Directorates

- The Director of Pharmacy will write to Practitioner Services Department (PSD), enclosing the original GP10/GP10a, and any invoices, indicating the amount authorised, the pharmacy name and address including Contractor Code, and the product supplied.

- A “special” payment will be made by Aberdeen Payment Office as soon as practicable and will be recovered when the prescription has been processed in the appropriate dispensing month.

Following the initial inclusion of a high cost item into “the system”, subsequent prescriptions for the same item and patient should not need to be authorised. This is because the gross average cost per item will have been increased which in turn means that the gross payment will have been increased.