

Pharmaceutical Care of Patients Receiving Treatment for Hepatitis C

Community Pharmacy Guidance

Overview

- The Board seeks to facilitate access to effective treatment by utilising the Community Pharmacy network working in partnership with the Specialist Pharmacy Team (SPT) in secondary care.
- Patients receiving treatment for hepatitis C identify their preferred community pharmacy to provide this clinical service which encompasses clinical support and the provision of Direct Acting Antivirals (DAA).
- Patient treatments are co-ordinated by the SPT in secondary care.

Initial Notification

- The SPT advises the Community Pharmacy Development Team (CPDT) of patient details by forwarding a Patient Treatment Notification form (attached).
- The CPDT will notify the community pharmacy of patient referrals by telephone and then confirm this by way of a formal referral notification by NHS mail or post if not applicable.
- The notification form will state the prescribed items and the treatment start date.
- In addition to the medicines supplied by the community pharmacy, the patient may also receive other components of the regimen at the hospital clinic.
- As hospital and community treatments must be coordinated, it is **essential** that the community pharmacy has supplies of the appropriate drug(s) available to start the treatment on the stated day.
- DAAs are sourced directly from the manufacturer or their nominated wholesaler using the approved form¹ which is provided by CPDT at initial notification and is accessible via the CPDT intranet site.
- **The community pharmacy must contact the SPT to appraise of any clinical concerns, or issues with product availability promptly at any stage of the course that could jeopardise the treatment outcome.**
- The medicines will be prescribed by hospital specialists on HBP prescriptions bearing the patient's Community Health Index (CHI) number and an instruction for instalment dispensing/supervision if required.
- Prescriptions covering the full treatment course will be posted to the community pharmacy by the SPT allowing sufficient time for the product(s) to be sourced.
- On receipt of the referral form and prescriptions, community pharmacists should note the treatment start date and order supplies to cover the **first prescription only**.
- Contractors are strongly recommended to maintain records of the running balance of stock.
- Subsequent requirements should be ordered in sufficient time to ensure continuity of supply.

¹ This is provided by CPD Team at initial notification and can be found on the CPDT intranet site (link provided below).

Returning Meds

If treatment courses do not start/are delayed or discontinued, the SPT will contact the contractor to confirm arrangements for unused stock. The SPT will organise the collection of unused stock. The CPDT will contact the contractor regarding the reimbursement for stock that has been purchased and not dispensed. **Reimbursement will only be made when the SPT confirms receipt of returned stock and CPDT have received a copy of the corresponding invoice from the community pharmacy.** Patients must not be asked to return pharmacy stock to the hospital service. (? new medication returns form)

Advance Payments/Submission of Prescriptions

- At the time of referral, for contractors requiring advance payments when purchasing DAA medicines, the CPDT will authorise payment (and recovery) to cover the acquisition costs of the complete treatment course (e. g. 12 weeks).
- Advances will normally be included with routine month-end contractor payments and listed in the details relating to local payments. **Ad hoc payments will only be used if an exceptional need arises.**
- The notification form will show when payments and recoveries are planned. This information will also be detailed on the relevant monthly NHS GGC remittance advice along with the reference number (last four digits of patients CHI number).
- Prescriptions must be submitted promptly for payment in the normal way as soon as the last instalment on each form has been dispensed.
- The advance payment will be recovered in three monthly instalments (detailed on NHS GGC remittance) to allow for the submission and reimbursement of all prescriptions.
- There is no need to submit invoices with the prescriptions.

Patient Care

- Community pharmacy plays an important clinical role in providing support to patients through the course of treatment. Used in combination with other agents, cure rates of greater than 95% can be achieved if patients take the DAAs as prescribed. It is therefore vital that the treatment course is started on the stated date and patients are supported throughout the course **without interruption.**
- The community pharmacist should be sufficiently competent and knowledgeable in this speciality to carry out the normal professional checks. A full drug interaction check will have been carried out by hospital based HCV Pharmacist. However, any concerns of over the counter purchases or new medicines started during treatment should be checked via www.hep-druginteractions.org or with the SPT.
- On receipt of a patient notification form, community pharmacists and their staff should familiarise themselves with the clinical information provided.
- A Patient Care Record should be initiated at first consultation and used to inform care on an on-going basis.
- Community Pharmacists should consider the most appropriate course(s) of action, the counselling and advice needs and any requirements for follow up or referral.

- **Missed doses must be reported to the SPT after 2 days**, if supervised daily dispensed. For patients on non-supervised dispensing, SPT must be contacted if patient hasn't collected within 2 days of due date. For repeated episodes of missed doses, the SPT may ask to be informed more frequently of non-attendance to ensure relevant clinical teams are aware that additional input may be required to encourage attendance.
- On evenings/weekends/bank holidays, contact SPT on next working day. (Usual working hours – Monday – Friday 8.45am – 5pm).
- Missed doses should generally be added to the end of treatment to ensure that patient has taken full course of medication.
- The patient should be helped to gain a fuller understanding of 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 less frequent supplies of small amounts of medication (typically 7 days) on an ongoing basis.
- Agree on how best to contact the patient regarding any issues that may arise with their care.
- Document relevant care issues as they arise.
- Contact the SPT if there are any clinical concerns or if there are issues with product availability at any time before or during the course of treatment.
- Healthcare professionals are encouraged to report any suspected adverse reactions mentioned by patients using the Yellow Card system at www.mhra.gov.uk/yellowcard
- A member of the CPDT will make contact with the community pharmacy after the agreed treatment start date. They will ask for confirmation that supply has started. Once confirmation has been received, a payment of **£400.00** will be made in recognition of the package of care provided to the patient for the duration of the treatment. This is a one off payment made in the routine monthly pharmacy payments. This information will also be detailed on the relevant monthly NHS GGC remittance advice along with the reference number (last four digits of patients CHI number).

Link to CPDT website:

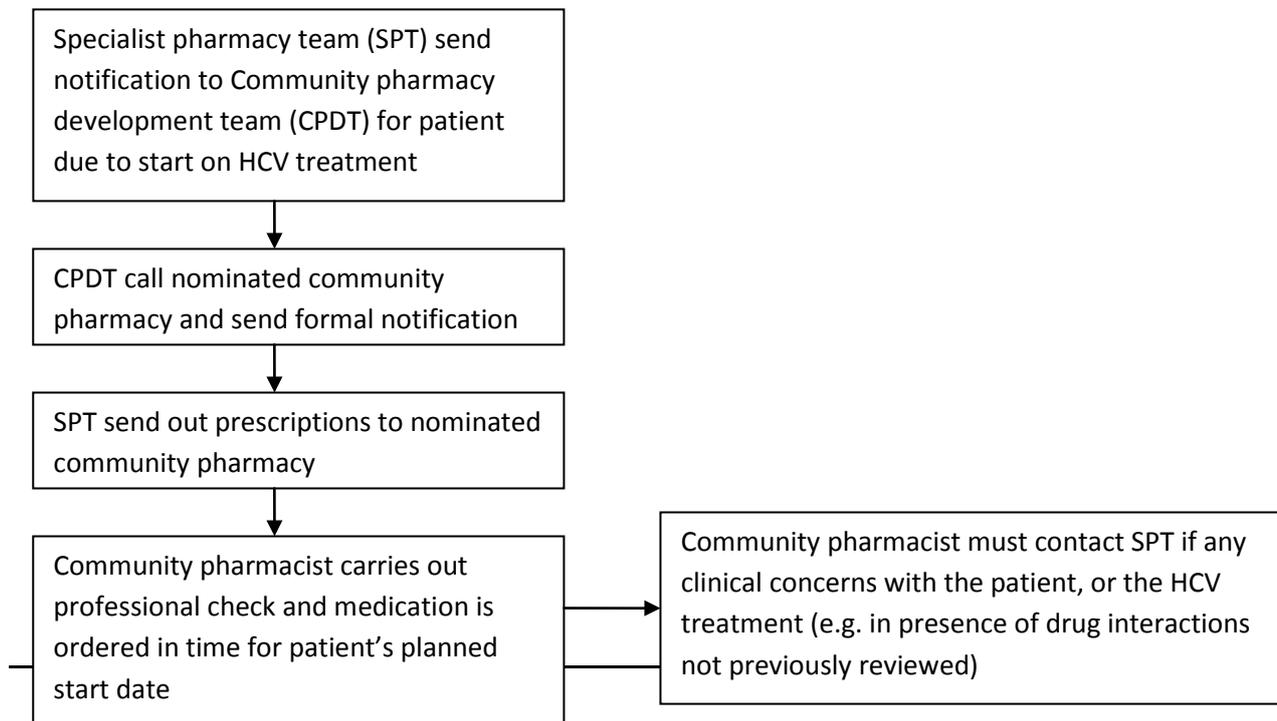
<https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/hepatitis-c-treatment/>

Version	2.
Approving Committee:	HEP C/DAA Group
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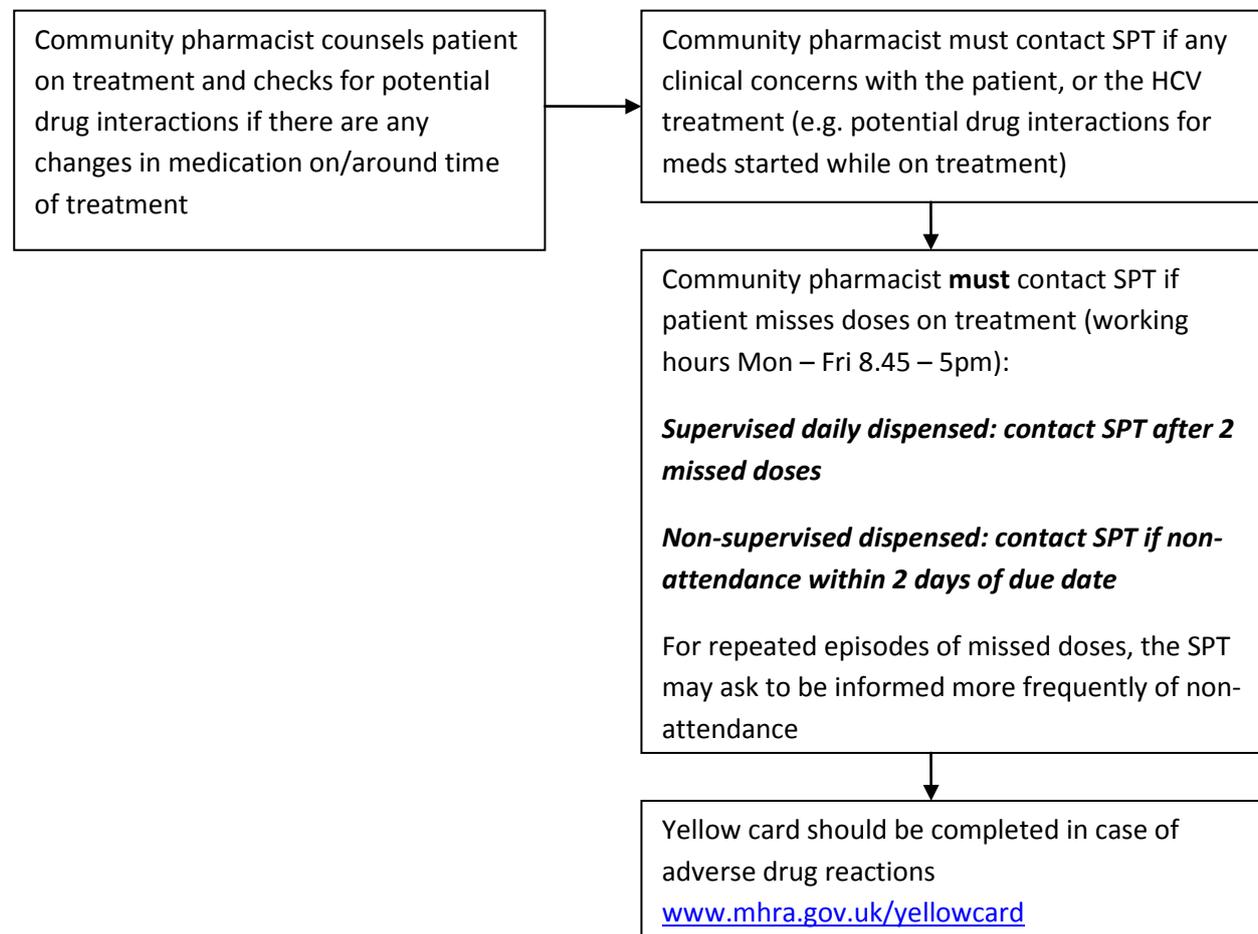
Version	Date	Control Reason
1	October 2016	Initial document

Process Outline for HCV Service Delivery (excluding financial aspects)

Before treatment commenced



During treatment



NHS Greater Glasgow & Clyde
Community Pharmacy Provision of Directly Acting Antivirals
Patient Treatment Notification

Patient Name: _____
Address: _____
Telephone/Mobile: _____
CHI Number: _____

Treatment Schedule

Drug	Dose	Treatment Start Date	Treatment Course (wks)	Supervised Y/N	Comment

Specialist Clinic

Clinic: _____
Contact: **Pharmacy HCV Team:** **211 (5)3367**

Community Pharmacy

Community Pharmacy: _____
Contractor Code*: _____
Contact Name*: _____
Telephone Number*: _____

Enquiry Contact Details

Clinical Enquiries: **Hospital Pharmacy Hepatitis C Team:** **0141-211-3367**
Other Enquiries: **Community Pharmacy Development Team:** **0142-201-6046**
E-mail: GG-UHB.cpdevteam@nhs.net

* Provided by the CPDT

NHS GGC Advance Payment Instructions to NSS:

Reference: _____

Advance – Payment:	£	To be paid – month end	201
Advance – Recovery:	£	Recover – month end	201

May 2016