**Pharmaceutical Care of Patients Requiring Support**

**with Hepatitis C treatment**

**Background**

A range of new medicines are available that are initiated by specialist prescribers, but require to be dispensed in community pharmacy. This service is now therefore being introduced with the following aims:

* to provide a consistent service to improve the quality of pharmaceutical care
* to empower the patients to actively manage their own condition and make best use of the health promoting resources available to them.
* to improve the clinical outcomes achieved by patients prescribed these medicines and to maximise the patient experience of treatment for complex conditions.
* to ensure clinical monitoring for patients directly affected.
* to support the normalisation of care for patients receiving these medicines through community pharmacies. To ensure that all patients experience a service that is free from stigma and discrimination.

**Detail**

A patient who has received a diagnosis and treatment plan from a specialist prescriber will nominate a community pharmacy contractor for this service. Prescribing will be undertaken by the specialist team in accordance with the NHS Board Formulary.

When a patient has agreed to commence supply from their community pharmacy, the Primary Care Pharmacy Team (PCPT) will contact the community pharmacy nominated by the patient. Following confirmation, patient specific information will be provided to the community pharmacy along with contact details of the specialist pharmacy team. The specialist pharmacy team will contact the community pharmacy to agree arrangements for the pharmaceutical care of the patient. The medicines will be prescribed by hospital specialists on Hospital Based Prescriptions (HBP) bearing the patient’s community health index (CHI) number and an instruction for instalment dispensing / supervision if required.

Prescriptions will be posted to the community pharmacy monthly by the specialist pharmacy team giving sufficient time to allow the medication to be sourced from the pharmaceutical company or their wholesaler to ensure continuous treatment of the patient.

The community pharmacist will discuss the service they provide with the patient at the first consultation and also consider if registration for the Chronic Medication Service (CMS) is appropriate. The community pharmacist will provide suitable information and advice to the patient to enable them to take their medicines accurately and appropriately and to manage any adverse effects that they may experience. The community pharmacist will contact a member of the specialist pharmacy team, if the patient is experiencing problems, stops treatment, fails to collect their treatment or has any concerns concerning the on-going supply.

**Pharmaceutical Care of Patients Receiving Treatment for**

**Hepatitis C Service Specification**

#### Service Objectives

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 improve 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 directly affected

#### 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 will advise, dispense or refer the patient to agreed contacts according to their needs.

#### Service Outline

*3.1 Service Registration and Withdrawal*

* Patients can receive the service from a community pharmacy of their choice. The provision of this service is dependent on receipt of a referral notification provided by Primary Care Pharmacy Team PCPT ( [Form A](#FormA) )
* Individuals can only register with one pharmacy for this service.
* If the patient does not have a Patient Care Record (PCR), the community pharmacist should create one to document relevant care issues (record under “care issues”).
* The community pharmacist will order sufficient medication from the pharmaceutical company or wholesaler to ensure continuous treatment of the patient. This will only be done within 14 days of the start date of treatment.
* Patients can choose to withdraw from service at any point.
* Treatment courses are commonly for 8 or 12 weeks
  1. *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 & supervision if required.

3.3 The community pharmacist should:

* Complete the PCR for the patient and consider the most appropriate course/s of action, the counselling and advice needs and any requirements for follow up or referral. The care record 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.
* Agree how best to contact the patient regarding any issues that arise with their care.
* Document relevant care issues as they arise.
* This service will be available to patients during all contracted hours.

#### 4. Administration, record keeping and audit

4.1 The Patient Treatment Notification form provided by the Specialist team should be retained by the Community Pharmacy.

4.2 A care record should be created for each patient (recorded on the PCR under “care issues”). Some may already be registered for CMS but others may not. The PCR care record should be used to identify the pharmaceutical care issues and record the outcomes for patient during treatment.

4.3 Where appropriate, this information is annotated into the patient’s medication record on the pharmacy patient medication record (PMR) system.

4.4 In the case of adverse reactions the pharmacist should 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.

4.5 The pharmacy contractor will report back as appropriate to the hepatology team on the patient’s attendance and any adverse effects.

4.6 The pharmacy contractor will maintain a running balance of stock for each patient. Stock balance records should be retained by the contractor. ([Form B](#FormB))

#### 5 Remuneration

Contractors will receive a single payment of £400 per patient) when treatment commences. £135 for Pharmaceutical care and £265 for hidden costs associated with business administration risks. Contractors should make every effort to mitigate these through process redesign where possible.

This payment will be made along with other pharmacy payments via Practitioner Services in the month when treatment starts.

#### 6 Financial Support

Direct Acting Antivirals are very high cost items and contractors will receive monthly advanced payments to cover the procurement costs.

Risks-

1. The Primary Care Pharmacy Team in NHS Shetland will be the main point of contact(shet.pharmacyprimarycare@nhs.scot ) to deal with any reason for non-supply related to patient behaviour, change of clinical circumstances or treatment regimen that are outwith the community pharmacy’s control. The costs (eg unused stock) relating to these circumstances will be at the boards’ risk rather than the pharmacy contractors.
2. NHS Shetland will assure that where the loss of a prescription occurs prior to submission for reimbursement that such loss does not financially impact on the contractor i.e. NHS Shetland/Grampian will provide a replacement prescription for submission for payment subject to written assurance regarding the loss from the contractor.
3. NHS Shetland will explicitly underwrite the financial risk where due to changes in patient clinical circumstances, patient compliance or actions that mean a course of treatment is not completed, a contractor may be left out of pocket in relation to reimbursement of medicine costs. NB. This does not include scenarios where NHS Shetland arranges for undispensed stock at a pharmacy to be used by the next patient.
4. While it is impossible to underwrite all the risks of handling treatments for hepatitis C, NHS Shetland will review requests for support from contractors in the event of exceptional significant financial loss(relating to prescriptions, payments or stock) not covered in (1), (2), or (3).

NHS Shetland will timetable recovery of advance payments to begin in month 4. Recoveries will be planned to synchronise with payment for submitted prescriptions in line with a timetable included in the Patient Treatment Notification form sent to the pharmacy prior to the commence of treatment. Typically this would begin four months after the advance for a twelve week treatment course. For an eight week course recovery would take place at the start of month three. Recovery will be staged to lessen cashflow impacts on contractors by timing the recovery to coincide with when the payment of the prescription should have occurred.

In a case where treatment initiation is delayed NHS Shetland will delay recovery to match submission of the prescriptions. However since recovery is not linked to payments for prescriptions and the contractor is responsible for timeous submission of prescriptions to NSS.i.e. late submission of prescriptions will mean that recovery is out of synchronisation with the planned schedule.

#### 7. Training and supporting staff

7.1 All pharmacists providing the service should familiarise themselves with these medicines and be aware of and operate within the service specifications and local practice guidelines.

7.2 Pharmacy contractors providing the scheme may wish to develop their own standard operating procedures to deliver the scheme in their own pharmacy.

**Flow Chart for Hepatitis C Care Involving Community Pharmacists**

**Step 1: Clinical Nurse Specialist / Specialist Pharmacist initiation**

* Identifies patient as suitable for antiretroviral therapy.
* Confirms with patient where they usually collect medicines in Shetland.
* A Patient Treatment Notification form completed and sent to NHS Shetland Primary Care Pharmacy Team to establish the most suitable community pharmacy and details of treatment including instalment/supervision requirements. Start date set as 28 days from this point.
* Once agreement has been reached PCP Team to contact Specialist Team to confirm arrangements can be taken forward and will also forward the transfer form to the community pharmacy.

Tel 01595 743370 email: shet.pharmacyprimarycare@nhs.scot

**Step 2: Primary Care Pharmacy Team** **responsibilities**

* Contact the community pharmacy and agree instalment, supervision and pharmaceutical care requirements.
* Authorise advance payment if required via Practitioner Services (PSD) on a once of basis for each prescription. Recovery of advance payments will begin in month 4 by which time the prescription will have been submitted and paid according to the board schedule.
* Set up service payment to be paid once during the month in which treatment starts.
* Inform Public Health in NHS Shetland of new patient

**Specialist team set up responsibilities**

* Prepare a prescription (Shetland Blue HBP) to cover the 28 days treatment and post to community pharmacy allowing a minimum period of 14 days for the pharmacy to obtain the supply before the treatment start date.
* Liaise with pharmacy re. availability of supply on agreed start date.
* Confirm arrangements for feedback at an agreed interval including compliance, and adverse reactions.

**Community Pharmacy responsibilities**

* Supplies of the medicine to meet the prescription should only be ordered within 14 days of the initiation date.
* Provide pharmaceutical care
* Complete a PCR for each patient if they do not have one and document relevant issues as they arise.
* Supervise administration when required.
* Endorse and submit prescriptions as per board schedule and PSD requirements
* Maintain a running stock balance.
* Contact the specialist team if any relevant clinical issues or if the patient fails to attend the pharmacy.
* Provide feedback to the specialist team at agreed interval. This may be by secure email or telephone.

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**Specialist team ongoing responsibilities**

* Prepare a prescription for subsequent months supplies and post to the community pharmacy allowing a minimum of 14 days for the pharmacy to obtain the next supply. All prescriptions should be for 28 days supply.
* Monitor feedback from community pharmacy at the agreed interval.

Patient collects supplies from community pharmacy. The patient has a consultation with community pharmacist who ascertains if there are any pharmaceutical care issues which need to be resolved.

**Flow chart for Primary Care Pharmacy Team to set up new patient (Step 2)**

Send completed form to Lead Clinical Pharmacist for Primary Care for authorisation.

**Set up advance payment**. Work out the cost of treatment per month – use information from manufacturer and make round figure. Consider only the very expensive drugs. Add in the details under DAA advance payments heading on the Board Input spreadsheet received monthly by the Lead Clinical Pharmacist for Primary Care against the appropriate contractor code.

**Set up the Service Payment**. Add in agreed fee on the board input spreadsheet under DAA service fee.

**Advance Recovery.** The dates of the payment recoveries should be noted on the Patient details spreadsheet in the *shared drive/primary care/community pharmacy/hepatitis C.* Each month this should be checked and details of recoveries added to the Board input spreadsheet using negative figures

Add patient details to spreadsheet “Hepatitis C patients in treatment...” in same location as above.

Complete Patient Treatment Notification form and send to Community Pharmacy and Hepatology team ARI in PDF format. Save Word and PDF document in *Shared Drive/Primary care/Community Pharmacy/Hepatitis C/Patients*.

Agree instalments, supervision and pharmaceutical care arrangements with Community Pharmacy designated on Patient Treatment notification form. Make other arrangements if not possible and inform Hepatology contact.

**Primary Care Pharmacy Team** receives information from Specialist Hepatology team in ARI.

**Form A: Community Pharmacy provision of Complex Medicines**

**Patient Treatment Notification**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name | | |  | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | |
| Telephone/Mobile | | |  | | | | | | | | | | | | |
| CHI | | |  | | | | | Community Pharmacy | | |  | | | | |
| **Treatment Schedule** | | | | | | | | | | | | | | | |
| Drug | | Dose | | Treatment Start Date | | Treatment Course (wks) | | | Instalment period | | | Supervised Y/N | | | Comment |
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| **Primary care Pharmacy Team** | | | | | | | | | | | | | | | |
| **Date received** | **Community Pharmacy Contacted** | | | | **Treatment start date (4 weeks )** | | **ARI team informed. (date)** | | | **Pharmacist name** | | | | **Signature** | |
|  |  | | | |  | |  | | |  | | | |  | |
|  |  | | | |  | |  | | |  | | |  | | |
| **Community Pharmacy Contact name** | | | | | | |  | | | | | | | | |
| **Telephone Numbers** | | | | | | |  | | | | | | | | |
| **Contractor code** | | | | | | |  | | | | | | | | |
| **Patient Consent**  **I consent to receiving treatment from my nominated pharmacy as specified by this referral form**  **Patient signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Community Pharmacist signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |

**Specialist Clinic Enquiry Contact details**

Specialist Pharmacist ARI : Lynn Crichton 0845 456 6000 Page 2558 (Mon-Wed only)

Clinical Nurse Specialist: Pauline Dundas 01224 558609 Lorna Bailey 01224 554931

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| **Pharmacy use only** |  |  |  |  |  |  |  |  |
| **Prescription & Payment schedule for a 3 x 28 day (4 week) course\*** | | | | | | | |  |
|  | Month 0 | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 |
| Actual Month/year |  |  |  |  |  |  |  |  |
| CP Notification |  |  |  |  |  |  |  |  |
| Treatment start |  |  |  |  |  |  |  |  |
| Drug purchased |  | 1 | 2 | 3 |  |  |  |  |
| Single Advance payment |  |  |  |  |  |  |  |  |
| Prescription Submitted |  |  | 1 | 2 | 3 |  |  |  |
| Prescription paid |  |  |  |  | 1 | 2 | 3 |  |
| Supplier paid |  |  | 1 | 2 | 3 |  |  |  |
| Advance recovery |  |  |  |  | 1 | 2 | 3 |  |
| Service fee |  |  |  |  |  |  |  |  |

**\* Contractors** should note that recovery is not linked to payments for prescriptions and that they are responsible for the timeous submission of prescriptions to NSS. i.e. late submission of prescriptions will mean that recovery is out of synchronisation with the planned schedule.

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| **Form B : Stock Balance Recording Log** | | | | | |
| **Patient name** | | **CHI** | | | |
| **Address** | | **Drug Name/Strength/Formulation** | | | |
| **Date** | **Amount In** | **Amount out** | **Balance** | **Name of Pharmacist** | **Signed** |
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