



Pharmaceutical Care of Patients Receiving Treatment for Hepatitis C

Service Specification

Background

A range of new medicines including Direct Acting Antiretroviral (DAA) drugs initiated by specialist prescribers now require dispensing in community pharmacies with the following aims:

- To provide a consistent service and improve the quality of pharmaceutical care.
- To empower 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 undertaking treatment.
- To support the normalisation of care for patients receiving these medicines through community pharmacies ensuring 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 in Raigmore Hospital will nominate a community pharmacy of their choice for this service. Dispensing GPs cannot dispense HBP hospital prescriptions and consequently cannot be nominated.

Prescribing will be undertaken by the Hepatitis C Pharmacist in accordance with the Highland Formulary. Treatment courses are usually 8, 12 or 24 weeks. The start date for treatment will be approximately 4 weeks after the first prescription is written.

When a patient has agreed to commence supply from their nominated community pharmacy, the Hepatitis C Pharmacist will contact the community pharmacist to agree arrangements for the pharmaceutical care of the patient. Following confirmation a Patient Treatment Notification form (Appendix 1) will be sent to the community pharmacy containing patient specific information along with contact details for the Hepatitis C Pharmacist. The medicines will be prescribed monthly by the Hepatitis C Pharmacist on HBP prescriptions bearing the patient's community health index (CHI) number and an instruction for instalment dispensing / supervision if required.

The Administration Assistant at Community Pharmacy Services will also receive a copy of the Patient Treatment Notification form so that they know that the patient is commencing treatment and to organise advance payments if required.

Prescriptions will be posted to the community pharmacy monthly by the specialist pharmacy team allowing sufficient time for 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 register them for the Chronic Medication Service if appropriate. The New Medicine Intervention Support Tool is particularly appropriate for these drugs. 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 the Hepatitis C Pharmacist if the patient is experiencing problems, stops treatment or fails to collect further supplies.

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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 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.

2. Service description

2.1 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.

3. Service outline

3.1 *Service registration and withdrawal*

- Patient can receive the service from a community pharmacy of their choice. The provision of this service is dependent on receipt of a Patient Treatment Notification form provided by NHS Highland (Appendix 1).
- Individuals can only register with one pharmacy for this service.
- If the patient does not have a 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, however, no longer than 14 days before treatment initiation.
- Community pharmacies will be required to source the drug as per the agreed process for each manufacturer. The order has to be signed by a pharmacist and must include the prescription reference numbers to the supplier on each occasion (see separate order form).
- Patients can choose to withdraw from service at any point.

3.2 *Consultation*

- All patients eligible for the service must have an appropriate prescription from the Hepatitis C Pharmacist coordinating their care. The prescription will include the necessary instructions for instalment & supervision if required. The Hepatitis C Pharmacist should be contacted to resolve any clinical issues relating to individual care.

The community pharmacist should:

- Complete the PCR for the patient and agree the most appropriate course 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 ongoing 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 ongoing monitoring. Other patients will require ongoing supplies of small amounts of medication.
- Agree how to contact the patient regarding any issues that arise with their care in line with the patient's preference.
- Notify the start date to the clinical team.
- Contact the Hepatitis C Pharmacist as soon as possible if there are relevant clinical issues or if the patient fails to attend the pharmacy (a message should be left if direct contact is not possible)
- Maintain a running stock balance for each patient on the Stock Balance Recording Log sheet.
- Document relevant care issues in the PCR as they arise.
- Advise patient that the service will be available during all contracted hours.

4. Administration, record keeping and audit

- 4.1 The Patient Treatment Notification form provided by NHS Highland should be retained for audit purposes in a secure location to maintain patient confidentiality.
- 4.2 A pharmaceutical care record should be created for each patient (recorded on the PCR under "care issues") to identify the pharmaceutical care issues and record the outcomes for the patient during treatment. Some may already be registered for CMS but others may not.
- 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 maintain a running balance of stock for each patient. Stock balance records should be retained by the contractor and shared with the Hepatitis C Pharmacist when requested.

5. Remuneration

For each patient receiving treatment under this service agreement a pharmacy contractor will receive £300. This payment will include all aspects of pharmaceutical care for the patient, including supervision where required, and does not differentiate between lengths of treatment.

An additional £285 will be provided for the first such patient a pharmacy receives, as an exceptional fee for costs associated with the delivery of pharmaceutical care.

When all doses on a prescription have been dispensed, the prescription forms should be submitted for payment in the normal way to Practitioner Services Division (PSD) at the first submission after the prescription is fully dispensed.

6. Financial Support

Community Pharmacy Services should be contacted directly to resolve/respond to payment/contractual issues or financial loss. Direct Acting Antiretroviral (DAA) drugs are very expensive and Community Pharmacy Services can request an advance payment for the first prescription. The pharmacy contractors will receive this advance payment within 10 days to cover the procurement costs. Use of BACS will only be authorised in exceptional circumstances. The advance payment will usually be recovered 2 months after the last prescription by which time all the prescriptions will have been submitted and paid. This recovery period can however be tailored to meet the needs of the pharmacy contractor, either by shortening or lengthening the period of recovery. This should be discussed with the Community Pharmacy Services Team at John Dewar Building, Inverness in the first instance. Recovery is not linked to payments for prescriptions and pharmacy contractors are responsible for the timeous submission of prescriptions to NSS i.e. late submission of prescriptions will mean that recovery will be out of synchronisation with the planned schedule.

If treatment is discontinued for any reason, i.e. related to patient behaviour, change of clinical circumstance or treatment regimen that are out with the pharmacy's control and the agreed process has been followed, NHS Highland will ensure that contractors are reimbursed for any remaining stock not covered by advance payments. Any unused stock should be retained and Community Pharmacy Services should be contacted on 01463 706886.

NHS Highland will assure that where the loss of a prescription occurs prior to submission for re-imbursement that such loss does not financially impact on the contractor, i.e. NHS Highland will provide a replacement prescription for submission for payment subject to written assurance regarding the loss from the contractor.

7. Training and supporting staff

- 7.1 All pharmacists providing the service should have undertaken their own Continuing Professional Development to enable them to provide this service. This should include reading the HCV Pharmaceutical Care Information Pack and being aware of and operating within the service specifications and local practice guidelines.
- 7.2 Pharmacy contractors providing the service should develop their own standard operating procedures to deliver the service in their own pharmacy.
- 7.3 Each pharmacy will designate a named pharmacist to be responsible for the ongoing management and delivery of the service.

Pharmaceutical Care of Patients Receiving Treatment for Hepatitis C (Appendix 1)

Patient Treatment Notification

Patient Name: _____

Address: _____

Telephone/Mobile No: _____ CHI No _____

Treatment Schedule

HEPC/DAA Code _____

Drug 1: _____ Dosage: _____

Drug 2: _____ Dosage: _____

Drug 3: _____ Dosage: _____

Supervised administration: Yes/No _____ Dispensing Intervals : _____

Treatment Start Date: _____ Treatment Course (wks) _____

Treatment to be ordered no more than 14 days prior to start date.

Specialist Clinic

Clinic: _____

Contact: _____

Community Pharmacy

Contractor code: _____

Community Pharmacy: _____

Address: _____

Email address (only nhs.net mail can be used): _____@nhs.net

Community Pharmacist responsible for care: _____

Community Pharmacy Telephone: _____ Fax: _____

Enquiry Contact details

Clinical enquiries: Joan Mackintosh, Hepatitis C Pharmacist – telephone 01463 706122

Other enquiries: NHS Highland Pharmacy Services, Inverness – telephone 01463 706886