**Pharmaceutical Care of Patients Receiving Treatment for Hepatitis C**

**Community Pharmacy Service Summary**

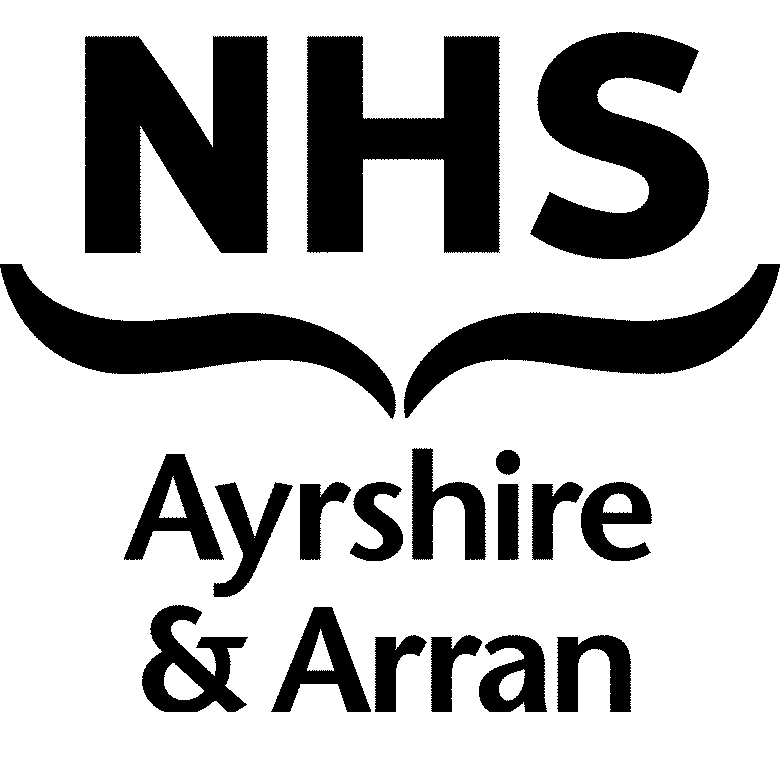
* Patients will specify their community pharmacy of choice to the BBV Team when discussing initiation of the treatment. The BBV Team will notify the Community Pharmacy Team of the patient details and their choice of pharmacy.
* The Senior Pharmacist Primary Care & Community Pharmacy will make the initial contact with the community pharmacy to discuss arrangements for provision of treatment:
  + Discuss NHS AA Hepatitis C Treatment Service Information available on NHS Community Pharmacy Website here:
  + Provide the contractor with a referral notification which includes patient and specialist clinic contact details (**Appendix 1**).
  + Request that NHS AA make an advance payment, if requested by the contractor, to cover the full course of treatment. This should reach the contractor’s account at the end of the month and will be included in the details relating to local payments.
  + Remind contractor to submit a claim form for payment of £400 per patient. This should be submitted to [**aa.cpteam@aapct.scot.nhs.uk**](mailto:aa.cpteam@aapct.scot.nhs.uk) after the first prescription is dispensed (Appendix 2).
* Pharmacy staff should read [**National Clinical Guidelines for Treatment of HCV in Adults**](https://www.hps.scot.nhs.uk/web-resources-container/national-clinical-guidelines-for-the-treatment-of-hcv-in-adults/) **,** which details the clinical condition and the need for the service.
* The medication will be prescribed on HBP prescriptions and issued directly, by post, to the community pharmacy by the BBV Team for the full course of treatment, allowing sufficient time to source the medication and ensure an uninterrupted supply. Each prescription will be for 28 days therapy. It may have a direction for dispense weekly or dispense daily and in some cases may require supervision. The start date of treatment will be approximately 4 weeks after the prescription is written and will be stated on the prescription, however, this timeframe may shorten as experience with the service develops.
* Treatment courses are 8, 12 or, in some exceptional cases, 24 weeks.
* Community pharmacies will be required to source the required medication as per the agreed process for each manufacturer. The request will require to be signed by a pharmacist and must include the prescription reference numbers to the supplier on each occasion.
* When all doses on a prescription have been dispensed, the prescription forms should be submitted to PSD for payment in the normal way.
* If an advance payment has been requested, this will be recovered 7 months after being paid, by which time the prescription will have been submitted and reimbursed. This time lag is designed to ensure the community pharmacy is not disadvantaged by the high procurement cost of the medicine.
* Community pharmacists will :
  + Provide pharmaceutical care including support with adherence.
  + Under M: CR, create a PCR for each patient if they do not have one already, and document relevant issues as they arise.
  + Supervise administration where required.
  + Maintain a running stock balance (Appendix 3).
  + Contact the specialist team 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 out of hours).
  + May provide a progress report and the running balance weekly for each patient to the pharmacy specialist team.
* If treatment is discontinued and the agreed process has been followed, NHS AA will ensure that contractors are reimbursed for any remaining stock. If this is the case, contractors should retain this stock and contact the Senior Pharmacist Primary Care & Community Pharmacy regarding recovery of any unused stock and guidance on reimbursement.

**Hepatitis C Treatment – Drug Interactions**

The following websites are particularly helpful for pharmacists who have patients being treated with medicines under the Hep C community pharmacy service:

<http://www.hiv-druginteractions.org/>

<http://www.hep-druginteractions.org/>

**Community Pharmacy provision of Directly Acting Antivirals**

**Patient Treatment Notification**

Patient Name:

Address:

Telephone/Mobile No:

CHI No

**Treatment Schedule**

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

**Specialist Clinic**

Clinic: BBV Clinic, Annanhill Suite, Crosshouse Hospital

Contact: Peter Gossman or Jackie Tomnay (Lead Nurse Specialist BBV)

**Community Pharmacy**

Community Pharmacy:

Community Pharmacy Contact Name\*:

Community Pharmacy Telephone\*:

Contractor code\*:

**Enquiry Contact details**

Clinical enquiries: Hospital Pharmacy Hepatitis C Team – Telephone 01563 827138

Other enquiries: Senior Pharmacist Primary Care & Community Pharmacy -

**\* Provided by the Community Pharmacy Team**

**NHS AA Advance Payment Instructions to Finance on (date)**

**Reference - A99999 / D080 / A405**

**Advance - Payment £xx, 000 – to be paid at the end of XX 20xx**

**Advance - Recovery £xx, 000 - recover at the end of XX 20xx**



**HEPATITIS C SERVICE CLAIM FORM**

**Contractor Stamp:**

**Contractor Code**: ......................

**I confirm that:**

* I am claiming for reimbursement for participating in the above service for a new patient and have provided the stated level of service to the patient as outlined in the service specification.
* For the purposes of payment verification the appropriate assessments for the patients are available within the pharmacy if required by NHS Ayrshire and Arran

**Pharmacist signature** …………………………………… **Date**………………….

**Please return the completed Claim Forms by email to:** [**aa.cpteam@aapct.scot.nhs.uk**](mailto:aa.cpteam@aapct.scot.nhs.uk) **or by post to: Pharmacy and Prescribing Team, Eglinton House, Ailsa Hospital, Dalmellington Road, AYR KA6 6AB.**

**For office use only**

Contractor code................................ Total Amount for payment **£400**

Cost Centre....................................... Authorised by…………………………………

