



PRIMARY CARE COMMUNITY PHARMACY

LOCAL PHARMACY SPECIFICATIONS

SPECIFICATION FOR PHARMACEUTICAL CARE OF

PATIENTS RECEIVING TREATMENT FOR HEPATITIS C

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Specification for Pharmaceutical Care of Patients Receiving Treatment for Hepatitis C

1. Background/Introduction

- 1.1** This 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.

2. Aim of Service

- 2.1** To provide pharmaceutical care to patients receiving treatment for Hepatitis C and be proactive in supporting patients to achieve clinical outcomes.
- 2.2** To deliver a service which is person centered and mutually beneficial between service users and those delivering healthcare which respects individual needs and values which demonstrates compassion, continuity, clear communication and shared decision making.

3. Objectives of Service

- 3.1** 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.

4. Service Outline

4.1 *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 the pharmacy team.
- Individuals can only register with one pharmacy for this service.
- If the patient does not have a PCR, the community pharmacist should register them for Medicines Care Review (MCR) service and create a PCR 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. No more than one month should be ordered at a time unless agreed with the Community Pharmacy Team.
- Patients can choose to withdraw from service at any point.

4.2 *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 if required.

4.3 *The Community Pharmacist will:*

- 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. This can be recorded as a New Medicines intervention.
- 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.
- Maintain a running stock balance for each patient.
- Document relevant care issues as they arise. Any non-attendance to uplift medication will immediately be reported to the BBV Team.
- This service will be available to patients during all contracted hours.

5. Training

5.1 Be aware of and operate within the service specifications and local practice guidelines.

5.2 Pharmacy contractors providing the scheme are free to develop their own standard operating procedures to deliver the scheme in their own pharmacy.

5.3 Each pharmacy will designate a named member of staff to be responsible for the on-going management and delivery of the scheme.

6. Supplies

- 6.1** Supplies of the prescribed medicine will be procured from the wholesaler indicated by NHS Ayrshire & Arran using the appropriate forms and method for the medicine. For each medicine required for the service the appropriate order form is contained within the NHSAA Hepatitis C Treatment Service Pack provided to support the service.

7. Monitoring and Evaluation

- 7.1** The community pharmacist must maintain a running stock balance for each patient (NHSAA Hepatitis C Treatment Service Pack, Stock Balance Recording Log). Monitoring arrangements will be developed in conjunction with the Pharmacy Team and may include:
- Confirmation that patients meet the eligibility criteria for the scheme
 - Evidence of a patient interview and that pharmaceutical care needs have been assessed and actioned.
 - Evidence of improved patient understanding of, and compliance with, medication.
 - Satisfaction of the patient and other care providers involved in the care of the patient.

8. Health and Social Care Staffing Act

- 8.1** The Health and Care (Staffing) (Scotland) Act 2019 (“the Act”) places requirements on the Health Board stating that: “In planning and securing the provision of health care from another person under a contract agreement must have regard to the guiding principles for health and care staffing, and the need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place”
- 8.2** The service provider will ensure that appropriate staffing arrangements are in place for the operation of this service.

9. Termination

- 9.1** The provision of this service can be terminated by either party by providing THREE month’s written notice

10. Breach of Contract

- 10.1** Where prima facie evidence of a breach of the terms of this scheme comes to the notice of NHS Ayrshire & Arran the matter will be referred in the first instance to the pharmacy contractor concerned for comment. If appropriate, the pharmacy contractor will be invited to submit proposals for the rectification of the breach. Failure to provide a satisfactory response, or to rectify the breach, will result in the matter being referred to the Chief Executive of the NHS Ayrshire & Arran for consideration by the NHS Board and determination of any further action or sanctions to be taken, including termination of the contract under this scheme and recovery of any payments made in respect of services which have not been provided.

<u>Date</u>	<u>Version No.</u>	<u>Description of Amendments</u>	<u>Ratified By</u>	<u>Date to be Reviewed.</u>
30/04/2024	V4.1	Removal of MDS / Compliance aid element of the service. Addition of sections 8 & 9	Joint Pharmacy Team	Feb 2025
09/04/2025	V5.1	Minor wording changes to 4.3, 5.1 and 5.3	Joint Pharmacy Team	Feb 2026
01/04/2026	V6.1	No Amendments	Joint Pharmacy Team	Feb 2027