

Standard Operating Procedure- Hepatitis C Outreach pharmacy treatment pathway for co-location of collecting Opiate Substitute treatment and HCV medication via local pharmacy.


Sheffield Teaching Hospitals  <small>NHS Foundation Trust</small>	Ref No	SOP	Written by	Mark Cassell Clinical Nurse Specialist
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Hepatitis C Outreach pharmacy treatment pathway for co-location of collecting Opiate Substitute treatment and HCV medication via local pharmacy.				

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1:0 INTRODUCTION AND OBJECTIVE:

This standard operating procedure is applicable to all nursing staff employed at Sheffield Teaching Hospitals (STH) NHS Foundation Trust, working within the South Yorkshire HCV operational Delivery Network (ODN), to all staff within the homecare team at STH who are involved with the HCV treatment pathway, and all staff within community pharmacies who are involved with the community HCV pathway.

Currently STH as part of the South Yorkshire ODN offers a number of different HCV treatment pathways. This is to improve access to testing, assessment and treatment, with a goal of achieving micro-elimination within our network, supporting the target goal of NHS England to eliminate HCV within the UK by 2025.

More recently we have been updated on future funding of HCV treatment, which currently is reimbursed and supported by NHS England.

Future provisions for HCV funding are now expected to be reviewed and possibly significantly reduced or cut within 2 years. Therefore, time is now limited to achieve set targets, and we have a professional responsibility to provide more equitable and accessible care for all infected with HCV, ensuring that all elements of care pathways meet the multiple and challenging needs of our client base. HCV testing and assessment is currently offered across multiple sites and platforms within South Yorkshire. However, currently the dispensing and delivery of medication to support initial treatment commencement and continued engagement, often fails to support marginalised clients who traditionally struggle to maintain on-going attendance and engagement with healthcare services.

The purpose of the service is to try and improve engagement of a difficult to reach clientele, who have a diagnosis of HCV, but are unlikely or have previously failed to engage with traditional treatment pathways. The aim of this particular pathway is to integrate service delivery alongside client's current attendance/collection of opiate substitute therapy. Also this may offer the opportunity to engage many marginalised clients who are affected by homelessness, and who previously may have felt unable to safely engage with treatment.

This treatment pathway aims to eliminate concerns with medication wastage and loss, which currently plays a significant role in treatment failure, particularly for clients with chaotic lifestyles. It aims to support compliance with treatment regimens as planned, by facilitating the collection of their medication, by co-locating this alongside their current collection of opiate substitution (OST). By utilising their attendance for collecting OST, we can aim to support on-going engagement and compliance with their HCV regime as planned. Care plans will be structured to meet individual need, and will be discussed with clients to ensure a patient centred approach. Currently medication is only dispensed in 4 weekly packs, and although this works well for clients who are currently stable and engaged, this does not support a large proportion of our current and future client group. Dispensing in such

large volumes opens clients to the risk of medication loss, secondary to their chaotic behaviour and frequent moving of residence, or in many cases due to their current social situation of no fixed abode.

By co-locating the collection of medication for OST and HCV treatment, we believe this will support client's ability to successfully access and engage with HCV services, where previously social activities or chaotic attendance has often negatively impacted upon engagement, access to treatment and compliance. This care pathway reduces the frequency of engagement and attendance required by clients with healthcare services and facilitates their collection of medication, which currently is a part of the pathway that contributes the most to disengagement before and during treatment.

Collection of medication for HCV can be structured on an individual basis, and reduced to a minimum of 1 weekly dosette packs for those who are the most chaotic or present the highest risk of treatment loss or simply if clients find weekly dispensing easier to digest as appose to 4 weekly. This will be discussed with clients themselves and a joint decision made.

The costing/tariff associated with co-locating collection, delivery (homecare) and splitting to weekly dosette packs will be supported/funded by Gilead as part of initiatives to support improved access to treatment pathways for patients with HCV, to support the elimination strategy. Costing and payments are agreed between STH, Homecare, Gilead and the LPC for Sheffield. Each local pharmacy will invoice the HCV ODN (based at STH) on an individual basis, in relation to their activity (likely on a monthly basis or each treatment episode i.e. an 8-12/52 regime)

Invoicing sheets for payments made to local pharmacies, in relation to their activity/involvement of receiving, safe guarding and handing out of HCV medications, will be provided to each pharmacy following confirmation of their consent to support this initiative. We hope to offer the service to clients who are already actively engaged/attending the pharmacy for OST collection, or who have agreed to utilise weekly/monthly collection from a local pharmacy if of NFA and look to utilise local pharmacy as their safe place of address/collection point (This will need to be discussed and agreed via each local pharmacy on individual patient basis)

Invoicing sheets will also enable record of receipt of delivery from homecare provider to the pharmacy and also following collection by the patient. Providing evidence of collections and allows audit of engagement.

2:0 SCOPE OF THIS OPERATING PROCEDURE:

STH currently leads and works as part of the South Yorkshire ODN to improve and deliver treatment for all patients with hepatitis C (HCV).

Treatment guidelines are governed by NHSE, who provide figures and targets for each ODN. As a network and across the country, most treatment centres have exhausted current waiting lists of patients and now must now actively case find both diagnosed and undiagnosed clients, with the aim of providing more equitable access to treatment services, to engage clients onto treatment, with the aim of eliminating HCV.

Across the network we currently offer a number of in-reach services for HCV treatment. This have shown great success in identifying marginalised client groups, and by adapting service delivery to client's needs and circumstance, has significantly improved engagement through treatment.

Our service plan is to deliver community based treatment, which integrates alongside existing treatment services for which the client is already actively engaged, with the aim of supporting attendance to appointments and facilitating client's ability to comply with treatment. This is an integral element of our micro elimination strategy within the South Yorkshire ODN, to reduce geographical prevalence, especially in clients who are actively transmitting.

Early diagnosis can enable education, to facilitate discussions for necessity of treatment, preventing long term health implications, and financial burden upon NHS.

3:0 PROCEDURES:

Referrals

Once clients have been engaged onto the HCV treatment pathway by the STH HCV team, the opportunity of dual treatment collection will be discussed. Clients are most likely to be referred into this treatment pathway following their engagement with the STH outreach nursing team. Clinics are delivered at STH and across multiple sites within Sheffield and also the wider South Yorkshire Operational Delivery Network.

If clients agree for the delivery and collection of their treatment via their local pharmacy, the STH nursing team will contact the client's pharmacy to discuss their capacity and availability to receive delivery from the home care provider (Alcura) and to process the handling of medications for HCV treatment.

Dependent upon the frequency of a client's current OST collection, this may dictate the frequency of collection, and will be discussed with the client before treatment start, and a dispensing plan will be structured around client's preference and also risk. HCV dosette packs can be dispensed in weekly, 2 weekly or 4 weekly packs.

This treatment pathway may also open the opportunity for clients who wish to benefit from this service, who are not currently under the care of a local pharmacy (clients of no fixed abode who may or may not be receiving OST) This will be dependent upon capacity and availability of each local pharmacy, and will require discussion with the lead Pharmacists at each site to explore this. For pharmacies where capacity and availability to provide this service is limited, clients may be offered the opportunity to relocate the collection of their OST to a suitable pharmacy for them, where capacity enables them to benefit from co-located collection of HCV and OST medications. Again this is something that would need to be explored on an individual basis, and discussed with the lead pharmacist at the desired pharmacy, regarding capacity and availability to take on new clients. This may be something that is implemented purely for the duration of HCV regime, to facilitate access, and then OST collection re-located back to original pharmacy.

Once a local community pharmacy have agreed to accept clients on to this pathway, clients will follow the current HCV outreach treatment pathway, with discussion at MDT as required, and once treatment approved, blueteq requested. Prescriptions will then be submitted via homecare at STH and dispensed accordingly, for clients to collect from their local pharmacy when they next attend for OST collection, or for clients who are not currently receiving/require OST, when they next visit their local pharmacy. In this instance, the STH nursing team will aim to contact clients to advise when treatment is ready for collection.

Given the nature of our client base with regards to disengagement and frequent changes to care plans, any planned/required changes to OST prescribing during HCV regime, which may impact collection/compliance with HCV treatment should be highlighted to the HCV nursing team, so that necessary support can be implemented to avoid disengagement from treatment. Patients who fail to complete regime as planned may ultimately fail to clear their virus, and are not routinely offered re-treatment. Therefore every opportunity to support treatment completion should be made.

It is likely that during a 2/3 months HCV regimen, that there will be changes to prescriptions/collection or even pharmacy from an OST perspective. This should be highlighted to the HCV nursing team at the earliest opportunity to provide sufficient time to put supportive measures in place where required.

For clients that disengage from OST collection, again this should be highlighted to the HCV nursing team at the earliest opportunity, for them to support with continued engagement with HCV treatment.

Treatment services:

Once HCV medication is received by a client's local pharmacy, this will be recorded (invoice sheets) and safely stored until the next available opportunity to hand to the client. A record of treatment collection will be recorded by pharmacy team (Method of documentation via invoice sheet provided by STH HCV nursing team) to provide a treatment start date. On-going collection will also be recorded (dates) to provide documented record of engagement/collection, to provide opportunity for intervention where clients may show signs of disengagement, and also enables opportunity for audit of service delivery and impact. By facilitating collection alongside their OST, we believe this should support an improved likelihood of treatment completion, whereas the current treatment pathway relies on multiple attendances at original assessment site to collect on-going medications.

If client's fail to engage once medication ordered/delivered, each local pharmacy will liaise with STH nursing team, who will look to establish rationale for failed attendance, and advice as to whether treatment plan will continue. Once agreed that client has disengaged completely, medication should be returned via homecare pathway if able.

If clients appear to have disengaged I.E. not attended/collected HCV treatment for one week, local pharmacies should contact STH nursing team to advice.

Clinical Nurse Specialist team support - 0114 2268347

On-going treatment decisions will be made on an individual client basis, based upon circumstance, and will likely be discussed through STN HCV MDT.

Service equipment

No additional equipment required for delivery of service

Medication collection/administration sheet (to be agreed if required)

4:0 ROLES AND RESPONSIBILITIES:

Consultants

Management of care will be registered under care of service lead Consultant (Dr Ben Stone).

Clinical Nurse Specialist

The responsibility of direct care delivery comes under CNS delivering clinic, who remains responsible for raising/discussing concerns with named consultant/s, in accordance with best practice and clinical guidelines

Management of blueteq referrals/cancellations will be completed/managed by STH CNS.

Referrals of clients onto HCV/OST treatment pathway, by liaising with local lead Pharmacist.

On-going review of weekly attendance/collection (method of recording to be agreed and how this will be shared)

Pharmacist:

Local Pharmacy Team- ensures complications with medication ordering and delivery highlighted to STH nursing team at earliest opportunity, to highlight potential delays in treatment.

6:0 MONITORING AND AUDIT:	
Element to be monitored	As above
Lead	CNS
Tool	
Frequency	Annual
Reporting arrangements	CBU Governance

Audit

Review of overall service impact and efficacy to be made at end of financial year, however, on-going analysis of effectiveness and quality will be monitored by STH CNS team.

Analyse pre service and post implementation impact (in regards to recognition by clientele of treatment option/access)

Impact of ability to engage clientele in relation to individual client experience/journey

Numbers of patients offered and accepted onto pathway

Impact upon DNA rates within client group and compliance with medication

Overall benefit to clientele

Impact upon run rate target figures and achieved sustained virological responses (CQUIN)

Financial productivity/impact of in-reach service

7:0 EQUALITY AND DIVERSITY:

The Trust is committed to an environment that promotes equality and diversity and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will maintain equality and diversity principles through its policies, procedures and processes. This policy will be implemented with due regard to this commitment.

8:0 REVIEW PROCESS PRIOR TO RATIFICATION:

Name of Group/ Department/ Committee	Date
CBU Governance	
Senior Nurses Forum	

