

# Providing HIV Antiretrovirals (ARVs) via community pharmacies alongside Opiate Replacement Therapy (ORT) during an HIV outbreak amongst People Who Inject Drugs (PWIDs)

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## Background

There is an ongoing outbreak of HIV among PWIDs in Glasgow. Within this cohort, ongoing substance misuse and homelessness are common.

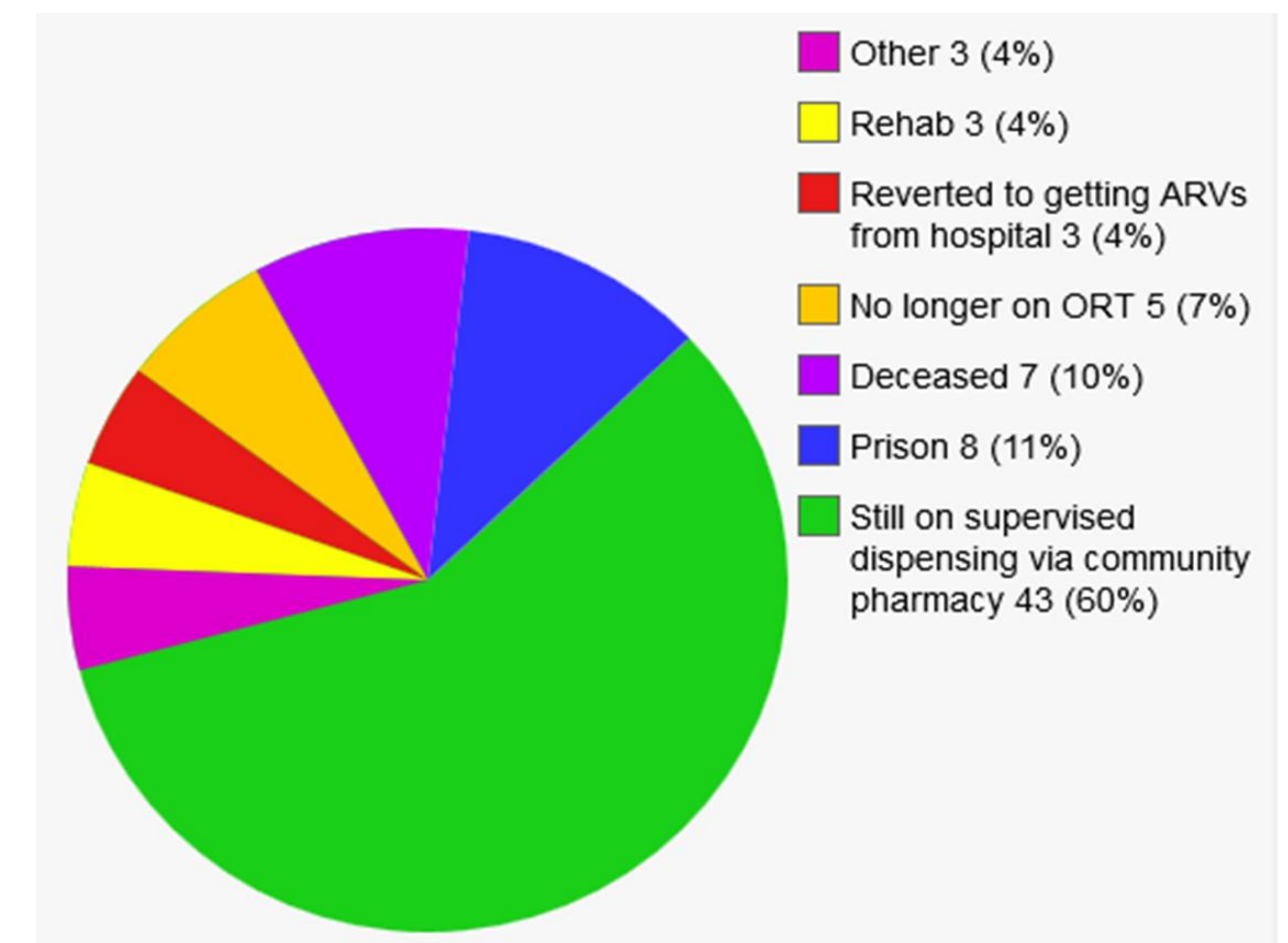
This cohort has difficulties engaging with the traditional hospital based HIV service and therefore since July 2016, ARV medication has been provided via community pharmacies alongside ORT, supervised where required.

Close working between HIV hospital pharmacy and community pharmacy development team (CPDT) looked to improve patient access to medication, adherence to ARV with an aim to achieve both individual patient benefits and also to support one of the Public Health approaches to the outbreak i.e. treatment as prevention.

## Results

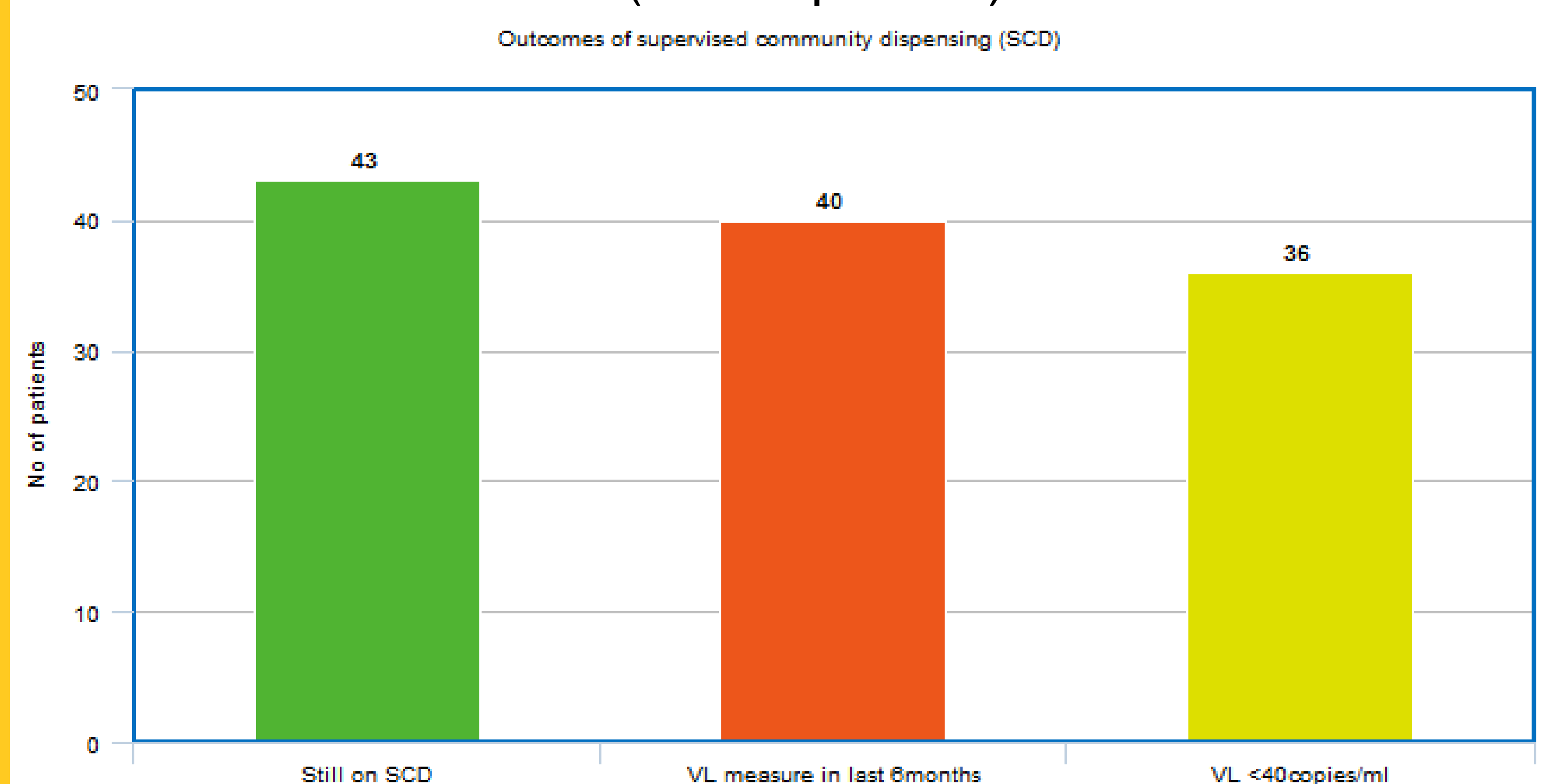
There are 42 community pharmacies in the Greater Glasgow area partaking the supervised provision of ARVs alongside ORT.

72 patients enrolled on this model of ARV provision, however 29 (40%) no longer on community dispensing of ARVs as of the end of July 2018.

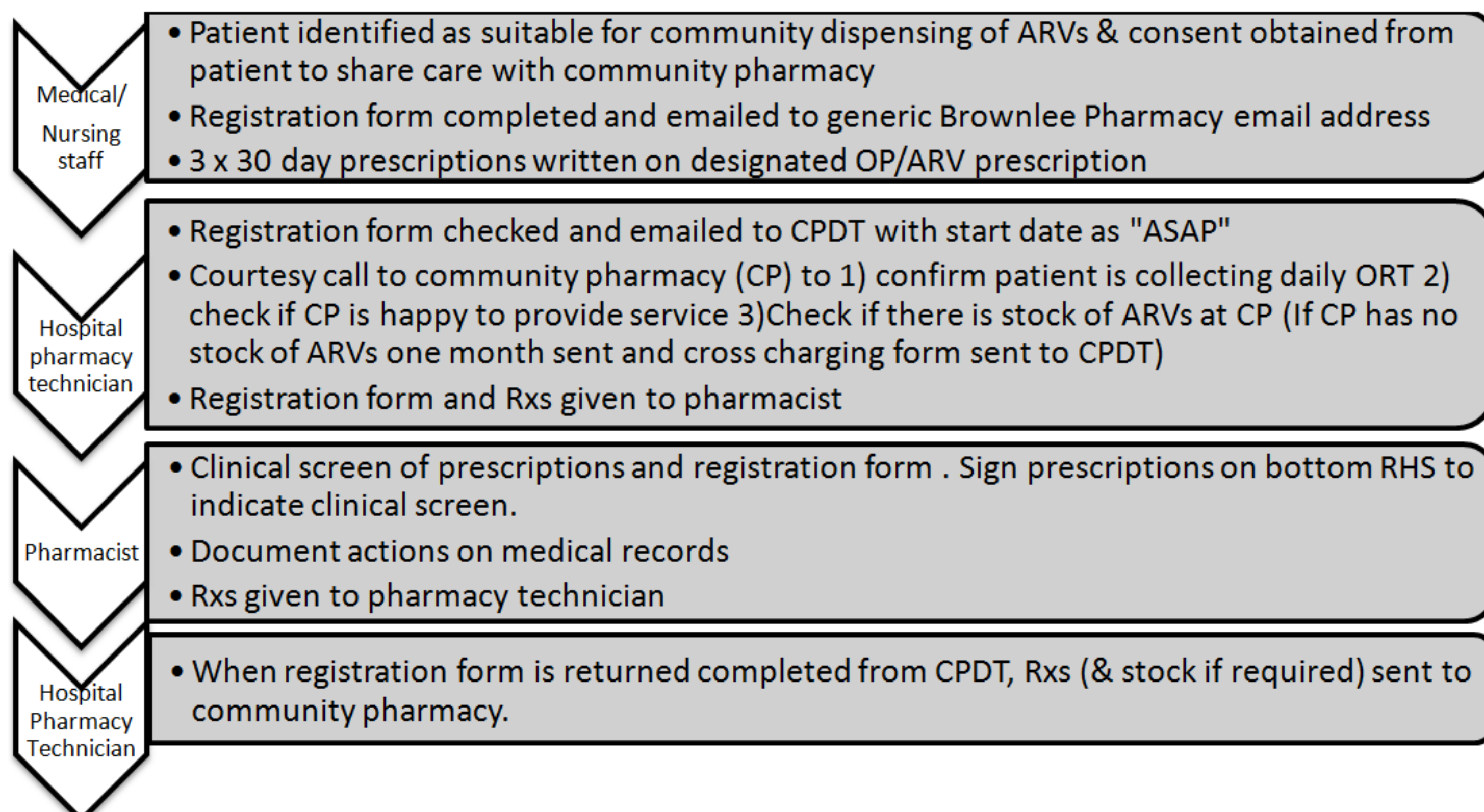


43 patients still engaged with supervised community dispensing (SCD) of ARVs.

93% of those have had a vial load checked in the last 6 months 90% of those who tested in the last 6 months have an undetectable viral load (<40 copies/ml).



## Processes and method



The existing pharmacy and HIV clinical databases were interrogated to identify patients who have received ARVs via community dispensing from 2 years of data to the end of July 2018.

These patients records were then scrutinised to see if they were still using this model of care to receive ARV.

Patients who remained on community dispensing of ARVs were then looked at to see when last VL was taken and if the result was <40copies/ml.

Reasons were documented for those who no longer remained on community dispensing of ARVs.

**NHS Greater Glasgow & Clyde**  
Community Pharmacy Provision of ANTIRETROVIRALS (ARVs or HAART) (CPARV)

Section 1 – To be completed by Brownlee Clinician then e-mail to: [BrownleePharmacy@ggc.scot.nhs.uk](mailto:BrownleePharmacy@ggc.scot.nhs.uk)

ALL PATIENTS MUST GIVE VERBAL CONSENT TO INFORMATION REGARDING THEIR HIV BEING SHARED WITH THEIR OPIATE PRESCRIBER, COMMUNITY PHARMACIST AND DRUG WORKER/CARE MANAGER

Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone/Mobile: \_\_\_\_\_  
CMI Number: \_\_\_\_\_

Treatment Regimen:	Drug	Dose/Frequency	Start Date:	Supervised Y/N	Continuation of New Start

Consultant: \_\_\_\_\_ BBV Name: \_\_\_\_\_  
Specialist Opiate Prescriber: \_\_\_\_\_ Addiction Team: \_\_\_\_\_  
Community Pharmacist: \_\_\_\_\_ Care Manager: \_\_\_\_\_

Section 2 – To be completed by Community Pharmacy Development Team  
Date of notification to pharmacy: |

Contractor Code: \_\_\_\_\_  
Contact Name(s): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Enquiry Contact Details

Clinical Enquiries:	Specialist Pharmacy Team (66 HIV Team)™	0141-211-3383
Other Enquiries:	Community Pharmacy Development Team	0141-232-3704
E-mail:	<a href="mailto:cpd@nhs.uk">cpd@nhs.uk</a>	

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## Conclusion

In the midst of an HIV epidemic we have initiated a new model of pharmacy ARV provision creating links between hospital and community pharmacies, to benefit people with complex needs.

The high level of uptake of this service suggests feasibility and acceptability within this group. High level of viral load suppression indicates high levels of adherence but we plan to prospectively monitor adherence of ARVs to this method of ARV provision.