

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.

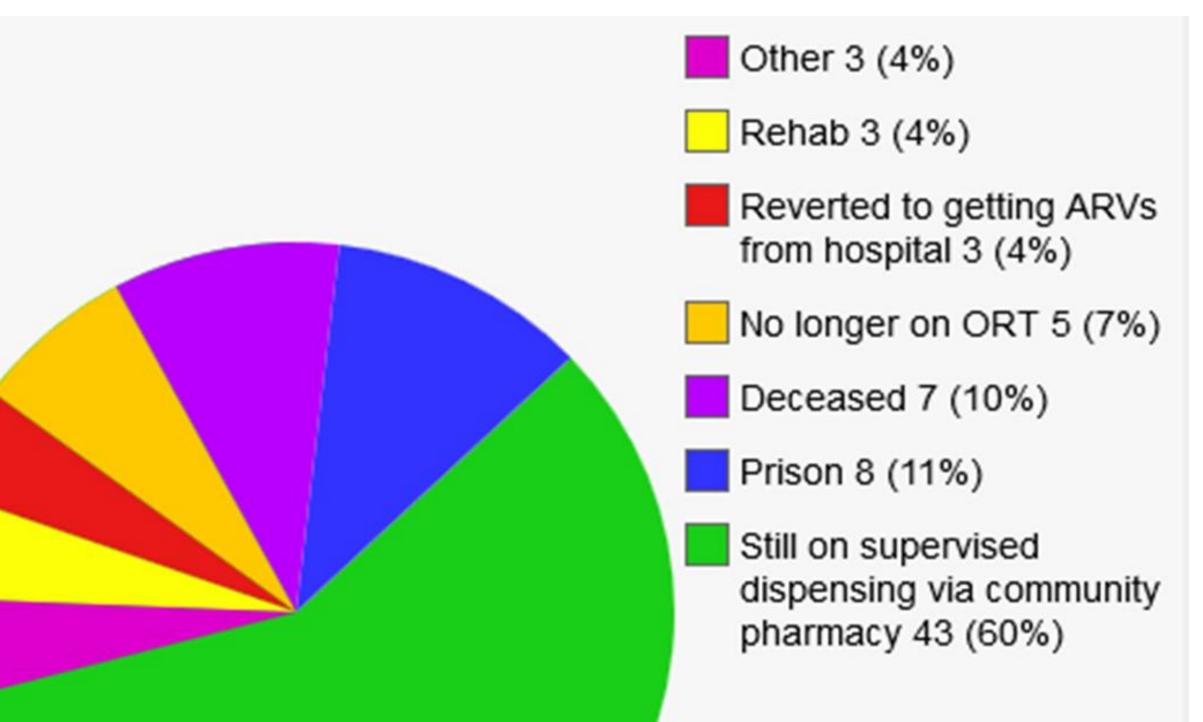
This cohort has difficulties engaging with the traditional hospital based HIV service and therefore since July 2016, ARV medication has been provided via community pharmacies alongside ORT, supervised where required.

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.



Processes and method

Medical, Nursing

staff

Hospital

pharmacy

technician

 Patient identified as suitable for community dispensing of ARVs & consent obtained from patient to share care with community pharmacy

Registration form completed and emailed to generic Brownlee Pharmacy email address

3 x 30 day prescriptions written on designated OP/ARV prescription

Registration form checked and emailed to CPDT with start date as "ASAP"
Courtesy call to community pharmacy (CP) to 1) confirm patient is collecting daily ORT 2) check if CP is happy to provide service 3)Check if there is stock of ARVs at CP (If CP has no stock of ARVs one month sent and cross charging form sent to CPDT)

Registration form and Rxs given to pharmacist

 Clinical screen of prescriptions and registration form . Sign prescriptions on bottom RHS to indicate clinical screen.

Pharmacist • Document actions on medical records

Rxs given to pharmacy technician

When registration form is returned completed from CPDT, Rxs (& stock if required) sent to community pharmacy.

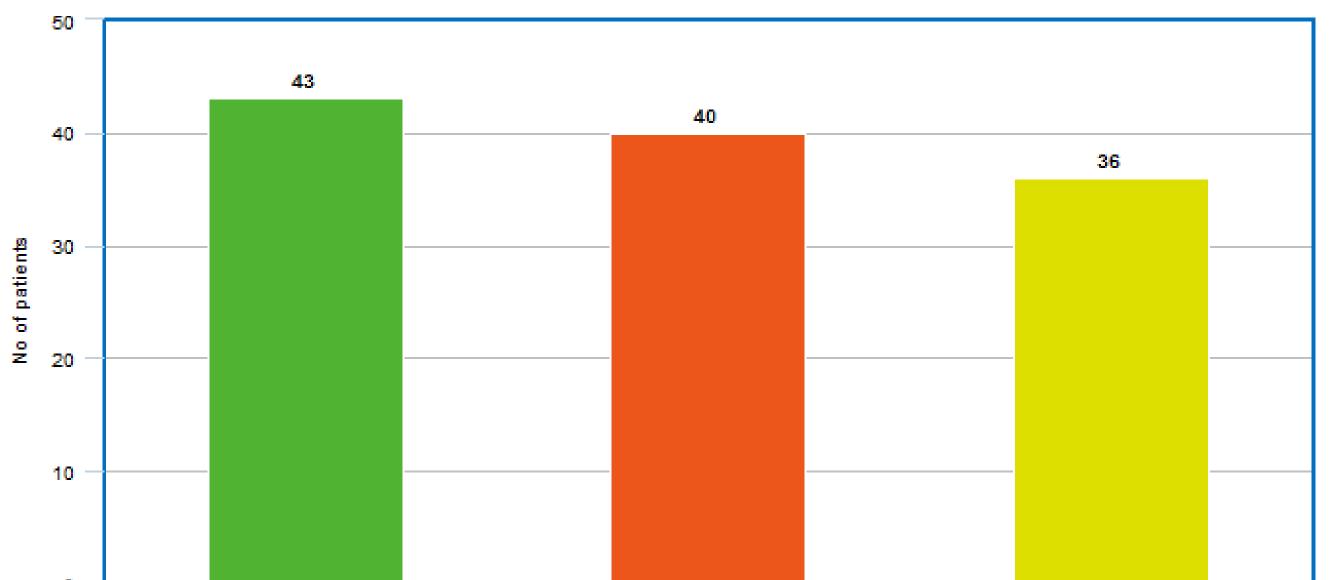
The existing pharmacy and HIV clinical databases were interrogated to identify patients who have received ARVs via community dispensing from 2 years of data to the end of



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).

Outcomes of supervised community dispensing (SCD)



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.

ALL PATIENTS MUST GIVE VERBAL CONSENT TO INFORMATION REGA THEIR HIV Rx BEING SHARED WITH THEIR OPIATE PRESCRIBER, COM PHARMACIST AND DRUG WORKER/CARE MANAGER Patient Name: Address: Felephone/Mobile:	
THEIR HIV Rx BEING SHARED WITH THEIR OPIATE PRESCRIBER, COM PHARMACIST AND DRUG WORKER/CARE MANAGER Patient Name: Address: Telephone/Mobile:	
THEIR HIV Rx BEING SHARED WITH THEIR OPIATE PRESCRIBER, COM PHARMACIST AND DRUG WORKER/CARE MANAGER Patient Name: Address: Telephone/Mobile:	
PHARMACIST AND DRUG WORKER/CARE MANAGER Patient Name: Address: Telephone/Mobile:	PIUNITT
Address: Telephone/Mobile:	
Address: Telephone/Mobile: CHINumber:	
CHINumber:	
Treatment Regimen: Start Date:	
Drug Dose/Frequency Supervised Continuati	on or New
Y/N St	art

Consultant:	BBV Nurse:		
Substitute Opiate Prescriber:	Addiction Tea	m:	

 Section 2 – To be completed by Community Pharmacy Development Team

 Date of notification to pharmacy:

 Contractor Code:

 Contract Name(s):

 Telephone Number:

 Enquiry Contact Details

 Clinical Enquiries:
 Specialist Pharmacy Team (GG HIV Team)*:
 0141-211-3383

 Other Enquiries:
 Community Pharmacy Development Team:
 0141-232-1704

E-mail: <u>GG-UHB.cpdevteam@nhs.net</u> *845am - 5.00pm - Mon - Fri May 2016

Still on SCD VL measure in last 6months VL <40copies/ml

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.