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Community pharmacy testing on the Isle of Wight

An example of improving access to testing

Key points:

- Between September 2014 and May 2015, 22 community pharmacies on the Isle of Wight participated in a pilot scheme to test for hepatitis C and other blood-borne viruses.
- Prior to the pilot, an estimated 200 people on the island had an undiagnosed HCV infection and only a third of patients with known HCV were actively engaged in specialist care.
- 7% of people were diagnosed with HCV as a result of being tested in a pharmacy.
- During the pilot period, more tests were conducted in community pharmacies than at the Island Recovery Integrated Service (IRIS) centre, reaching out to patients with more diverse risk factors.
- The pilot scheme won the audience choice award at the Royal Pharmaceutical Society of Great Britain's Pharmaceutical Care Awards.

Overview

A pilot was carried out on the Isle of Wight between September 2014 and May 2015, with pharmacies offering blood tests for HCV infection, along with other blood-borne viruses.

All 31 community pharmacies on the island were given the opportunity to participate in the pilot, with 22 accepting. Training events were held for participating pharmacists on pre-test and post-test counselling, as well as the practical aspects of conducting a dry blood spot (DBS) test.

The results of the pilot have recently been published in the *Clinical Pharmacist Journal*¹.

Why the pilot was established

Estimates suggested that 200 people on the Isle of Wight had an undiagnosed HCV infection and only a third of patients on the island who were diagnosed were actively engaged in specialist care. This meant that a sizeable number of people were at risk of developing severe

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liver damage due to their undiagnosed infection. Patients with more diverse risk factors were less likely to receive tests at the IRIS centre.

The aim of the pilot was therefore to reduce the burden of HCV on the Isle of Wight, by increasing the numbers of people diagnosed and linking new diagnoses directly to specialist care in order to receive monitoring and treatment.

How the pilot worked

DBS tests were offered in 22 pharmacies across the island as part of the pilot. People who inject drugs (PWID) were offered testing if they attended the pharmacy to use the needle exchange or opiate substitution therapy service. Self-referrals were also welcomed, with an island-wide advertising campaign – incorporating radio interviews, bus side banners and local editorials – encouraging people to get tested, regardless of whether they were PWID or had an alternative risk factor. Such an approach also helped to address the stigma that can often be attached to hepatitis C, and which can prevent people from coming forward for testing.



People who accepted the test underwent pre-test counselling with the pharmacist (involving an outline of the testing process, an overview of next steps if the results are positive, and the procedure for receiving results) before having a DBS test, which was then sent to the laboratory. All pharmacists involved in the pilot attended at least one training evening (conducted every autumn) where they were given a refresher on how to carry out DBS testing and listened to talks from hepatologists about the pathophysiology and management of HCV. This training ensured they had both the confidence and skills to offer and deliver the service.

Patients who tested positive for HCV received a telephone call from the pharmacist and the hepatology team received an automated secure email referral for anyone who tested positive; something which ensured there was follow-up and that all those testing positive were offered the care and treatment they required.

Outcomes & future aims

Outcomes

During the pilot period, a total of 88 tests were performed in community pharmacies, compared with 34 tests at the IRIS centre. **The provision of pharmacy-based testing more**

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than trebled the number of tests for HCV undertaken in community open access settings during the pilot period and provides additional capacity for testing in the future. Most patients were recruited by the pharmacy; just 18% of those tested self-presented as a result of the publicity campaign. Patients tested at pharmacies tended to be older and were less likely to have previously had an HCV test than those who were tested at the IRIS centre.

A large minority (44%) of those reporting a history of injecting drug use and tested at the community pharmacy were not engaged with Island drug support services and the greatest proportion of positive pharmacy tests were in this group. Overall, **7% of pharmacy tests led to a positive HCV diagnosis** and all pharmacy cases were seen at a point-of-diagnosis consultation with a hepatologist.

The evaluation of the pilot concluded that testing for blood-borne viruses in pharmacies can reach out to patients with more diverse risk factors, who may not be engaged with or known to local drug and alcohol services, and so would have been less likely to have been tested before. The evaluation also suggests that **community pharmacies offer the accessibility and convenience to become a venue for community-based HCV treatment** in the future.

Pharmacies on the Isle of Wight have continued to offer tests, with over 180 having been conducted in the two years since the scheme started.

Future aims

Moving forward, the authors of the study want to see this integrated service implemented more widely, emphasising the potential to identify and engage new cases of HCV, HBV and HIV.

The team who ran the Isle of Wight pilot are in the early stages of setting up a similar service in mainland Hampshire.

Further reading:

1. *Buchanan R, et al. Integrating community pharmacy testing for hepatitis C with specialist care. Clinical Pharmacist. 2016. 8 (8): 243-247.*

If you have any questions about this service, please contact:

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