

BLOOD-BORNE VIRUS SCREENING

Your health challenge

- Around 200,000 individuals are chronically infected with hepatitis C in the UK, but around half of them are undiagnosed¹
- There are over 103,000 people living with HIV in the UK – one in five of these are undiagnosed²
- In the UK, approximately one in 350 people are thought to be chronically infected with hepatitis B³

How can community pharmacies help?

Screening programmes have been highlighted as one of the ways in which community pharmacy teams can contribute to public health. Pharmacies have the benefit of access to a wider cohort of people than most other healthcare providers and can therefore access and screen people who otherwise would not be tested.

An NHS community pharmacy blood-borne virus (BBV) screening service could identify many more people, increasing detection and early diagnosis in those at risk of infection, and ensuring treatment is commenced at an early stage, all of which could significantly reduce the disease burden, with accompanying long-term benefits for both patients and the NHS.

Such services are being commissioned in a number of areas and during 2010, pharmacies on the Isle of Wight worked in conjunction with the local drug treatment centre offering BBV screening to clients identified with qualifying risk factors. The headline outcomes for just **one quarter** were:

- 10 participating pharmacies carried out 133 screens;
- they identified 2 hepatitis B positive and 15 hepatitis C positive people; and
- 2 asymptomatic HIV positive people were identified.⁴

1. NHS Choices website, Hepatitis C accessed 23/12/15

2. HIV Aware website, accessed 23/12/15

3. British Liver Trust website, accessed 23/12/15

4. HBV/HCV Testing and HBV Vaccination Service, Isle of Wight 2009



CHOOSEPHARMACY

What the experts say

“We have had a good uptake of the service and particularly saw an increase in number during our HIV testing campaign in November last year (2014). Dudley pharmacies were already successfully offering other sexual health services such as emergency hormonal contraception (EHC) and chlamydia screening to clients and therefore offering HIV point of care testing was considered an innovative way to improve access to sexual health services for our residents.

We are currently evaluating this pilot scheme, however if other areas have a high prevalence of HIV, I would recommend that they consider looking at piloting a service in pharmacies to help normalise HIV testing and to try and help reduce late and undiagnosed cases to prevent onward transmission of HIV.”

Alex Ridley, Sexual Health Commissioner, Dudley Office of Public Health, Dudley Metropolitan Borough Council

THINKPHARMACY

Potential benefits of a community pharmacy blood-borne virus screening service

1. More accessible and convenient for patients

No appointments are needed to see a pharmacist and pharmacies generally have longer opening hours than GP practices including many being open at weekends. Since pharmacies are located near where people work and live (89% of the population in England has access to a community pharmacy within a 20 minute walk and over 99% of those in areas of highest deprivation are within a 20 minute walk of a community pharmacy⁵) they are perfectly placed to offer this service.

2. High risk clients are already using other pharmacy services

The groups of clients considered to be at high risk of infection with BBV, as identified in The Green Book⁶, regularly access services provided by community pharmacies, such as needle and syringe programmes and supervised consumption. Pharmacy teams will have built up relationships with these people and therefore often find it easier to strike up conversations regarding testing.

3. Increases choice of location for patients

The pharmacy setting provides a more informal environment, which some patients may find less intimidating than a GP surgery, and pharmacy teams are used to handling matters of a delicate nature so can provide a discreet and non-judgemental service. In an evaluation of a hepatitis C screening service 95% of patients interviewed stated they preferred getting tested at a pharmacy rather than a GP surgery. The evaluation also noted that hepatitis B and C testing in pharmacies is attractive to at-risk target groups and would encourage people who might not get a test otherwise to get tested.⁷

How might your local service work?

The service could screen for hepatitis B, hepatitis C or HIV or it could screen for all three.

Patients could be tested both opportunistically and through referrals.

The test is straightforward – the patient's finger would be pricked with a safety lancet and the pharmacist or appropriately trained member of staff would:

- place a number of blood spots onto the blood spot card. Once dried the blood spot card is placed in a prepaid envelope and posted to a laboratory for testing. Results could be returned by email or post; or
- use an alternative test, such as a test that gives results within a shorter period of time, which can be interpreted by the pharmacist or appropriately trained member of staff.

Depending on the test used, patients could wait for the results, for example, some tests can give results within 10 minutes, or the patient could be invited back for a follow-up appointment at a later date to receive their results. If the test result is negative the pharmacist

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offer a re-test if the person has been at risk recently (three month window) and give advice on how to prevent infection in the future.

If the test is positive, the pharmacist could provide sensitive but detailed advice ensuring the person's questions are answered. The pharmacist could also provide advice on how to prevent passing hepatitis B, C or HIV to other people as well as signposting the person to specialist services or support organisations. With the patient's consent the pharmacist could also send a letter to their GP detailing the result of the tests.

The service could also be expanded to include hepatitis B vaccination for at-risk individuals and screening for alcohol use and provision of brief advice, which is recommended in the WHO guidelines for people with chronic hepatitis C.⁸

5. *The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England*, *BMJ Open*, August 2014

6. *PHE: The Green Book: Immunisation against infectious disease Dec 2013*

7. *The Hepatitis C Trust – Diagnosing viral hepatitis in the community 2010*

8. *WHO: Guidelines for the screening, care and treatment of persons with Hepatitis C infection (2014)*

For contact details of your LPC please visit lpc-online.org.uk