**South-West Peninsular Hepatitis C ODN Community Pharmacy BBV Testing Project**

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| Service | **South-West Peninsular Hepatitis C ODN Community Pharmacy BBV testing Project** |
| Authority Leads | **Jayne Roue, South-West Peninsula – Hepatitis C Operational Delivery Network/CQUIN Programme Manager** |
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**1.0 Introduction and Background**

**1.1** Pharmacy staff has pivotal roles in the safe and effective delivery of care to vulnerable members of our community, including People Who Use Drugs (PWUDs)[[1]](#footnote-1). Already commissioned by the local authority to deliver a range of interventions, from providing Opioid Substitution Treatment (OST) and Needle and Syringe Provisions (NSPs), a high number of current or historic PWUDs will be visiting Pharmacies within the South-West Peninsula.

**1.2** Injecting drug use is associated with specific physical health problems. These problems are related to the toxicity of the substances, their mode of consumption and as a consequence of the drug taking lifestyle.

**1.3** Hepatitis B and C viral infections are common among PWUDs due to sharing of both needles and other drug taking paraphernalia. Hepatitis B infection can be prevented by immunisation and with new treatments for Hepatitis C, the ability to test and treat, is proving to be increasingly successful.

**1.4** HIV infections also present a risk in this community and will also be screened for as part of the community pharmacy testing strategy.

**BBV testing in community Pharmacy**

**1.4** In 2015, NHS England established 22 Operational Delivery Networks (ODN) to support treatment and testing efforts across the country and over 50,000 patients have been treated so far with around 95% being cured of the disease. NHS England and NHS Improvement plan to eliminate HCV in England by 2025, five years earlier than the World Health Organization goal[[2]](#footnote-2).

**1.5** NHSE/I have developed a community Pharmacy Hep C testing project[[3]](#footnote-3), as one approach aimed to support the elimination of Hep C programme.

1.6 Within the South-West Peninsula Hepatitis C ODN we have decided to create a bespoke local service to enable Pharmacies to implement BBV (hepatitis B and C) and HIV testing.

**Supported by local hepatology specialist teams and training our aim is to be the best performing area for community pharmacy hepatitis C testing in England.**

**2.0 Service description**

**2.1** The SW Peninsula Community Pharmacy BBV Testing Service is a service commissioned by the South-West Peninsula Hepatitis C ODN.

**2.2** The service is primarily targeted to increase opportunities for individuals not engaged in community drug and alcohol treatment services to receive BBV testing from a community pharmacy. **However, any individual at risk of hepatitis C can access the service[[4]](#footnote-4).**

**2.3** Although the core aim of this service is to support the eradication of hepatitis C, there is an opportunity for this service to provide support to individuals in accessing screening for other BBVs.

**2.4** This service will enable Pharmacy staff to complete screening for the following viruses:

* Hep C (antibody and PCR testing)
* Hep B
* HIV

**2.5** The result will be provided to the service user[[5]](#footnote-5) through the SWP hepatitis C ODN service through contact details provided by the community pharmacy[[6]](#footnote-6). However, in the event of 3 failed attempts to contact the service user or for service users who may not have a contact telephone number e.g., NFA service users, the information will be provided to the pharmacy to provide the result when the service user visits the pharmacy

**2.6** Where the test produces a positive result for Hep B/C, the service user will be referred for treatment via the SW Peninsular hepatitis C ODN.

**2.7** Where the test produces a positive result for HIV, the service user will be referred for treatment through the local sexual health service provider

**3.0 Aims and Intended Service Outcomes**

**3.1** The aim of this service is to increase levels of testing for BBV’s amongst current and historic PWUDs who are primarily not engaged in community drug and alcohol treatment services to:

a. Increase the number of diagnoses of HCV and other BBV infections.

b. Permit effective interventions to lessen the burden of illness to the individual.

c. Decrease long-term costs of treatment; and

d. Decrease onward transmission of HCV and other BBV’s.

**3.2** Prerequisites for service provision

* + 1. Prior to provision of the service, the pharmacy contractor must:

1. Be satisfactorily complying with their obligations under Schedule 4 of the Pharmaceutical Services Regulations (Terms of Service of NHS pharmacists) in respect of the provision of Essential services and an acceptable system of clinical governance.
2. Be satisfied that all pharmacy staff involved in the provision of the service are competent to do so. Assurance will be provided through training, Multiple Choice Questions (MCQs) and self-declaration (see appendix B for details)

**3.3** Pharmacies must have a consultation room, where the Dry Blood Spot Test (DBST) will be undertaken, which complies with the following minimum requirements:

1. The consultation room must be clearly designated as an area for confidential consultations.
2. It must be distinct from the general public areas of the pharmacy premises.
3. It must be a room where both the person receiving services and the pharmacy staff member providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the individual receiving the test requests or consents to (such as a carer or chaperone).
4. It must be a room where infection control measures can be maintained and
5. Handwashing facilities must be available in the room or nearby.

**3.4** The pharmacy contractor must have procedures in place to deliver this service, which includes procedures to ensure health and safety and infection control is maintained in line with relevant guidelines[[7]](#footnote-7). Where the service is being provided during the COVID-19 Pandemic, members of staff performing the test must wear a fluid resistant (type IIR) surgical mask to protect both parties and any other personal protective equipment (PPE) recommended at that time by Public Health England (PHE)6 for any direct care of possible and confirmed COVID-19 cases in primary care. All staff involved in the provision of this service should ensure they are familiar with and adhere to this guidance.

**4.0 Training Requirements**

**4.1** The pharmacy contractor must ensure that pharmacists, pharmacy technicians and their teams providing the service are competent to do so. Online training will be delivered for pharmacy staff through the SW Peninsula hepatitis C ODN. **At least 1 pharmacist and 1 member of the pharmacy team should attend the “live” online training event and complete the short MCQ assessment to be accredited to deliver the service.** Other members of the team may become accredited through watching the recorded event and completing the MCQ assessment.

1. **4.2** The pharmacy contractor must ensure that staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks. A needle stick injury procedure must be in place[[8]](#footnote-8).

**4.3** The pharmacy contractor must ensure that staff involved in the provision of this service are advised that as there is a small risk that they could come into contact with blood borne viruses, they should therefore consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated. As community pharmacies delivering this programme will be NSP providers our expectation is that an appropriate Health and Safety assessment would have been completed prior to commencement of this programme.

**5.0 Service duration**

**5.1** This project will commence start in September 2022 and run until 31st March 2024.

**5.2** A review at 3, 6 and 12 months will be undertaken to ascertain whether the service is effective in testing this difficult-to-reach patient cohort and successfully directing those current and historic PWUDs who test positive towards treatment. The review will be informed by feedback collated by the ODN who will be working with individuals in receipt of a positive result.

**5.3** Other pharmacies may be invited to participate based on local demographics and funding following discussions with local stakeholders

**6.0 Service Availability**

**6.1** It is important to ensure that the testing service is available throughout the pharmacy’s contracted opening hours. Providers should ensure that sufficient members of the pharmacy team are trained to support the delivery of the programme.

**6.2** The pharmacy contractor must ensure the service is accessible, appropriate, and sensitive to the needs of all service users. No eligible service user should be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

**7.0 Service Provision**

**7.1** The pharmacy contractor must offer eligible service users, aged 18 years and over, the opportunity of having a BBV test at the pharmacy. All DBST testing must take place in the consultation room on the pharmacy premises, and the test is to be performed by an appropriately trained pharmacy staff member

**7.2** Where an individual requests a BBV test and is identified as engaging with specialist drug and alcohol services, staff should explore when the individual last received a test in service. If the last test exceeds 3 months and the service user is still engaging in activities that can lead to the transmission of HCV, staff can offer a DBST

**7.3** Where an individual requests a BBV test and is identified as having a test previously through the community pharmacy testing programme, staff should ask when the last test was performed. If the last test exceeds 3 months and the service user is still engaging in activities that can lead to the transmission of HCV, staff can offer a DBST

7.4 Service users engaging in the programme will be offered a £5 incentive voucher to support engagement with the programme. These will be provided through the Hepatitis C Trust

**7.5 Eligibility criteria**

A pharmacy contractor may determine a service users’ eligibility to receive the service on the basis that

* The service user utilises the NSP services from the pharmacy.
* The service user has been referred to the pharmacy for testing by another pharmacy or care provider which provides the individual with NSP services.
* The service user self-identifies to pharmacy staff as a past or current PWUD.
* The service user has not received a HCV test within the past 3 months.

**7.6 Pre-Test Discussion**

* Prior to a DBST being undertaken, a trained pharmacy staff member should carry out a pre-test discussion with the service user.
* The Pre-test discussion document is available on the PharmOutcomes platform and appendix C in this document
* Where service users are resistant to providing these details and this creates a barrier to testing, explore if the service user is willing to provide Initial and DOB, and the best way to contact if unwilling to provide phone / address. If the service user is NFA and/or does not have a phone, agree how the individual would like to receive their results e.g., can individual drop back into the Pharmacy in 2 weeks for the results?
* Advise on what will happen if they test positive for any of the virus’s screened.
* Explain that test results will be fed back to them by telephone via the SWP ODN. Please explain, with their consent, positive results will be put in writing to their GP (where they are registered with a general practice) and to the local Sexual Health Service, if positive results are identified for HIV.
* Refusal to consent to such data sharing does not exclude the service user from being tested under the service. Service users can consent to sharing their positive HIV results with local Sexual Health Service, without their GP being notified, should this create a barrier for the individual to receive ongoing support and/or treatment.
* Explain that the provision of the test is confidential and that the information that they choose to provide will be managed in line with data protection legislation. The information will be recorded in an individual record for each service user via PharmOutcomes for reference and shared with the SW Peninsula hepatitis C ODN
* The service user’s personal information will only be accessible by staff providing the service. This information will be securely stored, to maintain strict confidentiality. This information will not be shared with the service users GP, local drug and alcohol service or sexual health service without their consent. Audit information will be compiled from records, but this data will be anonymous.
* Explain that, with the individual’s consent, elements of the record will be added to the Hepatitis C Registry, provided by NHS England and NHS Improvement through the SW Peninsula hepatitis C ODN. Patient identifiable information can also be viewed by PHE staff undertaking monitoring of the prevalence of infectious diseases, as provided for in Section 251 of the National Health Service Act 2006[[9]](#footnote-9), the Health Service (Control of Patient Information) Regulations 2002[[10]](#footnote-10) and the Health Protection (Notification) Regulations 2010[[11]](#footnote-11). If the patient does not consent to their information being entered onto the register, an anonymous record must be made. Refusal to consent to inclusion on the register does not exclude the service user from being tested under the service, or from being referred for confirmatory testing and (where the confirmatory testing indicates that the patient has active hepatitis C) receiving treatment; and
* Answer any other questions.

**7.7 Consent**

* Following the pre-test discussion (appendix C), the pharmacy staff member should confirm whether the service user gives their consent to be tested; this can be gained verbally. Where consent is granted, this should be recorded on the PharmOutcomes service template.
* The pharmacy staff member will advise the service user that the test results will return within 21 days. The service user should be advised that the result will be delivered by a healthcare professional from the SW Peninsula hepatitis C ODN using the telephone contact details provided by the service user. They should be advised that if they fail to contact the service user following 3 attempts then the results will be shared with the pharmacy so they can provide them if the service user visits the pharmacy. This may also be a necessity if the service user if, for example, NFA and does not have a mobile phone. A positive result will also be shared with their GP and sexual health service if they have consented to this.

**7.8 The DBST Test**

* DBST kits will be provided by post through the SW Peninsula hepatitis C ODN.
* Training will be provided on how to perform the DBST through the online training and additional You Tube video.
* The responsible pharmacist in each pharmacy will be provided with a competency assessment document to support their assessment of each staff member in delivering the DBST. This will be non-mandatory to complete.
* Staff will complete the DBST with the individual, following all infection control and COVID 19 measures. To perform the test, the staff member should follow the instructions provided with the testing kits and ensure the lab form is completed and sent to the laboratory with the kit.
* Staff should ensure that only a request for Hepatitis B,C and HIV are made on the test (syphilis testing is not supported through this programme).
* Pharmacy staff are required to enter the following information on the Laboratory testing form as a minimum:
* **Client Name / NHS number (if known) and Date of Birth**
* **Hospital Registration Number**: UHPBHMDBST
* **Ward / Location:** RK9DBS
* **Consultant**: Southwest Peninsular Hep C
* **Specimen Type & Site:** DBST
* **Microbiology Investigations:** OTHER (tick against all virus’s the client has consented to).
* Pharmacy staff will ensure the sample and the lab form are sent off to the laboratory in the pre-paid envelope provided with the kit on the same day of testing. The envelope will already be addressed with labels on them and will be sent to Public Health England’s virology department for testing. The address is:

Text

Description automatically generated

* The service users will have the opportunity to receive screening for several Blood Borne Virus’s (as outlined above in section 2.4) and it is essential that the pharmacy staff member providing the service offers screening for all viruses and selects the tests the client has consented to, on the form and that this is sent back to the laboratory with the sample.
* Each test kit is provided with a self-addressed envelope (postage paid)
* At the time of testing the pharmacy staff member delivering the test should provide advice relating to the risks associated with injecting drug use, including safer injecting and overdose awareness information. The individual should also be offered a Hep C awareness booklet developed by the Hep C trust. Booklets will be sent to participating pharmacies with the DBSTs.
* Hepatitis C peers will aim to visit the main NSP pharmacies in the first 3 months of the programme to support pharmacies delivering the programme. However, due to the limited number of peers we cannot guarantee this for pharmacies. However, each pharmacy delivering the programme will have support through the SW Peninsula hepatis C ODN and Hepatitis C Trust and points of contact to support hem in delivering the programme.

**7.9 Results**

* The healthcare professional for the SW Peninsula hepatitis C ODN will contact the service user to inform them of their test results. Initial contact will be attempted via phone. Should the healthcare professional be unable to reach the service user via telephone to deliver their results, where an address has been provided, negative results will be put in writing and posted to their address.
* Where there is no address and/or the result is positive, the healthcare professional will contact the pharmacy to ask for support with notifying the service user. Support could include obtaining up to date contact details or asking the Pharmacy to share results with the service user. The decision will be jointly decided on a case-by-case basis between the Pharmacist and the SW Peninsula hepatitis C ODN healthcare professional.
* Where the individual has tested positive for HIV, the healthcare professional will confirm that the service user is happy for a clinician from the sexual health service to contact them, to discuss support available and to explore treatment options. The healthcare professional will send the results and service users contact details to the sexual health service upon service user agreement.
* A summary of the results pathway is available in appendix D
* Contact details for the key stakeholders involved with the BBV testing service are outlined in Appendix A.

**8.0 Use of Locum Pharmacists**

**8.1** The pharmacy has a duty to ensure that staff and other pharmacists (including locums) involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service to ensure the smooth continuation of the service in their absence.

**8.2** The pharmacy should ensure that there is adequate support staff, including staff specifically trained to support this service in the pharmacy at all times, to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.

**8.3** The pharmacy will ensure that appropriate professional indemnity insurance is in place.

It is a requirement for pharmacies signing up to this agreement to comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.

**9.0 Records and data sharing**

**9.1** The Pharmacy must complete the template on PharmOutcomes for each service user intervention which includes a patient consent declaration.

**10.0 Governance**

**10.1** The pharmacy contractor is required to report any service user safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

**10.2** The pharmacy will participate in **audits** of this service provision on a quarterly basis from the start of project. Aim of the audit would be to understand any operational challenges faced, review of the data – tests completed. This will also provide an opportunity to discuss any challenges / concerns of delivering the provision.

**11.0 Ordering Consumables**

**11.1** Testing Kits and other material including incentive vouchers will be delivered through the post to the Pharmacy through the SW Peninsula hepatitis C ODN or through the Hepatitis C peers

**11.2** Pharmacies will initially be provided with 20 kits and literature plus promotional material to support the delivery of the programme. Pharmacies should email the programme manager Jayne Roue at [plh-tr.hepatitiscodnmdt@nhs.net](mailto:plh-tr.hepatitiscodnmdt@nhs.net) to notify when stocks are low and to request additional kits to be delivered.

**11.3** It is the responsibility of the Pharmacy to ensure there is adequate stock to provide the service for the duration of the project.

**12.0 Payment Arrangements**

**12.1** Pharmacies registered to deliver the service will receive:

**£250** engagement fee

**£40.00** for each completed test

**£10.00 additional payment** for each test completed for every 10 tests completed up to 50 tests. Therefore, each test will be attract a fee of £50 if 50 tests are delivered.

**12.2** Pharmacy payment will be through the PharmOutcomes platform to simplify the process for both commissioner and provider

**12.3** Service delivery payments will be made monthly based on activity recorded via PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 6th of the month and payments will be made in arrears on a monthly basis.

**Appendix A: Contact details (July 2022)**

**SW Peninsular Hepatitis C ODN contacts**

Jayne Roue, Operational Delivery Network/CQUIN Programme Manager

Email: [jayne.roue@nhs.net](mailto:jayne.roue@nhs.net)

Mobile: 07876 493615

**Specialist BBV Nurses and Pharmacist**

* Laura Bates (Plymouth) - [Laurabates3@nhs.net](mailto:Laurabates3@nhs.net)
* Sheila Needs (Torbay) - [sheila.needs@nhs.net](mailto:sheila.needs@nhs.net)
* Helen Hampton (Cornwall) - [h.hampton@nhs.net](mailto:h.hampton@nhs.net)
* Graham Parsons – Pharmacist (SW ODN Area) – [graham.parsons5@nhs.net](mailto:graham.parsons5@nhs.net) – Tel: 07917553755
* Rudi Matull – Consultant Hepatologist (Somerset) - [Rudi.Matull@SomersetFT.nhs.uk](mailto:Rudi.Matull@SomersetFT.nhs.uk)

**Hepatitis C Trust Peer Supporters**

Danny Crowley. Email: [daniel.crowley1@nhs.net](mailto:daniel.crowley1@nhs.net)   Mobile: 07495703951

Ryan Nolan. Email: [ryan.nolan@hepctrust.cjsm.net](mailto:ryan.nolan@hepctrust.cjsm.net)   Mobile: 07908210898

**Substance Misuse Services**

* Harbour (Plymouth) – Telephone: 01752 434343 Email: [harbourcentre@harbour.org.uk](mailto:harbourcentre@harbour.org.uk)
* We Are With You (Cornwall) – Truro/Falmouth/Redruth/Camborne/St Austell (Tel: 01872 263001); Penzance (Tel: 01736 365467) and Liskeard (Tel: 01579 340616)
* Exeter Drug Project (Devon) – Exeter/Newton Abbot/Barnstable - Telephone: 0800 233 5444
* Torbay Drug and Alcohol Service (Torbay) – Telephone: 01803 604330
* Turning Point (Somerset) – Taunton and Yeovil - Telephone: 0300 303 8788

(Updated contact lists will be provided to each community pharmacy if changes are made during the course of the project)

**Appendix B: Self-declaration**

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**Appendix C: Pre-test discussion**

### Pre-test discussion

Patients should always be made aware of the implications of positive and negative results to enable informed consent.

### Clarify the following points are understood

The testing procedure.

Transmission of BBVs.

Lifestyle or activity changes needed to reduce future risk to self and transmission to others.

HCV Antibody (Ab) test = exposure only. If HCV Ab positive, then further blood test shows if the virus is still active. This is called the “PCR” test and will be available to the service user as we undertake this test also

The window period for HCV antibody testing. (Testing within 3 months of exposure may miss a positive diagnosis. Always test immediately but advise that a follow up test is required after 3 to 6 months.)

Give enough information about the long-term implications of a positive result. (Discuss and provide literature to take away – available on PharmOutcomes platform)

Treatment regimens are continuing to improve all the time for HBV, HCV and HIV

Alcohol can accelerate disease progression. Provide advice and support to make changes to drinking habits.

Discuss the support the service user has whilst waiting for and particularly if they receive a positive test result.

Confidentiality issues.

Life insurance and mortgage issues. (A positive test needs reporting. This, or a history of IV drug use, may make getting a life insurance policy or mortgage linked to a life policy more difficult to take out. False information invalidates the policy.)

### Pre-testing education and harm reduction advice

Cover modes of transmission and those at risk which includes:

Anyone who has EVER injected drugs by sharing **any** equipment including filters, spoons, swabs, needles and syringes.

Anyone who has ever snorted or smoked drugs and shared notes, straws or pipes.

Body piercings/tattoos done abroad or in unsterile conditions in the UK.

Regular sexual partners.

Children born to mothers with hepatitis C virus (test after 18 months old, may be maternal antibodies before this time.)

Recipients of medical treatment in countries where sterilised, single use equipment is not used.

Recipients of blood (pre 1991) or blood products (pre 1986 in UK).

### Harm reduction

Cover all cuts and clean up blood spills with bleach and disposable cloths.

Don’t share personal items like toothbrushes and razors.

Use barrier protection contraception i.e. condoms

Allay fears of infecting family members and/or children and put into context as required.

Explain the progression of the disease and the long-term prognosis without treatment.

Be aware of all modes of transmission as above. Protect yourself from others, and protect them against potential transmission from you.

* Advise, again, no sharing of any injecting or snorting equipment, and about the risks of co-infection.

### Potential disadvantages of testing

Is the timing right? Negative result could give false reassurance if sample is taken within window period.

Anxiety whilst awaiting the result.

Coping with a positive result will require adaptation.

The uncertainty of the prognosis of HCV, even with treatment, social stigma and concerns of transmitting the infection to others can cause depression and anxiety leading to risk of increased drug use, relationship problems etc.

**Appendix D: Results Pathway**

**Step 1:** Test is sent to the Public Health Laboratory Manchester in the **pre-paid envelope** provided

**Step 2**: Results will be returned from the Laboratory to the SW Peninsula hepatitis C ODN programme manager after approximately 21 days via a secure laboratory portal.

**Step 3:** The Programme manager will email results with the SW Peninsula hepatitis C ODN healthcare professional(s)

**Step 4:** **The SW Peninsula hepatitis C ODN healthcare professional** will contact the individual to advise of results – both positive / negative.

Note: Contact will be initiated via a phone call and negative results will be followed up in writing, unless otherwise requested by the individual at the time of testing.

**Step 5a:** Where there is a positive HIV result, **the SW Peninsula hepatitis C ODN healthcare professional will** confirm that the service user is happy for someone from the local sexual health service to contact them to discuss treatment options.

**Step 5b:** If the SW Peninsular hepatitis C ODN healthcare professional cannot contact the service user they will share the results with the community pharmacist who can provide the results to the service user if they visit the pharmacy. If they are successful with the contact, they will agree a plan for engagement with the healthcare professional from the SW Peninsular hepatitis C ODN and liaise with the relevant contact to communicate this.

**Step 6:** **The SW Peninsular hepatitis C ODN healthcare professional**  will form a plan with the service user agreeing the best way for the individual to receive and engage with treatment (should this be what the service user wants).

**Step 7**: If in agreement with the service user, the healthcare professional will contact the sexual health service, advising of the service’s name, test result, and how the service user would like to be contacted.

**Step 8:** The SW peninsular hepatitis C ODN healthcare professional will send a letter to the GP (with the service user’s consent) to advise of the test and results

**Appendix E: Consent Checklist**

* Does the individual agree to be tested for the following by a member of the Pharmacy Team?
* Hepatitis B
* Hepatitis C
* HIV
* Does the individual agree for the results of the test to be shared with:
* Pharmacy
* Sexual Health when applicable (only where result is positive for HIV)
* GP Practice
* Local drug and alcohol service (if engaging in treatment)
* Hepatitis C Registry
* If the individual does not agree to this information to be added to the Hepatitis C Registry, it does not stop the person being tested.
* Does the individual agree for the healthcare professional to contact the service user with the results?

If the service user test positive for an infection, they will be able to provide the service user with treatment to clear the body of the virus.

* Does the service user agree for a clinician from Sexual Health service to contact them to discuss treatment options following a positive result for HIV?

**NOTE**: If the individual does not agree, this will not stop them from being tested.

1. The term PWUDs will be used throughout this document to reflect the fact that service users accessing the service may not be current PWIDs. This also considers the potential risks of transmission of HCV through non-injecting routes e.g., nasal insufflation. [↑](#footnote-ref-1)
2. NHS England (2019) NHS England’s plan to eliminate Hepatitis C decisively backed by High Court. Available at: <https://www.england.nhs.uk/2019/01/nhs-englands-plan-to-eliminate-hepatitis-c-decisively-backed-by-high-court/> [↑](#footnote-ref-2)
3. London Joint Working Group on substance use and Hepatitis C (2018) HCV testing in NSP (Needle and Syringe Provision) Community Pharmacies Pilot (Phase 1). Available at: http://ljwg.org.uk/wp-content/uploads/2018/05/LJWG-Pharmacy-Testing-Phase-1-final-report-.pdf [↑](#footnote-ref-3)
4. PWUDs – current or historic use [↑](#footnote-ref-4)
5. The term service user will be used throughout this document to identify the person being tested [↑](#footnote-ref-5)
6. Contact details will be recorded on both PharmOutcomes and the SWP HCV ODN testing form (see appendix A) [↑](#footnote-ref-6)
7. Health and Safety Executive (no date) ‘Blood-borne viruses (BBV)’ Available at: <http://www.hse.gov.uk/biosafety/blood-borne-viruses/index.htm> [↑](#footnote-ref-7)
8. This should be in place for NSP community pharmacies already [↑](#footnote-ref-8)
9. http://www.legislation.gov.uk/ukpga/2006/41/contents [↑](#footnote-ref-9)
10. http://www.legislation.gov.uk/uksi/2002/1438/contents/made [↑](#footnote-ref-10)
11. http://www.legislation.gov.uk/uksi/2010/659/contents/made [↑](#footnote-ref-11)