

BLOOD-BORNE VIRUS SCREENING

Your health challenge

- Around 113,000 individuals are chronically infected with hepatitis C in the UK, but around half of them are undiagnosed¹
- Around 100,000 people in the UK have HIV – about one in twelve of these are undiagnosed²
- In the UK, approximately 180,000 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.

A 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.

During 2018, pharmacies across London worked with the London Joint Working Group (LJWG) on Substance Use and Hepatitis C Virus offering hepatitis C screening tests to people who use needle exchange services. Headline outcomes for just **four months** were:

- 9 participating pharmacies carried out 178 tests;
- 53% of participants tested positive for hepatitis C antibodies;
- 15 patients have commenced hepatitis C antiviral therapy; and
- 84% of those tested would prefer to receive hepatitis C antiviral therapy in their community pharmacy.

1. British Liver Trust website, accessed 16/04/19
2. Public Health England, HIB in the UK (2018)

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What the experts say

“Innovative testing initiatives in the community are essential if we are going to diagnose and treat everyone who has hepatitis C, a virus that disproportionately affects some of the poorest and most marginalised groups in society.”

Previous Minister for Public Health and Primary Care, Steve Brine MP

“Offering free, accessible hepatitis C testing in community pharmacies is a more patient-centric way of engaging with a group of vulnerable, young people where hepatitis C prevalence and risk of transmission is high but, due to personal and social circumstances, engagement with community drugs services or healthcare services in general is poor and sporadic.

“By offering hepatitis C testing in community pharmacies, we will transform and save lives as well as preventing further virus transmissions.”

Dr Suman Verma, Consultant Hepatologist at Chelsea and Westminster Hospital and co-chair of the LJWG.

3. British Liver Trust website, accessed 16/04/19
4. LJWG, HCV Testing in NSP (Needle & Syringe Provision) Community Pharmacies Pilot (Phase 1) (2018)

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 pharmacy)⁵ 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 of medicines. 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 practice, 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 practice. 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 could

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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* (2014)

6. *PHE: The Green Book: Immunisation against infectious disease* (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)