



Delivery of Medications for the Treatment of Viral Hepatitis C

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Delivery of Medications for the Treatment of Viral Hepatitis C

Introduction

Content of document

Viral Hepatitis C (HCV) treatment is more tolerable & effective than ever before, despite this untreated HCV remains prevalent within Bristol in a community of people with active and historic intravenous drug use. Untreated HCV can cause cirrhosis and hepatocellular carcinoma, with current systems there is an unmet need focused among the most disadvantaged. This is unjust and work continues to reduce barriers to access treatment. Delivery of direct acting anti-virals to trusted sites where relationships are established reduces barriers to accessing of treatment. It also preserves worker resources by reducing the amount of time clinical teams/ peers spend collecting medications.

Scope

This document should be read and referred to by all paid staff and volunteers participating in improving the access of ROADS network patients to treatment for viral Hepatitis C including, Nurses, Paramedics, Prescribers, Pharmacists, Team leaders, Staff working with service users and administrative staff, and peers.

Objectives of the procedure

Specialist nurses of Avon & Wiltshire Partnership (AWP) and University hospital Bristol & Weston have an established partnership with the Homeless Health Service (HHS) & Bristol Drugs Project (BDP) and are working to reduce barriers accessing treatment by accepting delivery of Direct Acting Antivirals (DAAs) to BDP and HHS

The Standard Operating Procedure

3.1 Approval for delivery

Medicines must only be couriered to BDP & HHS where this has been agreed between the HCV clinical Nurse specialist/prescriber and HCV representative from BDP/HHS (i.e. BBV nurse BDP, lead nurse homeless health) and where the storage facilities have been shown to meet the expected standards as set out by the cabinet specifications.

3.2 Service User consent

Service user consent for delivery of medication directly to Bristol Drugs Project must be obtained and documented in the hospital records before delivery of medication is arranged to the site. Service User consent can be obtained by HCV clinical nurse specialist/prescriber.

3.3 Delivery and Supply

The prescription for hepatitis C medications will be prescribed on Careflow EPR. At the top of the prescription there is an option for collection/delivery selection. The appropriate delivery location must be selected from the dropdown list (i.e. deliver to BDP or HHS). The timeframe for delivery of the medication is 48 – 72 hours from the point of prescribing.

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Delivery of medication to BDP/HHS will take place within working hours (9-5pm) from Monday – Friday and be delivered to the main reception at BDP/HHS.

3.4 Record Keeping

Delivery of medication must be arranged by the prescribing NHS Trust. Staff must sign for receipt of medication and immediately place this in storage ready for collection. A record book will be supplied and audited by the Homeless health service. Receiving staff must document their own name, the date of delivery & the name & the name of the service user the prescription is for.

At BDP the key for the storage should be held securely in the engagement office and returned there after use. At HHS the key for the storage should be held securely in the key store. Medication should be handed out by the responsible nurse specialist; however, this may be delegated to a named member of BDP/hepatitis C peer/HHS staff(s) where a clear plan has been made and where failure to do so would prevent service users from accessing treatment in a timely manner.

At HHS practitioners should complete Emis template 'Hep C med collection' template when meds are delivered to patient.

The Hep C assertive engagement worker will notify the NHS Trust on both collection and non-collection of medication. Medicines must only be provided to the service user for whom they have been supplied and labelled for, except by special arrangement. The service user or representative should be asked to identify themselves with their Name and date of birth. Medicines delivered and stored at drug and alcohol services are like those delivered to a service user's own property. They are therefore not expected to be suitable for return for re-use by the dispensing pharmacy.

In exceptional circumstances where the pharmacy provider has agreed to return the medicines this must be clearly documented. The prescribing NHS trust must be notified to arrange reimbursement NHS England.

The liability for the cost of the medicines will remain with UHBW.

Storage

Cabinet Specification

Storage BS2881 (British Standard 2881): British standards for safe storage of drugs in a healthcare premise (1989) BS3621 (British Standard 3621): Lock assemblies operated by key from both the inside and outside of the door (2017). Access should be restricted to clinical staff unless previously agreed. Non-clinical staff who have access should have read the SOP document and signed a signatory identification sheet.

- Cupboard should be metal and conforming to British Standard 2881 (BS2881)
- Lock should conform to BS3621
- Cupboard should be attached to solid wall.

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Room temperature monitoring

Daily room temperatures (whilst the department is open) should be recorded using the relevant forms and according to local policy.

Temperature monitoring will be undertaken at HHS & BDP by the Brisdoc nursing team

- Room temperature medicines will be stored between 15-28°C.

- If room temperature out of range (<15oC or > 28oC) please contact

Matthew.Pitman@uhbw.nhs.uk (0117 3427992) (ODN pharmacist, UHBW) for advice.

Adverse events

After 14 days, non-delivery/failed of medication will be reported to UHBW clinical nurse specialist(s)/prescriber(hepatitisnurses@uhbw.nhs.uk).

Medicines should only be stored on site at BDP/HHS For a maximum of 28 days. At this point these cases should be discussed with HCV clinical nurse specialist (s)/prescriber regarding the best course of action. It may be necessary to increase this length of time where failure to do so would prevent service users from accessing treatment.

Medication unaccounted for should be immediately escalated to Jess.Oke1@nhs.net & Rosa.Carter1@nhs.net and an incident form should be completed as per local policy.

The MHRA runs the Yellow Card scheme, which collects and monitors information on suspected safety concerns involving a healthcare product, The scheme relies on voluntary reporting of problems to a healthcare product by the public (including patients, parents and carer givers) as well as from healthcare professionals.

<https://yellowcard.mhra.gov.uk/>

Responsibility

The service provider is responsible for ensuring that the storage facilities for medications are appropriate, secure, and correctly installed. Ongoing responsibility for governing the security of the storage facilities is held by the service provider in this case the homeless health service for medications delivered to the homeless health service (HHS) (1 Jamaica st, Bristol, BS2 8JP) and The Engagement and Early interventions Team for medications delivered to Bristol drugs project (BDP) (11 Brunswick square, St Pauls, Bristol, BS2 8PE

The prescribing NHS Trust (UHBW) is responsible for prescribing and delivery of the medication to the premises.

The financial cost of dispensed medication remains with the prescribing NHS Trust. (UHBW)

It is accepted that deliveries of DAAs will be made to BDP & HHS to allow facilitation of supply and treatment provision in cases where this is supported by a clinical nurse specialist and a specialist HCV pharmacist.

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Assessments

The following assessments were undertaken with agreed and appropriate measures incorporated into this policy:

- Risk assessment for both sites

Monitoring

Review

This policy will be reviewed every three years and updated when required for compliance with appropriate and relevant legislation.

Any complaints or concerns raised will also be reviewed. Any actions required will be implemented by the clinical team.

Related Documents

Content of document

Hot weather SOP Brisdoc

Hot weather SOP UHBW

EEl flow chart (BDP)

Change Register

Date	Version	Author	Change
17/05/2022	New SOP	Rosa Carter, Jess Oke, Matthew Pittman	