

PHARMACIST-LED TELEPHONE CLINIC IS AN EFFECTIVE STRATEGY FOR TREATING PATIENTS WITH HEPATITIS C AND REMOVING BARRIERS TO ENGAGEMENT

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Background: NHS Greater Glasgow and Clyde allows for hepatitis C virus (HCV) liver fibrosis stratification using the FIB-4 score. Patients accessing other healthcare services may have the required laboratory tests available for treatment initiation. Attending clinics, particularly in hospital, is a barrier to treatment initiation. We developed a pharmacist-led telephone clinic to identify, engage and treat HCV, using available results to omit the need for a face-to-face (FTF) appointment.

Description of intervention: Previously referred patients with ongoing HCV infection or those with a new diagnosis untreated within 12 months were identified from the Scottish HCV database and case notes. Patients with FIB-4 <1.45 or F0-F2 fibrosis and blood results within local reference ranges were eligible, with MDT discussion if marginal results.

Patients included were sent a letter inviting them to make a telephone appointment with an HCV pharmacist and a reminder call would be made if they did not make contact. Follow up phone calls were made at the start and end of treatment. SVR12 bloods were booked at a hospital clinic or community phlebotomy hub. Data on previous non attendances (DNAs) for HCV care and time since diagnosis were collected from medical records.

Effectiveness: 612 patients were reviewed for inclusion with 42 (6.9%) eligible for treatment. 25 (59.5%) patients engaged in an initial consultation. Treatment was initiated for 23 (54.8%) patients and the remaining 2 required FTF appointments. Patients treated had an average of 6 DNAs for FTF HCV assessments and 7 (30.4%) were diagnosed more than 10 years ago. SVR12 data will be presented.

Conclusion and next steps: Pharmacist-led telephone clinics are an effective model for engaging and treating patients without a FTF appointment, including patients with a high rate of DNAs and a long duration of infection. Plan to continue case finding and develop referral pathway.

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