

A REPEAT HIGH INTENSITY PEER-LED TESTING INTERVENTION IN COMMUNITY PHARMACY

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Background:

People who inject drugs (PWID) - including people using opiate substitution therapy (OST) and/or needle and syringe provision (NSP) – often face barriers to accessing healthcare.

Pharmacies providing OST and NSP offer a chance to engage PWID, but pharmacy-based HCV testing services – including England’s national pharmacy testing service – often have limited success. Peer and health services in Leicester, UK worked with a local pharmacy to develop a new model.

Description of model of care/intervention:

Staff with lived experience of HCV trained the pharmacy team in HCV and testing engagement. They then established a testing service in the pharmacy’s clinical room; all clients visiting the pharmacy for OST and/or NSP were offered testing. Testing was delivered under two 5 day sessions held 18 months apart.

Effectiveness:

In September 2021, 172 people were tested using a rapid point of care antibody test. 78 tests identified antibodies to HCV (45%) and 20 HCV RNA. 3 had previously been treated. All 20 people subsequently completed treatment. 85% of these people have confirmed SVR.

Returning to the same pharmacy in February 2023, 102 people were tested of whom 35 had HCV antibodies (34%). 33 RNA tests were negative (95%). One person was RNA positive and was known to services. 1 result is outstanding. No reinfections were identified among patients diagnosed in 2021.

Conclusion and next steps:

Pharmacy testing as a short-term, in-reach intervention has worked well in this setting. People responded well to peer-led testing, and progress to treatment was excellent. Although most were at ongoing risk, they did not contract HCV again over 18 months. This may be driven by lower prevalence of HCV as well as harm reduction and prevention provided with treatment. As well as scaling this project, we will conduct qualitative work to explore this.

Disclosure of Interest Statement:

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