

CAN THE ONLINE SHOPPING MODEL 'LOCK-BOX DELIVERY' IMPROVE HEPATITIS C TREATMENT ACCESS AMONGST VULNERABLE ADULTS?

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Background:

Hepatitis C virus (HCV) predominantly affects vulnerable and disenfranchised individuals, including people who use drugs (PWUD) and people who are homeless (PWAH); our prior work shows only 5% attend hospital appointments for HCV management.

Description of model of care/intervention:

The medication homecare delivery model is successful within our Sussex Hepatology Operational Delivery Network (ODN) but relies on clients having an address and/or the ability to sign for deliveries; the latter proves difficult in hostels where staff are reluctant to be involved with medications.

On-line shopping companies have adopted 'lock-box' delivery systems for customers who are unable to sign for a delivery, storing the parcel in a lock-box, enabling later collection. We adopted this strategy for safe provision of HCV medications for difficult-to-engage clients.

Lock-boxes were installed in two centrally located Brighton; a day hostel (accessed by PWUD and PWAH) and a residential hostel (houses PWUD). Lock-boxes at the residential hostel enables micro-elimination within the hostel. Access to lock-boxes was via client-specific key-codes with override facilities for the pilot leads.

Clients were assessed for eligibility for HCV treatment at weekly multi-disciplinary ODN meetings. Non-medical prescribing pharmacists prescribed and managed delivery to the lock-boxes. Cost effective dispensing was guaranteed using the outsourced outpatient pharmacy. Medication was dispensed in weekly blister-packs and deliveries completed monthly. Usage was monitored when refilling the lock-boxes and liaising with the treating HCV nurse.

Effectiveness:

This pilot ran from January 2020 to April 2020 including seven clients. Two PWUD/PWAH and four hostel-resident clients successfully completed HCV treatment. One client decided to disengage from treatment unrelated to the lock-box. The feedback has been overwhelmingly positive from both clients and service providers. The pilot was reliant on one specialized ODN pharmacist. Unfortunately, due to COVID-19 this pilot was put on hold but aims to continue once COVID-19 risks are manageable.

Conclusion and next steps:

Preliminary results from this innovative pilot are favourable as regards improving access to HCV treatment amongst a difficult-to-engage cohort and merits further assessment.

Disclosure of Interest Statement:

Gilead Sciences, Inc provided funding for the provision of the lock-boxes.