



# Strategies to improve the cost effectiveness of ARV prescribing in Leeds Centre for Sexual Health

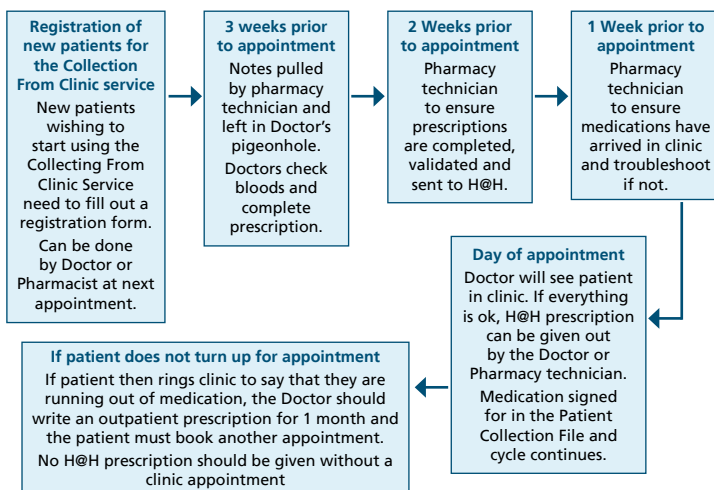
## Background

- In 2011, the number of people living with HIV infection in the UK was thought to be an estimated 96,000, with almost 75,000 people receiving care<sup>1</sup>. This represents a 58% increase over the previous decade, attributed to new diagnoses as well as increased survival as people are living longer with HIV.
- This has financial implications for the future, especially with the NHS target of meeting £20 billion efficiency savings by 2015.
- The BHIVA Standards of Care published in 2013 highlighted the importance of developing strategies to maintain cost effective prescribing<sup>2</sup>.
- We as a clinic have explored new strategies to improve efficiency and productivity.
- In our GUM clinic, antiretrovirals account for 95% of our drug expenditure.
- In the 2010/11 financial year, our GUM department saved over £200,000 by using the Healthcare at Home (H@H) service but only 45% of patients on antiretrovirals were regularly receiving their medicines from H@H.
- We sought to identify and explore the reasons why patients declined H@H delivery and looked at ways to increase recruitment, improve retention and increase savings on HIV drug expenditure.

## Methods

- Homecare patient information leaflets were given out by reception staff to all HIV patients when making a clinic appointment. Pharmacy staff also gave the leaflets to all patients collecting antiretroviral medication from outpatient pharmacy.
- Prior to clinic appointments, GUM administrative staff identified all HIV patients as being:
  - currently on H@H, home care sticker placed in the notes
  - not on H@H, prompt sheet placed in the notes
- Clinicians attempted to recruit patients with prompt forms, and the outcome recorded in the notes.
- Patients who declined, or for whom H@H was not clinically appropriate, the reasons were explored and a review date was set for 6 months.

## Medication Collection Pathway



## Outcomes

- 144 prompt forms were completed over a 4 month period, between 1st November 2011 and 31st March 2012
  - Of these patients, 110 were not registered with H@H
  - 34 were from patients who were previously registered with H@H but no longer receive medication from them. The reasons for this are not always clear and in some cases may just be due to the prescriber not realising the patient is registered and therefore issuing a hospital outpatient prescription in error.
- 62 patients agreed to H@H
  - Of these 62 patients, 30 were suitable and registered, 16 were antiretroviral naïve and the remaining 16 were on antiretrovirals but unsuitable for H@H
- 82 patients declined, with various reasons given;
  - 5 had problems with H@H in the past
  - 39 preferred to collect medications from hospital pharmacy rather than have it delivered to home, work or the post office
  - 22 patients did not have suitable living arrangements
  - 1 patient was worried about the stigma of getting medication delivered
  - 1 patient was worried about confidentiality
  - 4 patients wanted to think about it
  - 10 patients gave no reasons for declining homecare
- Of the 82 patients who declined
  - 61 patients would be interested in a clinic pick up option
  - 3 patients would not be interested in a clinic pick up option
  - 18 patients were not asked about the clinic pick up option

## Conclusion

- The pilot was rolled out for the rest of the year and by November 2012 we recruited an additional 157 patients, of which 123 are actively using the H@H scheme.
- In the 2011/2012 financial year, GUM saved an additional £100,000 compared to the previous financial year
- Over the data collection period, 61 patients indicated they would be interested in a clinic pick up option. If this option had been available at the time, a further £50,000 per year could have been saved.
- The homecare recruitment drive successfully increased recruitment and retention of GUM HIV patients to H@H.
- To facilitate the scheme and improve our service, we have recently appointed a pharmacy technician to co-ordinate our clinic pick up service and further improve recruitment.

## References

1. Health Protection Agency. HIV in the United Kingdom: 2012 Report. [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317137200016](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317137200016)
2. British HIV Association Standards of Care for People Living with HIV 2013. [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317137200016](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317137200016)