

Facilitating primary care non-antiretroviral drug prescribing in people living with HIV: the “THINK ARV” project



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Background

- Comorbidities primarily managed by General Practitioners (GPs) ¹
- Higher risk of medicines-related problems (MRPs) when multiple prescribers and dispensing pharmacies¹
- Existing Lawson Unit (LU) service:
 - HIV CPD for primary care teams
 - specialist pharmacy advice by email and landline



¹ Leake Date H, Clinical Pharmacist (2018) 10: 2

THINK ARV phase 1²

- ascertained local GPs' confidence when prescribing for people living with HIV (PLWH)
- identified need for additional support for GPs prescribing non-antiretrovirals (non-ART) for PLWH
- elicited preferred methods of support
- informed phase 2



² Knox C et al, BHIVA 2018, P12

THINK ARV phase 2 objectives

- Further raise GPs' awareness of potential MRPs associated with primary care prescribing for PLWH on ART
- Develop, implement and evaluate an intervention to reduce MRPs by facilitating GPs' real-time access to HIV pharmacy (pharmacist and technician) advice



Organisation and governance

- NHS/MSD joint working agreement³
- MSD: project management & financial support
 - 0.3wte Band 7 pharmacist for 1 year
 - purchase of mobile phone handset
 - cost of sticker production
- NHS:
 - intervention development & implementation
 - running costs of mobile phone
 - ongoing support for Think ARV service
 - co-design team - HIV consultant, HIV pharmacists, GP



³ The ABPI Code of Practice for the Pharmaceutical Industry – Joint working with the Pharmaceutical Industry, 18 Nov 2013

Intervention development

- Phase 1 findings: GPs preferred
 - enhanced phone access (urgent advice)
 - email (non-urgent)
- THINK ARV intervention: optimise and raise profile of existing HIV pharmacy advice
 - new mobile phone answered by HIV pharmacist during normal working hours
 - bespoke sticker designed and printed
 - THINK ARV name & logo
 - service details
 - size/shape to fit *eg* on computer monitor



THINK ARV launch



- HIV pharmacists and GP participated in city-wide primary care educational event
- Article in regular GP bulletin
- Stickers and information sent to all local GP practices

Monitoring and evaluation

- Data collected for 6 months before and 6 months after service launch:
 - ART regimen
 - non-ART drugs
 - nature of query
 - recommendation
 - method of communication
- Drug-drug interactions (DDIs) categorised using University of Liverpool HIV Drug Interactions resource⁴
- User satisfaction survey emailed to enquirers who provided contact details



⁴www.hiv-druginteractions.org



Method of Contact	Pre-intervention	Post-intervention
Mobile	-	25
Landline	18	32
Letter	1	1
Email	7	5
TOTAL	26	63

- Significant increase in number of queries after service launch – $p < 0.001$, CI (1.6-1.8)
- Increase in calls via landline too

Results -
 query numbers & contact
 methods



THINK ARV
 Lawson Unit Pharmacist Helpline
 07795 052818 (Mon-Fri 09:00-17:00)
 If not urgent:
 pharmacy.seh@bsuh.nhs.uk
 (response within 3 working days)
NOND-1253768-0000

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Enquirer	Pre-intervention	Post-intervention
GP	13	43
Practice pharmacist/ technician	7	10
Practice nurse	6	10

Results -
 who used the service?

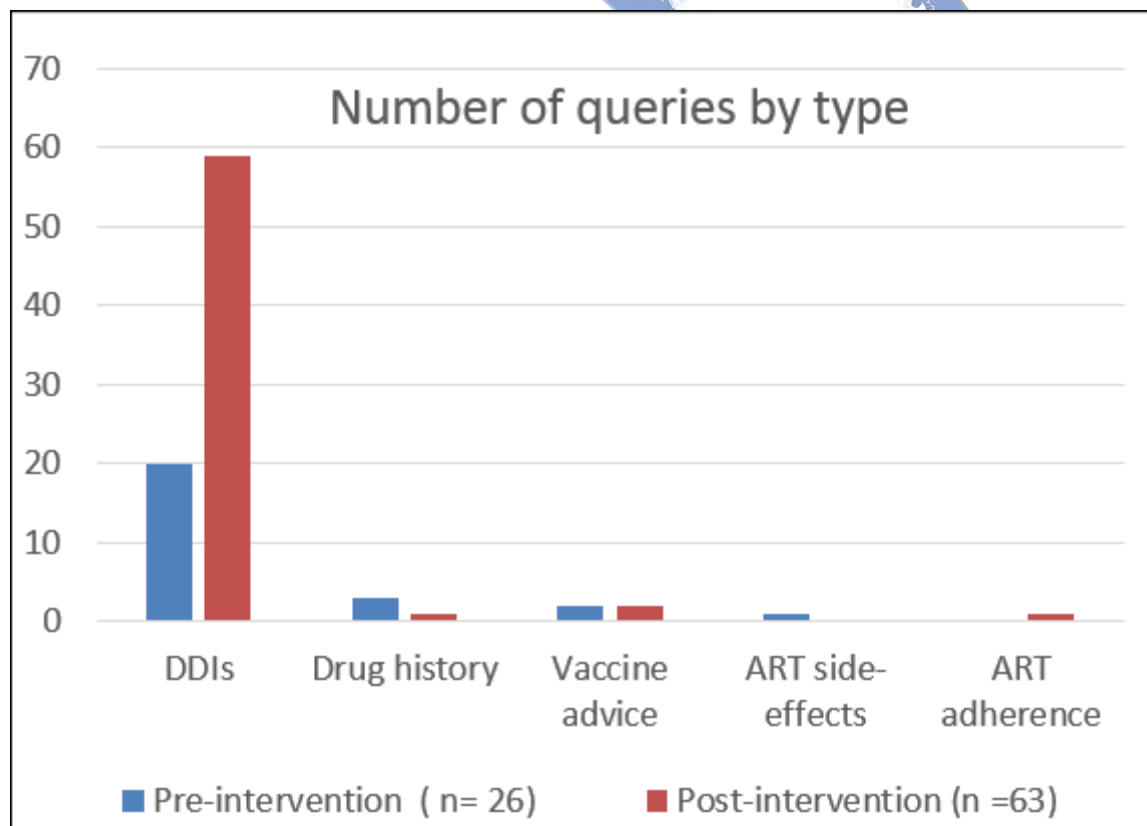
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Results -
types of MRPs

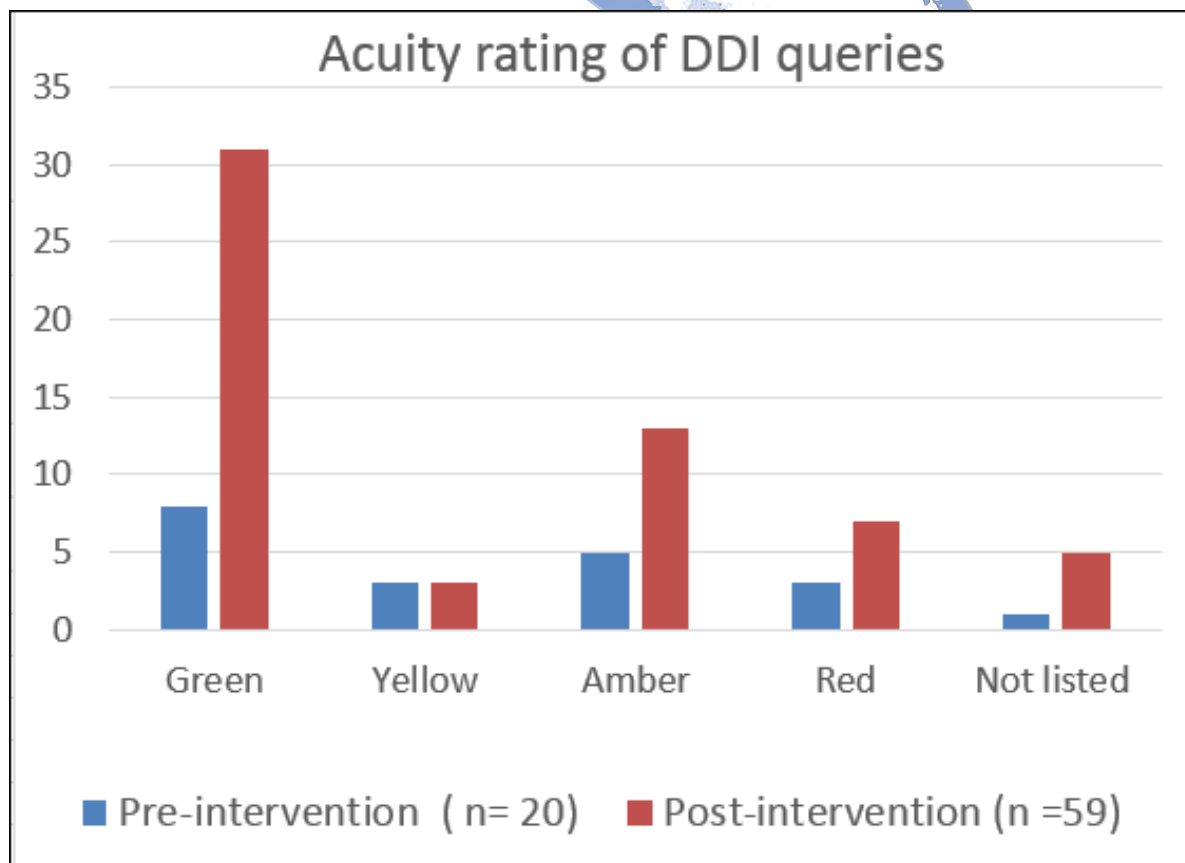
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Colour Legend

- Green: No clinically significant interaction expected.
- Red: These drugs should not be coadministered.
- Amber: Potential interaction which may require a dosage adjustment or close monitoring.
- Yellow: Potential interaction predicted to be of weak intensity. No *a priori* dosage adjustment is recommended.

Source: www.hiv-druginteractions.org

Results -
significance of DDIs

User feedback

Su was extremely pleasant on the phone. Answered my query promptly. I will definitely be using the service again.

Excellent!

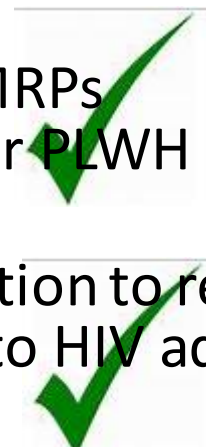


Amazing! I don't know how I managed before without it! The online support is not as helpful and clear as speaking to an HIV pharmacist directly

Amazing help – saved me lots of time and gave me and the patient reassurance - thanks

Conclusions

- Objectives met:
 - further raise GPs' awareness of potential MRPs associated with primary care prescribing for PLWH on ART
 - develop, implement and evaluate intervention to reduce MRPs by facilitating GPs' real-time access to HIV advice
- Next steps:
 - Further GP/Primary Care engagement
 - Explore other ways to reduce MRPs in PLWH
 - Community pharmacists
 - Secondary care outpatient services



Thank you

Questions?

THANK ARV

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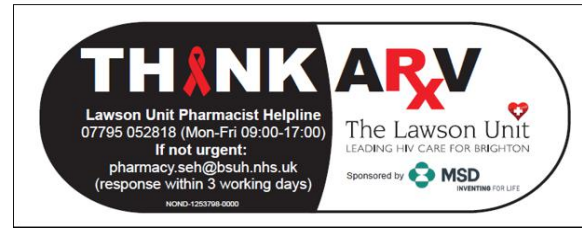
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A joint working agreement between the NHS and MSD



In accordance with the ABPI Code of Practice for the Pharmaceutical Industry –
Joint working with the Pharmaceutical Industry, 18 Nov 2013



“Red” & “amber” DDIs identified

Non-ART amber DDIs	n=18
Macrolides	2
Statin	5
Steroids	6
Antiepileptics	1
NOAC	1
NSAID	1
PDE inhibitor	2

Non-ART red DDIs	n=10
PPIs/acid Suppressant	6
NOAC	2
Steroid	1
Domperidone	1