Hepatitis C Strategy

About us

We support people to take control of their lives and make positive changes. For fifty years we have made a difference to people who want to change their relationship with drugs and alcohol and improve their mental health and wellbeing. Our services are delivered in 81 locations in England and Scotland, and we reached more than 130,000 people last year.

We have signed up to the World Health Organisation's Global Health Sector Strategy for Viral Hepatitis to eliminate hepatitis C as a major health threat by 2030.

We are committed to reviewing all of our Hepatitis C support. Each of our services will use this strategy to develop a local plan to achieve elimination by 2030.

What is hepatitis C?

Hepatitis C (Hep C, HCV) is one of several viruses that cause viral hepatitis (inflammation of the liver). The hepatitis C virus is a major cause of liver disease. Up to 50% of people with hepatitis C remain undiagnosed. Hepatitis C is a slow, progressive disease which is often not recognised until its chronic stages when it has caused severe liver damage. A typical cycle from infection to symptomatic disease can take as long as 20 years.

As there are no real symptoms, a large proportion of persistent HCV infections are clinically silent, often undiagnosed, and will not be recognised by patients or practitioners until liver damage is advanced with the true impact of the infection becoming apparent decades later. Many studies refer to hepatitis C as the silent disease. Once cirrhosis is established the rate of developing liver cancer is 1 – 3 %.

In 2015, there were an estimated 71 million people with chronic Hepatitis C infection worldwide. Most recent estimates suggest that around 160,000 people in England are living with chronic hepatitis C infection. Injecting drug use continues to be the most important risk factor for hepatitis C infection. In 2016, 54% of people who had injected psychoactive drugs, participating in the Unlinked Anonymous Monitoring Survey, tested positive for antibodies to hepatitis C and this proportion has remained relatively stable over the past decade, although there is evidence of an increase since 2011 (PHE Hepatitis C in England 2018 Report).

There is no vaccine for hepatitis C but thanks to the new direct acting antiviral therapy there is a cure. This new treatment allows for shorter duration of treatment (between 8 and 16 weeks), much higher cure rates and very minimal side effects compared to previous treatment options.

Our five point plan

1. Working in partnership

Hepatology

We are committed to working with hepatology services to improve care. We aim to have clear local referral pathways in place so that every service can refer appropriately in line with local processes. Dependent on local commissioning we have various models of care. We link to hepatology for outreach where Hepatology nurses come into services to treat people we work with.

Connections with Hepatitis advocacy groups

We work with a broad range of other groups including HCV Action and the HCV Coalition and is asked to comment on various agendas and present our work at conferences. More recently we made a significant contribution to the All Party Parliamentary Group (APPG) Liver Health – Elimination of Hepatitis C inquiry.

We have won awards for our work regarding BBV such as the European South-West Hepatitis C Partnership, HepCatt, and Quality in Care Award.

Our commitment

Every local service will have a tailored model that delivers hepatitis C treatment in partnership with others

All local services will link with local community pharmacies on the most effective and up to date way to provide HCV testing and treatment

A team member will attend the Operational Delivery Network (ODN) meeting in their area

2. Reducing the spread of Hepatitis C

We are committed to offering hepatitis C testing, and once tested, action will be taken to either reduce the risk of infection, prevent further transmission of the virus or if they are infected to ensure that treatment is offered within service or a clear local treatment pathway is in place.

All of our services offer testing for hepatitis C and also hepatitis B and HIV. Everyone will be offered testing irrespective of perceived risk. We will not just target injecting populations as we understand that people can switch or substitute from one substance to another.

Each service opportunistically offers everyone a test and retest every 12 months using dry blood spot testing. Each positive result automatically feeds into the Public Health England reporting system. In some of our services, we have worked with community pharmacies

to run pilots on pharmacy testing with good results.

We are committed to providing Needle and Syringe Programmes, looking at innovative ways of working including: pop up services, assertive outreach, and fixed sites such as agency premises and community pharmacies. Testing in all Needle Syringe Programmes is a major part of this programme.

All front line staff are trained in safer injecting practices and harm reduction approaches. We can provide bespoke services including click and collect services, an enhanced pick and mix approach including 'one hit kits', vending machines and an improved service for image and performance enhancing drug users. We continually investigate new technologies including point-of-care testing.

Our commitment

Each service will link in with community pharmacists to share information and explore joint working

Every service will review the time it takes from saying 'yes' to a test to testing. Testing targets will be set in every service; every test should be performed within 7 days of saying 'yes'. Each service will look at refusals for testing to determine what the barriers are and have an action plan to overcome any perceived challenges

Each service will be part of the PHE survey annually

3. A knowledgeable workforce

We are committed to provide all staff including volunteers with BBV training via annual e-learning module completion, evidenced through supervision reports and training records.

We work in partnership with The Hepatitis C Trust who provide face-to-face workforce development training and Peer Education training.

Our commitment

All our staff are trained and competent

We will widen the coverage of training to the wider community; for example, hostels, homeless shelters, pharmacies, GP practices and housing providers to ensure that all have an awareness

4. Raising awareness

We are committed to raising awareness of Hepatitis C.

We work with partner agencies as part of public health campaigns; such as linking in with secondary care, community pharmacies, GP practices, hostels, housing providers, and other non- health care providers and charities.

Each service celebrates World Hepatitis day. In addition, we actively report good news stories on social media.

In some of our services we have recruited hepatitis C Peer Educators to enhance the team. Our Peer Educators are volunteers who are trained to deliver a peer message regarding the importance of testing and attending hospital appointments, to people who are at high risk. The intention is that this will increase the likelihood of diagnoses, referral into specialist monitoring and where appropriate, treatment.

Our commitment

Each service will support relevant local public health campaigns

Every service will develop a small team of Peer Educators, delivering talks in wider communities

Every service will have a nominated blood borne virus champion

5. Ensuring access to treatment

Each service will ensure that they have clear referral pathways in place. We are committed to ensuring that everyone is aware that interferon based therapies are now not being used to treat hepatitis C. New treatments are shorter duration, more tolerable with better outcomes and fewer side effects.

We are committed to routinely recording actual test dates and results to enhance the value of drug service databases in giving a true picture of the hepatitis C epidemic in the population.

Our commitment

We will review diagnosis to treatment times, removing perceived barriers and improving these times.

Example of best practice

Our national BBV Lead was awarded the title of Queen's Nurse for her continued dedication and innovative approach to blood borne viruses. In 2015, she had an article published which described good working practice for those at risk of Hepatitis C.

It looked at people who inject drugs (PWID) who are infected with chronic Hepatitis C virus (HCV) that struggle to engage with hospitals and the medical profession due to where they live or their lifestyles.

Our Cornish HCV management model integrates hospital-based hepatology and community drug and alcohol services, such as Addaction. Community blood-borne virus (BBV) screening is performed by our staff. Our BBV nurses discuss the results with patients. Results are then reviewed at multidisciplinary meetings with the hepatology secondary care team with regard to a management plan. The person is then offered treatment in the community.

The Cornish community based model demonstrates that an integrated care network can improve HCV treatment uptake and completion in a non-urban area.

Contact us about this resource

Helen Hampton
Blood Borne Virus Lead for Addaction
Queen's Nurse
helen.hampton@addaction.org.uk