



HCVAction

HCV ACTION CARDIFF HEPATITIS C GOOD PRACTICE ROADSHOW, 8TH DECEMBER 2017

SUMMARY REPORT



Introduction

On 8th December, HCV Action and Public Health Wales (PHW) staged the third and final hepatitis C good practice roadshow of 2017 in Cardiff, to reflect on progress in tackling hepatitis C in Wales and identify areas where further work is needed. The roadshow highlighted examples of good practice in the prevention, testing, diagnosis and treatment of hepatitis C and involved discussion of Wales's commitment to elimination by 2030.



The roadshow featured a range of presentations from relevant experts and health professionals, including Dr Andrew Yeoman (Consultant Hepatologist, Aneurin Bevan University Health Board), Dr Noel Craine (Research Scientist, Public Health Wales), Dr Brendan Healy (Chair, Viral Hepatitis Subgroup and Consultant in Microbiology and Infectious Diseases, University Hospitals of Wales, Cardiff), Dr Daniel Thomas (Head of Surveillance, Health Protection Division, Public Health Wales) and Hilary Ryan (Hepatology Clinical Nurse Specialist, Betsi Cadwaladr University Health Board).



Presentations highlighting examples of good practice in the region also featured, with Delyth Tomkinson (Clinical Nurse Specialist, Cardiff and Vale University Health Board) and Joanne Hughes (Community Nurse, BBV Team, Aneurin Bevan University Health Board) sharing updates on a range of community outreach projects taking place across Wales. An additional presentation featured Tracey Tilley speaking about her experiences as a hepatitis C patient and the ongoing challenge of addressing stigma related to hepatitis C.

Around 60 people attended the roadshow, including clinicians, nurses, drug service workers, prison health professionals and a range of others working in or around hepatitis C in Cardiff and across Wales. The full set of slides presented by each of the speakers can be found in the HCV Action resource library [here](#).

Agenda

Introduction and setting the scene

Dr Andrew Yeoman, Consultant Hepatologist, Aneurin Bevan University Health Board

Local epidemiology

Dr Noel Craine, Research Scientist, Public Health Wales

Treatment of hepatitis C and possibilities for elimination

Dr Brendan Healy, Chair, Viral Hepatitis Subgroup and Consultant in Microbiology and Infectious Diseases, University Hospital of Wales, Cardiff

Research presentation: Onomap Project

Dr Daniel Thomas, Head of Surveillance, Health Protection Division, Public Health Wales

Primary care case-finding

Hilary Ryan, Hepatology Clinical Nurse Specialist, Betsi Cadwaladr University Health Board

Good practice case studies – community outreach projects

Delyth Tomkinson, Clinical Nurse Specialist, Cardiff and Vale University Health Board and Joanne Hughes, Community Nurse, BBV Team, Aneurin Bevan University Health Board

Patient perspective

Tracey Tilley

HCV Action: sharing good practice

Rachel Halford, Deputy Chief Executive, The Hepatitis C Trust

Panel discussion: problems and solutions for tackling hepatitis C locally

Workshop A: Introduction to the work of the Viral Hepatitis Subgroup

Dr Brendan Healy, Chair, Viral Hepatitis Subgroup and Consultant in Microbiology and Infectious Diseases, University Hospital of Wales, Cardiff

Workshop B: Awareness and testing in drug services

Stuart Smith, Head of Drug Services, The Hepatitis C Trust

Workshop C: Hepatitis C in prisons

Dr Stephanie Perrett, Lead Nurse for Health and Justice, Health Protection Team, Public Health Wales and Hayley Edwards, Clinical Nurse Specialist, Abertawe Bro Morgannwg University Health Board

Workshop discussions

During the roadshow's afternoon session, three workshops were held on key issues related to hepatitis C in Cardiff and across Wales: the work of the Viral Hepatitis Subgroup; awareness and testing in drug services; and hepatitis C in prisons. Below is a summary of discussions from the workshops.

Workshop A: Introduction to the work of the Viral Hepatitis Subgroup

Dr Brendan Healy, Chair, Viral Hepatitis Subgroup and Consultant in Microbiology and Infectious Diseases, University Hospital of Wales, Cardiff

Part 1

The workshop began with a presentation by Dr Brendan Healy on the work of the Viral Hepatitis Subgroup. The Subgroup sits under the Liver Disease Implementation Group and was allocated a 'Terms of Reference' upon being established. Dr Healy outlined the aims and objectives assigned to the Subgroup, which include reviewing and implementing measures relating to viral hepatitis in the Welsh Government's Liver Disease Delivery Plan.

Terms of reference Aims & Objectives

- Review the priorities within the liver disease delivery plan that relate to blood borne viral hepatitis and develop a realistic work plan to support the delivery of these priorities
- Consider the recommendations outlined in the "Report on Blood Borne Viral Hepatitis Action Plan for Wales 2010-2015" (see appendix) on an annual basis and prioritise actions and agree a timeframe for delivery and included prioritised action in the work plan for the group.
- Liaise with the other subgroups and task and finish groups established by the LDIG to ensure that the work plan for the subgroup aligns with the work plan of the other groups to support the delivery of the priorities outlined in the plan and report on progress to the LDIG
- Advise the LDIG on other important areas of work related to blood borne viral hepatitis that are not captured in the current Liver Disease Delivery Plan
- Provide the leadership for and strategic oversight of Wales commitment to WHO elimination target

Dr Healy provided an overview of the content of the Subgroup's regular meetings, which feature updates on pilot projects, treatment numbers, research, laboratory capacity and other information and recent developments.

The latest information and relevant developments shared at the last Subgroup meeting were then provided, to give an example of Subgroup discussions:

- An intranet-based database has been developed to support new treatments, with the NHS Wales Informatics Service (NWIS) having designed an e-form to support patient management in the outpatient setting.
- The pre-existing harm reduction database has been developed to include BBV testing.
- A new system is being established within NWIS related to community work, including substance misuse services.

- A BBV dataset is being developed.

Dr Healy then handed over to Suzanna Pask and Gareth John from NWIS, who provided a demonstration of how the e-form works and the data it captures. Analysis of the data gathered since the e-form was established shows that referrals from substance misuse services are low compared with referrals from other settings. Such findings demonstrate the usefulness of the e-form, as more work can now be directed towards increasing referrals from substance misuse services.

The e-form also increases the ease of gathering other data, such as the number of appointments where patients did not attend and the treatment medications prescribed, useful in showing whether Welsh treatment guidelines are being adhered to.

The first section of the workshop concluded with Dr Healy outlining current pilot projects being undertaken across Wales. These include:

- Using computer software to identify GP practice patients who are at risk, carry out testing and link to care.
- Testing and treating cohort of injecting drug users via needle exchanges and pharmacy services.
- Review of services in Abertawe Bro Morgannwg University Health Board with the aim of streamlining services and improving efficiency.
- Testing in prisons.
- A&E hepatitis C testing at University Hospital of Wales.
- Testing and treatment on the Salvation Army homeless night bus.
- Testing and treatment in community pharmacies in Cardiff.
- Contacting patients who have previously been diagnosed but not received treatment.
- Testing asylum seekers in Cardiff.
- Testing outreach from Aneurin Bevan University Health Board into gyms, to target performance enhancing drug users.
- Various projects looking at using point-of-care testing to increase diagnosis rates.

Projects currently running

- Testing for hepatitis C in A&E UHW – Gilead Fellowship – Brendan Healy, Ian Blyth – Project complete, write up underway
- Testing and treating hepatitis C on the Salvation army homeless night bus – first pilot complete, second pilot due to start – Delyth Tomkinson
- Testing and treating patients in community pharmacy setting, Cardiff – Gilead fellowship - Kerry Rockey, Rhys Oakley
- Contacting patients that have previously undergone testing and not been followed up – GP SE Cluster, Cardiff – Brendan Healy

Part 2

Following the presentations, workshop attendees were invited to discuss and ask questions about the work of the Viral Hepatitis Subgroup.

A discussion took place on the Subgroup's project to contact patients diagnosed but lost to follow-up. The aim of the pilot is to ascertain whether patients are happy to be contacted with information about the new treatments. So far, around 30 patients have been contacted and more are due to be contacted in early 2018. Patients are contacted via telephone and told about the new treatments.

A discussion followed regarding the approach taken in following up patients diagnosed but not treated. Phone calls are preferred to letters to avoid the risk of the information not reaching the intended recipient. Thus far, the impression is that patients are happy to be contacted and informed that new, tolerable and highly effective treatments are available.

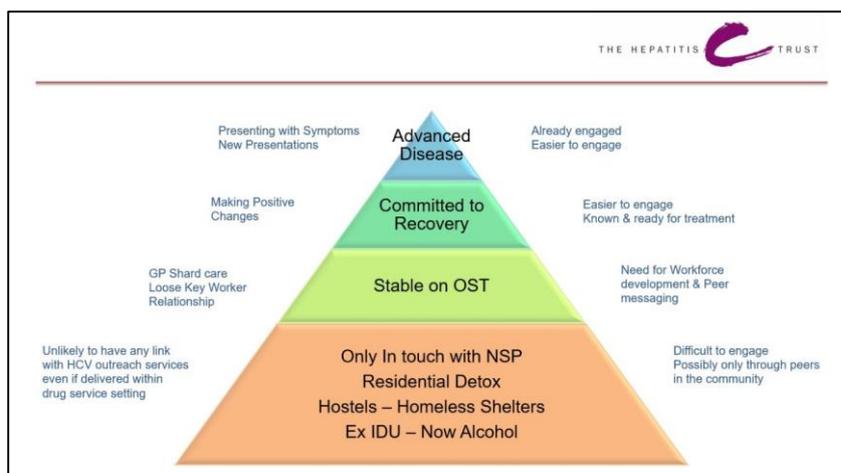
A conversation also took place on the low number of referrals from substance misuse services. Various potential solutions were identified, including training on hepatitis C for substance misuse staff, the use of peers to increase testing rates, and including testing requirements for services in commissioning contracts. As a result of the discussion, a decision was taken that there should be a representative from substance misuse services on the Viral Hepatitis Subgroup.

Workshop B: Awareness and testing in drug services

Stuart Smith, Head of Drug Services, The Hepatitis C Trust

Part 1

Stuart Smith began by outlining the need to find undiagnosed patients and the varying difficulty of finding different groups of patients. Those who have advanced disease are more



likely to be already engaged with services, and are thus easier to diagnose. The likelihood of being in contact with people who inject drugs, or have done in the past, is also variable. Those who are in touch with substance misuse services and committed to recovery are easier to

find, compared with those who are only in touch with needle & syringe programme services or homeless hostels, for example.

Stuart then spoke about peer-to-peer education and testing as a sustainable healthcare intervention to target undiagnosed patients. Peer workshops aim to achieve the following:

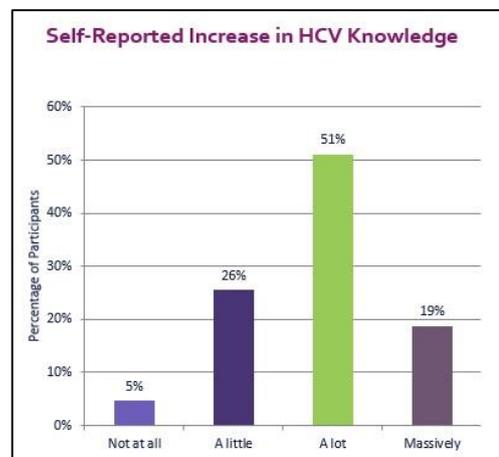
- Improve awareness of hepatitis C amongst people who inject drugs, including messages on prevention and sharing.
- Motivate people at risk to access testing.
- Motivate people already diagnosed to access specialist services to get treatment.
- Improve understanding of hepatitis C amongst staff in drug services, especially on testing and appropriate pathways.
- Ultimately, to change attitudes on hepatitis C amongst people who inject drugs and the wider community.

The format of peer workshops was outlined, with workshops beginning with the peer’s personal story and own experience with injecting drug use and hepatitis C. This is followed by a discussion with attendees, before concluding with a quiz to test understanding of key messages on prevention, testing, pathways and treatment.

Stuart also shared key outcomes from The Hepatitis C Trust’s peer support programme, with quantitative and qualitative analysis showing the intervention is effective at embedding key messages and increasing the numbers of individuals tested and accessing care. 70% of workshop attendees reported that their knowledge of hepatitis C increased “a lot” or “massively” as a result of attending.

Interviews with some participants were also conducted months after they attended a workshop, with the vast majority recalling key messages on prevention and treatment. Some interviewees relayed that after learning about transmission risks at a peer workshop, they had changed their behaviours to minimise risk. Others also indicated that they had passed on messages from the sessions to their peers, demonstrating the value of the peer-to-peer model in embedding key messages among at-risk groups.

An innovation to The Hepatitis C Trust’s peer workshops was the provision of testing at the end of peer talks, known as ‘Talk and Test’. During a pilot project from April to October 2016, 25 workshops were delivered in Birmingham with 195 attendees. 18 of these

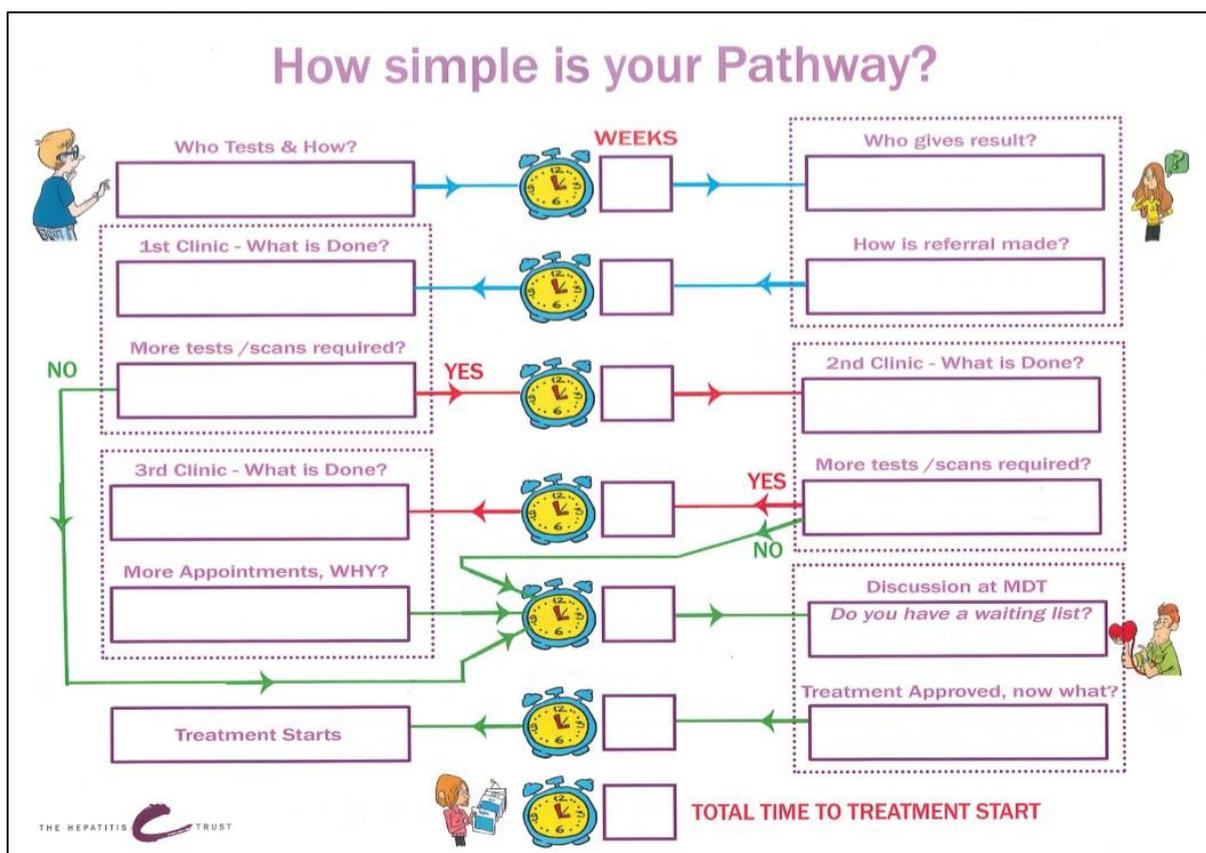


workshops adopted the 'Talk and Test' model. Following the workshops, 72 clients (51% of participants) received a test for hepatitis C.

Another new peer initiative called 'Follow Me' has recently been piloted in Camden, with peers making direct referrals into treatment for workshop attendees, and supporting them through the process of attending appointments. One peer recently initiated an intervention that resulted in a patient achieving SVR (sustained virological response) just 16 weeks after their first attendance at a workshop. 'Follow Me' demonstrates the benefits of empowering peers with the ability to directly signpost people into care and ensure they complete the treatment pathway.

Part 2

In the second part of the workshop, attendees worked in groups to identify the current approach to testing in drug services in Wales. Attendees were asked to complete a worksheet to assess how simple the referral pathway is in their area:



It was apparent that the referral process differed from area to area, with the simplicity and speed of the referral pathway highly variable. One area required patients to attend three or four hospital appointments after testing positive before they are put forward for treatment.

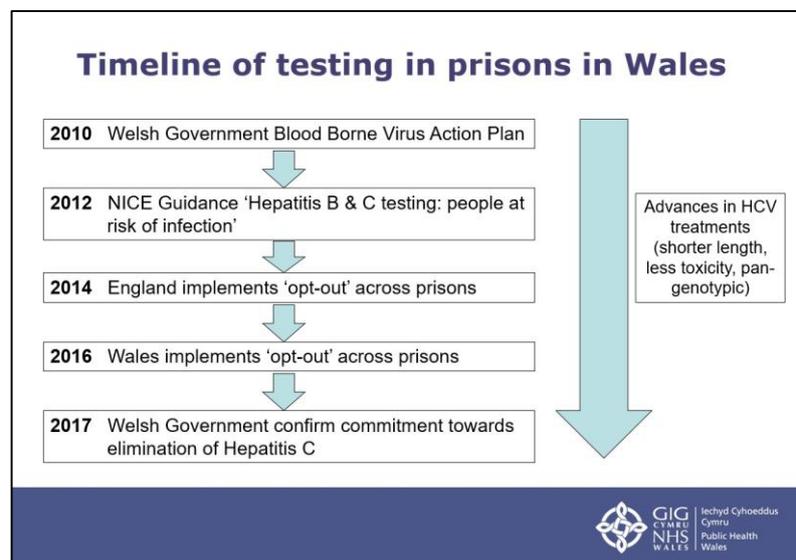
By contrast, another area only required one appointment (with no fibrosan required) and tended to have patients in treatment 10-12 weeks after being tested. With injecting drug users far less likely to stay engaged in a long and complicated referral system, the latter is a much more desirable approach.

Workshop C: Hepatitis C in prisons

Dr Stephanie Perrett, Lead Nurse for Health and Justice, Health Protection Team, Public Health Wales and Hayley Edwards, Clinical Nurse Specialist, Abertawe Bro Morgannwg University Health Board

Part 1

The workshop began with a presentation from Dr Stephanie Perrett and Hayley Edwards. A timeline of testing in prisons in Wales was outlined, including the numbers tested in prisons each year. Following a decline in the number of testing in 2014, compared with 2013, the numbers tested have since increased each year, with 2,180 tested in 2016 and 2,700 in 2017 (up to September).



An overview was provided on the way testing is implemented in prisons. It was noted that testing can be provided by nurses, healthcare assistants or substance misuse workers, with different tests available (dried blood spot, venepuncture or point-of-care). Treatment is available in all prisons in Wales.

A number of challenges in relation to hepatitis C in prisons were outlined. These included:

- An increasing prison population.
- Changing prison demographics (increasing older population, who are more likely to have health problems).
- Staff turnover.
- Regime challenges (lack of staffing, incidents requiring wings to be shut down etc.).

HMP Parc was then presented as a case study, with problems encountered there set out. The problems highlighted were:

- A lack of BBV links within the prison and understanding of roles and responsibilities.
- Lack of knowledge/confidence amongst staff to offer testing.
- No single person responsible for testing meant no single person responsible for giving result.
- Poor uptake of testing due to high DNA ('did not attend') rates at second reception screen.
- High DNA rates for specialist BBV clinics.

Part 2

In the second part of the workshop, participants were asked whether they had encountered similar barriers to testing in their workplace; if so, how they were addressed, and, if not, how they would overcome such barriers.

Some of the suggestions included:

- Better communication networks between prisons (i.e. informing new prison of hepatitis C status when a prisoner is transferred).
- More staff training in advanced venepuncture testing.
- Exploring the possibility for 'e-passports' for patients, containing their health record.
- Implementing peer support programmes in prisons.
- Officer training in hepatitis C (often officers don't appreciate how important appointments are and don't encourage people to attend).
- All members of staff to take an online BBV module.
- Calling hepatitis C clinics something like 'health protection groups' to engage with people who may be put off by fear of the stigma attached to hepatitis C.
- Prison inmates to be reminded by staff to attend appointments.

Following the group work, the presentation continued, with an overview of what was done to overcome the barriers in HMP Parc. This included the establishment of a BBV team in the prison, the development of a shared care protocol (outlining team roles and responsibilities) and involving prison substance misuse teams in BBV testing.

Where are we now?

- *Effective BBV team working*
- *Successfully implemented opt out testing*
- *Improved knowledge for prisoners*
- *Reduced stigma*
- *Improved attendance to specialist clinics*
- *Increased rates of treatment uptake*



As a result of these changes, there is now effective BBV team working, opt-out testing has been successfully implemented, prisoner knowledge of hepatitis C has improved, stigma has reduced, attendance at specialist clinics has improved and treatment uptake rates have increased. 54 inmates have been treated in the last year and 71% of new arrivals at the prison were tested.

The workshop concluded with future aims for HMP Parc, which are:

- Continuing to increase testing.
- Development of peer support.
- A better understanding of prevalence.
- Increased focus on treatment.
- Demonstrate the worth of testing and treating in prisons to reduce the wider prevalence and incidence of hepatitis C in Wales.

Where would we like to be at HMP Parc? (1)

- Continue to increase testing

Year	Number tested	% of new admissions
2013	562	30%
2014	679	45%
2015	586	24%
2016	724	31%
2017	940	71%



Pledges by attendees

At the close of the roadshow, attendees were asked to write down one action point that they will take forward in their service/everyday practice as a result of what they had heard and discussed throughout the day. Below are some of their pledges for action:

- *“Drive forward testing in substance misuse services and attempt to improve multi-agency working practices”*

- *“Working with homeless services closely to ensure increased testing and treatment available to this group”*
- *“Partnership working with other prisons”*
- *“Engage with local partners to increase testing provision, especially through primary care”*
- *“Implement peer-to-peer training and pharmacy-based testing”*
- *“Improved inter-prison links”*
- *“Point-of-care testing to streamline pathway”*
- *“Development of peer support in prisons”*



Acknowledgements

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Dr Brendan Healy – Chair, Viral Hepatitis Subgroup and Consultant in Microbiology and Infectious Diseases, University Hospitals of Wales, Cardiff.

Jane Salmon – Consultant in Health Protection, Health Protection Division, Public Health Wales.

Delyth Tomkinson – Clinical Nurse Specialist, Cardiff and Vale University Health Board.