Published August 2018

Edinburgh Access Practice outreach service

An example of treatment outreach for the homeless community

Key points

- Edinburgh Access Practice provides healthcare for homeless people, who are disproportionately likely to be affected by hepatitis C.
- With homeless people often finding traditional healthcare services difficult to access, Edinburgh Access Practice developed an outreach hepatitis C treatment clinic.
- In the period from March 2014 to December 2016, of the 80 referrals received, 59 patients attended (70%) and 25 started treatment, compared with typical hospital clinical attendance rates of 30-50%.
- A further 52 patients have received treatment at EAP between January 2017 and June 2018. Many of the SVR tests results are awaited but early indications demonstrate good adherence and response rates.
- Interviews with patients revealed positive responses to engagement with the clinic, with ongoing relationships with staff members cited as a significant factor.

Overview

Edinburgh Access Practice (EAP) is a primary care facility designed to provide healthcare services to patients who are homeless, at risk of becoming homeless and/or have extreme difficulty engaging with mainstream services.

In 2014, a hepatitis C treatment clinic was established within EAP to target homeless patients infected with hepatitis C. Initially in this clinic, treatments comprised of Pegylated Interferon injections and ribavirin-based regimens. The recent arrival of direct acting antiviral (DAA) treatments for hepatitis C have presented greater opportunities to deliver hepatitis C treatment in community settings. The new treatments offer greater accessibility and tolerability compared with the old treatment regime and, as all-oral treatments, can be administered far more easily than the old injection-based treatment, which required patients to have regular blood monitoring for side effects.

Published August 2018

In 2017, EAP undertook qualitative and quantitative analysis to assess the effectiveness of the outreach clinic, with the findings forming the basis of this good practice case study.

Why the service was established

Rates of hepatitis C virus (HCV) infection are significantly higher among homeless people than in the general population, yet homeless people often have difficulty accessing traditional healthcare settings. The most common transmission route for hepatitis C is the sharing of injecting equipment among drug users, with around 90% of new infections occurring via this transmission route. There are high rates of injecting drug use in the homeless community and many of EAP's patients are current or former injecting drug users.

As a community-based service with a patient group with a high prevalence of hepatitis C, EAP was felt to be in a good position to host an effective hepatitis C clinic, ensuring patients likely to have difficulty accessing other services are able to access treatment and cure.

How the service works

The clinic is run primarily by three members of staff at EAP:

- A GP, running one session a week to conduct medical assessment and examinations to determine suitability for treatment.
- A liver specialist nurse from secondary care, to carry out liver and HCV treatment assessment and follow-up. The specialist nurse is also responsible for coordinating treatment of patients and liaising with the local hospital liver specialist unit.
- A clinical support worker responsible for coordinating the clinic and providing phlebotomy.

Any patients registered with EAP and identified as being HCV antigen or PCR positive are referred to the clinic, where they undergo pre-treatment assessment and blood tests. A portable fibroscanner enables the liver specialist nurse to assess liver fibrosis on site at the EAP. Hospital ultrasound appointments are made for a small number of patients if there is evidence of cirrhosis or chronic liver disease.

Prescribing decisions are made in consultation with a specialist hepatitis C pharmacist and hepatology consultant based in secondary care at the Royal Infirmary of Edinburgh, from where the prescriptions are generated. The prescriptions are sent to a community pharmacy

of the patient's choosing where they are dispensed. Medications can be collected daily directly from their community pharmacy, often alongside other treatments such as methadone, which increases the chance of adherence.

Outcomes

Quantitative

Between March 2014 and December 2016 EAP received a total of 80 referrals. 59 of these patients attended the clinic of whom two cleared the virus spontaneously and two died before they could be enrolled into treatment. 25 patients completed treatment with 17 known to have achieved a sustained viral response (SVR). Four failed to achieve an SVR, three patients moved from the practice and one died before SVR bloods were obtained. The majority of these patients were on Pegylated Interferon and Ribavirin based regimens.

From January 2017 to June 2018 use of DAAs have enabled a further 52 patients to receive treatment at the EAP over the course of just 18 months. Many of the SVR tests results are awaited but early indications demonstrate good adherence and response rates.

Qualitative

In 2017, EAP undertook a qualitative study of patients' experiences with the clinic, through interviews with six patients at different stages of assessment/treatment, ranging from being at the beginning of the assessment process to having successfully completed treatment.

Asked for their reasons for attending the clinic, three of the six patients interviewed cited the clinical support worker as their main reason for attending, highlighting the benefit of community-based services, where staff already have personal relationships with patients. Indeed, every participant interviewed mentioned the familiarity of EAP and their relationship with staff as a reason for their positive view of the EAP hepatitis C clinic. One participant said that fear of hospitals would have prevented them from accessing treatment in a secondary care setting.

The geographical proximity of the clinic to patients was also identified as a positive aspect of the clinic. Some patients said that they would have had difficulty attending hospital appointments due to the geographical distance involved in travelling there.

Other positive aspects of the clinic identified by patients included short waiting times to access treatment and the convenience of being able to see a doctor or nurse in the same location as they were accessing hepatitis C treatment. A related positive factor was the privacy patients enjoyed by accessing treatment in the clinic – the nature of EAP's service meant that patients could have been there for any medical reason, meaning others would not be aware of their hepatitis C infection, helping to mitigate fear of stigma. The service was regarded as being flexible, with patients able to call at any time with problems or questions.

Additional positive reactions to the clinic centred around convenience. For example, the fact that hepatitis C medications could be collected alongside methadone/other prescription medications was highlighted as making adherence easier. It was also said that staff could provide reminders about hepatitis C treatment appointments while patients were in the practice for other appointments, which compares favourably with the difficulty of receiving hospital letters for those with no fixed address.

Future plans

A peer support group has been established by an EAP patient with support from The Hepatitis C Trust.

EAP is increasing the flexibility of the service it offers, with the option available for anyone to drop in on the day of the clinic (every Tuesday) to get tested, discuss and receive advice about hepatitis C, or be assessed for treatment. The service now aims for treatment to be offered within four weeks of presentation to the clinic without the need to attend any HCV treatment-related hospital appointments.

For additional details, please contact:

Dr John Budd, GP, Edinburgh Access Practice
John.Budd@nhslothian.scot.nhs.uk