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## Outreach fibroscanning and testing by Imperial College Healthcare NHS Trust

*An example of good practice in diagnosis and testing*

### Key points:

- In 2012, Imperial College Healthcare NHS Trust established a hepatitis C outreach service at North Westminster Drug and Alcohol Service.
- In 2014, the outreach service began to provide fibroscans in order to reduce the need for individuals to travel to St Mary's Hospital to have their liver damage assessed.
- The service provides fibroscan sessions in a range of outreach settings, including drug and alcohol services, as well as homeless hostels.
- 110 people have received a fibroscan through the outreach service, with 21% showing evidence of liver damage.
- The initiative was a finalist in the 'Best Diagnosis & Testing Programme' category at the 2015 Quality in Care Awards.

### Overview

Hepatitis C patients in drug and alcohol services have historically faced difficulty accessing care in secondary services. These difficulties can be logistical (for example the hospital is a significant distance away from their home and they lack the financial resources to pay for transport) or more personal (they may have had negative experiences with secondary care in the past). Ordinarily, this group of patients prefer to receive their care in environments in which they feel more comfortable, for example the drug and alcohol services that they are already engaged with.



In order to enable this group to have access to specialist services in an environment in which they felt comfortable, the Imperial College Healthcare NHS Trust developed a bespoke outreach fibroscan<sup>1</sup> and testing service for the assessment of hepatitis C and liver disease. The service has operated in drug and alcohol services and homeless hostels, targeting people who may find it otherwise difficult to access secondary care.

<sup>1</sup> Fibroscan is a quick, painless and non-invasive examination used to assess liver stiffness, taking between 10 to 15 minutes. The results are immediate; allowing assessment of underlying stiffness, counselling, health education and the on-going monitoring of improvement or progression of disease.

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The initiative has demonstrated that barriers between drug and alcohol services and specialist services in secondary care can be overcome to provide patients access to the care that they need and require, by providing assessment and care in the community.

## **Aims of the service**

The aims of the service are to:

- Enable individuals access to diagnostic equipment and specialist assessment in an environment in which they felt safe
- Enhance the CNWL and St Mungo's staff to support individuals within their own environment thereby improving the treatment journey and client experience.
- Assess individuals for fibrosis or cirrhosis without the need for a liver biopsy.
- Provide a seamless pathway from diagnosis to treatment or monitoring of liver disease

## **Why the service was established**

Hepatitis C outreach services were initiated in April 2012 at North Westminster Drug & Alcohol service (NWDAS) under the umbrella of the PREVENT project, which aimed to prevent blood borne viruses in substance using populations, through education, clinical networks, testing and treatment. The Liver Treatment Unit from St Mary's Hospital delivered the service, however patients had to attend the hospital for a fibroscan before they commenced treatment. Given that many individuals face significant barriers to accessing secondary care, many were not able to attend hospital for their fibroscan.

It was therefore decided to deliver fibroscans as part of the existing outreach services, in order to bridge the gap between diagnostic tests and hepatitis C treatment, and to provide a smooth treatment pathway that would ensure that individuals stayed engaged throughout.

## **How the service works**

The first outreach fibroscan session was held at NWDAS on 16 April 2014, after appropriate rooms in the service had been secured, and after the portable fibroscan had been made available and safely transported to the service. Further sessions were subsequently delivered in The Broadway St Mungo's, Market Lane; The Old Theatre St Mungo's, King Street; Hammersmith & Fulham Community Drug & Alcohol Service; Blenheim Kensington & Chelsea North Hub, and Ealing RISE Southall and West hubs.

In order to ensure awareness of the session among at-risk individuals and to promote attendance, flyers and patient information leaflets were disseminated by services in advance of the sessions taking place. All clients, but particularly those who were known to have tested positive for hepatitis C, were encouraged to attend the session in order to ascertain whether the virus had caused any damage to their liver. The fibroscans were performed by an experienced clinical nurse specialist with a background in mental health and substance misuse, Lorna Harrison, with Dr Ashley Brown,

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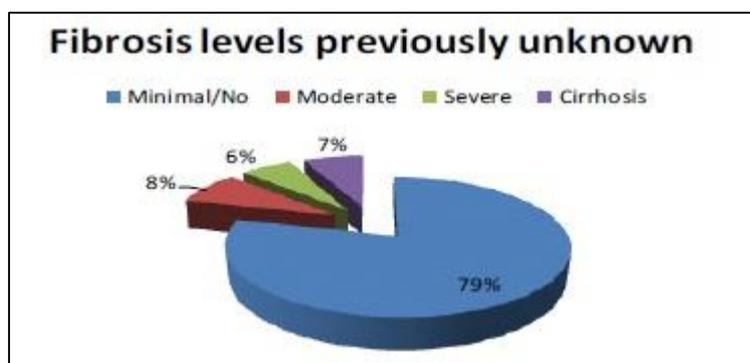
Consultant Hepatologist, also being present to allow individuals to have a medical consultation at the same time – removing the need for patients to attend additional consultation appointments.

Each service which hosted an outreach session had its volunteers and staff at hand to usher clients into the clinic, with key workers in particular playing an important role in ensuring attendance and support. Clients with elevated fibroscan scores were given their results and counselled appropriately by the clinical nurse specialist and Consultant Hepatologist. Occasionally, immediately after an elevated fibroscan, clients accepted blood tests to check their hepatitis serology, general haematology and biochemistry, coagulation, haematinics, endocrinology, autoimmune serology and specialist proteins. The results of these were sent to the relevant GP and clients who needed follow-up appointments were offered appointments into either the cirrhosis clinic or hepatology outpatients for further management. This process removed barriers which were seen to prevent patients attending secondary care and therefore not gaining access to treatment or care.

## Outcomes

### *Increased access to fibroscans*

In total between February 2014 and April 2015, **110 people received a fibroscan through the outreach service**; a number which would likely not have been possible had the fibroscan only been available in a secondary care setting, given the barriers that many people face to accessing care in this setting.



In those people who had no previous fibrosis assessment, **79% had minimum or no fibrosis and 21% had evidence of liver damage**. Of the **21% who had evidence of damage, 8% had moderate fibrosis, 6% had severe fibrosis, and 7% had cirrhosis**. Without the fibroscan being made available in an outreach setting, a significant number of these people would have no clarity

regarding the on-going condition of their liver; something which may result in their condition deteriorating yet further.

### *Increased engagement in the care pathway*

With the development of fibroscans meaning that liver biopsies are usually no longer required to assess liver damage, individuals experience **significantly less anxiety when initially engaging with the care pathway**, a fact which has been ascertained after extensive patient feedback. Delivering the fibroscan sessions in an outreach setting also allows additional advice and support to be made available to further reduce anxiety and ease worries. For example, key workers with whom individuals are already familiar and feel comfortable with can be present at the sessions, which in turn further increases the likelihood of continued engagement with the care pathway.

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*Improved access to treatment*

With patients being more likely to engage in the care pathway in an outreach setting, a higher number have subsequently accessed treatment than would otherwise have done. **While 29% of people with hepatitis C who were assessed in the fibroscan sessions had already accessed treatment, the majority of the rest are now undergoing treatment** in the same community settings within the outreach clinics. Crucially, treatment adherence rates and appointment attendance rates are both very high; something which is aided by the outreach setting in which care is delivered.

**For more details, please contact:**

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