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## Outreach service in Newcastle

### *An example of improving access to treatment*

#### Key points:

- The service is based at Freeman Hospital, Newcastle, with outreach centres in three locations across the region.
- Prior to the outreach service, hospital attendance at new hepatitis C patient appointments was less than 50%.
- The service has resulted in attendance rates of 75%, an increase in the numbers of people being treated, and comparable Sustainable Virological Response (SVR) rates as hospital-based treatment.

#### Overview

People with hepatitis C often face significant barriers when seeking access to care. Whether because of financial, logistical or psychological reasons, many find it extremely difficult to engage with care that is delivered in a secondary care setting. With some people with hepatitis C leading chaotic lifestyles, and with a sizeable proportion coming from areas of socio-economic deprivation, actually getting to appointments can represent an almost impossible challenge.

It is because of this that outreach services are so important in terms of increasing the numbers of people accessing hepatitis C testing, treatment and care. Such outreach services are available in Newcastle and the surrounding area, where the North East and Cumbria ODN delivers outreach clinics in three locations across the region; clinics which have resulted in an increase in attendance rates and in the numbers of people receiving treatment, as well as significant improvements in the patient experience.

#### Why the service was established

Like hospital-based hepatitis C treatment services across the UK, the treatment service based at the Freeman Hospital in Newcastle often suffered from low patient attendance. Whether due to the often chaotic lifestyles of people who were being referred to the service, or because of social or economic barriers, more than half of all people referred for treatment in the area failed to attend their first appointment at the Freeman Hospital.

At the Plummer Court Addiction Centre in Newcastle (which was able to refer patients to the Freeman Hospital), there were at least 55 service users with hepatitis C, yet non-attendance at clinics was almost universal. At the Bridge View drug treatment centre, there were 77 service users with hepatitis C; only 9 of whom had been referred and only 1 of whom had actually been treated. At the Blyth Harm Reduction Service, too, those people referred on to secondary care often failed to make their appointment due to the distance that had to be travelled from Blyth to Newcastle.

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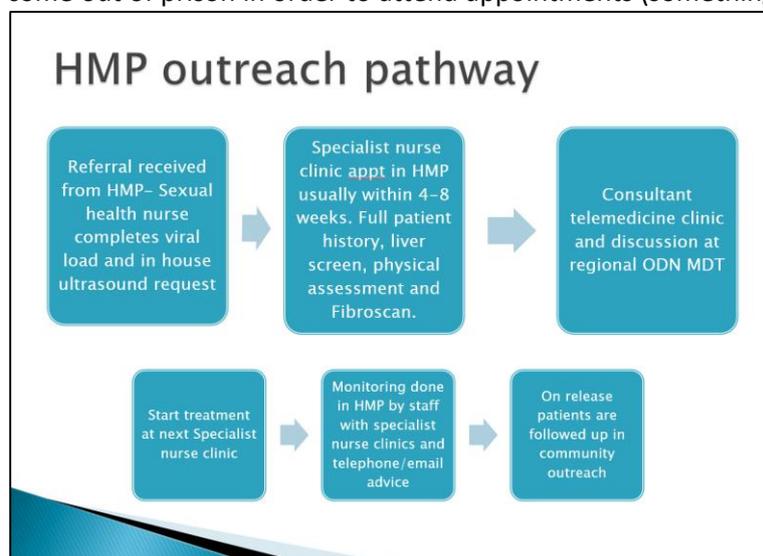
Very simply, prior to the establishment of the outreach component of the service, the hepatitis C treatment service in the region was not meeting the often complex needs of those people who needed it. By locating the delivery of treatment in a secondary care setting, those who required treatment were faced with multiple barriers in accessing it.

## How the service works

In order to address the barriers that were preventing many people with hepatitis from accessing the care they needed at the Freeman Hospital, outreach services were established which now deliver treatment in three different locations across the region; at the Blyth Harm Reduction Service, Plummer Court drug and alcohol service, and HMP Northumberland.

These clinics are held every 4 weeks and are nurse-led. A consultant-led clinic is held once every 8 weeks at Plummer Court and once every 4 weeks there is a consultant-led telemedicine clinic into HMP Northumberland. The service also has a portable fibroscan which is taken to outreach clinics, meaning the only time a patient would have to attend the hospital is for radiological imaging; (although even this can sometimes be organised in District General Hospitals or satellite clinics closer to the homes of patients). Patients can also receive additional support at these clinics, for example by attending with their case workers, with case workers also supporting the nurse-led service too on occasion, for example by repeating blood tests if necessary and monitoring the welfare of patients on treatment.

In April 2015, the outreach service was further enhanced through changes made to the treatment service provided to inmates at HMP Northumberland. Whereas previously, prisoners often had to come out of prison in order to attend appointments (something which would lead to many dropping



out of the pathway, and which required additional prison resources due to the need to accompany the prisoner etc.), now the pathway has been streamlined to ensure that treatment can be delivered within the prison – significantly reducing the barriers to care that prisoners often faced. The re-development of the pathway has led to a significant increase in the numbers of prisons engaged in the pathway and receiving treatment.

As part of the service, a dried blood spot testing (DBS) testing pilot was also established at the Plummer Court Addiction Service, involving offering a combined hepatitis B, hepatitis C and HIV test to 100 service users, with a view to assessing whether or not this increased testing uptake. The results were clear; with nobody refusing a test and with 23% of those people tested shown to be hepatitis C antibody positive. Only 18% of those tested had previously been offered testing, and 39% of those tested stated that they would not have accepted a venous test – clear proof of the value of DBS testing.

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Currently, the team from the Freeman Hospital are seeking to encourage services within the region to move to DBS testing as their standard of care, in order to increase the uptake of and access to BBV screening. For example, the team recently held a DBS testing and awareness day in Blyth, with 41 patients being DBS tested and fibroscanned during the day. The team are also in the process of employing a full-time nurse dedicated to outreach services, with the aim of promoting testing and treatment in a wider range of outreach venues.

## Outcomes & future aims

### Outcomes

#### *Increased attendance at clinics*

Prior to the establish of the outreach service, attendance at the Freeman Hospital was low; owing to a combination of barriers which prevented people with hepatitis C from being able to access care. **Since the outreach service was established, attendance at clinics has risen to approximately 75%**; meaning that more people are receiving the kind of monitoring, care and treatment that they require.

#### *Good treatment compliance and outcomes*

The outreach service acts as further evidence that people who receive care in an outreach setting can have as good, if not better, treatment outcomes than those who receive care in a hospital setting. **Since the establishment of the HMP outreach service, 8 patients have achieved an SVR12 and a further 7 are still on treatment**<sup>1</sup>, with 1 person discontinuing treatment due to the side effects and 1 person being lost to follow-up.

In addition to the above, 2 further patients with cirrhosis have been identified and will now receive the appropriate surveillance; something which has the potential to lead to significant cost-savings, given the expense of caring for people with advanced cirrhosis.

#### *Improvement in the patient experience*

Delivering care in an outreach setting is the preference of a great number of patients, and provides for a significantly enhanced patient experience. Individuals who receive treatment in prison, for example, no longer need to leave prison at any stage through the treatment process, and those who are being treated in the community no longer have to travel significant distances in order to access the care that they need.

#### *Attainment of ODN aims*

Each ODN across England, according to the service specification through which they were established, are required to tailor services, as far as possible, to meet the needs of patients, and are required to “promote access to treatment services locally through partnership and outreach models.”<sup>2</sup> By

<sup>1</sup> Figures correct as of May 2016

<sup>2</sup> NHS England, *NHS England service specification for Operational Delivery Networks for hepatitis C care in adults*, accessible here <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/hep-c-netwrks-spec.pdf>

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providing outreach services in three different locations in the region, the North East and Cumbria ODN is clearly exemplifying good practice in

## Future aims

While the service has already achieved significant success, the aim is to build upon these successes and develop the service further. Specific aims now include:

- Increasing outreach services, including increasing the frequency of clinics and expanding the numbers of locations in which clinics are hosted.
- Implementing dried blood spot testing in addiction services, in order to drive an increase in the numbers of people being tested and diagnosed.
- Increasing case-finding in other key at-risk groups, for example men who have sex with men.
- Increasing education and awareness activities in addiction services and in the prison estate.

## For more details, please contact:

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