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Oxford Liaison Service outreach

An example of community outreach testing and treatment

Key points:

- In 2015, Oxford University Hospitals NHS Foundation Trust surveyed injecting drug users in the Oxfordshire area to determine levels of hepatitis C testing, with a third of responders indicating that they had never been tested for hepatitis C.
- Following the survey results, the Trust established a Liaison Service, training substance misuse staff to test clients for hepatitis C, referring patients to secondary care and, in some cases, treating patients in the community.
- 573 BBV tests have been carried out in the substance misuse services since September 2016. 54 clients were diagnosed as being hepatitis C-positive, with seven receiving treatment at John Radcliffe Hospital and six receiving treatment in a community setting. 25 are engaged with the hospital and awaiting treatment.

Overview

In the first half of 2015, Oxford University Hospitals NHS Foundation Trust devised and conducted a survey across Oxfordshire to determine the proportion of people accessing substance misuse services and needle exchange services being offered an antibody test for hepatitis C.

Surveys were distributed to substance misuse services and pharmacies operating needle exchange services. A total of 686 questionnaires were distributed, with 138 completed and returned. The results showed that approximately one third of injecting drug users who completed the questionnaire had never been offered a test for hepatitis C.

Following the survey results, Oxford University Hospitals NHS Foundation Trust established a partnership with Turning Point, the provider of all substance misuse services in the Oxfordshire area, to establish a blood borne virus (BBV) Liaison Service for their clients.

Why the service was established

People who inject drugs (PWIDs) are a key at-risk group for hepatitis C, with around 90% of new infections occurring as a result of sharing injecting equipment. It is estimated that half of all injecting drug users have hepatitis C. It is therefore essential that PWIDs are offered regular testing for hepatitis C in order to diagnose more of the estimated 50% of people living with hepatitis C who are unaware they are infected.

The recent arrival of new direct acting antiviral (DAA) medications has revolutionised treatment for hepatitis C, with cure rates higher than 90% and increased accessibility and tolerability for patients compared with the old treatments. This offers the opportunity to treat patients who have traditionally been challenging to engage in care, particularly those living with substance misuse and/or mental

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health issues. Whereas previous treatments for hepatitis C required regular hospital visits over a long period of time, the new treatments can be easily distributed in community settings.

The Oxford Liaison Service was therefore established to test and engage this cohort of patients into treatment.

How the service works

As part of the partnership agreement between Oxford University Hospitals NHS Foundation Trust and Turning Point, a two-hour training session was delivered to Turning Point staff across four sites (Oxford, Didcot, Banbury and Witney). These training sessions involved guidance in establishing pre-test consent and carrying out dry blood spot (DBS) testing. Following the training sessions, staff are signed off to carry out tests independently where appropriate.

Lizi Sims, the Hepatology Specialist Community Liaison Nurse (HSCLN), works on a three-week rotation, and spends a variable amount of time at each site, depending on the number of clients engaged with the service. All antibody test results are passed to the HSCLN and, depending on the results and the level of experience of the staff, a plan is established for informing the patient of the result.

Previously, when patients were found to be antibody positive, the HSCLN contacted the patient's GP to arrange a further blood test to establish whether they were RNA positive. This was then carried out by the HSCLN on behalf of the GP, with their approval (GP approval was required as the Liaison Service had no funding for blood tests; all GPs contacted gave their approval for the HSCLN to carry out the further blood tests). As of June 2017, the HSCLN has funding and approval to also carry out RNA tests and refer patients directly into secondary care, allowing for a simplified care pathway.

In addition to testing patients in substance misuse services, the HSCLN also engages with clients who have previously been diagnosed but not referred or treated, discussing the new DAA treatments and arranging either a new or re-referral.

The Liaison Service has recently acquired a portable Fibroscanner, which allows patient to be given a Fibroscan test in substance misuse services. This allows the service to provide a more complete assessment of patients' care needs in the community before referral to secondary care.

The Liaison Service is also now running a Fibroscan and treatment clinic in Horton Hospital, making engagement easier for patients in Banbury, who previously had to travel long distances to John Radcliffe Hospital for Fibroscan tests and treatment.

Outcomes

Since the Oxford Liaison Service was established in September 2016, 573 BBV tests have been carried out in substance misuse clinics. 20 clients were found to be antibody positive from a DBS test and are awaiting further blood tests to establish whether they are RNA positive.

54 clients were diagnosed as being hepatitis C-positive, with 16 yet to engage with Jon Radcliffe or awaiting referral. 25 are engaged with the hospital and awaiting treatment, and seven have been treated. In addition to the seven patients treated at John Radcliffe Hospital, a further six have been treated in the community.

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As a result of the HSCLN's work with diagnosed but untreated patients, 18 patients have been re-engaged, with four treated at John Radcliffe Hospital and six in the community, and others awaiting treatment.

Future plans

The HSCLN has begun discussions with a number of pharmacies in the Oxfordshire area regarding the possibility of delivering hepatitis C treatment alongside opioid substitution therapy, offering the opportunity to treat more patients who are challenging to engage in care.

In addition, funding has now been secured for a new nurse to support the HSCLN's work. This extra capacity will enable the service to carry out outstanding follow-up blood tests and referrals, as well as deliver additional treatment.

There are also plans to examine alternative ways to deliver treatment to patients who engage with the HSCLN but do not attend secondary care appointments or refuse referrals.

For more details, please contact:

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