



HCV ACTION WEBINAR: HEPATITIS C SERVICES IN WALES, 12 JANUARY 2022

SUMMARY REPORT

HCV Action Hepatitis C services in Wales: Introduction

This HCV Action webinar, which took place in January 2022, addressed the current status of hepatitis C services in Wales. Bringing together professionals from University Hospital Wales, Cardiff and Vale University Health Board, The Hepatitis C Trust and the Welsh Government, the webinar explored a range of issues in Wales' journey to elimination.

While Wales has a dedicated clinical team which has achieved substantial progress in tackling hepatitis C given the resources at its disposal, it has not benefited from the same level of financial backing that has been seen in England following the NHS England elimination deal. As with many other health areas, the pandemic has had a big impact on hepatitis C services in Wales and this has further set back progress towards elimination. In this webinar, we heard about the current state of play and where we need to go from here to progress towards the elimination target.

Hepatitis C services in Wales: the current situation

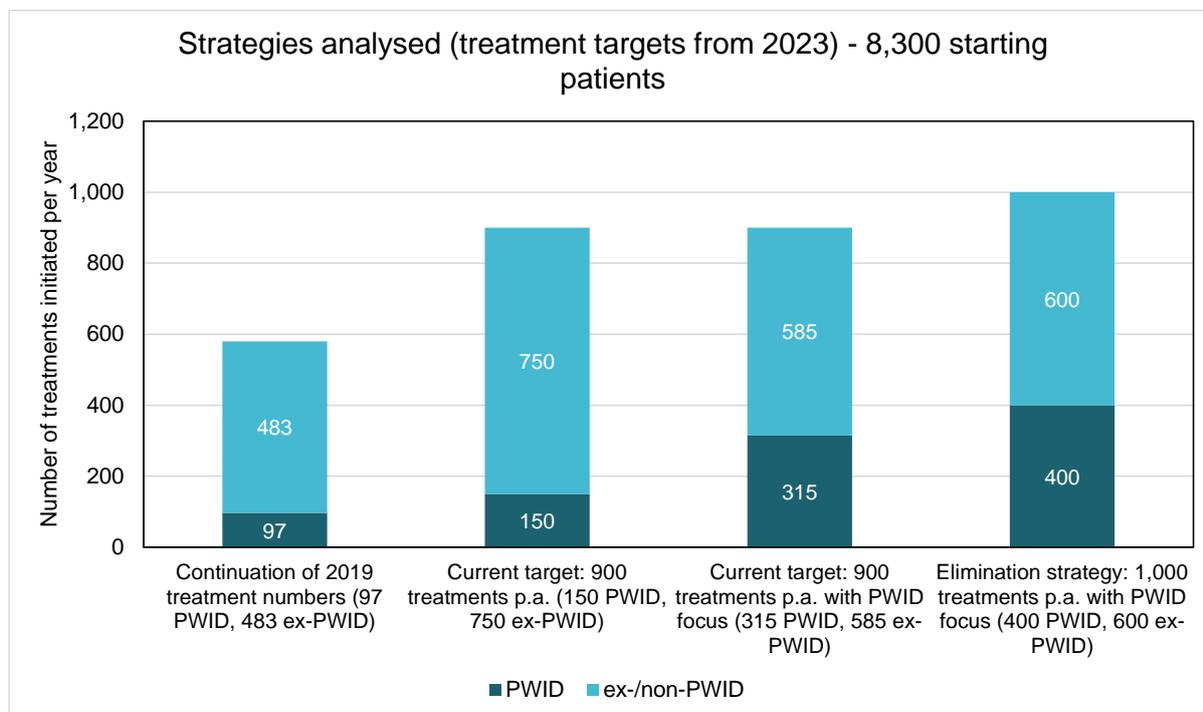
Dr Brendan Healy – Consultant in Microbiology and Infectious Diseases, University Hospital of Wales and Lead Clinician, Blood Borne Viral Hepatitis Lead for Wales

In the first presentation of the webinar, Dr Brendan Healy introduced his talk by explaining the goals of the BBV team in Wales, which are to work as a team to help disadvantaged and marginalised communities, treat and cure hepatitis C, reduce the incidence of cirrhosis and HCC (hepatocellular carcinoma), and to achieve something worthwhile.

Three key points covered in Brendan's presentation were as follows:

1. The successes of the BBV team so far have included establishing a national network with equal and transparent access to treatment, instituting a true national partnership with the patient at the centre, and instituting clinical freedom in relation to prescribing hepatitis C medication. They have also achieved some UK firsts, including micro-elimination in Swansea prison, which was the first UK remand prison to do so. The strategy is now also operational in Berwyn, with plans to roll out to Cardiff, and the overarching goal to achieve micro-elimination in all Welsh prisons. The team were also the first in the UK to start using kidney transplants from individuals infected with hepatitis C and then eradicating hepatitis C in the recipients.
2. Data shows that hepatitis C treatment is having a range of positive impacts in terms of improving outcomes. However, areas that Brendan highlighted as sub-optimal, especially compared to other UK nations, were the lack of a central fund to drive elimination and the lack of robust data collection.
3. Modelling shows that a new strategy is needed if elimination is going to be achieved by 2030. Brendan gave an overview of a modelling exercise which analysed four different strategies: (i) a continuation of 2019 treatment numbers, (ii) 900 treatments per annum, (iii) 900 treatments per annum with a focus on people who inject drugs (PWID), (iv) and 1,000 treatments per annum with a focus on PWID.

These strategies were analysed to judge which would be required to meet the 2030 elimination goal. The exercise found that an elimination strategy to meet the 2030 goal requires an increase in both treatment numbers and the proportion of PWID treated, but may be achievable within the current target of 900 treatments per year with a more substantial focus on PWID treatment. **If current treatment numbers continue, the 2020 elimination target will be missed quite significantly.**



Brendan ended his presentation on the positive note that “**we always overestimate what we can achieve in two years and underestimate what we can achieve in ten**”, and that this is demonstrated by how much has been achieved in the past ten years.

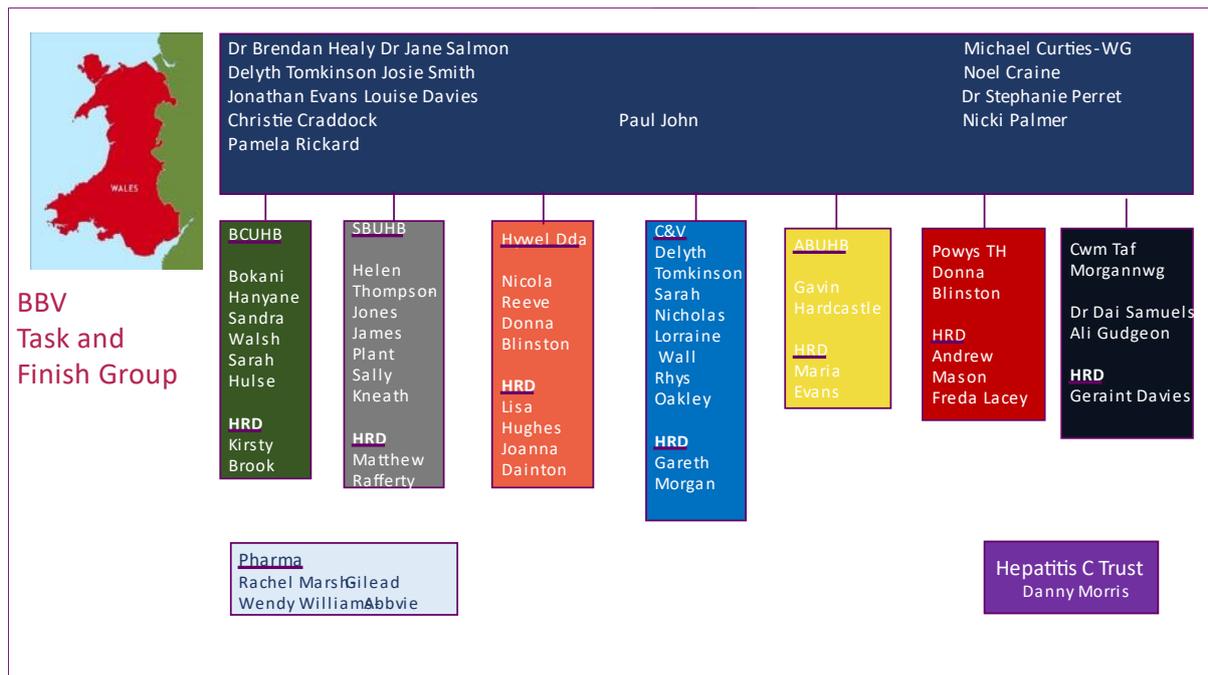
BBV service recovery

Delyth Tomkinson – BBV Clinical Nurse Specialist, Cardiff and Vale University Health Board and Lead, Public Health Wales BBV Task and Finish Group

Delyth Tomkinson began her presentation by highlighting that BBV work has been significantly impacted by Covid-19, and quoted a paper in The Lancet: “**Some of the most vulnerable communities have been hardest hit by the pandemic and many of those are disproportionately affected by viral hepatitis.**”

Three key takeaways from Delyth’s presentation were as follows:

1. The pandemic had a significant impact on hepatitis C services in Wales, and as a response, a BBV Task and Finish Group was set up in November 2020. The group aimed to develop a robust recovery plan to re-invigorate BBV work and reinstate BBV testing and treatment in Wales. The group has representation from all seven Health Boards, and each Health Board developed an operational toolkit for local BBV recovery.



2. The group asked each Health Board to identify additional resources required to facilitate recovery planning, such as workforce planning, training required and awareness-raising materials. As a starting point, the group sent out two surveys to clinical teams and substance misuse services, with the question: *“Is there a crucial part missing that would enable you to screen and treat all patients within your Health Board and achieve elimination?”* The survey was well received, with secondary care staff replying that they remained positive but felt stretched to cover a large geographical area with some roles now covering more general Hepatology/day unit/clinics. This limited the support nurses could offer to outreach services and increased pressures when staff are off.
3. In response to the findings of the survey, various initiatives were implemented, including monthly BBV online training sessions, follow-up sessions provided by clinical teams to support dry blood spot (DBST) roll-out, additional support and further training sessions offered by the Hepatitis C Trust team, among many others.

Although there are still uncertainties around the recent modelling mentioned by Brendan, and challenges from Omicron and clinical staff being redeployed, Delyth concluded that there are nonetheless many positives. Wales has a highly motivated treatment network committed to the elimination target, and there has been a successful roll-out of the Covid vaccine, as well as The Hepatitis C Trust peer-to-peer programme being established in Wales. In terms of elimination by 2030, Delyth ended on the note that there is much passion, drive and commitment, but with the significant challenge of a lack of adequately resourced teams across the board.

Hepatitis C peer-to-peer support in Wales

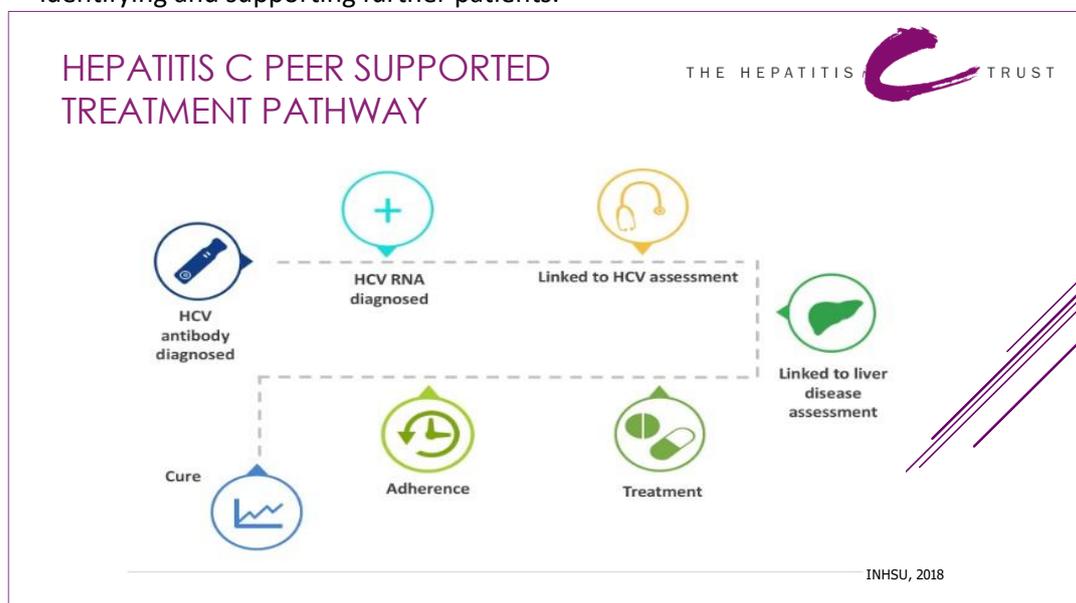
Danny Morris – Midlands and West Regional Manager, The Hepatitis C Trust

Danny Morris started his presentation by noting that the National Liver Disease Implementation Group was awarded a grant to support the delivery of The Hepatitis C Trust’s (HCT) ‘Follow Me’ HCV Peer Support Project in Wales from August 2021 to March 2023. The ‘Follow Me’ model was developed to provide support to people with little access to healthcare, or those who may find it

difficult to navigate traditional healthcare pathways, and its core components are (i) initial engagement, awareness and testing; (ii) peer support; and (iii) advocacy, education and prevention.

Danny highlighted the following three key points in his presentation:

1. The model is designed so that patients may 'follow' those with lived experience of hepatitis C from initial testing through to completing treatment. In England, where the model is well developed, Hepatitis C Trust staff are embedded within the clinical pathway. These staff usually have NHS honorary contracts and operate as part of the ODN delivery team, working closely with partner organisations and settings such as hostels, drug services and others. They are uniquely placed to bridge the gap between hospital care and the community.
2. The peers meet potential clients through many channels: mobile outreach, peer-led testing events, awareness and education workshops, and referrals from the NHS, drug services, and prison healthcare. The peers also hold awareness workshops involving peer volunteers using their story – shaped to address common misconceptions about hepatitis C, transmission, treatment and cure. They often offer testing at the same time, and workshops/testing events may be held in drug services, hostels and through street outreach.
3. The 'Follow Me' project in Wales will be delivered by Cardiff Peer Support Lead James Bolton and Peer Coordinator Kieren Olds, who will oversee training, development, coordination and support, and the meeting of project aims across Cardiff and Vale University Health Board. The project in Wales so far has included a harm reduction day at Dyfodol and assisting local BBV nurses with testing events. There are also further plans to begin weekly awareness raising and testing at hostels, virtual training, supporting Salvation Army outreach services, supporting the 13 patients they have already made contact with through treatment, and identifying and supporting further patients.



Danny concluded by noting that, once the Cardiff project is established, the Peer Coordinator will forge links and relationships with potential partners in Area Health Boards (AHB) across Wales, with the aim of expanding the project. Although the Cardiff project is in its early stages currently, once it is established the team will work to forge links and relationships with potential partners in AHB across Wales to expand the project further.

PEER LED HCV REACH

In this financial year, **since April 2021**, the **'Follow Me' project** has supported:

- **24,243** people at risk through education, training or awareness session delivered by a member of our community team.
- **15,497** people tested through our community outreach
- **2,264** people diagnosed with HCV
- **1,653** people started treatment
- **8,419** health and partner service staff attended our training



Figure 1 - Achievements of The Hepatitis C Trust peer programme in England

Hepatitis C in drug services

Michael Curties – Head of Substance Misuse, Welsh Government

Michael Curties started his presentation by highlighting that in Wales, substance misuse is embedded as a health issue with a harm reduction approach, and the provision of BBV testing forms part of the pathway for treatment.

Three key points from Michael's presentation included:

1. COVID-19 had a significant impact on substance misuse services. Due to the pandemic, there was a loss of much face-to-face support, and virtually all BBV testing capacity was lost at a total of 79% reduction on the previous year.
2. Services saw a significant increase in demand for OST services through the 'Everyone In' project aimed at housing the homeless community during the pandemic, as well as substantial decreases in NSP activity in 2020-2021 compared to the previous year. Altogether, it was estimated that there were 660,603 fewer syringes provided, resulting in increased reuse and reshare. In some services, they are also now beginning to see waiting lists for treatment increasing, alongside an increased demand for services and an increase in the complexity of cases.
3. However, the Welsh Government also committed to various services and initiatives to address these issues. The Government supported the rapid national implementation of Buprenorphine, a medicine used to treat dependence on opioid drugs, with 1,000 people across Wales on Buprenorphine treatment currently. This helped to ease pressures and reduce need for contact for both service users and staff. Throughout the pandemic, the Area Planning Boards were also given continued support, and over £4.7 million additional funding was made available. The Government worked closely with housing services to respond to the large numbers of new and complex referrals; worked with HMPPS, Health and Public Health Wales to support prisoners; and funded further BBV testing capacity, including Cepheid machines.

To end his presentation, Michael concluded on the positive note that the Draft Budget published before Christmas had an increase of almost 24% in 2022-23 for substance misuse services, as well as increases in funding for both Area Planning Boards and Health Boards, and doubling of the Complex Needs funding to cover all of Wales.

Hepatitis C treatment for children & young people

Dr Siske Struik – Consultant Paediatrician, Cardiff and Vale University Health Board

Emily Blake – Clinical Nurse Specialist, Cardiff and Vale University Health Board

Dr Siske Struik noted that children with hepatitis C can now be treated from the age of three onwards, with treatment options dependent on weight and pill swallowing ability.

Siske's presentation covered the following:

1. There is a small cohort of children and young people who are hepatitis C positive in Wales, with many more who are thought to have not yet been found. The biggest group of children with hepatitis C have acquired it from their mothers in pregnancy; however, it is not a high transmission rate (approximately 2-8% of children of hepatitis C-positive mothers acquiring an infection). From the data, it is known that in Wales around 60% of people who misuse drugs are parents. There is no register of test results of the children of adults who have tested positive for hepatitis C, no universal testing in pregnancy, and no midwife risk assessments taking place.
2. Other means of transmission in children includes use drugs of themselves, medical treatment in countries with high transmission rates, and through sharing toothbrushes, razors, tattoos, piercings or sex.
3. In treating children who are hepatitis C positive, as with adults, treatment improves their overall physical wellbeing. In children, treatment also improves their behaviour and educational attainment. The families that these children often come from tend to be vulnerable, and often move around a lot, making case finding particularly challenging. Parental guilt and stigma also play a large part in barriers to treating children, as well as an unwillingness to engage with social services due to fear of repercussions.

To conclude, Siske gave an overview of the next steps planned for case-finding of children and young people which will be to implement a Welsh pathway and register for testing the children of HCV positive adults, enhance uptake of testing in pregnancy, target young drug users and young offenders for testing, and introduce an immigrant screening pathway.