



HCV ACTION WEBINAR: HEPATITIS C
SERVICE RECOVERY IN ENGLAND, 26
MARCH 2021

SUMMARY REPORT

Introduction

As the country emerges from a winter of continued restrictions related to the Covid-19 pandemic, this HCV Action webinar was organised to discuss the impact on hepatitis C services in England and look at plans to expand service provision over the next few months.

The webinar featured a national update on the hepatitis C programme from NHS England's Professor Graham Foster and Mark Gillyon-Powell, a perspective from a drug service provider organisation from Humankind's Stacey Smith, and an update on hepatitis C care in prisons from The Hepatitis C Trust's Colin Lawton and Julia Sheehan.

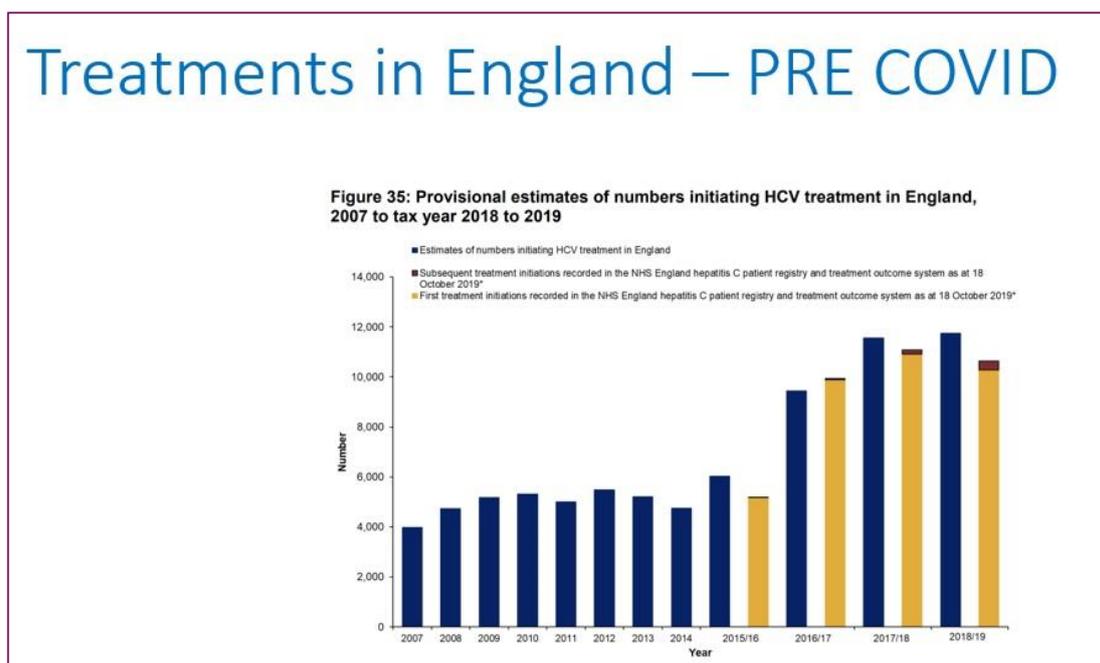
The webinar can be viewed in full [here](#).

Speaker updates: key takeaways

'Story so far' and the impact of Covid-19 on hepatitis C elimination

Professor Graham Foster – National Clinical Lead for ODNs, NHS England & NHS Improvement

- The hepatitis C treatment programme was making great progress in England until Covid-19 hit, with treatment rates increasing each year from 2015, leading to a 43% reduction in hepatitis C-related liver transplants and a 34% reduction in hepatitis C deaths.



- Outreach – taking services to patients rather than expecting patients to come to services – is a crucial part of providing hepatitis C care. The aim is to get to a point where treatment is available on request in multiple services.

As an established approach, nurse-led outreach is currently easier and quicker to set up than community service staff delivering hepatitis C treatment themselves. While the former will often continue to be the preferred approach, we should increasingly consider the latter where possible – ‘upskilling’ staff already working in the service to provide hepatitis C treatment.

- Both testing and treatment were hugely affected last year. Treatment rates fell dramatically, and although they have since improved, are still not yet where NHS England wants them to be. Hepatitis C testing in drug services dropped by 90% in the first wave of Covid-19, with barriers including lack of facilities (space, personal protective equipment), clients fearful of accessing the service amid the pandemic and lack of laboratory testing capacity due to Covid-19 prioritisation.

However, by the second wave of Covid-19, solutions were found to ensure more testing could take place, including peer-led testing, postal testing and improved service reconfiguration facilitating greater client access. Outreach testing of the homeless population housed during Covid-19 was also a great success.

Next steps in recovery and the elimination drive

Mark Gillyon-Powell – Head of Programme, HCV Elimination, NHS England & NHS Improvement

- While we will be relying on healthcare workers to ensure we achieve hepatitis C elimination, we need to recognise that the workforce has just been through an extraordinarily demanding period for the health service.

This year’s ‘run rates’ (a.k.a. hepatitis C treatment targets) have been set with this in mind. As such, in the 2021/22 year the 22 hepatitis C Operational Delivery Networks (ODNs) will be expected to collectively treat 10,000 patients, with NHS England taking on a central target of treating 2,000 patients to relieve pressure on ODNs.

- We need to prioritise preventing new infections. While England has made good progress in treating the ‘standing population’ of people with hepatitis C, we have not seen comparable progress in reducing the rate of new infections.



NHS England has been working in partnership with Public Health England, the Association of Directors of Public Health and a range of other partners to look at mapping needle & syringe exchange provision and expanding availability of low dead space syringes, Naloxone and wound care, as well as providing harm reduction advice. The establishment of Integrated Care Systems (ICSs) also offers an opportunity to ensure hepatitis C is part of place-based planning of healthcare.

- A range of initiatives are being introduced to get testing and treatment numbers back up to and beyond pre-Covid levels. A new budget has just been approved which will see a 25% increase in NHS England funding for hepatitis C case-finding and elimination initiatives in 2021/22.

A further seven ODNs (South West Peninsula; Wessex; Eastern Hep Network; Surrey; Humberside & N Yorkshire; Bristol & Severn; Birmingham) have just had hepatitis C community outreach vans approved, with the intention for more to be approved over the course of the coming year.

A web portal for booking hepatitis C tests is being developed, allowing people to order a dry blood spot test (DBST) and then be referred to treatment services if they test positive. Testing in emergency departments will be expanded as a key way of finding people with an undiagnosed hepatitis C infection. Treatment will increasingly be provided in non-hospital settings, such as drug services, needle & syringe programmes (NSPs) and primary care.

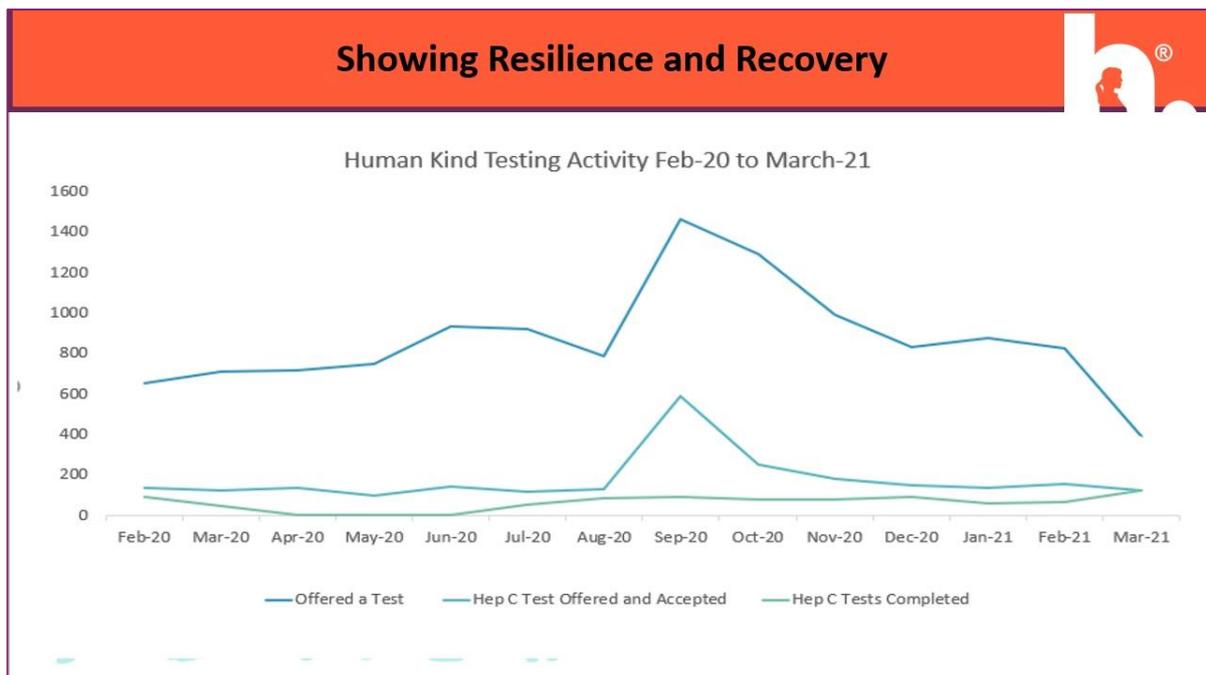
Impact on drug services and hepatitis C testing

Stacey Smith – Director of Nursing, Humankind

- The disruption drug services faced due to Covid-19 heavily impacted hepatitis C care in the first wave. In Humankind services, staff numbers on site were limited, client traffic into services was very low, opportunity to deliver DBST was limited, and treatment access was disrupted due to staff reallocation.
- Testing rates started to recover from July 2020 and are showing signs of improving even further from March 2021 (figures below only represent part of the month). Partnership projects with The Hepatitis C Trust involving targeted testing in specific areas are contributing to increased testing rates. Recent work in Staffordshire, for example, saw 137 tests delivered in one day.

- Humankind is now pursuing a range of activity in relation to hepatitis C as part of the recovery of services from Covid-19. Throughout lockdown, clients with a confirmed hepatitis C infection were identified and work is taking place to ensure they are back on the treatment pathway.

Harm reduction strategies are being reviewed to support hepatitis C prevention, with a particular focus on NSP. Postal DBST is being offered and training around hepatitis C made available to staff.



Hepatitis C in prisons

Colin Lawton – Northern Regional Prison Lead, The Hepatitis C Trust and Julia Sheehan – Women’s Prisons Peer Coordinator, The Hepatitis C Trust

- The lived experience of The Hepatitis C Trust’s staff was key during Covid-19. Having past experience of prison and living with hepatitis C provided insight into how people in prison would be feeling and the support they would need, which informed how the charity’s services were reconfigured.
- While access to prisons has been limited due to the pandemic, The Hepatitis C Trust’s prison team has adapted to ensure support continues to be provided to people in prison. This support has included phone-based support clinics, email support and letter-writing/sending cards.
- The Hepatitis C Trust’s prison helpline was expanded, becoming an 8am-8pm, seven-day-a-week service. Adaptations were made to Hepatitis Awareness Training and peer training. Adverts were also developed and broadcast via Wayout TV and prison radio to share key messages around hepatitis C.

- The Hepatitis C Trust's prison-to-community 'Follow Me' programme is achieving good results, as demonstrated by case studies. A patient released from HMP Durham in November 2020 was referred to the community team. The patient was located in February 2021, isolated and mentally unwell and having stopped taking hepatitis C medication. Following an introduction to a Peer Educator, who shared their own experience of hepatitis C, trust was established and the patient has since re-engaged with treatment and been supported in addressing other problematic areas of their life.

The women's prison team have supported a patient going through treatment in HMP Bronzefield through weekly phone clinics. The patient has now completed the treatment course and been released from prison. Through engagement with her recovery worker, the patient has been referred to CGL Women's Wellness Zone for help and support with accommodation on release and The Hepatitis C Trust's community team will provide support through to completion of 12-week sustained virologic response (SVR).



The screenshot shows a Zoom meeting interface. On the left is a slide titled "Training Peers" from The Hepatitis C Trust. The slide features a large feather graphic and a list of bullet points: "Using Prison In-Cell Phones", "Using Pen Pal Support (new peers)", "Changing how to train a peer (adapted)", "One to One small sessions", "Re-training old peers", and "Email a prisoner". To the right of the slide is a "TRAINING" graphic with icons for "COACHING", "TEACHING", "MOTIVATION", "SKILLS", "LEARN", and "DEVELOPMENT". On the right side of the Zoom window, there are two video thumbnails. The top one shows a man with a beard and earphones, identified as "Colin Lawton". The bottom one shows a woman with blonde hair and glasses, identified as "Julia Sheehan".