

HCV Action and Bristol & Severn ODN workshop, 14th September 2017: Summary report

About HCV Action

HCV Action is a network, co-ordinated by The Hepatitis C Trust, that brings together health professionals and others from across the patient pathway, including GPs, specialist nurses, clinicians, drug services, public health practitioners, prison healthcare staff, commissioners and industry.

It exists to highlight, promote and share good practice in the prevention, testing, and treatment of hepatitis C. By providing resources, staging events, and engaging with professionals and decision-makers, it seeks to raise professional awareness and knowledge of hepatitis C and act as a catalyst for the improvement of hepatitis C services and strategy across the UK.

Background

Operational Delivery Networks (ODNs) are the structures through which hepatitis C treatment in England is delivered. They involve regional centres that manage treatment decisions and prescribing, and which have a dispersed treatment model which aims to support partnership working and access for local patients.

There are 22 ODNs across England, with each having a 'hub' hospital responsible for leading the Network, and 'spoke' hospitals which each provide treatment with the oversight of the hub. Each ODN must adhere to a number of requirements, aimed at improving quality standards in hepatitis C care, with these standards being linked to Commissioning for Quality and Innovation (CQUIN) payments. These requirements include:

- Hepatology, virology, infectious disease and pharmacist expertise
- Administrative support
- Multi-disciplinary team meetings
- Access to Fibroscan
- Development of outreach treatment services
- HCV UK research membership
- Involvement of patient representative(s)

This workshop brought together a range of stakeholders working across the hepatitis C pathway in the Bristol & Severn ODN region, with the aim of discussing some of the barriers faced by the ODN, as well as providing a forum in which to develop solutions to some of these challenges.

Workshop summary

Challenges and opportunities for the ODN, Dr Fiona Gordon (ODN Clinical Lead)

The workshop began with Dr Fiona Gordon providing an overview of key challenges and opportunities for the ODN's community outreach work. In 2016, the ODN identified the need

to develop outreach services in the region targeted at difficult-to-reach patient groups. These groups included people who inject drugs (PWIDs), the homeless population, members of the South Asian community, people in prison and patients with severe mental illness.

Dr Gordon identified a number of achievements and opportunities for increasing hepatitis C testing and treatment rates through community outreach in Bristol. These included:

- Blood borne virus (BBV) testing among PWIDs is well-established, with over 90% of those attending Bristol Drugs Project receiving a BBV test.
- A peer support programme has been established within substance misuse services, supported by Bristol City Council.
- NHS Bristol Clinical Commissioning Group (CCG), Public Health England and substance misuse services hosted a mobile BBV screening event for the homeless community in 2017.
- Bristol Drugs Project will soon be hosting an industry-supported pilot outreach clinic, led by nurses, with a Fibroscan facility on-site.
- The ODN will soon have a Community Engagement Officer in post, to support achieving the CQUIN requirements up to 2019.
- There is an established ODN Outreach Planning Group, which has met four times, and will continue to develop the ODN's outreach work.

After outlining the opportunities, Dr Gordon reported some challenges facing the ODN in Bristol, including:

- There are four different substance misuse service providers operating in Bristol, which makes implementing a consistent approach to hepatitis C challenging.
- It is difficult to maintain engagement with the homeless population and those who access hostels due to their frequent movement around the city.
- There has been a low proportion of active/recent PWIDs being offered treatment.
- Financing of treatment delivery through pharmacies can be complex.
- The ODN hub (University Hospital Bristol) and NHS Bristol CCG need to work together to develop a Service Level Agreement for a community-shared hepatitis C treatment pathway.



- There is a need for the ODN to identify key manpower requirements and provide training.

Challenges were also outlined in other areas covered by the ODN, including Bath, Gloucester and Yeovil. It was noted that there are low levels of screening for hepatitis C in the community in these areas due to a lack of funding and 'pockets' of very high deprivation where there is low levels of engagement with primary and secondary care. In addition, it is often difficult for patients to access treatment centres due to poor transport links. An immediate goal in these areas is to identify key community leads for BBVs.

Peer to Peer Support, Stuart Smith, Head of Drug Services, The Hepatitis C Trust

After some of the challenges faced by the ODN had been outlined, Stuart Smith of The Hepatitis C Trust presented on peer-to-peer support programmes, a potential solution to the challenge of engaging more individuals in the care pathway.

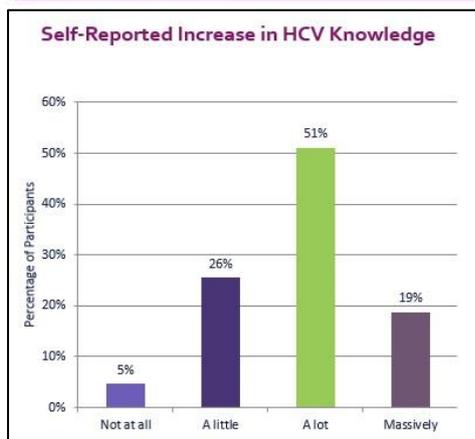
The talk began with an overview of the World Health Organisation hepatitis C elimination targets and the opportunities presented by the new treatments for hepatitis C. The key challenge for achieving elimination is finding the undiagnosed and re-engaging those who have been diagnosed in the past but have not been treated.

The Hepatitis C Trust delivers peer-to-peer workshops in various settings, including drug services, rehabs, hostels and day programmes. They key objectives of these talks are:

- Improving awareness of hepatitis C amongst PWIDs, including key messages on prevention and sharing.
- Motivating people at risk to access testing.
- Motivating people already diagnosed to access specialist services to get treatment.
- Improving understanding of hepatitis C amongst staff in drug services, particularly on testing and appropriate pathways.
- Ultimately, changing attitudes toward hepatitis C amongst PWIDs and the wider community.

The format of peer-to-peer workshops was outlined. Sessions usually begin with the peer's personal story and their experiences of injecting drug use, hepatitis C diagnosis and treatment, followed by a discussion of the issues with workshop attendees. Following the discussion, participants complete a quiz to establish their understanding of key messages.





The talk also covered key outcomes from the peer support programme, with quantitative and qualitative analysis showing the intervention is effective at embedding key messages and increasing the numbers of individuals tested and accessing care. 51% of workshop attendees reported that their knowledge of hepatitis C increased “a lot” as a result of the workshop, with another 19% reporting that it had increased “massively”.

Interviews were also conducted with some participants months after they attended a workshop, with the vast majority remembering key messages on

prevention and treatment. A number of interviewees also indicated that they had passed on messages from the sessions to their peers, demonstrating the value of the peer-to-peer model in embedding key messages among at-risk groups.

An innovation introduced in Birmingham was the provision of testing at the end of peer talks, known as ‘Talk and Test’. During the period from April 2016 to October 2016, 25 workshops were delivered in Birmingham with 195 attendees. 18 of these workshops adopted the ‘Talk and Test’ model, whereby 72 clients (50% of participants) received a test for hepatitis C following a peer talk.

A new aspect of The Hepatitis C Trust’s peer-to-peer work is the ‘Follow Me’ programme. Under this programme, peers have the power to directly refer patients for treatment and will accompany patients to clinic appointments. ‘Follow Me’ ensures people are engaged into care at the first available opportunity and receive support throughout the treatment pathway.

Delivery Date	Number attending session	Test complete on day	
April	8	6	75%
May	18	10	55%
June	21	10	47%
July	18	8	44%
August	28	16	57%
September	25	9	36%
October	26	13	50%
Total	144	72	50%

The talk concluded with the key outcomes of successful peer-to-peer support programmes, highlighting the benefits to clients and volunteers alike:

- Decreased transmission of hepatitis C.
- Increased numbers of drug users tested, diagnosed, undergoing treatment and cured.
- Behavioural change amongst PWIDs – decreased sharing of equipment and syringes.
- Key messages embedded into the drug using community.
- Increased volunteer empowerment.
- Increased numbers of volunteers finding employment.

Group discussion: Pathway barriers and solutions

To conclude the workshop, participants worked in groups to identify some of the existing barriers or gaps in the hepatitis C pathway, potential actions to address these barriers or

gaps, and who should own that particular action (i.e. who should be responsible for implementing the change).

Suggestions and proposals included:

1) Hepatitis C training for frontline services and GPs

Workshop participants noted that there have been a number of sessions where the ODN lead attended drug service staff meetings to talk about key messages around hepatitis C risks, prevention, testing and treatment. It was felt that further sessions would be useful, to further increase drug service workers' awareness and knowledge of hepatitis C, and to enable them to more effectively contribute to the ODN's work.

Awareness of hepatitis C amongst men who have sex with men (MSM) was reported to often be low, and concern was expressed about the potentially increased risk of contracting hepatitis C for those using PrEP without adequate messaging about the risks of spreading hepatitis C through sexual activity. Training for sexual health service staff around hepatitis C was therefore also suggested as a useful action.

Participants felt that some GPs' knowledge of hepatitis C was inadequate, with testing in primary care reported to be patchy. Providing further education on hepatitis C for GPs was therefore also recommended.

Action: Arrange training sessions on hepatitis C for frontline services and GPs.

Owner of action: ODN hub, in partnership with services (e.g. already-trained staff may be able to provide training to colleagues within services).

2) Supporting frontline services to test for hepatitis C

It was reported by participants that some drug & alcohol services in the region do not have a dedicated BBV nurse. This was felt to be a concern as other staff members frequently lack the time capacity to engage clients in testing for hepatitis C, resulting in opportunities to test being missed. With around 90% of new infections of hepatitis C resulting from the sharing of injecting drug equipment, it is essential that PWIDs are offered regular tests when engaging with services.

Participants also noted that there is a lack of regular testing in sexual health services. It was suggested that commissioners should contractually require drug & alcohol services to appoint a dedicated BBV nurse, and for testing for hepatitis C to be mandated for drug & alcohol and sexual health services.

Action: Include requirement to test for hepatitis C in contracts for drug & alcohol and sexual health services.

Owner: Local authority commissioners.

Action: Engage with sexual health services about the importance of providing regular testing for hepatitis C.



Owner: ODN hub.

3) Increasing the availability of community-based treatment

Community clinics were reported to be operating in some areas of the ODN, such as Weston and Bristol, but treatment is not currently available in community settings in other areas covered by the ODN. Delivering treatment in the community can increase the likelihood of patient engagement, with some finding secondary care settings difficult to access due to factors such as transport links, cost of travel, or negative perceptions of hospitals.

It was noted that there are potential issues around giving community services the ability to prescribe treatments. However, where this is an issue, the ODN hub could explore the feasibility of delivering treatments to community services to distribute to patients, without devolving prescribing decisions. This would ensure that treatment is still available to patients in a convenient, trusted location.

Action: Explore the potential for treatment to be delivered in community settings.

Owner: ODN hub, in partnership with community-based services.

4) Peer-based interventions



Following Stuart Smith's overview of the peer-to-peer support model, participants agreed that the provision of such interventions in the region would be a valuable and effective way of engaging individuals in the care pathway and ensuring that they stayed engaged. Peers can be very effective at reaching patients who may be less likely to engage with healthcare professionals, deriving credibility from having often been through similar experiences. Peers are therefore often best placed to reach at-risk groups with information on

prevention, testing and treatment.

Workshop participants also highlighted peers' potential role in supporting patients once they have entered the care pathway. It was noted that there can be a lack of social support for particularly vulnerable patients, and peers could play a role in helping to provide this support. On a more practical level, it was also suggested that peers could provide transport to patients to attend appointments.

Action: Implement peer-to-peer support programmes across the ODN area.

Owner of action: ODN hub, with support from The Hepatitis C Trust.

5) New approaches to contacting those lost to follow-up

In common with other ODNs across the country, one of the key challenges for the Bristol & Severn ODN is re-engaging individuals who have previously been diagnosed but who have

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disengaged with the care pathway and have therefore been lost to follow-up. Re-engaging with these individuals was felt to be urgent, with those having lived with hepatitis C longest most at risk of developing serious liver disease.

Efforts are made to re-engage patients in the Bristol & Severn area, with one spoke hospital operating a system whereby diagnosed patients who have not yet received treatment are contacted by letter every six months, inviting them to begin treatment. Drug and alcohol services also re-refer patients who have not engaged with treatment.

Alternative methods of contacting those lost to follow-up were suggested, including contacting patients via text message or by email (particularly for those who may be less likely to receive/open letters) to see if these resulted in higher levels of engagement. It was suggested that peers could also be an effective way of re-engaging patients, with peers potentially better able to engage with individuals on the importance of entering treatment. Participants also raised the idea of changing the content of follow-up contact, including more explicit messaging about the availability, effectiveness and tolerability of the new treatments for hepatitis C.

Action: Consider implementing other methods of contacting patients who have not engaged with treatment, such as email and text message, and explore most effective content of follow-up contact.

Owner: ODN and drug & alcohol services.