

## Lessons Learnt from the HepCATT (Hepatitis C Assessment Through to Treatment) Randomised Controlled Trial

HepCATT tested an Hepatitis C virus (HCV) case-finding intervention in primary care. The intervention involved:

- Algorithm integrated into electronic patient records systems to identify high risk patients
- Automatic mail-merge to create letters to invite high risk patients for testing
- Pop-ups alerts in patient records to encourage opportunistic testing
- Practice Staff HCV educational training
- Patient posters and leaflets explaining HCV risk factors and treatment options

The intervention aimed to increase case-finding, testing and treatment for HCV. The study found the intervention to be effective, acceptable to staff and highly cost-effective for the NHS.

We are sharing the lessons we learnt about how to implement the intervention during HepCATT, as these might be useful to ODNs and GP practices taking part in the NHS England HCV Elimination Initiative in Primary Care.

### 1. Training

Practice staff valued HepCATT training, which enhanced HCV awareness and knowledge of associated risk factors. This prompted practice staff to have opportunistic discussions with high risk patients when they saw them.

**TIP!** Some practices had limited IT resources and expertise. Clear instructions and training must be provided to support use of the intervention.

### 2. Screening lists

Practices need to consider how they will check the list of patients with risk factors to ensure contact about HCV testing is appropriate. List checking in HepCATT was costly as it was mainly carried out by GPs, but GPs felt it was necessary.

**TIP!** In some practices, list checking was first carried out by practice administrators or practices drew on the expertise of nurses to reduce GP workload.

### 3. Managing resources

Practices raised concerns about increasing workload associated with sending out patient invite letters.

**TIP!** Practices sent invite letters out in batches and were provided with extra funding to cover the time and costs of sending letters.

Practices were concerned about increasing demand for testing following invitation letters being sent however no practices reported being unable to manage this during the study.

### 4. Opportunistic testing

GPs did not generally find pop-up alerts to prompt HCV testing helpful during the HepCATT trial; however some nurses viewed the reminders positively. GPs felt it was sometimes a challenging to fit in an opportunistic discussion in a 10-minute consultation. Greater general awareness of HCV amongst the public might make having these conversations easier.

**TIP!** Practices can decide to adopt pop-ups or not to aid opportunistic testing. Pop-ups can be managed at both the practice and individual level.

### For further information:

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### Study publications:

Roberts, K. et al (2020) Cost effectiveness of an intervention to increase uptake of hepatitis C virus testing and treatment (HepCATT): cluster randomised controlled trial in primary care, *BMJ*, 368:m322.

Horwood, J. et al (2020). Increasing uptake of Hepatitis C virus infection case-finding, testing and treatment in primary care: HepCATT (Hepatitis C Assessment Through to Treatment Trial) qualitative evaluation. *British Journal of General Practice*, *bjgp20X708785*

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