



HCVAction

HCV Action Kent Hepatitis C Good
Practice Roadshow
5 September 2018
SUMMARY REPORT



Introduction

HCV Action and Public Health England (PHE) staged the second hepatitis C good practice roadshow of 2018 in Maidstone on 5th September, bringing together 80 people from across Kent to discuss challenges to tackling hepatitis C and share solutions. The event was attended by clinicians, nurses, commissioners, drug and alcohol service workers, prison health professionals, and others working around hepatitis C in Kent.



The roadshows are an annual series of events aiming to bring together professionals working with hepatitis C in a variety of contexts, identify challenges and solutions for tackling hepatitis C locally, and showcase and share examples of good practice in prevention, testing, and treatment.

The roadshow's morning sessions surveyed current opportunities and challenges surrounding hepatitis C. Session topics included local epidemiology, treatment and possibilities for elimination, specialised commissioning and substance misuse commissioning.

Several examples of local good practice were presented, with Professor Geoff Dusheiko and Dr Mary Cannon describing the results and local applicability of Project ECHO, and Stuart Smith from The Hepatitis C Trust outlining the benefits of peer-to-peer programmes.



The afternoon workshops allowed participants to choose a focused area of interest to discuss local challenges in smaller groups. These topics included an extended discussion on specific challenges and solutions for the Kent Operational Delivery Network, awareness and testing in drug services, and tackling hepatitis C in prisons.

Full slides presented by each speaker can be found in the HCV Action resource library [here](#).

Agenda

Chair: Rachel Halford, Chief Executive, The Hepatitis C Trust

Introduction and setting the scene

Dr Kosh Agarwal, ODN Lead, Kent Network

HCV Action: Sharing good practice

Urte Macikene, Policy and Parliamentary Adviser, The Hepatitis C Trust

Local epidemiology

Dr Angeline Walker, Consultant in Health Protection, Public Health England

Treatment of hepatitis C and possibilities for elimination

Dr Ashley Barnabas, Kings College Hospital NHS Foundation Trust and Dr Chirag Kothari, Dartford and Gravesham NHS Trust

Commissioning landscape for hepatitis C

Fiona Mackison, Service Specialist, Specialised Commissioning – NHS England South

Substance misuse commissioning in Kent

Mark Gilbert, Senior Commissioner, Kent County Council

Good practice case study – Launching Project ECHO for Hepatitis C treatment in Kent

Professor Geoff Dusheiko, Emeritus Professor of Medicine, UCL Medical School and Dr Mary Cannon, Consultant Hepatologist, Kings College Hospital

Good practice case study – The Hepatitis C Trust's peer-to-peer work

Stuart Smith, Head of Drug Services, The Hepatitis C Trust

Patient perspective

Wayne Hawkins

David Bailey

Panel discussion - problems and solutions for the Kent ODN

Workshops:

A. Identifying solutions to challenges faced by the ODN

Dr Jayshri Shah, Consultant Hepatologist, East Kent University Hospitals NHS Foundation Trust

B. Awareness and testing in drug services

Archie Christian, Pathways Coordinator, The Hepatitis C Trust

C. Hepatitis C in prisons

Beverley Clark, Viral Hepatitis Nurse, Maidstone and Tunbridge Wells NHS Trust & Eddie Meyers, Prison Peer Educator, The Hepatitis C Trust

Workshop discussions

In the afternoon of the roadshow, three workshops were held on hepatitis C within the local area, giving attendees an opportunity to explore the issues in depth and contribute to a focused discussion.

Workshop A: Identifying solutions to challenges faced by the ODN

Dr Jayshri Shah, Consultant Hepatologist, East Kent University Hospitals NHS Foundation Trust

This workshop was designed to give clinical and managerial staff an opportunity to delve deeper into challenges to tackling hepatitis C specific to the Kent ODN, and encourage a discussion about how to overcome them.

The workshop began with a presentation from Dr Jayshri Shah, where the performance of the Kent ODN was brought into focus alongside the World Health Organization (WHO) targets for hepatitis C elimination.

The WHO target of a 30% reduction in new cases of hepatitis C by 2020 presents a significant challenge for England, and Kent ODN is no exception, with the number of new infections remaining stable between 2008 and 2017. More encouragingly, the WHO target of a 10% reduction in mortality from HCV by 2020 looks likely to be achieved due to a significant fall in HCV-related end-stage liver disease.



The Kent ODN is meeting its targets for treatment initiations, with 154 people treated in the year 2016/17, and 172 expected to be treated this year. Increasingly, larger numbers of non-cirrhotic patients are being treated, as treatment becomes available to all regardless of level of liver damage, and larger numbers of patients are identified at earlier stages of liver damage through outreach testing.

The group discussed challenges to tackling hepatitis C specific to the Kent region, including:

- Estimated prevalence being higher than average
- A uniquely challenging rural geography, leading to relatively low local provision of specialised services, and the lack of comprehensive hepatitis C service provision
- The lack of a Kent-based hub for the ODN (King's College Hospital is currently acting as the ODN hub due to the lack of a pre-existing hepatology centre in Kent)
- High drop-out rates from surveillance after treatment

- Lack of awareness of new treatments, again posing a particular challenge due to rural geography and lack of Kent-based service leadership
- No testing provision within needle exchanges
- Lack of engagement within primary care
- No opt-out testing in drug services
- Backlog of patients waiting for treatment initiation

A number of potential solutions and actions were suggested by participants, including:

- Expansion of peer programmes
- Implementation of opt-out testing in substance misuse services
- Making testing on first presentation the norm in drug services
- Expanding hepatitis C messaging to primary care through the Local Medical Committee and CPD opportunities
- Training more non-clinical staff to deliver hepatitis C testing
- Improved mapping of service capacity to identify gaps
- Exploring commissioning of treatment in community services
- Consideration of whether continued testing is appropriate if there is a backlog of patients awaiting treatment

Workshop B: Awareness and testing in drug services

Archie Christian, Peer Educator, The Hepatitis C Trust

This workshop centred around discussion of outreach strategies and pathway improvements to more effectively engage those still undiagnosed in a drug service setting. As most patients with known diagnoses have now been treated, the greatest challenge for services is diagnosing and treating those who are “harder to reach”. Additionally, there is a sizeable cohort of people who have previously been diagnosed with hepatitis C and never been treated who are still reluctant to engage with care.

The workshop discussed several categories of barriers to engaging patients in testing and treatment and corresponding potential solutions, which are outlined below.

Patient psychological barriers and solutions

Fear	Information
Lack of self-worth	Education
Embarrassed	Good working relationships
Other priorities	Signposting
Shame	Building trust
Ambivalence	Peer support
Denial	
Lack of trust	
Past experiences	

Resistance to change 'What's the point?' Lack of emotional support 'I've had it a long time already and I'm still ok'	
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Patient physical barriers and solutions

Cost of getting to appointments Lack of support Poor physical health Language barriers Contact barriers re phone/address Not a priority Appointment not convenient Transport issues Constant moves Homelessness	Charities to help with travel costs Patient transport Peer support Interpreting services or staff to help Charities allowing a 'care of' address to be used
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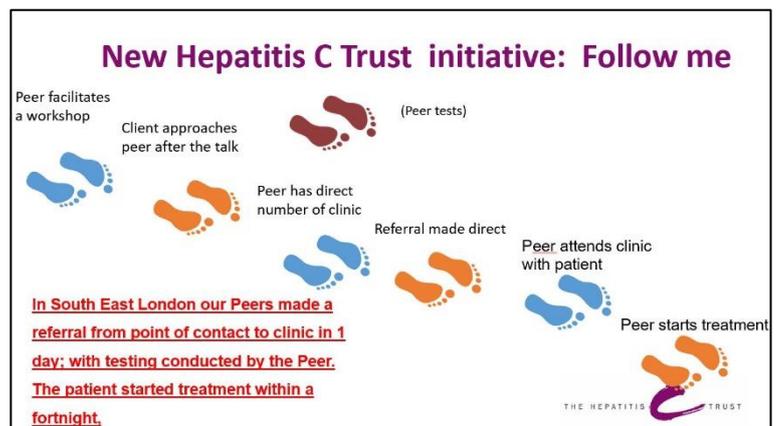
Service provider barriers and solutions

Opening times Delay in testing Staff availability Staff training Indifference due to workload Competence Resources (equipment and space)	Link in with other agencies Information on alternative services Staff training Dedicated staff Investment in resources Peer support Investment from drug companies and PHE
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Hospital attendance barriers and solutions

Lack of fixed address Travel costs Fixed clinic slots Poor previous hospital experience Unfamiliar environment Perception that hospitals are 'for sick people' Paperwork Embarrassment Self-esteem	Use of care of addresses Vouchers or reimbursement for travel costs Dial-a-ride service Drop-in clinic slots Communication and reassurance from staff Peer support Positive rapport with staff Shared PC system to minimise paperwork Advocacy
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The workshop also introduced participants to the Hepatitis C Trust's peer support work. The Trust trains peers to deliver one hour workshops comprising their personal experience of hepatitis C and key messages related to transmission, prevention, testing, pathways and treatment. These workshops are delivered in a



variety of environments like rehabs, detox clinics, hostels, and prisons. Through a peer initiative called *Follow Me*, peers conduct testing in the community, make direct referrals into treatment for workshop attendees, and support them through the process of attending appointments. Following this pathway, patients can begin treatment within a fortnight of their first contact with the peer.

An emphasis was placed on the need for a shift in attitude and approach from a hospital-based, specialist approach to a community-based approach in testing and treatment. Static services are not meeting local needs in many areas, and there is a need for new strategies which take advantage of the knowledge and resources in the peer community and allow for flexible, innovative service delivery. Ensuring the appropriate knowledge, training, and resources are available to frontline staff and support from commissioners for this approach will also be crucial.

Workshop participants expressed a belief that these strategies will motivate people who inject drugs to engage or re-engage with treatment, and will lead to a change in attitudes to hepatitis C within the wider injecting drug user community.

C. Hepatitis C in prisons

Beverley Clark, Viral Hepatitis Nurse Specialist, Maidstone and Tunbridge Wells NHS Trust & Eddie Meyers, Prison Peer Educator, The Hepatitis C Trust

An overview of the current hepatitis C treatment environment in Kent prisons was presented by Beverley Clark, Viral Hepatitis Nurse Specialist. There are six prisons in Kent, and 46 patients have been treated in the prison setting since the formation of the Operational Delivery Network in April 2016. Patients are not treated in HMP East Sutton Park, due to its status as an open prison, housing inmates due to be released imminently. Anyone transferred to this prison would have already been treated in a previous prison setting. All six prisons have a monthly hepatitis C clinic, with HMP Elmley hosting clinics even more frequently.

Workshop attendees discussed various aspects of the hepatitis C pathway in prison settings.

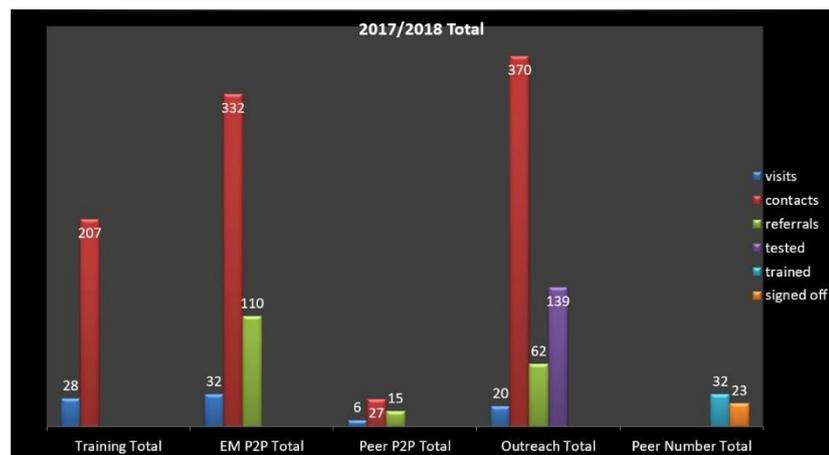
It was noted that HMP Elmley has up to 300 inmates arriving every month, and achieves high rates of testing uptake. HMP Elmley and HMP Swaleside have treated the highest number of patients of the Kent prisons. Attendees enquired how such high testing take-up rates are achieved, and staff from HMP Elmley emphasised the importance of presenting testing as a priority to all prison staff, and describing it to new inmates as a standard procedure during reception, giving them minimal opportunity to refuse. Most inmates are readily accepting of a test offer if the importance and expectation of getting tested is highlighted, and it is made clear that the test is a simple pinprick.

Anyone tested positive within a prison setting is referred to the hepatitis C clinic, though high DNA rates were a persistent challenge. Patients who miss their clinic appointment are offered a second appointment, and a Healthcare Assistant will follow up with a hand-delivered letter confirming their appointment. Around 15 people now regularly attend the monthly hepatitis C clinic at HMP Elmley.

Attendees discussed the continuing challenge of treating inmates who are serving short sentences and are likely to leave before completing treatment, though this is becoming less of a problem with shortening treatment durations. It was suggested that when patients are tested, the relevant permissions should immediately be secured to inform the patient's probation officer with details of their hepatitis C status, allowing for continuity of care in the event of an early release.

One attendee raised a concern that HMP Swaleside houses many inmates serving long-term sentences, who may have come into prison at a time before the opt-out BBV testing policy was brought in. These long-standing inmates would not have been offered a test at reception, and would have to pro-actively request a test to access treatment. Attendees agreed it would be beneficial to host a concerted testing drive in HMP Swaleside to reach these people, perhaps coinciding with World Hepatitis Day to raise awareness.

Eddie Meyers then delivered a presentation on The Hepatitis C Trust's peer-to-peer work in London prisons, which consists of staff with experience of hepatitis C delivering outreach talks and training within prisons, including telling their



personal story of hepatitis C while embedding key messages about prevention and offering a test. In the year 2017/18, The Hepatitis C Trust has spoken to over 900 people in prison about hepatitis C, referred around 200 people for testing in prison, and directly tested around 140 people. 75% of people responding to a questionnaire after participating in a

peer-led session reported that their knowledge about hepatitis C increased ‘a lot’ or ‘massively’. Prison and healthcare staff receiving tailored training on average doubled their knowledge of hepatitis C based on a questionnaire taken before and after training.

Workshop attendees reflected on the benefits of this approach and heard that The Hepatitis C Trust plans to expand its peer-to-peer work into Kent prisons later this year. Participants also highlighted that outreach testing is continually getting easier with the availability of new testing methods providing near-instant results. Others also expressed positive sentiments about the upcoming hepatitis C procurement deal between NHS England and industry, and hopes that the deal will enable universal prescription of pan-genotypic treatments allowing for immediate initiation of treatment following diagnosis.

Attendee reflections and feedback

Before leaving, attendees were asked to write down what they would take away from the day. Some of the attendees’ pledges to take action and reflections on the day are below.

- *Implement peer-to-peer in prison*
- *The ECHO system could work – funding required by providers!*
- *Connect with commissioners to share GP campaigns around HCV awareness*
- *Everyone in the service to test patients (with training), communicate and assure client*
- *Improve testing rates*
- *Roll out training for recovery workers*
- *Passion from all service providers to eliminate hepatitis C!*
- *Work with team in ensuring competence & knowledge to speak to service users about treatment*



Attendees were also asked to complete a feedback sheet at the end of the day. The HCV Action team will incorporate all constructive feedback into future events. Some positive reflections on the day included:

“It was excellent to hear two very different perspectives and routes to treatment from the peer mentors.”

“All speakers were very knowledgeable.”

“Well presented short presentations covering key topics. Informative day.”

“Informative, inspiring, motivating.”

“Valuable. Archie was great. Learnt a lot.”

“The commissioning and elimination sessions were really helpful. Opportunities were identified across the board from this.”

Acknowledgements

HCV Action would like to thank the following people for their help in organising the roadshow:

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Magdalena Rocko – Project Manager, King’s College Hospital