HCVAction

HCV ACTION OXFORD HEPATITIS C GOOD PRACTICE ROADSHOW, 7TH JUNE 2018

SUMMARY REPORT

Introduction

On 7th June, HCV Action and Public Health England (PHE) held the first hepatitis C good practice roadshow of 2018 in Oxford, to share examples of good practice in the prevention, testing, diagnosis and treatment of hepatitis C and identify specific challenges and potential solutions for tackling hepatitis C in the region.

The roadshow featured a range of presentations from relevant experts and health professionals. Following introductions from Rachel Halford (Deputy Chief Executive, The Hepatitis C Trust) and Trish Mannes (Deputy Director for Health Protection, PHE South East), talks included Dr Karthik Paranthaman (Consultant Epidemiologist, PHE) on local epidemiology, Dr Jane Collier (ODN Clinical Lead, Thames Valley Hep C ODN) on the treatment landscape for hepatitis C and Dr Graham Foster (National Clinical Lead for ODNs, NHS England) on commissioning hepatitis C services.

Presentations highlighting examples of good practice also featured, with Lizi Simms (Hepatology Specialist Community Liaison Nurse, Oxford University Hospitals NHS Foundation Trust) sharing details of Oxford Liaison Service's community outreach work in the area and Stuart Smith (Head of Drug Services, The Hepatitis C Trust) outlined the peer-to-peer model as a method of encouraging testing and treatment for hepatitis C. Stuart Gilham also shared his perspective on hepatitis C as a former patient.

Around 80 people attended the roadshow, including clinicians, nurses, drug service workers, prison health professionals, commissioners, patients and a range of others working with hepatitis C in Oxford and the wider South East area. The full set of slides presented by each of the speakers can be found in the HCV Action resource library here.

Agenda

Introduction and setting the scene
Trish Mannes, Deputy Director for Health Protection, Public Health England South East

Local epidemiology
Dr Karthik Paranthaman, Consultant Epidemiologist, Public Health England

Treatment of hepatitis C and possibilities for elimination
Dr Jane Collier, ODN Clinical Lead, Thames Valley Hep C ODN

Commissioning landscape for hepatitis C
Prof Graham Foster, National Clinical Lead for ODNs, NHS England

Good practice case study presentation – Oxford Liaison Service community outreach
Lizi Sims, Hepatology Specialist Community Liaison Nurse, Oxford University Hospitals NHS Foundation Trust

Good practice case study presentation – The Hepatitis C Trust's peer-to-peer work
Stuart Smith, Head of Drug Services, The Hepatitis C Trust

Patient perspective
Stuart Gilham

HCV Action: sharing good practice
Rachel Halford, Deputy Chief Executive, The Hepatitis C Trust

Panel discussion: problems and solutions for tackling hepatitis C locally

Workshop A: Identifying solutions to challenges faced by the ODN
Dr Jane Collier, ODN Clinical Lead, Thames Valley Hep C ODN

Workshop B: Awareness and testing in drug services
Archie Christian, Pathways Coordinator, The Hepatitis C Trust

Workshop C: Hepatitis C in prisons
Jane Phillips, Hepatology Clinical Nurse Specialist, Oxford University Hospitals NHS Foundation Trust and *Dr James Maggs, Consultant Hepatologist, Buckinghamshire Healthcare NHS Trust*

Workshop discussions

During the roadshow's afternoon session, three workshops were held on key issues related to hepatitis C in Oxford and the wider South East area: identifying solutions to challenges faced by the ODN; awareness and testing in drug services; and hepatitis C in prisons. Below is a summary of discussions from the workshops.

Workshop A: Identifying solutions to challenges faced by the ODN

Dr Jane Collier, ODN Clinical Lead, Thames Valley Hep C ODN

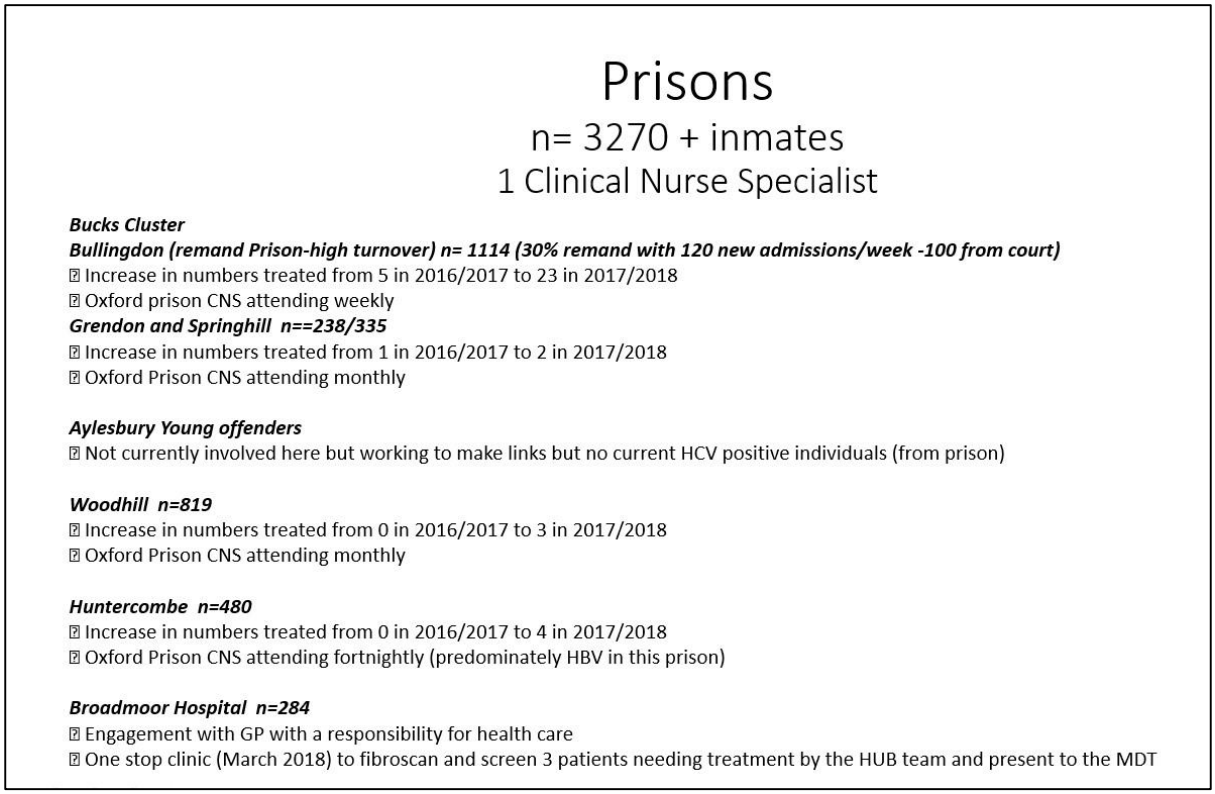
The workshop began with a presentation by Dr Collier, providing an overview of the Thames Valley Hep C ODN's work. In addition to the ODN's 'hub' hospital (John Radcliffe Hospital in Oxford), there are a further four 'spoke' hospitals in the ODN area. There are four prisons, and twelve Clinical Commissioning Groups (CCGs) operate in the area.

An overview was provided of the drug and alcohol service providers in the area and the arrangements in place for testing and treatment, as follows:

Area	Provider	Current situation
Oxfordshire (Oxford, Didcot, Banbury, Witney)	Turning Point	Clinical Nurse Specialist supports screening and treatment in the Turning Point service.
Buckinghamshire	Inclusion	Consultant Hepatologist from Buckinghamshire Healthcare NHS Trust runs in-reach clinics in services.
Swindon	Turning Point (since March 2018)	Referrals are made through GPs to the Viral Hepatitis Clinic at Great Western Hospital, Swindon.
Reading	IRiS	

		Clinical Nurse Specialist continues to do regular in-reach clinics to screen and treat.
Milton Keynes	Compass	Referrals are made to GUM clinics and then through to either Oxford or the Viral Hepatitis Clinic at Milton Keynes Hospital for treatment.

Dr Collier also updated attendees on the ODN's engagement with prisons in the region, with an overview provided in the slide below:



Following the overview of the ODN's work, Dr Collier shared her perspective on future opportunities and challenges. The prospect of a new approach to delivering treatment was discussed. With a need to deliver treatment to as many patients as possible to achieve the ODN's run rate and support progress towards elimination, it was felt that approaches to treatment previously regarded as risky may become more acceptable.

For example, delivering treatment via 'Homecare' (directly to patient's homes) or storing hepatitis C treatments in drug and alcohol services carry risks of the medicines going

missing. Similarly, some approaches to treating patients have previously been rejected due to the risk of a patient not completing the full course of treatment – such as providing patients with the full 8-12 weeks' worth of medicine at the beginning (rather than providing it in instalments) or initiating treatment for patients who are on remand in prison and will leave the prison before completing treatment (with the associated potential for interruptions in the patient's treatment course). Accepting such risks may now be an acceptable trade-off to ensure more patients are accessing treatment.

A number of other challenges for the ODN to address were identified, including:

- Drug and alcohol services:
    - Implementing universal screening and re-screening across all centres.
    - Delivery of treatment in all services and centres.

- Prisons:
    - More screening, including through the use of dried blood spot (DBS) testing (not currently used in Oxfordshire).
    - Addressing the challenge of treating those in remand prisons (therefore only in the prison for short periods).
    - Decreasing the time taken to refer for treatment following diagnosis.
    - Increasing prisoner awareness/knowledge of hepatitis C.
    - Supporting prisoners to attend clinic appointments.

- Establishing functioning treatment centres in district general hospitals in Swindon and Milton Keynes.
- Increasing the use of 'buddies' to support patients through treatment.
- Accessing live hepatitis C laboratory reports from the region and finding resources to chase positive diagnoses.

The group discussed potential solutions to addressing the challenge of increasing testing in substance misuse services. The inclusion of ambitious targets for hepatitis C testing in commissioning contracts for substance misuse services was advocated, as was 'naming and shaming' services with poor testing rates. One idea for incentivising substance misuse service staff to test clients was for the ODN to feedback

on clients who have been referred and gone on to be treated – with this expected to result in a 'feel-good' factor that would encourage further referrals. Likewise, having a member of staff in each service to act as a 'champion' for hepatitis C testing was felt to be a good way to encourage increased testing.

Workshop B: Hepatitis C in drug services

Archie Christian, Pathways Coordinator, The Hepatitis C Trust

Archie Christian, Pathways Coordinator at The Hepatitis C Trust, began by outlining the main challenges drug services face in relation to hepatitis C – identifying the undiagnosed; supporting those who have been diagnosed into treatment; and reducing 'did not attend' rates.

A number of factors preventing drug service clients from engaging were identified, including:

- Stigma
- Fear
- Myths
- Low priority
- Lack of awareness
- Bad past experiences
- Rebellion
- Lack of self-worth

Attendees then took part in an exercise identying barriers and solutions to substance misuse clients engaging with specialist care. Barriers under four different categories were identified, with some of the solutions suggested by attendees outlined below:

<u>Patient psychological barriers</u>

Barrier	Solution(s)
Lack of trust	• Build relationships • Continuity of care • Awareness of other services and people

Stigma	• Challenge misconceptions • Awareness/training • Peer support
Feeling unworthy of treatment	• Build self-esteem
Fear of treatment	• Share information to challenge misconceptions • Peer support

Patient physical or practical barriers

Barrier	**Solution(s)**
Long waiting times or no clinic availability resulting in DNAs	• More staff, better triage system
On other medications or suffering from other illnesses/conditions	• Liaise with GP/other services
Time of appointments challenging for clients	• Services being flexible with appointment times

Service barriers – drug and alcohol

Barrier	**Solution(s)**
Accessing service	• Buss pass/car share • Community hubs

Funding/staffing levels	• Partnership-working with other services • Making use of charity support • Volunteers
Staff knowledge	• Holding audits of staff knowledge • Training • Information-sharing
Contractual arrangements	• Commissioning contracts to include specific requirements on hepatitis C
Lack of outreach opportunities	• Making use of peers and volunteers

Service barriers – hospital

Barrier	**Solution(s)**
Geographical distance to hospital	• Provide transport or money • Hold outreach clinics • Travel reimbursement/bus passes
Lack of knowledge of referral routes	• Communication through Liaison Nurse • Joint-working between services
Lack of information sharing/good practice	• Regional events • Ongoing updates and training • Stakeholder groups

Workshop C: Hepatitis C in prisons

Jane Phillips, Hepatology Clinical Nurse Specialist, Oxford University Hospitals NHS Foundation Trust and *Dr James Maggs, Consultant Hepatologist, Buckinghamshire Healthcare NHS Trust*

[The summary below is mostly adapted from notes shared by Elaine Lawson, Prison Liaison Nurse Specialist, Oxford University Hospitals NHS Foundation Trust, with some additions from the HCV Action team].

Firstly, we would like to thank everyone who came along to the roadshow. I'm sure you will all agree that it was a very inspiring and motivating day, and a great opportunity to meet each other away from our normal stressful work environments!

Overview

The aim of the prison workshop was to give people a brief overview of the outreach service the Hepatology nurses are currently providing, and to discuss the challenges we are facing. As we know from previous research, there is a high prevalence of hepatitis C in the prison population, making it a prime location to have our outreach clinics.

The prison in-reach team currently works across five prisons, visiting each of them at least once a month. BBV testing is offered to new arrivals into prisons, and blood samples are taken immediately if the offer is accepted.

Examples of good practice currently taking place were discussed. The prison teams automatically notify the prison in-reach team of any positive results allowing them to follow these up if a referral process is not immediately initiated. HCV 'buddy' cards are given out to patients who have been tested, containing information about next steps and reassuring them of the availability of treatment if they test positive. These can also be passed to others as an awareness resource.

However, significant challenges remain, including high 'did not attend' rates in the clinic, lack of access to DBS testing, a very fast turnover of inmates (particularly at HMP Bullingdon), and ongoing stigma. The prison in-reach team has already implemented changes attempting to overcome some of these challenges, for example, shifting from

calling the prison treatment slot the 'hepatology clinic' to the 'hospital nurse clinic' to decrease stigma when prisoners reported being afraid to be seen going to the 'hep C nurse'. The team has also started writing to patients stressing the importance of attendance at their scheduled clinic slot.

Challenges

A few of the challenges we are coming across at present:

- Prisoners not getting their appointment slips until after the appointment
- High rate of DNAs at the clinic (prisoners at work or gym when we call wing)
- Low referral rates for antibody positive prisoners
- Limited access by the hepatology team to data regarding numbers offered and accepting testing
- Venous blood testing (lack of access to DBS testing) causing delays in diagnosis and referral
- Fast turnover rates among prisoners still present a challenge to initiating treatment for some
- Stigma – some patients still report feeling under threat if they come to the clinic
- People are not aware of the newer treatment for hep C

Possible solutions

The following are suggestions which workshop participants came up with to try and overcome some of the challenges mentioned above:

Changes to clinics and testing

- BBV Lead in each prison (does not need to be a qualified nurse)
- Longer clinics i.e. 8am - 6pm
- Implementing dry blood spot testing
- Testing in the methadone queue
- Investigate acquiring a point-of-care analyser (such as the ones being marketed by Cepheid) – these are expensive but potentially cost-saving in the long term
- Incentives for testing - packs with toiletries etc.
- Engage with more prisons i.e. Campsfield
- Ensuring the prison nurse team is confident not just in delivering testing, but also in delivering results and follow-up information
- Re-offering testing to those who might refuse at first reception

Prisoner activities

- Open day for inmates - help, advice and contacts.
- Hep C awareness day
- Open day in the gym

- Peer talks and support groups

Streamline literature

- Information leaflets in various languages
- Information in visitor centre for family and friends
- Advertise in prison magazine
- Writing letters to those leaving prison who have not begun treatment with relevant information on treatment options in the community
- Expanding the use of HCV 'buddy cards' with key information and distributing to prison visitors and families

Training and education

- Training and education on testing and treatment for healthcare staff
- Education for prisoners
- Education for staff

Plan

There were some great suggestions which we could try to implement quite soon, and others which we could aim to do in the future. We have a new nurse who will be the named nurse for all the current prisons which we cover at the moment, and the plan is to meet with the healthcare service from each prison individually to start implementing these suggestions. We are aware that not everyone could attend the workshop, and would be more than happy to receive any suggestions you have by contacting us directly. World Hepatitis Day is on the 28th July, and it would be great to get some kind of activity arranged within the prisons for it! There are also great online sources of free information to provide to the prisoners. One is The Hepatitis C Trust, which is able to send out literature - http://www.hepctrust.org.uk.

NHS Hepatology Nurse Contacts:

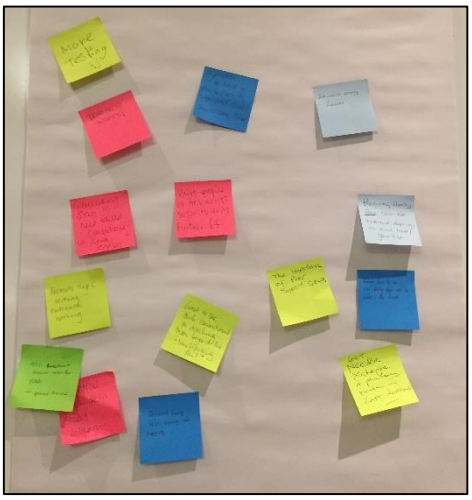
jane.phillips4@nhs.net - Current prison liaison nurse specialist

elaine.lawson4@nhs.net - New prison liaison nurse specialist

Pledges by attendees

At the close of the roadshow, attendees were asked to write down an action point that they will take forward in their service/everyday practice as a result of the things they had heard and discussed throughout the day. Below are some of their contributions:

- *"Raise profile of HCV success so far to drive further investment"*
- *"Inspiration – to have a mobile van to test and cure!"*
- *"Horizon scan to see how testing offer can be wider in the county"*
- *"More testing!"*



- *"More staff training"*
- *"95% treatment success rates for DAAs – spread the word"*
- *"Educating staff to help build confidence in delivering services"*
- *"Promote hepatitis C testing and outreach working"*

Acknowledgements

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

Dr Jane Collier – ODN Clinical Lead, Thames Valley Hep C ODN

Dr Jill Morris – Consultant in Communicable Disease Control, Public Health England South East

Lizi Sims – Hepatology Specialist Community Liaison Nurse, Oxford University Hospitals NHS Foundation Trust

And of course, thank you to all speakers and attendees.