

Pathways Coordinator Q&A

Andy Pearson, The Hepatitis C Trust's Pathways Coordinator, explains the role and the importance of testing and referral pathways for hepatitis C in substance misuse services:

Q: What are the main duties of the Pathways Coordinator role?

A: The role is very varied but the main components are to be engaged with the largest substance misuse providers, such as CGL & Addaction, and to target individual services to provide solutions to overcome barriers within existing practice. This could be in the form of training for staff, peer-led interventions, linking the service with the treatment hospital, introducing stakeholder meetings, documenting the service pathway and suggesting alternative ideas. Often the role involves identifying a model of best practice being used in one part of the country and supporting another service to implement this into their own service.

I also support some of our team of peers who deliver hepatitis C awareness workshops within drugs services, rehabs and detox units, as well as attend Operational Delivery Network (ODN) meetings to provide a patient perspective and support members of the patient council to attend these. The role also involves delivering workshops at HCV Action and Public Health England events, among others.

Q: What do you tell drug services about the importance of testing people for hepatitis C?

A: A key part of the message that we deliver is that their service is often the only healthcare service that the client is involved with. We also emphasise that that the service is commissioned to provide blood borne virus (BBV) interventions. We focus on the positive outcomes that can be achieved through engaging their service users with HCV treatment. Often if you can encourage a service user to address their health then this can lead on to positive substance misuse outcomes – such as less frequent injecting or safer injecting practice and improved engagement with services.

Q: What are the psychological barriers to testing people who inject drugs (PWID) for hepatitis C and how can these be overcome?

A: More often than not, service users' personal barriers are based around fear and misinformation. The client group that we work with have historically gained most of their knowledge about hepatitis C from other members of their peer group. This information is often inaccurate or out of date. Service users know about interferon treatment and about how difficult it is to tolerate, and they know about having to have a liver biopsy. We try to re-educate service users about current treatment options with potentially interferon-free treatments, and fibroscans instead of an invasive biopsy.

Another factor is the psychological barrier of attending a hospital where the service user feels judged by staff and by other members of the public who could be there. We provide support to staff and service users to help them to overcome these barriers.

Q: What are the practical and physical barriers to testing PWID for hepatitis C and how can these be overcome?

A: Often, it is simply the logistics that can act as barriers, like the service user actually getting to the hospital to access treatment. Sometimes the treating hospital is a long way away.

Poor venous access can be a barrier for PWID, and adherence to treatment can also be a barrier for the more chaotic clients that we deal with. This can often lead clinicians to be reluctant to start treatment – but is an excellent opportunity for drugs services to provide interventions and support

Q: What are the main areas you cover when you deliver training to drug service staff?

A: The standard training that the drugs team deliver to nurses, recovery workers and peers covers:

- HCV prevalence
- What is a virus?
- Hep A/B/C
- Routes of transmission
- Stages of HCV and disease progression
- The testing process
- Treatment options
- Why would someone want to know about their HCV status?
- How to have a pre- and post-test discussion
- Where do you test and who do you refer to?

The main thing we try to achieve with the training, as well as the upskill in knowledge, is to create some passion in the workers about testing and support for HCV positive clients.

Q: What areas do you cover when you conduct an audit of hepatitis C service delivery?

A: We cover:

- The percentage of staff trained to deliver BBV interventions
- How long since BBV training was last delivered?
- Do they require up-to-date training?
- Who carries out testing?
- Who delivers results?
- What type of tests are used?
- The percentage of people who drop out from the treatment pathway
- Are service users accompanied on their first visit to specialist care?
- Are there any HCV-specific support groups?
- Are there any peer-led BBV support groups?
- Is there a volunteer coordinator?

Q: Can you tell us about the importance of the ‘treatment in the community’ model?

‘Treatment in the community’ could also be termed as ‘taking treatment to the clients’. PWID often lack the ability to prioritise healthcare. As HCV is asymptomatic, the damage it does cannot be seen until it is often too late. If you can take testing, phlebotomy, fibroscan, treatment assessment and delivery of treatment to the client in an environment that they are familiar with, the chance of continued engagement and compliance is much higher.

For more information about The Hepatitis C Trust’s drug services, please contact Stuart Smith, Head of Drug Services, at Stuart.Smith@hepctrust.org.uk or on 07971 383506.