HCVAction

HCV ACTION SHEFFIELD HEPATITIS C GOOD PRACTICE ROADSHOW, 17TH OCTOBER 2018

SUMMARY REPORT

Introduction

On 17thOctober, HCV Action and Public Health England (PHE) held the third hepatitis C good practice roadshow of 2018 in Sheffield, 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. The day began with introductions from Rachel Halford (Chief Executive, The Hepatitis C Trust) and Dr Suzi Coles (Consultant in Communicable Disease Control, Yorkshire & the Humber Health Protection Team, Public Health England), followed by an overview of HCV Action's work from Aidan Rylatt (Policy and Parliamentary Adviser, The Hepatitis C Trust).

Following this, Madeline Cox (Information Manager, Yorkshire & the Humber, Public Health England) outlined an overview of local epidemiology, and Dr Ben Stone (South Yorkshire ODN Clinical Lead, Sheffield Teaching Hospitals NHS Foundation Trust) and Helen Bennett (Hepatitis C Virus Programme Manager, NHS England) provided comprehensive overviews of treatments for hepatitis C & the possibilities for elimination and the commissioning landscape for hepatitis C respectively.

Examples of local good practice were highlighted by Mark Cassell (Hepatology Clinical Nurse Specialist, Barnsley Hospital NHS Foundation Trust) – sharing details of outreach work in the South Yorkshire area – and Dr Alison Cope (Consultant Virologist, Sheffield Teaching Hospitals NHS Foundation Trust) – describing the use of dried blood spot testing for hepatitis C in South Yorkshire – followed by Rachel Battersby, a Peer Educator at The Hepatitis C Trust, sharing her experience of hepatitis C.

In the afternoon, Imran Shaukat (Peer Support Lead for South Yorkshire, The Hepatitis C Trust) and peers/patients Joe Lillie, Mark Hacket and Tina Boulter, spoke about their peer support work in the South Yorkshire area, involving the delivery of awareness-raising talks in local services and supporting patients to engage with treatment.

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 Sheffield and the wider South Yorkshire area. Presentation slides from the event will be available in the HCV Action resource library shortly.

Agenda

Introduction and setting the scene
Dr Suzi Coles, Consultant in Communicable Disease Control, Yorkshire & the Humber Health Protection Team, Public Health England

HCV Action: Sharing good practice
Aidan Rylatt, Policy and Parliamentary Adviser, The Hepatitis C Trust

Local epidemiology
Madeline Cox, Information Manager, Yorkshire & the Humber, Public Health England

Treatment of hepatitis C and possibilities for elimination
Dr Ben Stone, South Yorkshire ODN Clinical Lead, Sheffield Teaching Hospitals NHS Foundation Trust

Commissioning landscape for hepatitis C
Helen Bennett, Hepatitis C Virus Programme Manager, NHS England

Good practice case study presentation – community outreach
Mark Cassell, Hepatology Clinical Nurse Specialist, Barnsley Hospital NHS Foundation Trust

Good practice case study presentation – DBS testing for HCV in South Yorkshire
Dr Alison Cope, Consultant Virologist, Sheffield Teaching Hospitals NHS Foundation Trust

Patient perspective
Rachel Battersby

Peer panel discussion
Imran Shaukat, Peer Support Lead, South Yorkshire, The Hepatitis C Trust and peer volunteers

Workshop A: Identifying solutions to challenges faced by the ODN
Dr Ray Poll, Nurse Consultant for Viral Hepatitis, Sheffield Teaching Hospitals NHS Foundation Trust

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

Workshop C: Hepatitis C in prisons
Paul Moore, Health & Justice Public Health Specialist, Yorkshire & the Humber, Public Health England

Workshop discussions

During the roadshow's afternoon session, three workshops were held on key issues related to hepatitis C in Sheffield and the wider South Yorkshire 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 Ray Poll, Nurse Consultant for Viral Hepatitis, Sheffield Teaching Hospitals NHS Foundation Trust

Dr Ray Poll, Nurse Consultant for Viral Hepatitis, Sheffield Teaching Hospitals NHS Foundation Trust, began the workshop on identifying solutions to challenges faced by the ODN by outlining the five main areas of challenges faced by ODNs across the country:

- Awareness
- Prevention
- Linkage to care
- Testing and diagnosis
- Treatment

Workshop attendees then worked in groups to identify solutions to a series of specific challenges within these categories, with the solutions identified by participants outlined below.

Awareness

Challenges	Solutions
• Misconception re. transmission risks • Lack of symptoms and limited understanding of health consequences • Side-effects of old treatment • Injected 1-2 times many years ago and different lifestyle • Stigma associated with drug injecting lifestyle	• Education – including for professionals, such as GPs and others in primary care • Provide correct and factual information • Information to be conveyed to patients in plain language (not jargon) • Non-specialist hepatitis C staff being aware of risk factors and promoting testing

Prevention

Challenges	Solutions
• Current level of needle & syringe provision (NSP) not sufficient • Lack of resource preventing drug services engaging clients into opioid substitution therapy (OST) • Lack of in-depth knowledge re. transmission • Reinfection • Treatment as prevention	• Information in different formats (leaflets, videos, case studies, peers) • Myth-busting • Peer support • Increased funding for harm reduction • Include prevention messages in injecting equipment packs

Testing and diagnosis

Challenges	Solutions
• 40%-50% remain undiagnosed • Uptake of testing/re-testing variable • Difficult venous access • Funding for testing • Understanding the result • Lack of knowledge amongst some GPs, including risks	• Education – dispelling myths • Outreach services in pharmacies and drug services • Use of peers to promote/carry out testing • National campaign encouraging testing, with messaging tailored to different risk

	groups • Using DBS testing • Signposting patients to helplines and support resources

Linkage to care

Challenges	Solutions
• Not referred and/or initiated onto treatment promptly • Referral pathways complicated • Excess number of appointments, tests and investigations • Re-engaging patients lost to follow-up	• Managing expectations (need to follow a pathway, won't be presented with tablets at first appointment), but emphasising that new treatments are quicker • Minimising number of appointments needed • Self-referral • Patient choice of services in which they can access treatment • Adapting pathways to suit patients • Better access to Fibroscan machines

Treatment

Challenges	Solutions
• Running out of known and diagnosed patients to treat • Several regimens depending on genotype and degree of liver disease • Lack of knowledge re. new direct acting antiviral (DAA) treatment amongst patients and non-specialist HCV staff	• Patients referring friends/contacts into treatment • Outreach treatment services • Education for non-specialist staff, including on pathways into treatment • Pan-genotypic drugs

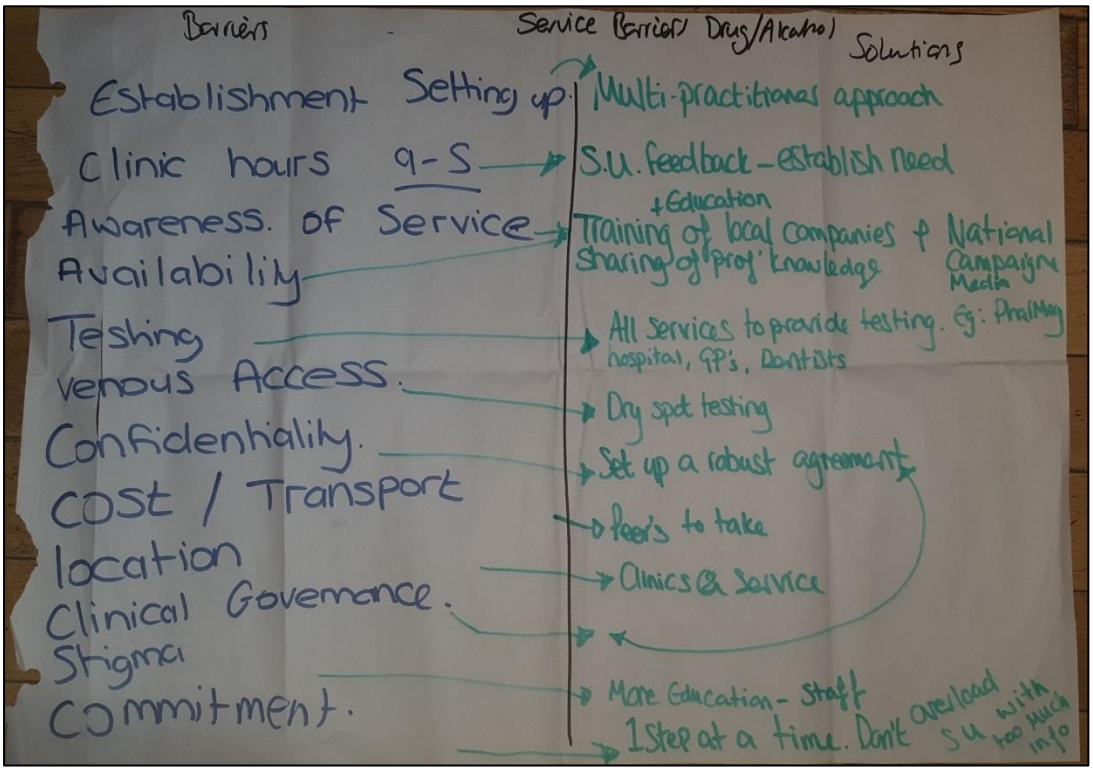
Workshop B: Hepatitis C in drug services

Archie Christian, Pathways Coordinator, The Hepatitis C Trust

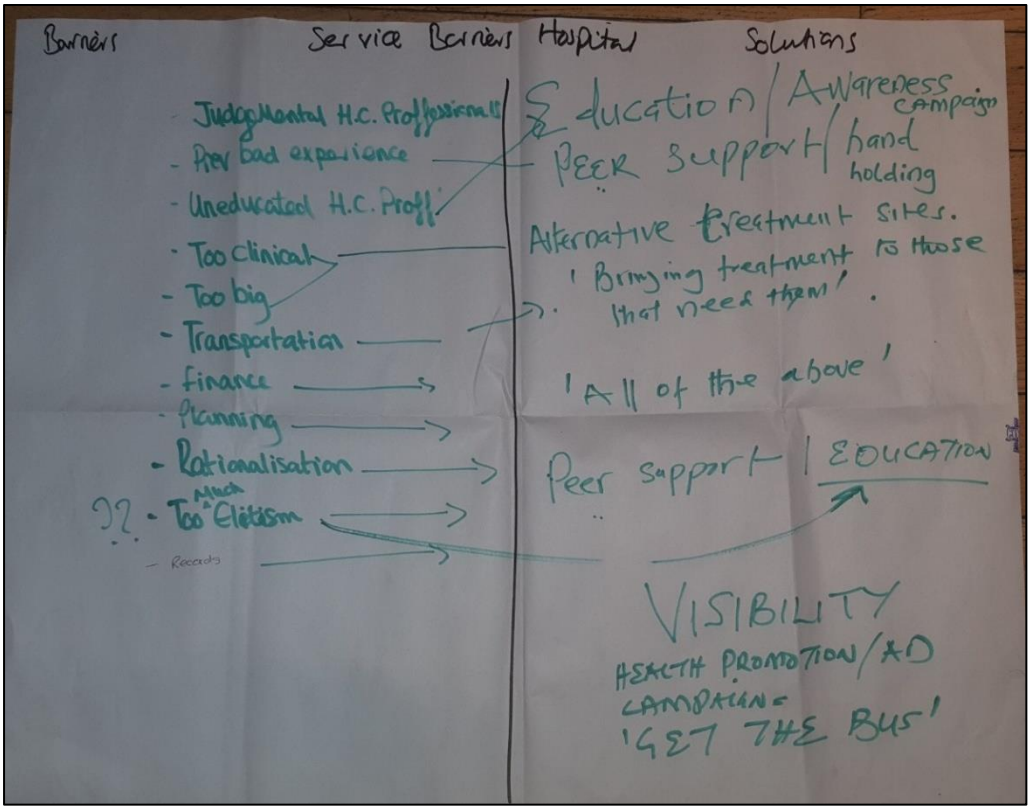
The 'Hepatitis C in drug services' workshop began with an introductory presentation from Archie Christian, Pathways Coordinator at The Hepatitis C Trust, setting out the issue the workshop aimed to address, namely identifying barriers to service users engaging with hepatitis C treatment, and finding solutions to those barriers.

Following this presentation, workshop participants engaged in discussions to identify barriers and solutions in four categories, which can be seen below:

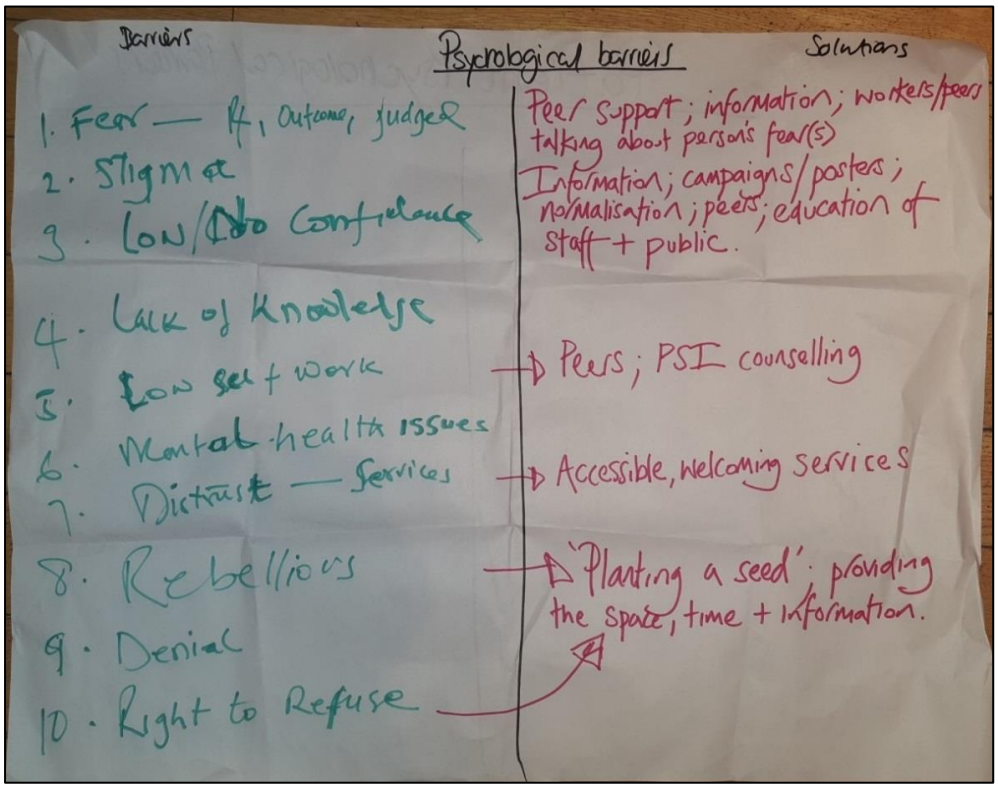
<u>Service barriers – drug and alcohol services</u>



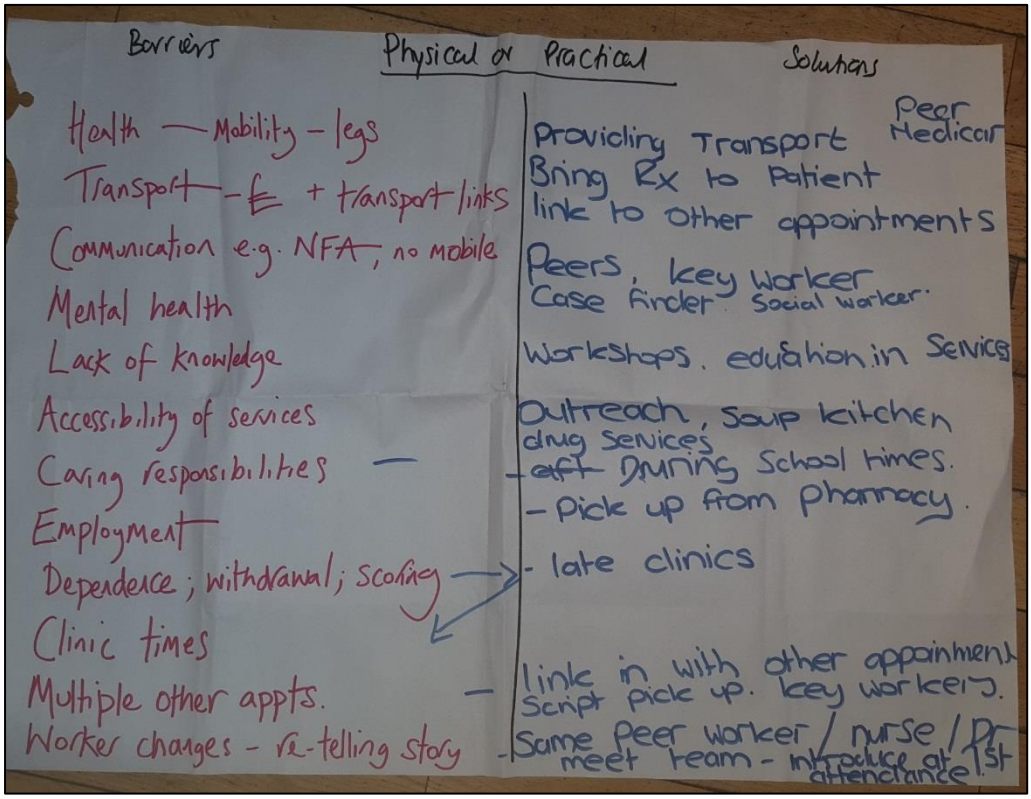
Service barriers – hospitals



Patient barriers – psychological



Patient barriers – physical or practical



Workshop C: Hepatitis C in prisons

Paul Moore, Health & Justice Public Health Specialist, Yorkshire & Humber, Public Health England

The workshop began with an overview of prisons in South Yorkshire, presented by Paul Moore, Health & Justice Public Health Specialist at Public Health England, in which it was highlighted that prisons are a particularly good place to diagnose people with hepatitis C, and also a better than average place to treat hepatitis C.

There are four prisons in South Yorkshire. HMP Doncaster is a remand prison, with approximately 1,100 inmates, most of whom are awaiting sentencing or are on a short sentence or transfer. HMP Lindholme has over 1,000 inmates, with most serving sentences of four years or more. HMP Moorland and HMP Hatfield each have around 300 inmates, also serving longer sentences. An estimated 10% of people passing through prisons in Yorkshire have hepatitis C and approximately 8,500 people are arrested in Yorkshire every day. There is therefore a big opportunity to test and treat people with hepatitis C in South Yorkshire prisons.

Following the introduction, attendees discussed the major challenges and potential solutions to increasing testing and treatment for hepatitis C in prisons, outlined below.

Challenges

- **Competing priorities:**
  - Prisons are in currently in crisis, which makes prioritising hepatitis C testing and treatment difficult.
  - Prisoners not attending second screening because they don't see healthcare as a priority.
  - Some patients are isolated or in debt and see this as a greater priority than their health.
  - Nurses have to juggle multiple and competing priorities.

- **Keeping people on the treatment pathway**
  - Doncaster increasingly a "reception prison" – people are moved on within 10 days, leaving little time for healthcare interventions.
  - There are problems with keeping hold of healthcare information and transferring patient records between prisons.

- **Stigma**
  - People don't want to take leaflets or be seen with hepatitis C nurses.
  - Officer fears about infection based on myths reinforces stigma.

Learning from best practice in other areas

A discussion was also held on examples of best practice in addressing hepatitis C in prisons, which could be replicated in South Yorkshire. Points raised included:

- In London HMP Wandsworth has a testing take-up rate of 87% compared to 10% in Yorkshire.
- In London there is a steering committee which brings together staff from different prisons to discuss how to link services and improve outcomes.
- Introducing a specialist nurse whose job is to champion hepatitis C has improved outcomes.

Solutions

After identifying challenges and discussing best practice from prisons elsewhere, workshop participants came up with a number of solutions to the challenge of prioritising hepatitis C care in prisons, including:

- Introducing enforcement and incentives to ensure opt-out testing is carried out.
- Whole system training, involving all the relevant people (including officers and drug services).
- Enforcing second reception screening so it becomes routine.

- Creating a steering group for relevant prison staff from across South Yorkshire to collaborate, share insights and knowledge.
- Allocating responsibility to a specialist nurse or another relevant staff member to champion hepatitis C in each prison.
- Raising awareness, including through the following measures:
    - Including information on hepatitis C in health and wellbeing talks.
    - Displaying and sharing posters, case studies and videos.
    - Improving staff training so knowledge is up-to-date.
    - Emphasising that treatment is accessible, easy and effective.
    - Bringing in peers to prisons to share experiences and challenge stigma.

Pledges by attendees

At the close of the roadshow, attendees were asked to write down a reflection on the day or 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:

- "Communicate and build on pathways with drug services"
- "Educate people about hep C"
- "Set up pre-treatment motivational group with ODN and service"
- "Work with GPs and primary care to increase knowledge, education and referrals"
- "Use peers!"
- "Need to work harder to bring services to patients who are traditionally labelled as 'hard to reach' – change delivery!"
- "The power of the patient story and perspective. Great to hear how good the peer scheme is"
- "Hassle all my new contacts!"

Acknowledgements

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

Dr Suzi Coles, Consultant in Communicable Disease Control, Yorkshire & the Humber Health Protection Team, Public Health England

Dr Ray Poll, Nurse Consultant for Viral Hepatitis, Sheffield Teaching Hospitals NHS Foundation Trust

Dr Ben Stone, South Yorkshire ODN Clinical Lead, Sheffield Teaching Hospitals NHS Foundation Trust

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