HCVAction

Hepatitis C Good Practice Roadshow

26 June 2015, London

Summary Report

London is among the highest prevalence areas in England for hepatitis C, with around 41,500 people in the city infected with the virus, of whom an estimated 40% are undiagnosed.[i] An estimated 40% of people in London with hepatitis C are former injecting drug users who no longer inject and an estimated 59% of people who currently inject drugs in London have hepatitis C.[ii] Twenty percent of people with hepatitis C in London, however, have never injected drugs, including migrant populations in particular, with just under half (9%) from Indian, Pakistani or Bangladeshi backgrounds.[iii] In 2013, nearly 2,000 people in London were admitted to hospital with a diagnosis of hepatitis C, with hepatitis C being the primary indication for just under 25% of first liver transplants in London, at huge cost to the NHS.[iv]

On 26th June 2015, HCV Action and Public Health England staged the second of four hepatitis C good practice roadshows to take place in 2015 across high prevalence areas of England. The roadshow was aimed at instigating local action to address hepatitis C, and featured a range of presentations from relevant experts and health professionals, including Public Health England summaries of the national and local context for hepatitis C, as well as talks from Professor Paul Cosford (Director of Health Protection and Medical Director, Public Health England), Professor William Rosenberg (Consultant Hepatologist, Royal Free Hospital), and Will Huxter (Regional Director for Specialised Services, NHS England). A full list of the talks on the day is below.

The roadshow also sought to share examples of good and innovative practice through presentations from Dr Chloe Orkin (Consultant Physician and Lead for HIV/Hepatitis C Research at Barts Health NHS Trust), who provided an overview of the 'Going Viral' project (which involved testing for BBVs in A&Es), and Julie Henderson (Clinical Matron at HMP Stocken), who presented on the introduction of the BBV opt-out testing policy in prisons. Interactive workshops were held in the afternoon, allowing attendees to focus on issues which most affected their everyday practice (summaries of these workshops are available below). Earlier in the day, attendees

were also able to put their questions to a panel of commissioners and health professionals experienced in addressing hepatitis C in a range of different contexts.

Over 130 people attended the roadshow, including commissioners, councillors, nurses, drug and alcohol workers, prison health professionals and a host of others working in or around hepatitis C in the capital. The full set of slides presented by each of the speakers can be found here on the HCV Action resource library.

Programme

Introduction and setting the scene
Professor Paul Cosford, Director for Health Protection and Medical Director, Public Health England

Local epidemiology
Paul Crook, Consultant Epidemiologist, Public Health England

Treatment of hepatitis C and possibilities for elimination
Professor William Rosenberg, Consultant Hepatologist, Royal Free NHS Foundation Trust

HCV Action: Sharing good practice
Charles Gore, Chief Executive, The Hepatitis C Trust

The Going Viral project: testing for BBVs in A&E – a good practice case study
Dr Chloe Orkin, Consultant Physician and Lead for HIV/Hepatitis C Research, Barts Health NHS Trust

Hepatitis C patient perspective
Jim Fearnley

BBV opt-out testing in HMP Stocken – a good practice case study
Julie Henderson, Clinical Matron, HMP Stocken

New RCGP certificate, 'Hepatitis C: Enhancing Prevention, Testing and Care'
Emma Burke, Programme Manager for Alcohol and Drugs, Public Health England London

Panel discussion: Problems and solutions for tackling hepatitis C locally

Commissioning landscape for hepatitis C
Will Huxter, Regional Director for Specialised Services, NHS England

Workshop 1: Addressing hepatitis C among at-risk migrant communities
Opal Greyson, Hepatitis C Specialist Nurse, Bedford Hospital and Luton and Dunstable Hospital

Workshop 2: Awareness and testing in drug services
David Badcock, Head of Recovery Engagement, Addaction

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

Workshop 3: Increasing testing and improving treatment pathways for hepatitis C in prisons
Dr Éamonn O'Moore, Director for Health and Justice, Public Health England

Workshop Discussions

During the roadshow, three afternoon workshops took place on key hepatitis C issues: how to address hepatitis C among at-risk migrant communities, awareness and testing in drug services, and hepatitis C testing and treatment pathways in prisons. Below is a summary of the discussions from these workshops.

Workshop 1: Addressing hepatitis C among at-risk migrant communities
Opal Greyson, Hepatitis C Specialist Nurse, Bedford Hospital and Luton and Dunstable Hospital

- How might hepatitis C be transmitted among different at-risk migrant communities?

Suggestions from participants

  - Low levels of sterilisation of medical equipment
  - Use of cut-throat razors; nail clippers;
  - Travel back to home country for medical procedures
  - Dental procedures are a particular risk, where even in the UK old needles may be used, with poor sterilisation units in certain community dentists
  - Vertical transmission from mother to child
  - Circumcision

- What barriers / challenges might arise in seeking to ensure access to testing and treatment for migrants?

Suggestions from participants

- Language barriers
- Cultural barriers may exist, and in particular when it comes to older generations and women
- Low awareness among GPs in particular, with the indeterminate and often subtle nature of hepatitis C symptoms also making it less likely that people will consult their GP
- A lack of education regarding the risks of transmission for migrant groups, and therefore a paucity of understanding within the community and within primary care.

- What solutions might be available for increasing diagnosis and treatment of at-risk migrant communities?

Suggestions from participants

- 'Revolutionise'
  - Ensure you are delivering the service in the correct setting.
  - Consider the population you're trying to target and ask, 'who do they listen to?'; think about whether there's a particularly respected figure or organisation in their communities with whom you could connect / spread awareness, reducing stigma and unpacking myths / offering testing.
  - Put clear pathways in place for these risk groups, with an emphasis on primary care in particular.
  - Link hepatitis C services in with other health checks, considering the points at which your target group might be most likely to enter the health system (for example, think about baby clinics, schools (prevention messages); pharmacies; antenatal testing.
  - Aim to normalise hepatitis C testing, making it routine, easily available and opt-out. For example, look into adopting a system within GP surgeries similar to the TB 'find and treat' model, where bloods are taken for hepatitis C testing at the point of registration in GP surgeries.
  - Think about undertaking local radio awareness campaigns targeted at migrant groups and via radio stations they are likely to tune into.
  - Send key workers to (and set up services in) common points of access including temples and community centres, and ensure they are culturally sensitive (for example, testing men and women separately).

Workshop 2: Awareness and testing in drug services

David Badcock, Head of Recovery Engagement, Addaction

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

- How can we increase awareness of hepatitis C in drug services?

Suggestions from participants

- Use posters and other visual media.
- Talk to clients about hepatitis C at their initial assessment, and throughout their engagement with the service.
- Educate drug services staff.
- Recognise the importance of peer messaging (peer support, buddying, etc.).
- Continue to deliver key hepatitis C messages when key-working.
- Awareness videos to be shown in drug services' reception areas.

How to up-skill staff and improve practice

The distinction between offering a test and ensuring that it happens in reality was made, with the workshop leads emphasising the importance of following through with the offer and a) actually undertaking the test and b) ensuring sufficient knowledge of how and where to refer the individual on to.

Ways of ensuring this happens include:

- Implementing workforce development programmes (such as Addaction and The Hepatitis C Trust's workforce development programme)
- Undertaking the new free online RCGP/PHE training course
- Developing a clear BBV strategy within the service
- Utilising opportunities like World Hepatitis Day to not only raise awareness among service users, but also among staff

Where else can we seek to improve awareness of hepatitis C and undertake testing?

- Community needle exchanges
- Homeless shelters
- GP surgeries
- Gyms (particularly in light of increasing hepatitis C prevalence among users of image and performance enhancing drugs).

How to improve testing and referrals

- Always seek to use DBST testing – always preferable to intra-venous testing.
- Direct referrals are required in order to ensure service users access care.
- Pre and post-test counselling are essential.

Workshop 3: Increasing testing and improving treatment pathways for hepatitis C in prisons

Éamonn O'Moore, Director for Health and Justice, Public Health England

Workshop participants, many of whom were healthcare staff from prisons in London, were asked to share their experience of blood-borne virus (BBV) testing in the prisons and in particular to consider what the key challenges to full implementation of the BBV opt-out testing policy have been within their prisons. One of the key outcomes of the workshop was that HMP Pentonville, which had been on the verge of implementing BBV opt-out testing, formally agreed to join the Phase 3 prison pathfinder programme for the policy.

What are the key challenges to implementing the BBV opt-out programme in prisons?

- Difficulty of venous testing for BBVs
- Lack of clarity around funding for Dry Blood Spot Testing (DBST) kits
- Variable implementation of specification for Hepatitis C
- Poor awareness and engagement amongst some prison healthcare staff

What might be some of the solutions to these challenges?

Suggestions from participants included;

- More training around hepatitis C among prison healthcare staff and staff working more broadly across the prison to address issues around awareness and engagement and variation in implementation
- Preference for DBST testing over venous testing -this should increase uptake rates and overcome some challenges of testing particularly in intravenous drug users (IDUs). An out of London prison also shared evidence to suggest that DBST testing did not cost more than venous testing
- Need for greater clarity on funding for DBST kits

In addition;

- Participants acknowledged the huge opportunities provided by BBV opt-out testing in prisons to pass on harm minimisation messages to people in prison.
- Clarity was provided to participants on the fact that the BBV opt-out testing pathway does include opportunities to offer and re-offer testing as appropriate

Pledges for hepatitis C action

At the close of the roadshow, health professionals, drug service professionals and commissioners from across high prevalence areas of London were asked to write down and post up an action point that they will take forward in their service / everyday practice as a result of what they had heard and discussed throughout the day. Below are some of their pledges for action:

- "I will take away the need to consider how we better explicitly include hepatitis generally but hepatitis C specifically into sexual health contracts in the future. The purpose will be to increase awareness and ensure that the route to testing is clear and uninterrupted."

- "In Islington at the ISIS project I will do more to promote the new drug treatment to my clients. I will also promote our service in testing to clients more"

- "I will push for dried blood spot testing to be available at the point of entry to my service."

- "I'll organise a testing week and information sessions for World Hepatitis Day."

- "I will seek out historical untreated / partially treated HCV patients."

- "I'll undertake Chloe Orkin's 'Going Viral' project in my own area."

- "There is a need to focus on making it easier to refer people and services after testing positive on point of care testing."

- "I will complete training! I felt as a commissioner that I didn't know enough about hepatitis C, and it would be difficult to understand performance and outcomes if we don't understand the barriers faced by clients and practitioners (non-medial / clinical). So much learning to do! Need to work closer with practitioners to increase awareness and understanding."

- "Strengthen our hepatitis C peer support group with help from The Hepatitis C Trust."

- "Coordinate a better patient tracking system from positive test to treatment outcome."

- "What I learnt: don't wait for commissioners / service managers / senior colleagues to facilitate change: It's up to the individual to take responsibility and DO IT!"

Next steps for addressing hepatitis C in London

It is vital that local commissioners, health professionals and other influencers across London seize the opportunity that exists to eliminate hepatitis C as a serious public health concern, building on the messages presented during the roadshow talks and workshop. Below are some immediate steps that could be taken to improve hepatitis C services across London:

- **Formulate clear plans for tackling hepatitis C in high prevalence boroughs**:
  - Ensure that Health and Wellbeing Boards include a section on hepatitis C in their Joint Strategic Needs Assessments and plans, assessing the risk groups and including detailed targets.
  - Utilise the suggestions from the afternoon workshops to assess which hepatitis C interventions could be integrated into existing services, and engage with a range of key local stakeholders to plan new interventions and ensure they are sustainably and effectively delivered.
  - Design and publish an integrated care pathway for hepatitis C through partnership working between the Organisational Delivery Networks (ODN), Local Authorities, CCGs, and NHS England Specialised Commissioning, considering the different points at which hepatitis C patients might access the system.

- **Data collection:** Gain a picture of the effectiveness and necessity of hepatitis C services and measure progress by ensuring comprehensive collection and detailed recording of data. Health professionals seeking to establish new hepatitis C services can use strong data to gain funding for their services, and local authorities can ensure that, as a condition of commissioning drug and sexual health services, the right datasets are collected for hepatitis C.

- **Commission for hepatitis C improvements in drug and sexual health services:** In addition to commissioning improved data collection, local authorities in London, responsible for commissioning drug and sexual health services, can check:
  - Are staff adequately trained to deliver information and testing for service-users?
  - Are drug service-users who inject drugs tested for hepatitis C on an opt-out basis?

- **Utilise HCV Action's resources**: Explore the case studies of good practice, research reports, tools and templates that are available on the HCV Action website at http://hcvaction.org.uk/resources, and share your own good practice stories with HCV Action.

Feedback

“Really useful event that illustrated quite clearly how huge improvements could be made in both the detection and treatment of hep C .....but we must ALL take responsibility in making this happen and not leave it up to others to make the change.”

“I found the mix of the sessions really met my needs, a great update on everything that's going on in the world of hep C.”

“This was the most informative workshop I have attended this year. I networked with like-minded colleagues and now feel invigorated to take forwards the hepatitis C agenda.”

Is there anything you will do differently as a result of having attended this event?

“*Advocate for improved uptake of and access to testing. Support the development of knowledge and awareness within the workforce and service users.”*

“*I have put forward for our BBV service to do opt out BST instead of opt in.”*

[i] Public Health England, *Hepatitis C in London*, January 2015, p.4
[ii] Public Health England, *Hepatitis C in London,* January 2015, p.17
[iii] Public Health England, *Hepatitis C in London,* January 2015, p.17
[iv] Public Health England, *Hepatitis C in London*, January 2015, p.4