

HCVAction

Hepatitis C Good Practice Roadshow

Liverpool

6 March 2015

Summary Report

Having identified Liverpool and the surrounding areas in Merseyside and Cheshire as one of the highest prevalence areas for hepatitis C in England, HCV Action and Public Health England staged the first of their hepatitis C good practice roadshows in the city on 6th March.

The roadshow 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 local MP Luciana Berger, the Regional Director for Specialised Commissioning, NHS England Alison Tonge, and Consultant Hepatologists Professor Martin Lombard and Dr Steve Ryder (HCV Action Chair). A full list of the talks on the day is below.

The roadshow also sought to share examples of good practice in the local area through presentations from representatives from the Brownlow Health practice and from the Liverpool Addaction team, both of whom explored the barriers they had encountered instigating service changes, and detailed how they managed to overcome their challenges in order to improve the awareness, testing and treatment of hepatitis C locally. An interactive workshop in the afternoon was aimed at encouraging attendees to consider how they could make positive changes to their own services with the aim of eliminating hepatitis C as a serious public health concern in the area, the outcomes of which can be found in the summary 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 100 people attended the roadshow, including commissioners, nurses, GPs, drug workers, prison health professionals and a host of others working in or around hepatitis C in the Cheshire and Merseyside area. The full set of slides presented by each of the speakers can be found on the HCV Action resource library [here](#).

Introduction and setting the scene

Autilia Newton, Public Health England, Health & Justice Acting Deputy Director

Addressing public health challenges in the North West

Luciana Berger, MP for Liverpool Wavertree

Local epidemiology

Evdokia Dardamissis, Public Health England Hepatitis Lead for the North West

Introduction to the HepCATT project in Liverpool

Dr Steve Ryder, Consultant Hepatologist, Nottingham University Hospitals NHS Trust and HCV Action Chair

BBV opt-out testing in prisons

Natalie Robinson, Healthcare Support Worker, HMP Kirkham

Mike Rolland, Nurse Practitioner, Blackpool Fylde and Wyre Hospitals NHS Trust

Treatment of hepatitis C and possibilities for elimination

Professor Martin Lombard, Consultant Hepatologist, Royal Liverpool University Hospital

Commissioning landscape for hepatitis C

Alison Tonge, Regional Director for Specialised Services, NHS England

Hepatitis C patient perspective

Kelly-Ann Hughes

Panel discussion: Problems and solutions for tackling hepatitis C locally

HCV Action: Sharing good practice

Charles Gore, Chief Executive, The Hepatitis C Trust

Hepatitis C in primary care: The Brownlow model

Dr Diane Exley and Jayne Wilkie, Brownlow Health

Workshop: Hepatitis C Testing in Liverpool – Presentation and Workshop

Dr Sandra Oelbaum, Addaction

The Anchor Model of Care: Securing people in health and recovery – Workshop Notes

Below are a mixture of the answers provided by the nine different groups who took part in the interactive 'anchor model' element of Dr Sandra Oelbaum's workshop:

1. Target group: Participants were asked to consider, who are the target groups at whom to focus awareness and testing efforts?

- All current and former drug users
 - Injecting drug users, and in particular those that have shared equipment
 - Intra-nasal drug users (e.g. powder cocaine users)
 - Steroid users
 - Legal high users
- Alcohol users
- Homeless people
- Migrant groups (e.g. South Asians / Eastern Europeans)
- All partners of drug users
- Children of service users (testing of service users' children could even be considered)
- All family members of those with hepatitis C
- Those who have had unprotected sex
- Young people
- Men who have sex with men (MSMs)
- HIV (co-infection)
- Those who have had a medical procedure abroad



2. The Anchor point: Next, groups were asked to think about where these target groups most reliably access the system

- Prisons
- Sexual health services
- GPs
- Needle exchanges
- Pharmacies
- GUMs
- Peer support at other services
- Third sector agencies
- Self-referral
- Booking appointments at maternity and A&E
- Outreach services
- Drug services

- Hostels
- Primary care
- Walk-in centres
- A&E
- Maternity services
- Immigration services
- Community centres or mosques

3. Groups went on to consider what interventions we want to deliver at the anchor point?

- Peer education sessions and support, including assistance in attending appointments
- Screening of all kinds: Oral swabs / dry blood spot (DBS) testing, or signposting to testing
- An offer of testing at different stages
- Helplines
- Access to treatment / initiation of treatment
- Offer information on transmission, including useful literature
- Specialist workers
- General awareness raising, including through educative questionnaires and literature providing information on prevention, testing, treatment and support
- Blood tests
- Clinics in-house
- Fibroscans
- Pre- and post-test counselling
- Complete SVR
- Referral to hospital
- Harm reduction initiatives
- All staff able to offer hepatitis C interventions
- One-stop-shops
- Wrap-around support and multi-agency collaboration



4. Groups then explored who is going to deliver the interventions at the anchor point, and who are key delivery partners?

- Everyone who has contact with clients / the anchor point (with adequate training)
- Key workers
- Nurses
- GPs
- Voluntary sector – e.g. The Hepatitis C Trust
- Drug workers
- Maternity midwives
- Consultants
- Prison staff
- Sexual health services

- Lab staff

5. Who are the other key stakeholders?

- The people who have the money and make the decisions - commissioners
- GPs – so that they can pass on for DBS after swabs
- Charities
- NHS England
- Service providers
- Peers support
- Clinical networks
- CCGs
- Patients
- Public health
- Public Health England
- Hospitals
- Drug teams
- Pharmacies
- Housing teams / organisations



6. Lastly, groups were asked to think about how their anchor model could be sustainably delivered?

Prompt: Think of the furthest place in your area and ask ‘can we deliver this intervention there?’

- Everyone working in partnership
- Continued funding
- Cost-effective planning, realistic expectations

Next Steps for Merseyside and Cheshire

It is vital that local commissioners, health professionals and other influencers in the Cheshire and Merseyside area can 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 in Merseyside and Cheshire:

- **Formulate a clear plan** for tackling hepatitis C in Merseyside and Cheshire:
 - Ensure that Health and Wellbeing Boards in the area 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 workshop 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 Local Authorities, CCGs, and NHS England Specialised Commissioning which includes the key 'anchor points' discussed below.
- **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 Merseyside and Cheshire, 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

What will you do differently in your work as a result of this event?

"Test more patients for hepatitis C. If positive, talk to them about their result and its implications before referring on to secondary care."

"I'll pass on learned knowledge to colleagues and clients."

"Engage with commissioners"

"Try and gain funding for DBS testing"

"As Deputy Director of Nursing & Midwifery for Public Health England, I will consider working more closely with the RCM regionally, i.e. to raise awareness of the 7% antenatal women testing positive for HCV. I'll work more closely with the Health and Wellbeing Directorate on alcohol and drugs and its association with viral hepatitis...."

“Try and work better with secondary care agencies to promote more effective treatment, support people in hepatitis C treatment and reduce DNA rates”

Which session did you find the most useful?

“I enjoyed Professor Lombard’s session, as well as Sandra Oelbaum’s workshop, as both these sessions covered how we can be most helpful in identifying and treating people with hepatitis C virus”

“The combination of talks was good, as they complemented each other”

“BBV opt-out testing in prison”

“All of it”

Do you have any comments or questions which you did not have the opportunity to raise during the day?

“Thanks to Kelly-Ann for raising the importance of educating young people regarding HCV. I am concerned that a new population of young people (under 18) are starting to inject and lack education regarding transmission, safer injecting etc.”

“When is the next one?”