Hepatitis C Strategy

This strategy aims to reduce the number of service users who become ill or die prematurely from liver disease as a result of hepatitis C infection.

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December 2017

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Our mission is to help people change the direction of their lives, grow as a person and live life to its full potential.

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Introduction

Change, grow, live (CGL) aims to provide the highest quality, equitable health interventions to everyone who accesses our services, enabling them to live full and healthy lives.

Our ambition is to reduce the number of service users who become ill or die prematurely from liver disease as a direct result of hepatitis C infection.

Why do we need a hepatitis C Strategy?

Hepatitis C is a highly infectious virus that infects and damages the liver and leads to serious illness and premature death.

As one of the largest clinical drug treatment providers in the UK, we work with many people who are either already infected, or who are at risk of becoming infected, through intravenous drug use. This means we have a fantastic opportunity to help reduce and ideally eliminate the risk of infection from hepatitis C.

Why now?

The treatment landscape has significantly improved for those infected with hepatitis C. The availability of Direct Acting Antiviral therapy allows for shorter, tolerable treatment periods (8 weeks in some cases) and an increased efficacy and cure rate.

Recent publication by WHO (GHSS Global Health Sector Strategy) and Public Health England (PHE) have endorsed the aim to “eliminate viral hepatitis as a major public health threat by 2030”.

We have therefore developed our hepatitis C strategy to make a significant contribution to achieving this aim.

How will we do this?

Tackling hepatitis C infection requires a whole system approach with collaborative working across the whole organisation. We will:

- Invest in BBV training for all staff and volunteers to provide a skilled workforce confident to deliver the strategy and achieve our vision.
- Appoint regionally based hepatitis specialist workers to coordinate all aspects of hepatitis C service delivery, including workforce development, care pathways, data collation and external partnerships.
- Use our expertise to mobilise service user and peer support to raise awareness of the transformational benefits of accessing testing, prevention and treatment for hepatitis C.
- Enhance service users' access to care through peer mentor programmes that will offer equal access to treatment irrespective of current drug use.
- Use our leadership role in the third sector to develop alliances with external parties to influence opinion and practice at local, national and population level.

[we] work with individuals previously diagnosed, most at risk of or currently infected with hepatitis C virus

Public Health England's vision of ***'All people at risk of hepatitis C virus infection should have access to testing and, once tested, action should be taken to either reduce their risk of infection, prevent further transmission of the virus or place them on a treatment pathway.' (PHE hepatitis C report 2017)*** this strategy will concentrate on the 3 main strands of:

1. **Screening**
   Identification and Diagnosis
2. **Prevention**
3. **Treatment**

1 Identification and Diagnosis

- Every service user who is/has injected or is/has shared drug paraphernalia will receive regular access to testing to determine their up-to-date BBV status, delivered at the 'point of care'. We will offer a wide ranging approach to screening including: at entry into service; medical assessment and reviews; recovery reviews; harm minimisation needle exchange interventions; and all health care assessments. This will be subject to audit to monitor effectiveness.

- Current injectors who have tested negative for hepatitis C will be re-tested at twelve month interval. During this period they will be encouraged to change their injecting behaviour to reduce the spread of the virus. For example, through:

  – Access to optimal prescribing

  – Access to clean injecting equipment and harm reduction services

  – Engagement with peer mentors and assertive outreach services

- Innovative practice models will include a standardised health and wellbeing treatment package. BBV screening will be seen as an 'opt out' offer.

- Models of care will encompass the entire spectrum of the service user population from low threshold to structured treatment offering equitable access to testing.

- Staff teams in all services will be trained to carry out dry blood spot (DBS) testing, increasing access to screening. This will be underpinned by a robust competency framework.

- Incentivised testing in harm minimisation needle exchange services will enhance testing for service users with low threshold engagement. We will implement a risk profiling system using the CGL case management data system to target testing and re-testing of service users in structured treatment who are most at risk, or those who continue to engage in risk taking behaviour.

- DBS testing will be offered in pharmacy needle exchange services, with pharmacy staff to be trained to deliver this service coordinated and supported by CGL.

Current injectors who have tested negative for Hepatitis C will be re-tested at twelve months.

2 Prevention

- Service users will receive basic information on transmission routes, preventative harm reduction information and advice and explanations of treatment options.

- High quality promotional materials will be used to reinforce the prevention message linking in with national health protection/promotional campaigns.

- The correlation between safer injecting practices, sexual health and the prevention and treatment of hepatitis C, will be incorporated into joint protocol and policy making.

- Alliances or partnerships will be formed with outside agencies to:

  – Influence future preventative models of care (treatment as a prevention)

  – Support on-going surveillance of 'at risk' populations through CGL data management system

  – Improve access to care

- Specific work-streams to engage 'at risk' populations with drug or alcohol problems in the community, including those individuals from high prevalence regions, the homeless population and people living in hostels.

- We will work with and support specific organisations to combat hepatitis C, such as the Hepatitis C Trust, and will develop hepatitis C peers support groups in CGL services.

3 Treatment

- We will establish strategic links with Operational Delivery Network (ODN) leads, including representation at ODN network meetings influencing the role of drug services within the wider health domain.

- Care pathways will be set up with secondary care hepatology departments facilitating direct referral and access into specialist treatment pathways for those service users with confirmed hepatitis C infection.

- CGL services will accommodate NHS providers to deliver hepatitis C treatment within our bases to enhance successful progression through treatment.

- We will work pro-actively to support specialist treatment during the six month follow-up for sustained virological response (SVR) for service users that remain in substance misuse treatment.

Future Innovative Practice

- Hepatitis C treatment will be provided by CGL Medical Directorate in partnership with specialist consultant.
- CGL nurses to be trained in providing hepatitis treatment support in services..
- As part of GP Shared Care arrangements, CGL will support GPs to provide direct Hepatitis C treatment.

New hepatitis C treatments are shorter and more tolerable with increased cure rates.

Facts

- Dry blood spot (DBS) testing is a simple means of detecting the presence of BBV infection, at the point of care.
- Treatment is available for all BBV infections
- There is no vaccine available for prevention of hepatitis C.
- New hepatitis C treatments are shorter and more tolerable with increased cure rates.
- All service users have access to referral and treatment – even those still injecting

Acknowledgements

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