

# HCVAction

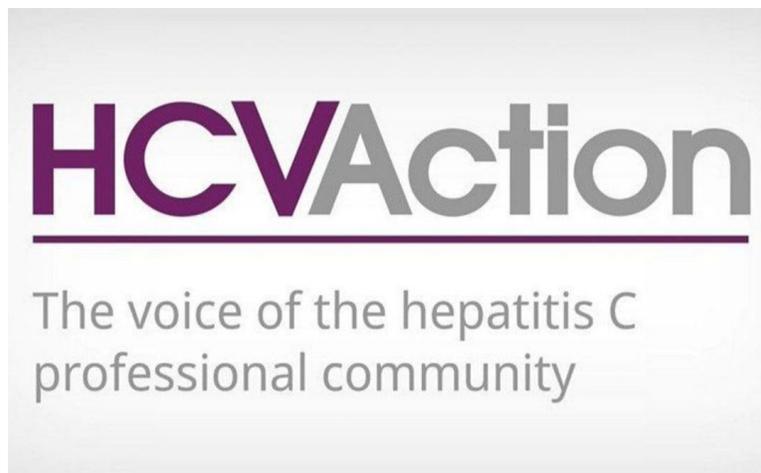
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Bringing you the latest hepatitis C news and events

February 2021

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## HCV Action webinar on the recovery of hepatitis C services in England announced



On Friday 26th March, from 2-3pm, HCV Action will host a [webinar](#) focused on how hepatitis C services in England have been disrupted during the latest wave of the COVID-19 pandemic and plans to expand service provision in the coming months.

The agenda for the webinar is as follows:

### **National update**

*Prof Graham Foster, National Clinical Lead for ODNs, [NHS England](#)*

*Mark Gillyon-Powell, Head of Programme – HCV Elimination, [NHS England](#)*

### **Drug service provider perspective**

*Stacey Smith, Director of Nursing, [Humankind](#)*

### **Prisons update**

*Colin Lawton, Northern Regional Prison Lead, [The Hepatitis C Trust](#)*

*Julia Sheehan, Women's Prisons Peer Coordinator, [The Hepatitis C Trust](#)*

After all the speakers have delivered their talks, the panel will take questions from the audience.

This webinar should be relevant for everyone working within hepatitis C services, including: doctors, nurses, managers and other staff working for NHS Operational Delivery Networks; public health professionals; people who work in, or commission, drug treatment services; commissioners and providers of prison healthcare.

If you're interested in attending, you can register for the webinar [here](#).

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## Continued pan-London approach to hepatitis C needed, London Joint Working Group hears

A promotional banner for the LJWG 2021 Alternative Annual Conference. The banner features a photograph of a speaker at a podium on a stage, with an audience seated in front of them. The background is a purple gradient. Text on the banner includes the event title, dates, and logos for Gilead, the London Joint Working Group, and a 'Routemap to hepatitis C elimination in London' project.

**LJWG 2021 Alternative Annual Conference**

Thursday 25th February (1-2.30pm)  
Monday 1st March (1-2.30pm)  
Thursday 4th March (12.30-2.30pm)

**GILEAD**

Routemap to hepatitis C elimination in London

**LONDON JOINT WORKING GROUP**  
ON SUBSTANCE USE  
+ HEPATITIS C

At the first part of the [London Joint Working Group on Substance Use and Hepatitis C](#) conference on Thursday 25th February, a panel discussion featuring London ODN Leads concluded that the pan-London approach to hepatitis C taken during COVID-19 must continue as we move towards elimination.

Professor Graham Foster, National Clinical Lead for ODNs, also emphasised the importance of treating hepatitis C alongside other health conditions, saying that "co-commissioning is the name of the game as we reach the end of hepatitis C".

In the first talk of the session Tom Coffey, Senior Health Advisor to Sadiq Khan, said the Mayor remained committed to hepatitis C elimination in the city.

The webinar also featured contributions from [The Hepatitis C Trust](#) and [NHS](#)

[England](#). Topics discussed included the new ways of working needed to achieve elimination and find undiagnosed patients from the most under-served groups, and the need for the new ICSs ([Integrated Care Systems](#)) to prioritise hepatitis C elimination.

The two remaining webinars in the series the LJWG is hosting take place next week:

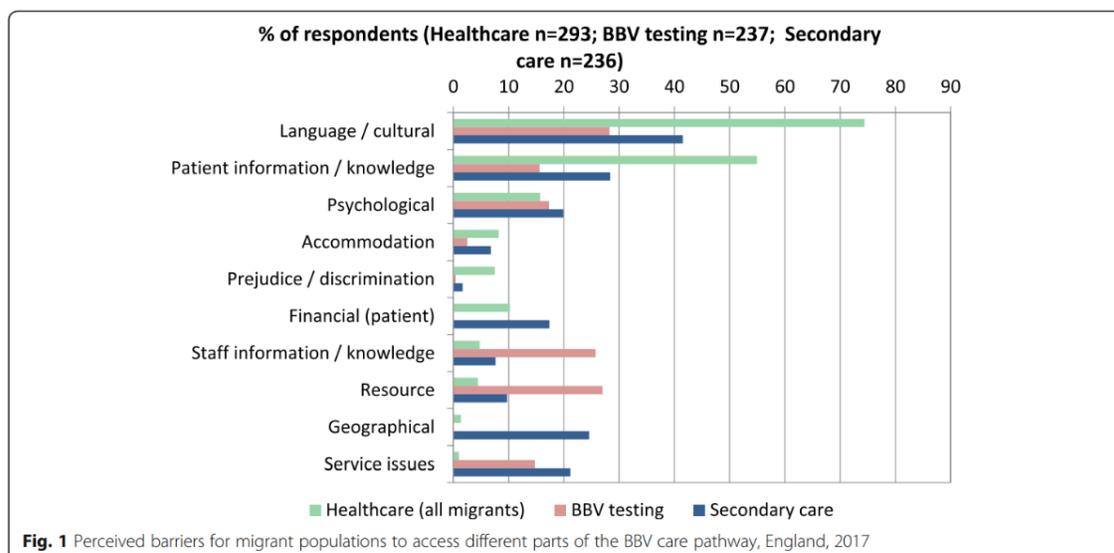
- **Monday 1st March (1pm - 2.30pm), Addressing blood-borne viruses across London:** Attendees will hear from healthcare and peer workers engaging in outreach across London, with presentations on making testing accessible to people seeking asylum and people sleeping rough, as well as looking more broadly at tackling hepatitis C in other areas and what can be learned from the HIV [Fast-Track Cities](#) initiatives.
- **Thursday 4th March (12.30pm - 2.30pm), Discussion: Preventing hepatitis C transmission and reducing reinfections:** The final session will be an exploratory meeting with representatives from [NHS England](#), [Public Health England](#), local government, drug treatment services and researchers, and aim to utilise the expertise of the audience to identify challenges and solutions.

You can register for these webinars, and find a full agenda, [here](#).

You can join in the discussion on Twitter using the hashtag: [#HepCEliminationLondon](#)

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## Opportunities to test and treat migrants for hepatitis C are likely being missed, according to survey of primary care services



A new study in [BMC Public Health](#) has found that "systematic or universal opt-

out [hepatitis C] testing for migrant patients are uncommon and testing is more often done on an ad hoc basis". The authors conclude that this is likely to lead to testing and treatment opportunities being missed.

National [guidance](#) from [Public Health England](#) and the [National Institute for Health and Care Excellence](#) recommends primary care services test migrants from countries with a middle to high level of hepatitis C prevalence.

The study surveyed primary care staff about their service's policies for screening and referring migrants with blood-borne viruses (BBVs), their understanding of the care migrants were entitled to, and their perceptions of the barriers migrants face to accessing BBV care.

Professionals' knowledge of entitlements varied, and perceived barriers to accessing healthcare consistently included language and lack of patient and staff information and awareness. The authors say that "interventions to improve professional awareness and identification of migrant patients requiring BBV testing" are needed to reduce the burden of undiagnosed and untreated BBVs including hepatitis C.

Read the full study [here](#).

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## News and reports

\* The Scottish Injecting Equipment Provision (IEP) Guidance for services providing people who use drugs with harm reduction equipment and advice have been updated, in part to respond to changes in drug use. The [Scottish Drugs Forum](#) and [Hepatitis Scotland](#) held a webinar to launch the consultation on this guidance, which can be viewed [here](#). People working in the drugs field in Scotland are encouraged to feed in their views on the new [draft guidance](#) through a survey [here](#).

\* [Waverley Care](#), the Scottish HIV, hepatitis C, and sexual health charity, recently held a webinar on their activity during the pandemic, which can be watched [here](#).

\* The next meeting of the [All-Party Parliamentary Group on Liver Health](#) will take place via webinar functions on the 9th March 2021 - the meeting will focus on drug policy, harm reduction and hepatitis C, and will feature contributions from parliamentary members of the [Labour Campaign for Drug Policy Reform](#) and the [Conservative Drug Policy Reform Group](#), alongside an expert speaker on hepatitis C prevention and harm reduction. If you would be interested in attending please email Aidan Rylatt at: [aidan.rylatt@hepctrust.org.uk](mailto:aidan.rylatt@hepctrust.org.uk).

\* "Low HCV knowledge and living with HCV for at least a decade are under-recognized negative predictors for the willingness of people living with HIV to receive HCV treatment", according to a study from researchers in San Diego. Read more [here](#).

\* Use of health resources by patients decreases after treatment for chronic hepatitis C with direct-acting antivirals, according to data from the Spanish province of Catalonia. The 'resource use' measured included length of hospital stay, number of admissions due to cirrhosis complications, outpatient visits and overall drug invoicing. However, the data also shows an increase in invoices for antineoplastic (anti-cancer) drugs. Read more [here](#).

\* Hepatitis C infection is more prevalent among people with experience of severe mental illness compared to the general population. Researchers reported that a nurse-led HCV service in a joint addiction and mental health service, based in Melbourne, Australia lead to high treatment and cure rates. Read more [here](#).

\* Findings from a study in Chicago, USA looking at the relationships between substance use-related stigma, safer injection norms, and HCV infection suggests that whilst safer injecting is associated with lower risk of hepatitis C infection, a greater stigma around drug use is also associated with a higher risk of hepatitis C infection. This suggests that encouraging safer injecting behaviour and destigmatising injecting drug use are both important for hepatitis C elimination. Read more [here](#).

\* A review published in the [Lancet Global Health](#) journal finds that decentralisation and integration of HCV care to harm-reduction sites or primary care showed some evidence of improved access to testing, linkage to care, and treatment, and that delivery of care and treatment by non-specialists was associated with similarly high cure rates to care delivered by specialists, across a range of populations and settings. This supports the adoption of decentralisation of care to non-specialists in national HCV programmes. Read more [here](#).

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## Share good practice

If you would like your service to be featured as a good practice case study on the HCV Action website, have any news to share with colleagues, or would be interested in being an [HCV Action Ambassador](#), please send an email to [hcvaction@hepctrust.org.uk](mailto:hcvaction@hepctrust.org.uk).



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*HCV Action is co-funded by AbbVie, Gilead, and MSD.  
The Hepatitis C Trust provides secretariat support to HCV Action.*

Please encourage colleagues to join HCV Action for free hepatitis C related updates and tools by emailing their full contact details to [hcvaction@hepctrust.org.uk](mailto:hcvaction@hepctrust.org.uk).

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