

November 2016

HCV Action brings together hepatitis C health professionals from across the patient pathway with the pharmaceutical industry and patient representatives to share expertise and good practice.

News & reports...

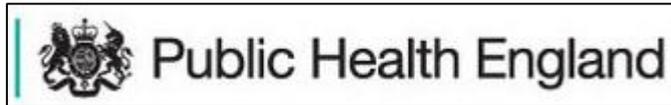
* [The Hepatitis C Trust](#) has ended its legal challenge against the rationing of new treatments for hepatitis C, having been refused permission for a judicial review. The Trust has pledged to continue to campaign for increased access to the treatments outside of the courts. You can read the Trust's announcement in full [here](#).

* [The Scottish Medicines Consortium](#) has approved Eplclusa for use in patients with genotype 3 chronic hepatitis C infection. The full guidance can be read [here](#).

* Two new resources have been added to the [HCV Action Resource Library](#) – [Public Health England](#) figures on [Laboratory reports of hepatitis C for April to June 2016](#) and the [World Health Organisation](#)-produced '[Global Report on access to hepatitis C treatment – Focus on overcoming barriers](#)'. Do you have a resource that would be of interest to other hepatitis C professionals? Let us know at hcvaction@hepctrust.org.uk.

* [The Hepatitis C Trust](#) has released a new policy publication, '[Hepatitis C in Wales: Perspectives, Challenges & solutions](#)'. The report is based on the experiences of hepatitis C patients in Wales and covers issues such as living with stigma; levels of professional education; finding the undiagnosed; and access to treatment & cure. It concludes with key recommendations for

HCV Action & PHE announce Manchester hepatitis C event



HCV Action and Public Health England (PHE) have announced that the final hepatitis C

good practice roadshow of the year will be held in Manchester on Tuesday 13th December 2016. The event is the latest in a series of highly popular roadshows held across England, with previous roadshows having been held in Bristol, Liverpool, London, Birmingham, Brighton and Newcastle, and will be part of a broader 'action week' in the area.

The roadshow will seek to bring together individuals working across hepatitis C services and strategy in Manchester and the surrounding area, including clinicians, nurses, drug service professionals and commissioners, with the aim of highlighting and promoting good practice, as well as acting as a forum for discussions about how to address specific local issues.

Featuring a range of talks and workshops covering issues such as new treatments for hepatitis C, the hepatitis C commissioning landscape, hepatitis C in South Asian communities, and awareness and testing in drug services, the event is free to attend. With previous roadshow events being fully booked, early registration is strongly advised. You can view further details about the event and book your place [here](#).

New HCV Action case studies highlight effective testing services



HCV Action have this month published two new good practice case studies, focusing on services which have expanded access to testing for hepatitis C.

The first case study highlights the work of a pilot scheme on the Isle of Wight which embedded testing for hepatitis C in community pharmacies. Prior to the pilot, an estimated 200 people on the island had an undiagnosed hepatitis C infection and only a third of patients with known hepatitis C were actively engaged in specialist care.

During the pilot period, 7% of people who were diagnosed with hepatitis C on the

action in Wales. Read the report [here](#).

* Helen Harris of [Public Health England](#) published a blog this month on the two-pronged attack needed to eliminate hepatitis C as a major public health threat. Read the post [here](#).

* The [World Hepatitis Alliance](#) have published a [World Hepatitis Day 2016 Global Summary Report](#), which provides a round-up of the activity that took place in countries across the world for [World Hepatitis Day](#) on 28th July. Read the report [here](#).

Share your good practice...

If you would like your service to be featured as a good practice case study on the HCV Action website, please send an email to hcvaction@hepctrust.org.uk.

We want to keep HCV Action's membership updated on news and events from across the country.

If you have any news you would like to share with colleagues or would like to publicise an event please email details to hcvaction@hepctrust.org.uk.

island were diagnosed as a result of being tested in a pharmacy. More tests were conducted in community pharmacies than at the Island Recovery Integrated Service (IRIS) centre, reaching out to patients with more diverse risk factors.

The case study, which can be read [here](#), provides details on why the service was established, how it operates, and the successes it has achieved.

HCV Action
HCV Action: Sharing good practice
Case study: Bristol Drugs Project
Published October 2016

ROADS @ Bristol Drugs Project
An example of improving access to testing

Key points:

- ROADS (Recovery Oriented Alcohol & Drug Service) @ Bristol Drugs Project began the current service contract in November 2013. At the time, very few people who agreed to a hepatitis C test were going on to be tested.
- All assessment, those service users who agree to a test are tested by the assessor. Tests are carried out in a variety of settings where people with a history of injecting come into contact with ROADS staff, in order to ensure as many people as possible receive a test.
- When ROADS took over the service, under 12% of clients assessed as appropriate to be tested for hepatitis C went on to actually be tested. By 2016, 95% of those deemed eligible to be tested (those with a history of injecting) went on to receive a test.

Overview

The Bristol Drugs Project is based in Bristol, where around 12,000 people are estimated to have hepatitis C. The city has high levels of homelessness and people who inject drugs (PWID) compared with other cities in England. Of the 12,000 people in Bristol estimated to have hepatitis C, roughly 7,000 are unaware that they have the disease.

Why the service was established

When ROADS @ Bristol Drugs Project took over the service in November 2013, fewer than 12% of people who were offered and accepted hepatitis C tests actually went on to receive them. There was no drug service blood borne virus (BBV) nurse in post and very few BBV tests being conducted. This meant that despite working with at-risk individuals, the numbers of diagnoses were low, meaning fewer people engaged in the care pathway.

Bristol ROADS made a concerted effort to increase the number of people receiving hepatitis C tests by better coordinating services and finding ways to address the complications that prevented people who had agreed to be tested for hepatitis C from actually receiving the test.

How the service works

At initial assessment, all service users with a history of injecting drugs and men who have sex with men (MSM) are offered a hepatitis C test. If they accept, they are then tested by the drug service workers immediately. If they accept but aren't willing to be tested there and then and an needle exchange clinic, a note is put on their file for them to be tested at their next exchange, thereby ensuring that the test is actually carried out. Service users are made aware, at the time of the test, of more details or to share your good practice examples see www.hcvaction.org.uk Page 1

The second case study highlights the work done by [ROADS @ Bristol Drugs Project](#). When ROADS took over the service in November 2013, under 12% of clients assessed as appropriate to be tested for hepatitis C went on to actually be tested. By 2016, 95% of those deemed eligible to be tested went on to receive a test.

The case study, which can be read [here](#), provides further details about the service, as well as a case study of a [ROADS @ Bristol Drugs Project](#) service user and his experience of being tested and diagnosed with hepatitis C.

HCV Action publishes Q&A with The Hepatitis C Trust's Pathways Coordinator

HCV Action
Pathways Coordinator Q&A

Andy Pearson, The Hepatitis C Trust's Pathways Coordinator explains the role and the importance of testing and referral pathways for hepatitis C in substance misuse services:

Q: What are the main duties of the Pathways Coordinator role?

A: The role is very varied but the main components are to be engaged with the largest substance misuse providers, such as CG & Addiction, and to target individual services to provide solutions to overcome barriers within existing practice. This could be in the form of training for staff, peer and interventions, linking the service with the treatment hospital, introducing stakeholder meetings, documenting the service pathway and suggesting alternative ideas. Often the role involves identifying a model of best practice being used in one part of the country and supporting another service to implement this into their own service.

I also support some of our team of peers who deliver hepatitis C awareness workshops within drug services, rehabs and detox units, as well as attend Operational Delivery Network (ODN) meetings to provide a patient perspective and support members of the patient council to attend these. The role also involves delivering workshops at HCV Action and Public Health England events, among others.

Q: What do you tell drug services about the importance of testing people for hepatitis C?

A: A key part of the message that we deliver is that their service is often the only healthcare service that the client is involved with. We also emphasize that that the service is commissioned to provide blood borne virus (BBV) interventions. We focus on the positive outcomes that can be achieved through engaging their service users with HCV treatment. Often if you can encourage a service user to address their health then this can lead on to positive substance misuse outcomes - such as less frequent injecting or safer injecting practice and improved engagement with services.

Q: What are the psychological barriers to testing people who inject drugs (PWID) for hepatitis C and how can these be overcome?

A: More often than not, service users' personal barriers are based around fear and misinformation. The client group that we work with have historically gained most of their knowledge about hepatitis C from other members of their peer group. This information is often inaccurate or out of date. Service users know about interferon treatment and about how difficult it is to tolerate, and they know about having to have a liver biopsy. We try to re-educate service users about current treatment options with potentially interferon-free treatments, and fibroscans instead of an invasive biopsy.

Another factor is the psychological barrier of attending a hospital where the service user feels judged by staff and by other members of the public who could be there. We provide support to staff and service users to help them to overcome these barriers.

HCV Action have published a Q&A with Andy Pearson, The Hepatitis C Trust's Pathways Coordinator, in which he explains the role and the importance of testing and referral pathways for hepatitis C in substance misuse services.

The Q&A also addresses the psychological and physical barriers to testing people for hepatitis C, and how these can be overcome, as well as the main areas covered when training drug service staff and during audits of hepatitis C services.

The Q&A can be read [here](#). If you are in a role related to hepatitis C that you think would be of interest to other professionals, and would be willing to answer some questions for the [HCV Action](#) website, please contact hcvaction@hepctrust.org.uk.

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