



HCVAction

HCV ACTION EAST OF ENGLAND
HEPATITIS C GOOD PRACTICE
ROADSHOW, 9TH MAY 2017

SUMMARY REPORT



Introduction

With hepatitis C representing a significant public health concern in the Cambridge and East of England region, on 9th May HCV Action and Public Health England (PHE) staged the first hepatitis C good practice roadshow of 2017 in Cambridge, with the aim of both showcasing and sharing examples of good practice in the prevention, testing, diagnosis and treatment of hepatitis C and identifying specific issues and potential solutions for tackling hepatitis C in the region.



Geraldine Linehan (Regional Director of Specialised Commissioning, NHS England).

The roadshow featured a range of presentations from relevant experts and health professionals, including Dr Jorg Hoffmann (Deputy Director Health Protection, East of England, Public Health England); Dr Mark Reacher (Regional Epidemiologist, East of England, Public Health England); Dr Will Gelson (Operational Delivery Network Clinical Lead, Eastern Hepatitis Network); and Dr

The roadshow also featured talks highlighting examples of good practice in the region, with Linda Porter (Hepatology Clinical Nurse Specialist, Basildon and Thurrock University Hospitals NHS Trust) providing an overview of the Trust's community outreach work; and Dr Abdul Mohsen (Consultant Gastroenterologist, Ipswich NHS Trust) presenting on Ipswich NHS Trust's work to improve the testing, diagnosis and treatment of hepatitis C patients in prison. Mark Brunning also gave a talk on his experiences as a hepatitis C patient and the contrast between the older, interferon-based treatments and the new, more tolerable direct acting antiviral (DAA) treatments.



Over 80 people attended the roadshow, including commissioners, nurses, drug service workers, prison health professionals and a host of others working in or around hepatitis C in the Cambridge and wider East of England area. The full set of slides presented by each of the speakers can be found in the HCV Action resource library [here](#).

Agenda

Introduction and setting the scene

Dr Jorg Hoffmann, Deputy Director Health Protection, East of England, Public Health England

Local epidemiology

Dr Mark Reacher, Regional Epidemiologist, East of England, Public Health England

Treatment of hepatitis C and possibilities for elimination

Dr Will Gelson, Operational Delivery Network Clinical Lead, Eastern Hepatitis Network

Commissioning landscape for hepatitis C

Dr Geraldine Linehan, Regional Director of Specialised Commissioning, NHS England

Good practice case study presentation: community outreach

Linda Porter, Hepatology Clinical Nurse Specialist, Basildon and Thurrock University Hospitals NHS Trust

Good practice case study presentation: hepatitis C in prisons

Dr Abdul Mohsen, Consultant Gastroenterologist, Ipswich NHS Trust
Paula Roberts, Viral Hepatitis Nurse Specialist, Ipswich NHS Trust

Patient Perspective

Mark Brunning

Panel discussion: problems and solutions for tackling hepatitis C locally

Workshop A: Introduction to the work of the Operational Delivery Network

Dr Will Gelson, Operational Delivery Network Clinical Lead, Eastern Hepatitis Network

Workshop B: Awareness and testing in drug services

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

Workshop C: Hepatitis C in South Asian communities

Dr Anne Day, Consultant Gastroenterologist, Bedford Hospital

Workshop discussions

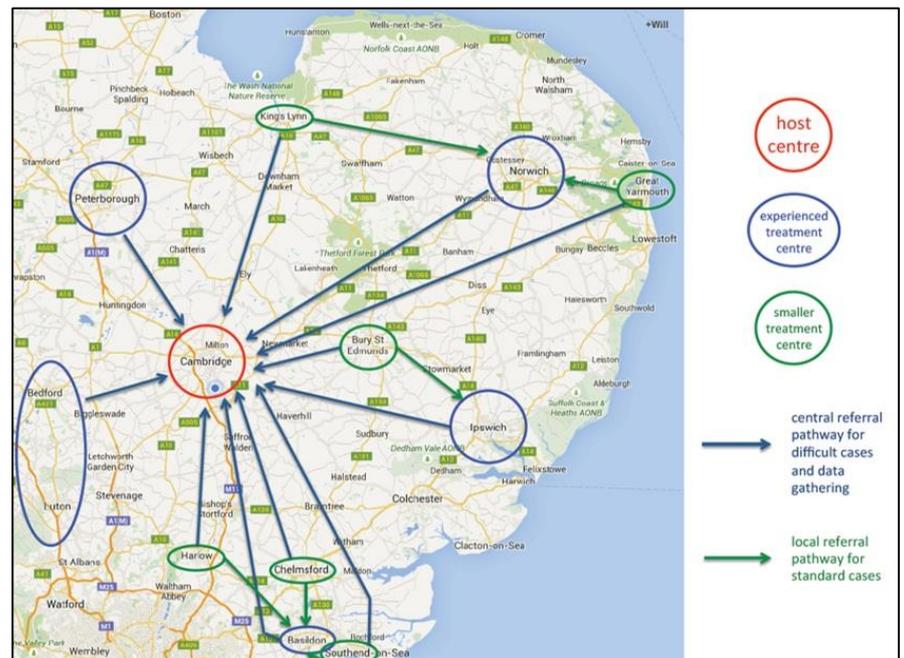
During the roadshow's afternoon session, three workshops were held on key issues related to hepatitis C in the Cambridge and wider East of England area: the work of the East of England hepatitis C ODN; hepatitis C in drug services; and hepatitis C in South Asian communities. Below is a summary of discussions from the workshops.

Workshop A: Introduction to the work of the Operational Delivery Network *Dr Will Gelson, Operational Delivery Network Clinical Lead, Eastern Hepatitis Network*

Part 1

The workshop began with an overview of what ODNs are, including the specific requirements that each ODN must adhere to. These include:

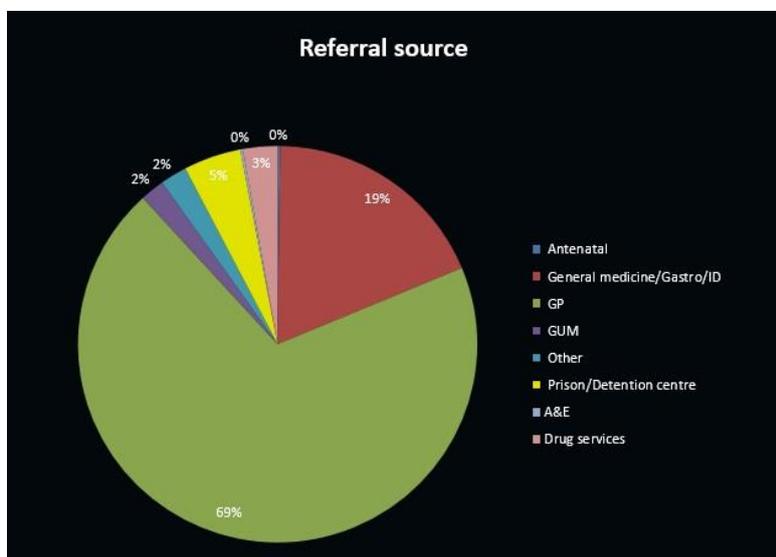
- Hepatology, virology, infectious disease and pharmacist expertise
- Administrative support
- Multi-disciplinary team meetings
- Access to Fibroscan
- Development of outreach treatment services
- HCV UK research membership
- Involvement of patient representative(s)



Some of the reasons for establishing ODNs were also discussed. These reasons include:

- To oversee treatment of HCV within a region
- To ensure appropriate, cost-effective and effective treatment options are prescribed
- To ensure equitable access
- To reduce the need for patients to travel long distances for treatment
- Data collection

Specific information about the Eastern ODN was provided, including the location of the ‘hub’ and ‘spokes’, areas of high hepatitis C prevalence in the region, and key outcomes (with around 800 patients treated for hepatitis C since the ODN’s establishment and 90% achieving SVR).



Attendees were also shown charts showing breakdowns of sources of referral to the ODN, likely sources of transmission, fibrosis stage at the start of treatment, genotypes of patients undergoing treatment, location of care, reason for prioritisation, outcome by fibrosis stage, and outcome by genotype.

Finally, attendees were asked to consider some of the positives and negatives of the manner in which the ODN is organised and the requirement that it must adhere to. An overview is provided below:

Feature	Positives	Negatives
MDT process	Encourages joint working; ensures expertise; can encourage equality of access	Bureaucratic; can slow down ease with which patients can access treatment; not necessary for majority of patients
Collaboration	Fosters collective spirit; encourages joint working; encourages joined-up services	Possible lack of accountability
Run rate	Could ensure equality of access across England	Restricts access to treatment in many areas; considered by some to be assigned relatively arbitrarily; can be seen to single out one group of patients; acts as a disincentive for testing and diagnosis

Funding structure (CQUIN)	Promotes quality	Overly bureaucratic; could reinforce the failings of ODNs that are struggling to meet standards; CQUIN requirements do not reflect current gaps in quality standards
Centralisation of services	Could ensure equality of access across England; can encourage national increase in standards; heightens accountability	Overly bureaucratic; could impinge local innovation; can fail to reflect local conditions and circumstances

Part 2

In the second part of the workshop, attendees discussed ways to find people with an undiagnosed infection of hepatitis C. Ideas included:

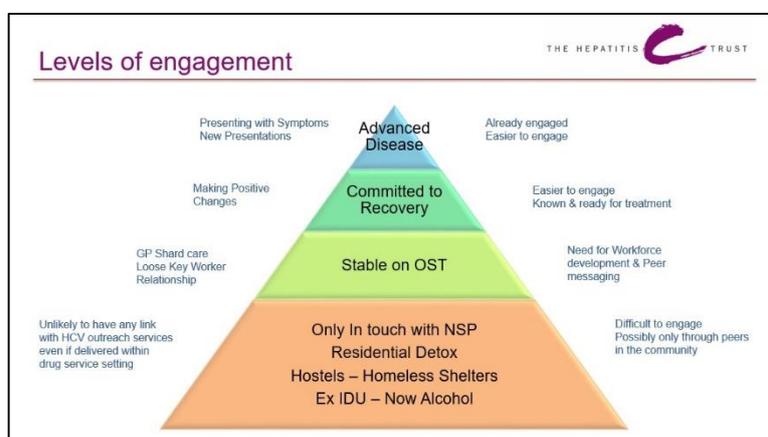
- Focusing testing in areas/settings with a high prevalence e.g. pharmacies with high levels of methadone prescriptions, mosques, drug and alcohol services
- Incentivising testing in primary care
- Increasing active outreach, e.g. testing vans
- ‘Look back’ exercises to track individuals who have been lost to follow-up

Workshop B: Awareness and testing in drug services

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

Part 1

The workshop began with an overview of common knowledge levels and attitudes towards hepatitis C among different types of service users. This included the likely levels of user engagement with hepatitis C care depending on their substance use habits and engagement with services.



The talk then covered the services The Hepatitis C Trust provides to drug services across the UK, which include:

- Pathway co-ordination
 - Involves assessing existing provision for screening within drug services; identifying barriers to testing and working with the provider to overcome these; increasing the numbers of people who inject drugs (PWIDs) accessing hepatitis C treatment, and working alongside providers to support them in implementing best practice.
- Workforce development
 - By introducing a workforce development programme, staff become more confident in discussing hepatitis C with clients; better able to encourage safe practice and raise awareness; increase testing; improve the referral pathway, and provide better support for clients with hepatitis C.
- Peer-to-peer education and testing programme
 - By delivering one hour workshops (comprising a peer's story and the dissemination of key messages related to transmission, prevention, testing, pathways and treatment) in rehabs, detox clinics, day programmes and prisons, the programme has led to increased numbers of people being tested and treated, as well as improving awareness and knowledge of the virus. Results of an evaluation on a peer-to-peer education project run by The Hepatitis C Trust and Addaction were also provided (with further details of the project and its outcomes available [here](#)).

Part 2

During the second part of the workshop, attendees discussed ways of encouraging engagement with hepatitis C care. Ideas included:

- Services must be receptive, with a simple care pathway
- There needs to be good communication between drug services and secondary care (including simple things like drug services being aware of secondary care appointments so they can mention it to service users)
- Offering training related to hepatitis C to staff
- Appointment reminders by text for patients
- Having peers volunteer as 'health champions'

- Developing trust with service users
- Making treatment available in community settings – taking treatment to the patient
- Looking at the potential for prescribing treatment from pharmacies and drug and alcohol services
- More leaflets and literature to be made available to at-risk groups

Patient Psychological Barriers	
Barriers	Possible solution
1. Ambivalence	1. Awareness/education
2. Fear of Interferon treatment	2. Awareness/education/peer support
3. Negative experience with health care systems	3. Peer/staff support
4. Social anxiety/poor self image	4. Peer support
5. Lack of belief in self	5. Support group/peers
6. Denial	6. Awareness/ education
7. Lack of confidence in confidentiality	7. Stringent, transparent policy & explicit consent
8. Fear of losing anonymity reꝑ status	8. Peer support / awareness/ education. Drug service campaign drive.

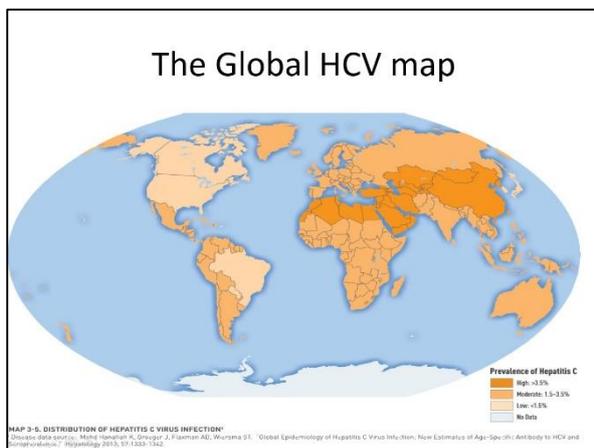
Workshop C: Hepatitis C in South Asian communities

Dr Anne Day, Consultant Gastroenterologist, Bedford Hospital

Part 1

The first part of the workshop began with an overview of the reasons for targeting hepatitis C services at the South Asian population. As well as the higher prevalence of the virus in this community, a number of barriers to South Asian patients engaging with healthcare were

outlined, showing the importance of making healthcare services more accessible.



Bedford Hospital’s work with the South Asian community was discussed. This work included a project to increase awareness and improve access to testing for the South Asian community in Bedford. Work undertaken as part of the project included healthcare workers’ education events; community awareness raising, and testing in community settings.

Part 2

Attendees were asked to discuss in small groups how they could develop their services to reach out further to the South Asian community. Ideas discussed included:

Potential barriers to providing services

- Lack of funding
- Not enough time/high workload

- Lack of staff
- Entrenched ways of working

How to improve healthcare professional awareness

- Evening sessions to provide information to GPs
- E-newsletters for GPs, providing information about hepatitis C
- Attending GP roadshows to communicate information about hepatitis C
- Providing funding for point of care testing (lack of funding will prevent action)



How to improve South Asian community awareness/engagement

- Use voluntary organisations and healthcare champions to spread information
- Information needs to be provided in other languages
- Cultural barriers must be respected (e.g. gender segregation may be necessary sometimes)
- Outreach services are important in overcoming barriers to engaging with healthcare. Settings like community centres, mother/child groups, schools, EASL centres are good places to offer testing

Pledges by attendees

At the close of the roadshow, attendees were asked to write down one 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:

- *“Encourage and support the use of community pharmacies to help deliver the hep C agenda and help reach the elimination goal”*
- *“Change focus from treating at hospitals to treating out in communities”*
- *“Incentivise hep C in contracts where possible”*
- *“Focus day on South Asian population in drug and alcohol service”*

- *“Ask for literature from HCV Action to educate our service users about the new treatments for hep C”*
- *“Improve data quality for hep C in PHE systems, enabling surveillance data to be used more widely in finding patients to treat”*
- *“Make a special effort to fight stigma around hepatitis C and other diseases that are associated with marginalised communities”*
- *“Promote the idea that elimination of hep C is achievable”*



- *“Re-engage already positive hep C clients – develop easy pathway to treatment”*
- *“Promote community testing and reporting of results into local surveillance and commissioning”*
- *“Engage with GPs/primary care”*

Acknowledgements

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Elena Howe – Conference and Events Organiser, Public Health England

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Dr Will Gelson – Operational Delivery Network Clinical Lead, Eastern Hepatitis Network

Dr Sultan Salimee – Public Health England/East of England Health Protection Viral Hepatitis Lead