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Nottingham outreach clinics

An example of community outreach testing and treatment

Key points:

- When Nottingham University Hospitals NHS Trust began its community outreach work in 2002, there were high rates of non-attendance by hepatitis C patients at appointments.
- Community outreach clinics were established in Mansfield and Nottingham city centre in 2002, offering testing and treatment. Outreach clinics were also set up in three prisons in the area.
- The community outreach clinics have led to higher overall rates of referral, attendance at appointments and treatment.
- Between January 2010 and January 2012, 80% of people diagnosed with hepatitis C were referred to a specialist clinic (up from 49% in the 2000-02 period), 70% attended (up from 27%) and 38% started treatment (up from 10%)

Overview

Nottingham University Hospitals NHS Trust operates in an area with high levels of hepatitis C, with over 8,000 people estimated to be living with the virus in the Nottingham area. The city has high levels of homelessness compared with other cities in England, and a significant population of people who inject drugs (PWIDs).

This case study looks at the Trust's community outreach work in the Nottingham area, with satellite clinics operating in drug services, primary care centres and prisons.

Why the outreach service was established

Prior to the service being established in 2002, there were high rates of non-attendance at outpatient appointments, particularly among newly-referred patients. These high rates of non-attendance were often a result of a lack of stability in patients' lives, leading to struggles with timekeeping and difficulty accessing transport to appointments. Statistics showed that between 2000 and 2002, 256 people were diagnosed with hepatitis C in Nottingham. Of these, just 49% were referred to a specialist clinic, 27% attended and 10% received treatment.

As a result, Nottingham University Hospitals NHS Trust formulated a plan with the aim of increasing rates of referral, access to specialist advice and antiviral treatment uptake. As well as improving local GP education and changing laboratory processes and reporting, the project established more community clinics in order to make testing, treatment and care as accessible as possible to those groups who were finding it difficult to access services.

How the outreach service works

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Initially, a satellite clinic offering treatment was established in a substance misuse clinic in Mansfield for half a day per fortnight (with testing carried out by the on-site harm reduction nurses). This was expanded to one day per week in April 2015, due to significant demand for the service. Blood samples from service users who have received tests are taken to GP surgeries, before being transported to hospitals for analysis. Medication for those being treated is transported to the clinic by the Clinical Nurse Specialist (CNS) team and distributed to patients.

Satellite clinics were also established in a drug treatment service and a primary care centre in central Nottingham, which allowed the CNS team to reach patients who may not otherwise have been engaged.

Outreach clinics were also set up in prisons, with nurses attending HMP Nottingham for four hours per week (since 2010), HMP Lowdham Grange for three hours per fortnight, with a consultant attending monthly (since July 2014) and HMP Ranby for four to five hours per fortnight (since November 2015).

The cumulative effect of the increased outreach provision has been substantial, with testing and treatment now more easily accessible, leading to increased engagement in care.

Outcomes

There have been significant improvements since the project started. Between January 2010 and January 2012, **80% of people diagnosed were referred to a specialist clinic** (up from 49% in the 2000-02 period), **70% attended** (up from 27%) and **38% started treatment** (up from 10%). The community outreach clinics have been instrumental in facilitating **higher overall rates of referral, attendance and treatment**.

Diagnosis into Care 2010-12

Howes et al 2016

Tested by	n (%)	Referred n (%)	Attended n (%)	Treated n (%)
General Practitioner	90 (38)	83 (92)	74 (89)	
Substance Misuse	50 (21)	42 (84)	35 (83)	
Secondary Care	54 (23)	41 (76)	38 (93)	
Prisons	43 (18)	24 (56)	18 (75)	
Total	N=237			90 (38)

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During the 2010-12 period, **28,980 people were tested for hepatitis C in the Nottingham area, and 273 new diagnoses were identified** as a result.

In the year following the Mansfield satellite clinic's increase from half a day per fortnight to one day per week, **86 people were seen** by the CNS team and **22 were treated**. This was a significant increase on the number seen and treated prior to the increase.

A 2013 audit of the outreach work in HMP Nottingham found that half of the patients who began treatment were transferred or released; a significant ongoing challenge in terms of seeking to ensure continuity of care. There have also been cases of medication not being transferred with prisoners or being lost in transit. Shorter treatment durations as a result of the new DAA treatments mean that such problems are now less frequent, and the CNS team seek close links with prison staff in order to gain their support and encourage joint working.

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