Greater Manchester Hepatitis C Strategy

The next steps 2010 - 2013

Endorsed by GM Director of Public Health group
January 2011
1. Introduction

The Greater Manchester Hepatitis C Strategy (GMHCVS) was formed in response to the national Hepatitis C Strategy in 2004 and increasing local recognition of a need to improve local services in Greater Manchester (GM). Hepatitis C is a serious public health issue for the North West and Greater Manchester in particular has consistently has the highest rates of infection in injecting drug users in the country. Hepatitis C is regarded by the North West Strategic Health Authority as one of the top five health issues for the region and has been identified by the Association of GM Primary Care Trusts as one of the top twenty health priorities.

The purpose of the GMHCVS is to develop a collaborative, coordinated approach to addressing hepatitis C across GM in line with national guidance, and to develop local services to meet the increasing need and demand for services within the population. Since the formation of the strategy the co-ordinated approach based on partnership working has resulted in a number of achievements that could not have been possible at a more local level of organisations.

The GMHCVS is at present managed by NHS HMR, hosting the network for the 10 Greater Manchester PCT’s. The UK government is proposing to abolish PCT’s by April 2013, and move the functions to local authorities. At the same time, the network has been asked to manage a budget cut of 55% from 2009-2013. The GMHCVS must prioritise its present role, whilst ensuring that the work of the Strategy is taken up by the GM local authorities as they take over the NHS’s public health role.

The GMHCVS is at a stage of reviewing progress to date and outlining the priorities for the next three years. This document intends to state the future direction of the strategy.

2. History of Greater Manchester Hepatitis C Strategy

The GMHCVS began in 2005 when a multi-agency group was formed which included interested local HCV treatment physicians, virologists, substance misuse staff, public health managers and other health care professionals. The first step was the undertaking of a comprehensive local health care needs assessment of hepatitis C services. The evidence pulled together in this evaluation was used to develop a strategy document which focused predominantly around raising local awareness around hepatitis C and increasing the numbers of at risk individuals being tested and offered treatment.

A costed, phased implementation plan was developed and presented to local commissioners. There was agreement by the Association of GM PCT’s in 2007 to fund the first phase of this plan. A programme manager was employed in 2008 to help implement the strategy. The strategy commissioned other organisations to achieve various projects in order to achieve the final aim.

The strategy has been successful in achieving some of its key aims over the past few years. (see Appendix I). The strategy has worked with local clinicians and virologists to produce locally agreed GM Hepatitis C Laboratory Testing Guidelines and GM Hepatitis C Treatment Guidelines. The numbers receiving treatment each year has increased and treatment is now provided in a range of locations across Greater Manchester. The Strategy has led a GM drug procurement project which has led to a saving of £500 000.

The strategy has implemented a comprehensive communication strategy, raising awareness in health professionals and the general public. A dedicated website aimed at the general public and the health care professionals have been established which provides a range of information. The strategy produces regular newsletters aimed at keeping the local health care community informed of progress. A number of high profile campaigns aimed at different audiences have been carried out and the strategy has worked with Exchange Supplies to raise awareness among local drug workers.
The strategy has commissioned a range of service driven research projects. These include a mapping of the local training needs around hepatitis C of key health professionals, a health equity audit and a comprehensive Joint Strategic Needs Assessment (JSNA) of local prevention services.

The GMHCVS is a public health led model of service delivery which demonstrates how coordinated, collaborative working can achieve more than the sum of its parts. However, at a difficult time for the NHS the strategy falls short of achieving many of its key objectives and further progress is essential to tackle the local epidemic.

3. Current issues

The epidemiological situation in relation to hepatitis C in GM remains concerning. GM has the highest levels of HCV in England due to a long history of injecting drug use in the area, and a large numbers of people who were born in countries with high prevalence. There are a high numbers of people in GM who are infected but not diagnosed and there also numbers of individuals who have been diagnosed but not been referred on to treatment services. The local prevalence may still be increasing and information on the burden of infection upon the health services shows an escalation in demand. Across GM between 2005 and 2007 there was a 45% increase in the number of HCV patients admitted with common complications of HCV.

Whilst capacity at treatment centres has increased slightly over the past few years demand for these services remains high. There are waiting lists at the major treatment centres which are increasing in size. Efforts to increase public and professional awareness alongside testing initiatives will only further increase demand upon local services.

Although there have been local and national campaigns to increase awareness among the public and among professionals and there has been local effort to provide education to local drug services around testing, the evidence indicates a fall in the numbers being tested. In particular, the number of tests in drug services and prisons has fallen. Despite these awareness campaigns there is also evidence that understanding around hepatitis C among the public remains poor.

4. The objectives of the GMHCVS

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<td>• To work with National Liver Disease Strategy to influence national policy</td>
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<td>Service Redesign</td>
<td>• Collaborative commissioned framework for GM HCV services to improve and increase testing and treatment</td>
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<td>• Distribution and publishing of GM HCV Research papers</td>
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<td>Communication</td>
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<td>BBV Prevention</td>
<td>• Implementation of an evidence based Strategy</td>
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<td>Self Care Support</td>
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5. Future Direction of GMHCVS

5.1 Management

At present the GMHCVS is managed by overall leadership from the Health Protection Agency, a lead Director of Public Health sponsoring the whole programme and a Programme Manager to ensure that the strategy is delivered effectively. This structure will continue in the future, with a decreased level of programme management. In order to take the GHCVS to the next stage Director of Commissioning support is an imperative.

5.2 Budget

The GMHCVS was initially awarded £1.4million, however due to the late start of the strategy in 2007-2008, only £800 000 was spent in the first year. In the following year the strategy was awarded considerably less as the remainder of the funding remained with the PCT’s to fund the testing and treatment services through payment by results (PbR). In 2009-2010 the strategy accepted a 20% reduction in budget, and therefore was awarded £148 000. The core budget currently funds the salary of the programme manager, the communications strategy (including the salary of part time communications officer), a self-care patient project and various initiatives around testing.

The GMHCVS has been asked to make a further 35% reduction by 2013.

Under this plan, there will be a reduction in funds for the Programme Manager who will work 0.75 WTE with 0.1 WTE administrative assistance from 2011 - 2013.

The GMHCVS will merge with the Greater Manchester Public Health Network, and will use the pooled communication resources. The GMHCVS will deliver a BBV Prevention project and Self Care Support Project until April 2012.

5.3 Surveillance

The GMHCVS will ensure that a GM hepatitis C surveillance report is produced annually by local health protection services. Local health protection services will work with national colleagues to improve local surveillance information.

5.4 Blood borne virus prevention

The aim in producing a local blood borne virus prevention strategy is to ensure there is a comprehensive, integrated, equitable and cost effective approach to the prevention of blood borne viruses (BBVs) across GM. Reducing the number of new BBV infections in GM will be achieved through a range of evidence-based, primary and secondary prevention interventions and achieved through multi agency collaboration. An action plan will be enacted based on a number of actions. The GMHCVS will:

a) GMHCVS will action recommendations from the BBV Prevention Strategy by working with local clinicians and by integrating some of the recommendations into the GM HCV Communication Strategy
b) Submit a paper to Drug and Alcohol Commissioners with recommendations from the BBV Prevention Strategy
c) Submit a paper to Prison Healthcare Commissioners with recommendations from the BBV Prevention Strategy
d) Ensure recommendations from the BBV Prevention Strategy are included within the secondary care HCV treatment service level agreement that is being negotiated at present.
e) Ensure BBV Training Project that is being commissioned 2011-2013 includes recommendations from the BBV Prevention Strategy
f) Ensure that recommendation from BBV Prevention Strategy will be taken to local authorities when they take over the local public health powers.

5.5 Service Redesign

The GMHCVS will continue to work with GM and national commissioners to develop a co-ordinated and cost-effective hepatitis C service across GM. The AGMPCT’s agreed the need for a service redesign at the Commissioning Board in June 2010. This project is envisaged to be completed by September 2012.

The Board:
(i) Recommended that the Hepatitis C pathway should be collaboratively commissioned across GM
(ii) Recommended that the Directors of Commissioning identify a lead PCT to develop the work across GM and to decide on the appropriateness of conducting a competitive process for the whole service to assist in pathway changes and adherence. This lead has now been identified as NHS HMR, with Director of Commissioning, Lesley Mort, is the project sponsor.
(iii) Requested that the work identifies a higher efficiency saving than 8%.

A Clinical Care Pathway has been agreed by GM HCV Treatment clinicians, plus interested primary care physicians (see Appendix I). This will be uploaded onto Map of Medicine and will form the basis of the service level agreement with the secondary care treatment centres.

5.6 Prisons

Prison services will be considered within the service redesign work. The GMHCVS will work with commissioners of Prison Healthcare to improve awareness among prison staff and prisoners, to ensure that all ‘at risk’ prisoners are offered a test and that hepatitis C treatment is available in all GM prisons.

5.7 Communication

The GMHCVS will continue to deliver a limited communication project. The GMHCVS will merge with the Greater Manchester Public Health Network, and the management of the project will move to the communication team of the GM Public Health Network and the Programme Manager of the GMHCVS. The GMHCVS will work with partners such as pharmaceutical companies, third sector organizations and alternative funders to ensure that the Strategy continues to be delivered. The GMHCVS will work with the National Liver Disease Strategy and the three national charities that work on the HCV agenda: Hepatitis C Trust, British Liver Trust and Addaction, to ensure that there is a strategic congruence across the main providers of HCV communication messages in England.

The key objective of the communications strategy is to underpin the work of the GMHCVS and increase awareness of hepatitis C among the targeted audiences. The key audiences are:

a) Stakeholder of the GMHCVS including GP consortia and all Primary Care Practitioners
b) Prisons - staff and residents
c) Drug workers involved in prescribing or who work in needle exchanges
d) People who have injected drugs in the past
e) People who are currently injecting (including those injecting steroids)
f) People from high risk counties, in particular people born in Pakistan
g) People who are infected with HCV who require information about the Self Care Support Project

The priority audiences that will be the focus of the GM HCV Communication Strategy:

a) Stakeholder of the GMHCVS including GP consortia and all Primary Care Practitioners
b) Prisons – staff and residents
    c) People from high risk counties, in particular people born in Pakistan

5.8 Patient involvement and support services

GMHCVS will continue to commission an innovative project to provide a self-care support to people with hepatitis C in GM until 2013. The project will aim to provide a sustainable system for self-care support to be in place across GM. It will work with people with hepatitis C to ensure that local Support Groups are encouraged in communities across the whole conurbation.

The Project will design and deliver a hepatitis C specific evidence based self-care course, possibly in conjunction with another organisation e.g. the Expert Patient Programme.

The project will ensure that people with hepatitis C remain engaged with the GMHCVS. The GMHCVS will work to obtain further funding for this project to increase its reach and sustainability.

5.9 Research

The strategy will continue to take forward research initiatives with NHS, academic and third sector partners as appropriate. The priority research initiatives for the next few years are around projects evaluating different testing methods in different community settings and determining local prevalence among key population groups.

5.10 Workforce Development

The strategy will work with partners to ensure that the local health care workforce is trained in skills related to Hepatitis C awareness, prevention, testing, treatment and surveillance.

6. Conclusion

Whilst the local hepatitis C strategy has been successful in achieving some of its aims there is clearly much more that needs to be done in the future to tackle this public health problem. The key priorities for the strategy are now the implementation of the GM BBV prevention strategy, and completion of the service redesign project. The foundations for these projects have been laid, and the next steps for these projects, outlined in this document need to be taken.
### Appendix I: Summary of key achievements

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<tr>
<th>Project</th>
<th>Aim of Project</th>
<th>Achievements</th>
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| **Testing** | Increase hepatitis C testing in Substance Misuse Services | Development of Dried Blood Spot Test (DBST) Technology in partnership with Manchester Microbiology services  
50% of drug workers trained to carry out hepatitis C testing using DBST in partnership with Greater Manchester West NHS Foundation Trust |
| | Development of standardised Testing Guidelines | Collaborative funding for 2000 DBSTs within substance misuse services  
Greater Manchester Laboratory Testing guidelines developed and approved by GM microbiologists  
Development of distribution of 2 patient information booklets:  
- Testing for HCV using DBST  
- Testing for HCV by blood test |
| **Treatment** | Implementation of GM HCV Clinical Care Pathway | Clinical Development of GM Treatment Guidelines in partnership with local hepatitis C treatment clinicians and the Greater Manchester Medicines Management Group  
Pump priming of Specialist Nurses and Consultant time to develop local hepatitis C treatment services |
| | Implementation of GM HCV Treatment Guidelines | Development of GMHCVS corporate branding  
Newsletter 3 times a year, distributed electronically and in print to health care community across GM  
Website with local hepatitis C information and library of GMHCVS documents  
Poster/oral presentations at 15 conferences  
11th International Hepatitis Conference 2009 held in partnership with Mainliners showcasing GMHCVS  
Insight social marketing research into communication needs of people who have ever injected  
Development of radio campaign aimed at people who have ever injected held on Rock FM 2009 and 2010  
Development of radio ads aimed at people who have ever injected broadcast on Rock FM and Xfm 2009 and 2010  
Sponsorship of local ‘Monsters of Rock’ event in 2010  
Rock roadshow community engagement events in 4 local town centres  
Development of 3 minute screen advert aimed at people who have ever injected for GP and PCT websites across GM  
Advertorial in GM newspapers aimed at people who have ever injected  
Stall at Asian Mela’s 2009 and 2010, resulting in 2500 health promotion episodes  
Events aimed at Primary Care Practitioners in partnership with DH |
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<td>GM HCV Prison Strategy</td>
<td>Pump-priming funding provided for the employment of GM HCV Prison based Specialist Nurse</td>
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<td>Prison based HCV patient support groups</td>
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<td>Library of HCV publications and materials for use by Prison Healthcare teams</td>
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<td>Self Care Support</td>
<td>To promote well being and community engagement for people with Hepatitis C using a Community Development Model</td>
<td>Commissioned a Patient Support Community Development Worker to develop local patient support groups in partnership with Manchester University for 18 months</td>
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<td>Held regular public meetings with people with HCV to keep them informed about the GMHCVS implementation</td>
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<td>2 Stakeholder event held with patients: support group attendees and BME patients to find out views on the characteristics of a hepatitis C testing, treatment and support service</td>
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<td>To ensure that people with Hepatitis C are engaged with the Greater Manchester Hepatitis C Strategy</td>
<td>Commissioned a local third sector organisations for three years to provide a three year project to develop local patient led support services and to provide a local HCV patient managed care service</td>
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<td>Ensure patient representative attendance at the GMHCVS meetings</td>
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<td>Research and Workforce Development</td>
<td>Commissioning of research with the aim of increasing knowledge to improve the commissioning of GH HCV services</td>
<td>In partnership with the HPA, the delivery of a health care needs assessment around hepatitis C preventative services which was the basis for a prevention strategy</td>
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<td>Distribution and publishing of GM HCV Research papers</td>
<td>Commissioned the University of Manchester to carry out primary research projects to improve the commissioning of local HCV services, and to improve the body of knowledge around HCV:</td>
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<td>Delivery of GM HCV Consultant Training Package and GM HCV Specialist Nurse Training Package</td>
<td>• GM hepatitis C clinical database scoping</td>
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<td>Research to increase testing in community settings</td>
<td>• GM hepatitis C prevention Joint Strategic Needs Assessment</td>
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<td>Working with the pharmaceutical industry to provide training for specialist nurses working within HCV treatment</td>
<td>• Hepatitis C teaching and training needs assessment for GM</td>
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<td>Working with industry and third sector organisations to evaluate different testing methods in pharmacy settings</td>
<td>• GM hepatitis C services Health Equity Audit</td>
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<td>Working with local NHS and industry to evaluate methods for improving uptake of testing in the prison setting</td>
<td>• GM hepatitis C DBST implementation pilot</td>
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<td>Blood borne virus prevention</td>
<td>Develop and implement a GM BBV prevention strategy</td>
<td>In partnership with NHS Manchester and the university of Manchester developed a GM BBV prevention strategy. Commission a service to lead the implementation of the GM BBV prevention strategy</td>
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<tr>
<td>Service Redesign</td>
<td>Collaborative commissioned framework for GM HCV services to improve and increase testing, treatment and equitable access to services</td>
<td>Collaborative procurement of HCV drugs to ensure the best possible price, saving GM PCT’s £500 000 per annum The Commissioning Business Service (CBS) was commissioned to lead the project A baseline audit of treatment services in GM was undertaken Stakeholder events were undertaken with consultants, microbiologists, patients and health care workers with an interest in HCV to find out the characteristics of an excellent HCV services A report to understand the costs of local HCV testing and treatment services was developed A report describing a model which demonstrates the potential impact of changing treatment pathways on cost to the NHS and Quality Adjusted Life years (QALYS) gained by individuals in targeted populations through achieving sustained viral clearance rather than developing chronic HCV infection. A detailed business case for improving the GM HCV carepathway which has been accepted by the AGMPCT’s</td>
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