

HEP C
U Later

Dashboard on a Page Guide

This guide is intended to support NHSAPA community drug and alcohol treatment services with understanding the Hep C U Later Dashboards

Version 2 - Reviewed September 2024

Hep C U Later Dashboard on a Page (DOAP) Guide

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Please note – We have used the terms people and person in the document. In line with NDTMS terminology, ‘client’ is used when referring to the underlying data and data fields used behind the Dashboard on a Page (DOAP).

Introduction to the Dashboard on a Page (DOAP) report

The dashboard on a page, or DOAP, shows how each NHS Addictions Provider Alliance (NHS APA) member or service is doing in the journey to achieve hepatitis C micro-elimination.

The DOAP report is made up of two pages. The first page gives information about testing and the hepatitis C intervention status of the entire caseload of people accessing structured treatment (and consented to share data with NDTMS) from community drug and alcohol treatment services. The second page gives information on how close the NHSAPA member or service is to achieving micro-elimination, alongside information about the caseload where a history of injecting is recorded.

The data used to generate the DOAP comes from the NDTMS data submitted each month to the Hep C U Later project, following the NDTMS monthly submission. NDTMS information includes six key pieces of data on hepatitis C and this data is recorded both:

- At triage when a person starts an episode of treatment
- When a person completes one of their regular reviews or when their keyworker updates their Client Details. This is called the Client Information Review (CIR)

To tell the difference between the two, the same field name is used with those recorded at the Client Information Review being preceded by CIR, so for hep C intervention status we have HEPSTAT (Triage) and CIRHEPSTAT (Client Information Review, CIR).

As a review always comes after the person has started an episode of treatment the data held in the CIR field is usually more up-to-date than the data recorded at triage. For people who have not yet had a review we use the information recorded at triage.

All information used in the report comes from people who are “active”, i.e. those people who have not been discharged by the reporting date, which is taken as the last day of the reporting month. It should be noted that NDTMS data only records those people who are in structured treatment.

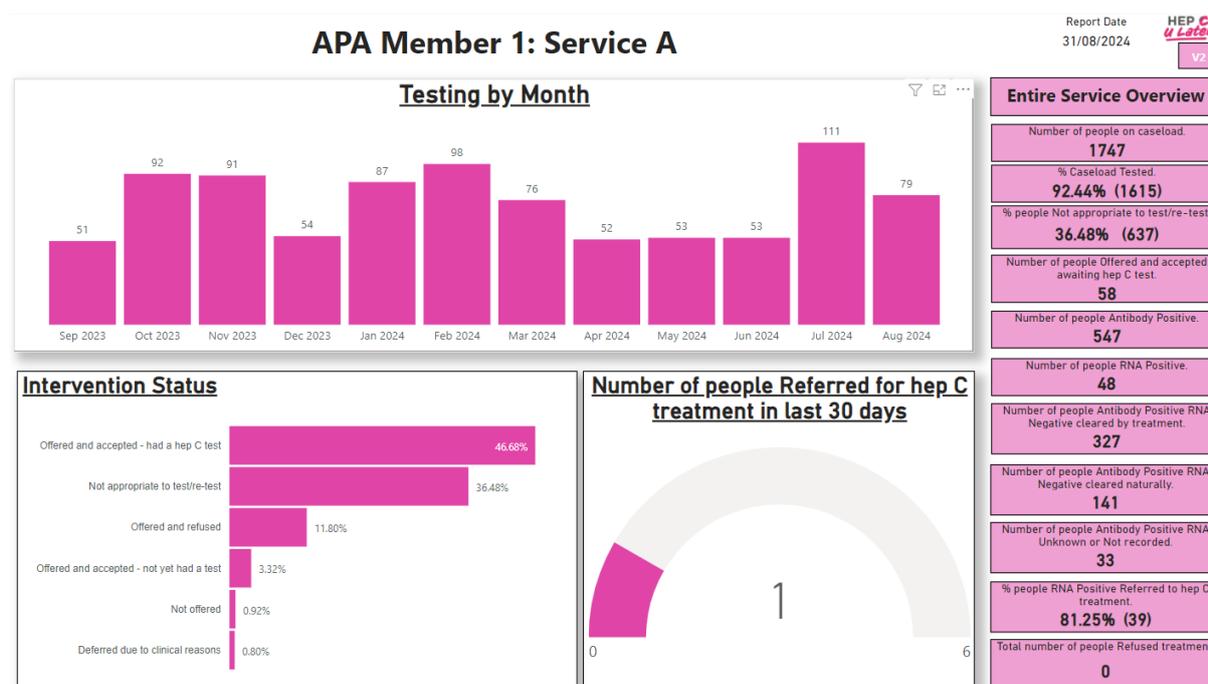


Something to consider

The dashboard is created from the last information submitted to the Hep CU Later team. It may have changed/been updated since the information was shared and will be updated on the next dashboard.

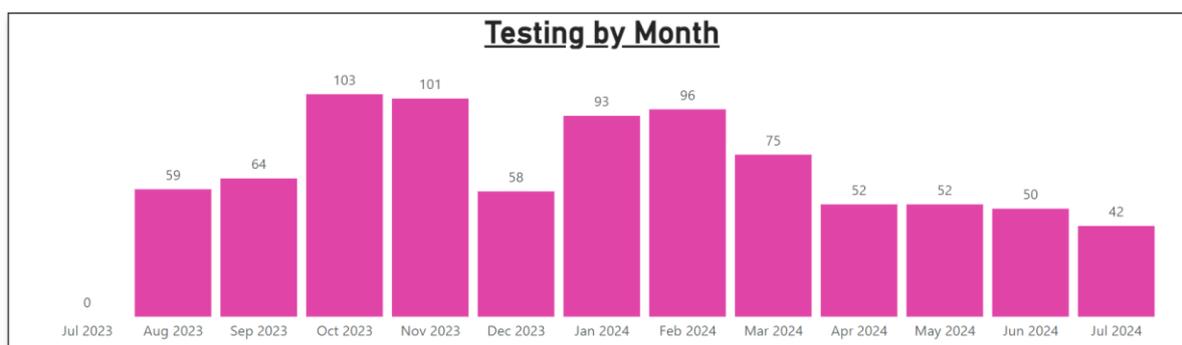
A full breakdown of the NTDMS fields used is included at Appendix A. Appendix B contains the Hepatitis C Testing & Treatment Exemptions Discussion Framework. Appendix C explains what the boxes on the report mean for meeting the micro-elimination targets.

DOAP - Page 1



We will now go through what each of the 3 charts and the 13 boxes mean and how they are calculated.

Chart 1 - Testing by month



“Shows the number of tests completed in each calendar month”

Technical Definition: The date period is taken as a rolling 12-month period prior to the current report date e.g. 1st February 2023 to 31st January 2024. NDTMS records the test date in 2 places:

- At triage the test date is recorded as HEPCTSTD
- At the Client Information Review (CIR) this is recorded as CIRHEPCTSTD

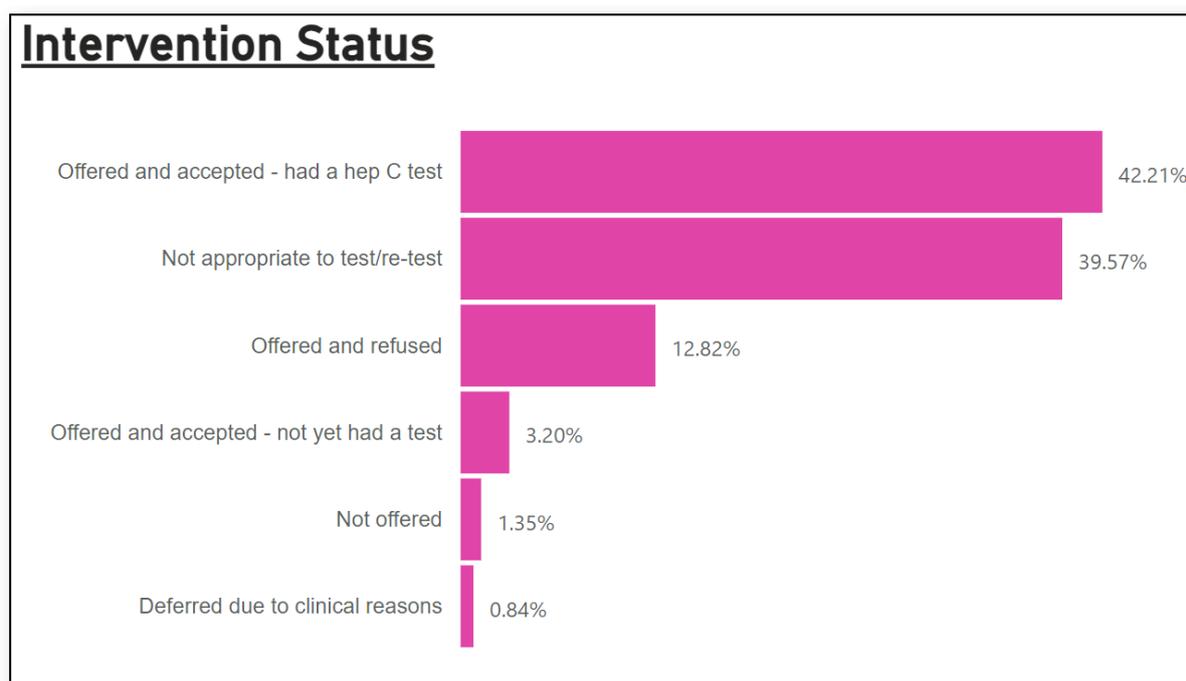
The test date used is the most recent test date, usually from the CIRHEPCTSTD.



Something to consider

It is worth noting that due to how tests are added to NHSAPA members' clinical recording systems there can sometimes be a time lag in the total number of tests in the last two months shown on the DOAP (i.e. figures may be lower than expected).

Chart 2 - Intervention status



"Latest Hep C Intervention status - % of people"

Technical Definition: In NDTMS the Hep C intervention status is recorded both at Triage and CIR as HEPCTSTAT and CIRHEPCTSTAT. The latest (most recently recorded) value is used for each person in the service.

The chart displays the different status codes in the NDTMS Hep C Intervention status and shows the percentage of people who are recorded as currently having that status. More details on the HEPCSTAT statuses are included in Appendix A. There are a number of statuses that were redacted in dataset P: you may have people who have these redacted statuses, specifically Offered and accepted but refused at a later date, and therefore they will not be shown on the chart.

Some of the statuses that you may want to monitor are:

- **Not appropriate to test/re-test** (previously termed Assessed as not appropriate to offer). This is the status used for stating ‘it is not appropriate to offer this person a Hepatitis C test’.
- **Not Offered.** Everyone should be offered a hepatitis C test. Hopefully over time the number not offered will become zero.
- **Offered and accepted – not yet had a test.** People with this status have agreed to having a test but have not yet had one, these would be key people to support to get tested.



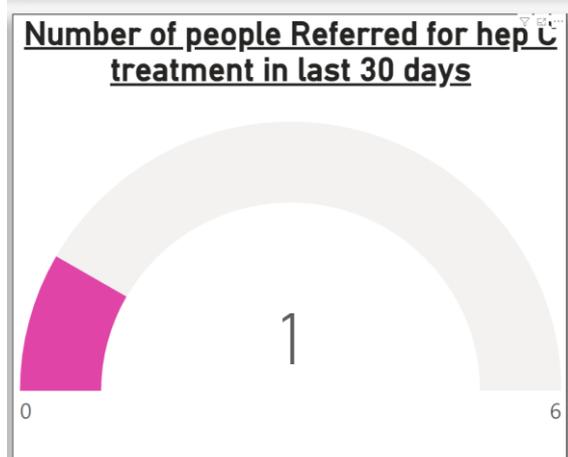
Something to consider

The Hep C U Later team would always recommend that you complete an audit of those who are listed as Not appropriate to test/re-test if the percentage is high. This is to ensure that the status is used appropriately. It is important to understand that if a person with a current or previous injecting status has not had at least one test they cannot be considered for this status. Here are two ways the audit can be done:

- a) Look at a small number of case notes to ensure there are no risk factors
- b) Check the persons latest TOPs (to look for injecting in last 28 days) for those listed as Not appropriate to test/re-test (NATRT).

Similarly, rates of Offered and refused and Deferred for clinical reasons should also be monitored to ensure they are being used appropriately.

Chart 3 - Number of people referred for hep C treatment in last 30 days



“Number of people who have been referred for Hep C Treatment in the 30 days prior to the report date”

Technical Definition: This gauge chart shows the number of people who have been referred to hep C treatment in the last 30 days. It also shows the total number of people who are hepatitis C PCR/RNA Positive. If a person is referred for treatment it is recorded in REFHEPCTX (Triage) and CIRREFHEPCTX (Client Information Review). With the introduction of the new dataset in April 2024 the actual date a person was referred to treatment was recorded either at Triage (REFHEPCTXDT) or Client Information Review (CIRREFHEPCTXDT). This allows for more information about a person’s referral journey to be recorded. By using the date of referral we are able to provide a more detailed picture of a person’s treatment journey and support them in becoming free of Hepatitis C

A person’s Hepatitis PCR (RNA) status is recorded in HCVPCR (Triage) and CIRHCVPCR (Client Information Review). The latest (most recent) value is used.



Something to consider

Only assessments or CIRs entered after April 2024 will show the information above.

This means if a person has not been reviewed since then, their Referral status will not show until a new CIR is completed and uploaded.

If your numbers look low here, please check an updated CIR has been completed.

Now we have gone through the three main charts, the next section details the boxes shown on the right-hand side of page one of the dashboard. These metrics represent the Entire Caseload of “active” people in service.

Number of people on caseload

Number of people on caseload.
1781



“Number of active people in the service”

Technical Definition: This is the number of unique individuals, who are “active” in the service on the last day of the month, i.e. with a Structured treatment episode and having given consent to share data with NDTMS, in accordance with NDTMS submission practice.

% Caseload tested

% Caseload Tested.
90.57% (1613)



“Percentage of active people with a valid test date”

Technical Definition: This is the percentage of all people who are active (i.e. not just those who are listed as having a history of injecting) who have had a hepatitis C test. Inside the bracket is the actual number of people tested.

% people Not appropriate to test/re-test

% people Not appropriate to test/re-test.
39.57% (704)



“Number of active people Not appropriate to test/re-test”

Technical Definition: Prior to April 2024 a person’s Hepatitis C Intervention status recorded at Triage (HEPCSTAT) or in a Client Information Review (CIRHEPCSTAT) allowed for the option of ‘Assessed as not appropriate to offer’ (a hepatitis C test). This was changed to more accurately reflect the situation where a person is assessed as Not appropriate to test/re-test (NATTR). For people who have a history of injecting, this status should be reviewed on a regular basis as part of their treatment journey.

Number of people Offered and accepted awaiting hep C test

Number of people Offered and accepted awaiting hep C test.
57



“Number of active people who have accepted a hepatitis C test but have not yet been tested”

Technical Definition: A person’s hepatitis C intervention status is recorded in HEPSTAT (Triage) or CIRHEPSTAT (Client Information Review). This records the status of a person being offered a hepatitis C test. There are a number of possible responses (shown in Appendix A). Over the different NDTMS datasets the responses have changed. This shows the number of “active” people who have a current status of offered and accepted – not yet had a test.

Number of people Antibody Positive

Number of people Antibody Positive.
557



“Number of active people with a positive hepatitis C antibody result recorded”

Technical Definition: The person’s hepatitis C antibody status is recorded in HCVAS (Triage) or CIRHCVAS (Client Information Review). With the hepatitis C antibody status, once a person is antibody positive, they remain antibody positive. This takes into account both the current status of a person using the HCVAS or CIRHCVAS values and whether the person has ever been recorded as antibody positive. In some services this figure may not show recent test results due to the lag between testing and results received.

Number of people RNA Positive

Number of people RNA Positive.
50



“Number of active people with a positive hepatitis C RNA result recorded”

Technical Definition: The hepatitis C PCR (RNA) test result status is recorded in HCVPCR (Triage) and CIRHCVPCR (Client Intervention Review). There are 5 possible values available, these are shown in Appendix A. We use this to select only positive values and the most recent value so that people who are RNA positive (have a current, active hep C infection) can be identified.

Number of people Antibody Positive RNA Negative cleared by treatment

Number of people Antibody Positive RNA Negative cleared by treatment.
337



“Number of active people with an RNA Negative (cleared by treatment) result recorded”

Technical Definition: In the same way people who have a status of RNA Negative (cleared by treatment) can be identified at both Triage (HCVPCR) and Client Intervention Review (CIRHCVPCR). These people are those that have been treated for and cleared of hepatitis C since April 2022.

Number of people Antibody Positive RNA Negative cleared naturally

Number of people Antibody Positive RNA Negative cleared naturally.
98



“Number of active people with a Positive antibody and RNA result of Negative cleared naturally”

Technical Definition: Prior to April 2022 a person having an RNA Negative status was defined as being Negative cleared of hepatitis C. Following the dataset change in April 2020 an additional RNA status of cleared naturally was introduced to record the number of people who spontaneously or naturally cleared the hepatitis C virus.

Number of people antibody positive RNA unknown or not recorded

Number of people Antibody Positive RNA Unknown or Not recorded.
28



“Number of active people with a Positive antibody and RNA result of Unknown or Not recorded”

Technical Definition: This figure represents the number of people who are Antibody Positive and have an Unknown RNA (PCR) test result status. The Unknown status can indicate that the result of the test was inconclusive or that the service is waiting for the test results. It can also indicate a data error/omission. If nothing is recorded in the RNA field, for clinical safety, we assume the possibility that, since the person has a Positive Antibody test recorded, they may have a current hepatitis C infection (esp. for Criteria 4 calculations).

% people RNA Positive Referred to hep C treatment

% people RNA Positive Referred to hep C treatment.
81.25% (39)



“Percentage of active people Referred to treatment in the last 30 days”

Technical Definition: This is a percentage of active people with an RNA Positive status who have been Referred for treatment in the 30 days prior to the report date. Inside the bracket is the actual number of people referred.

Total number of people Refused treatment

Total number of people Refused treatment.
0



“Number of active people who refused treatment at the point of Referral to hepatology”

Technical Definition: As part of the changes in the recording of hepatitis C data for NDTMS, an additional status option of Refused treatment was added to the Referred for hepatitis C treatment status field. This is recorded in REFHEPCTX and CIRREFHEPCTX. The option allows for the recording of a person refusing or being refused treatment. This along with the recording of the referral date will allow for the support of a person on their treatment journey.



Something to consider

As we work towards the micro-elimination of hepatitis C the accurate recording of a person's PCR (RNA) test and Referral status will become more significant. The more accurate and up to date this information is, the easier it will be to declare micro-elimination, especially for criteria 4.

DOAP - Page 2

This page of the dashboard on a page report is the micro-elimination dashboard.



The information on this page is used by the Hep C U later team to support NHSAPA services in reaching micro-elimination.

The latest nationally agreed micro-elimination criteria for drug and alcohol services can be viewed via the website.

% of people with history of injecting recorded at triage

% of people with history of injecting recorded at Triage.
62.38% (1111)



“% of active people with an Injecting status of Currently injecting or Previously injected (but not currently) recorded at Triage”

Technical Definition: For the purpose of this data alone we define people ‘at risk’ of being infected with hepatitis C as those people with a history of injecting (although in reality there are many risks of transmission for hepatitis C, however, they are not captured in the NDTMS dataset). In the NDTMS dataset this is defined as their injecting history at triage. A person with an injecting history can be coded as either :-

(C) A person who is currently injecting at triage when they enter the service

(P) A person with a previous history of injecting but is not injecting when they enter the service

The injecting status is not recorded at a Client Information Review. An indication as to whether a person is currently injecting can be found by using the TOP data return of IVDRGUSE. This records how many times a person has injected in the last 28 days, a number between 1 and 28 indicates that the person is currently injecting. Over the complete NDTMS dataset used, the difference between a person’s injecting status at triage and from their TOP data was not significant, and to adhere to best practice the injecting status at triage is used. This is a percentage of active people with an Injecting status of Currently injecting or Previously injected (but not currently). The actual number of people who have a history of injecting is shown in the brackets.



Something to consider

By using the injecting status at triage there is the possibility that for people who during their treatment journey begin injecting or raise they have previously, they become ‘at risk’ of having hepatitis C. People who are identified as being at risk post triage should be tested for hepatitis C and their injecting status and test status must be recorded in their case record – this may include correcting the NDTMS Snapshot.

% people with injecting history Tested

% of people with history of injecting Tested.
98.99% (1082)



“% of active people with a history of injecting, and a valid hepatitis C test date”

Technical Definition: An active person’s Injecting status is recorded at triage in the INJSTAT field as Currently injecting or Previously injected (but not currently).

By selecting only people with a history of injecting using their injecting status at triage and if they have ever had a hepatitis C test before the report date, using the HEPCTSTD and CIRHEPCTSTD fields, we are able to calculate the percentage of those ‘at risk’ who have been tested.

Inside the bracket is the actual number of active people with a history of injecting who have a hepatitis C test date recorded.

% people with injecting history Tested in last 12 months

% of people with history of injecting Tested in last 12 months.
47.02% (505)



“% of people with an Injection status of currently or previously injecting and with a hepatitis C test in the last 12 months”

Technical Definition: This follows closely the methodology used in the ‘% current/previous injecting history tested’ above. This includes people with an injecting history who have a test date within 12 months prior to the current report date. This is then divided by the total number of people with a history of injecting to give the percentage. Inside the bracket is the actual number of people with a history of injecting who were tested within the past 12 months.

% people with history of injecting Offered and refused test

% people with history of injecting Offered and Refused Test
5.22% (58)



“% of people with a history of injecting who have been offered, but refused a hepatitis C test”

Technical Definition: For many reasons a person with a history of injecting may refuse a hepatitis C test, it is their choice. Their latest recorded hepatitis C intervention status is used from their HEPSTAT or more usually their CIRHEPSTAT status. As having a hepatitis C test is required for 3 of the micro-elimination criteria there is a process of exempting people who repeatedly refuse, or if there is a clinical reason for refusal from the dataset. Details of the exemption procedure can be found in appendix B.

The percentage is based on the number of people who have a history of injecting at triage, and an intervention status of Offered and refused as a percentage of those current/previous injecting at triage. Like other figures on this page the actual number of people is shown in brackets.

% people with history of injecting and Not appropriate to test/re-test

% people with history of injecting and Not appropriate to test/re-test.
46.35% (515)



“% of people with a history of injecting and a hepatitis C intervention status of not appropriate to test/re-test”

Technical Definition: Prior to the change in NDTMS dataset in April 2024 there was an option to define person as ‘assessed as not appropriate to offer’ a hepatitis C test (AANATO). This was to allow for those who were not ‘at risk’ of being infected with Hepatitis C to be

exempted from testing. This was changed by NDTMS to ‘not appropriate to test/re-test’ (NATTR) following consultation where service feedback (*led by Hep C U Later and the APA*) suggested widespread misunderstanding of the wording and inappropriate use of this option. The % is calculated using a person’s latest hepatitis C intervention status from their HEPSTAT or CIRHEPSTAT as a percentage of people with a history of injecting. The actual number of people is shown in brackets.



Something to consider

For a number of people with a history of injecting who are no longer at risk of hepatitis C (e.g. not sharing drug using equipment) the need for an annual hepatitis C test may not be necessary and they should have their HEPSTAT changed to not appropriate to test/re-test. A person’s risk of hepatitis C should be discussed and reviewed on a regular basis and where necessary they should be offered a hepatitis C test and their HEPSTAT changed appropriately.

% of people with history of injecting with No test date and Not appropriate to test/re-test

% of people with history of injecting with No test date and Not appropriate to test/re-test.
0.72% (8)



“% of people with a history of injecting with an Intervention status of not appropriate to test/re-test but no valid test date”

Technical Definition: The use of the hepatitis C intervention status of Not appropriate to test/re-test is only appropriate for those people who have had a hepatitis C test and are not currently ‘at risk’. This figure highlights the % of people with a history of injecting who have never had a test for hepatitis C but have an intervention status of Not appropriate to test/re-test. The % is based on the number of people with a history of injecting. The actual number of people in this category is shown in brackets.

% people with history of injecting Deferred for clinical reasons

% people with history of injecting Deferred for clinical reasons.
0.09% (1)



“% of people with a history of injecting who have a hepatitis C intervention status of deferred due to clinical reasons”

Technical Definition: This is the percentage of people with a history of injecting who have a current intervention status of ‘deferred due to clinical reasons’. This status should be rarely used for situations where there are clinical considerations for deferring the test.

The % is calculated by dividing the number of people with this status and a history of injecting by the total number of people with a history of injecting. The actual number of people in this category is shown in brackets.

Exempted from Elimination Criteria

Exempted from Elimination Criteria
All: 5 Criteria 4: 8



“Number of people with a history of injecting exempted from calculations for All criteria or Criteria 4 only.”

Technical Definition: These are people who have been identified by the service as being exempt from either all 4 elimination criteria, or just from criteria 4. This can include people who are:-

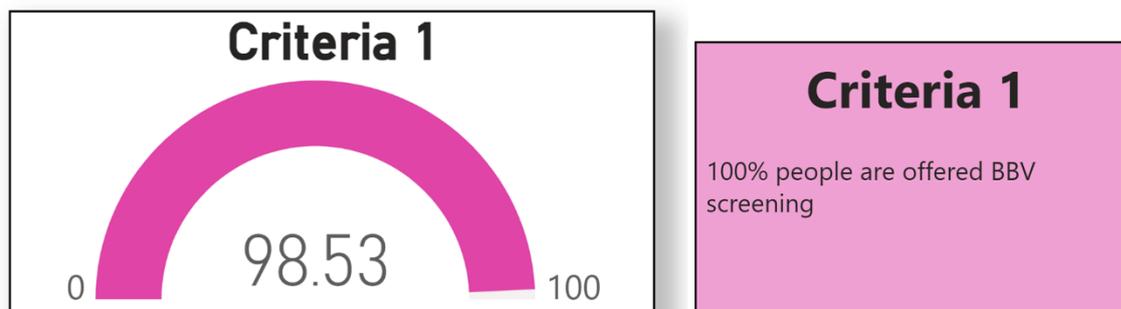
- In palliative/end of life care
- Resistant to hepatitis C treatment where the ODN have no further treatment options available
- Suffering from mental health or capacity challenges
- At a high risk of disengaging from the service

There is a full procedure around any person being exempted as well as ongoing monitoring of their exemption status and set review dates. More details can be found in Appendix C.

Micro-elimination Criteria

Elimination Target 1

100% of people in structured treatment are offered a BBV screening.



The gauge chart shows as a percentage the number of people who have been offered a hepatitis C test against all the active people on the caseload on the report date. Any people with a latest hepatitis C intervention status of Not offered or Not recorded will reduce this percentage.

The latest hepatitis C intervention status is taken from the HEPSTAT or the CIRHEPSTAT whichever is the latest for the person.

i **Something to consider**
 People who have not been offered a test or who have a blank status can be reflected back to the service so the test can be offered and the status changed. This is normally a relatively 'quick win' when it comes to meeting this micro-elimination target. Please get in touch with your Hep C U Later coordinator to discuss this further.

The following additional information is used to support the service in reaching micro-elimination target 1.

A. Number of people Not offered a test

Number of people Not offered a test.
24



"Number of people recorded as not having been offered a hepatitis C test"

Technical Definition: This measure shows the number of people who have a current hepatitis C intervention status set of 'not offered'. This status may be used as a reminder for keyworkers where there has not been an opportunity to offer the test or, for some reason they were unable to do so, but should be rarely used and resolved as a matter of urgency. This is recorded in HEPSTAT or CIRHEPSTAT whichever is closest to the report date.

B. Number of people with No hep C intervention status recorded

Number of people with No Hep C intervention status recorded.
2



“Number of people without a recorded hepatitis C intervention status”

Technical Definition: This measure shows the number of people that have no current data recorded for the hepatitis C intervention status. This again is taken from the persons HEPSTAT or CIRHEPSTAT, whichever is most recent.

C. Total interventions to meet Criteria 1

Total interventions needed to meet Criteria 1.
26

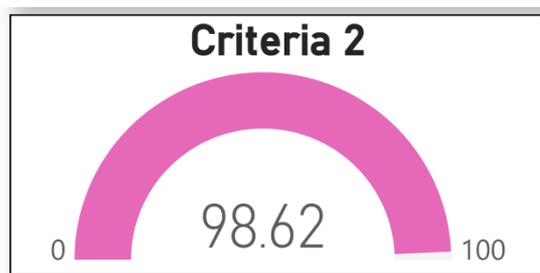


“Number of interventions/actions needed by the service to meet micro-elimination Criteria 1”

Technical Definition: This measure shows how many interventions or actions are needed for the service to reach the target for Criteria 1. In this example there are 26 interventions required to meet the criteria because boxes A and B are added together. -Interventions could be anything from correcting the intervention status in the service’s clinical recording system to actually contacting the person and offering them a test.

Elimination Target 2

100% of people with a history of injecting have been tested ever.



Criteria 2
100% people with a history of injecting have a recorded test date

This gauge shows the percentage of people with a history of injecting who have ever had a hepatitis C test.

For a person to be included as meeting the target they must:

- a) Have an injecting history recorded at the start of their current episode (latest triage) recorded by the person’s INJSTAT status.
- b) Have their latest triage more than 30 days prior to the latest report date.

- c) Have had a hepatitis C test with a valid test date. A valid test date must be on or between 1st January 1993 and 14 days after the report date.

The following additional information is used to support the service in reaching micro-elimination target 2.

D. Number of people with history of injecting with No test date recorded

Number of people with history of injecting with No test date recorded.
15



“Number of people with a history of injecting with no test date recorded”

Technical Definition: This is the number of people with a history of injecting who but do not have a hepatitis C test date recorded ever.

E. Number of people with history of injecting with Non-valid test date

Number of people with history of injecting with Non-valid test date.
0



“Number of people with a history of injecting with a non-valid test date recorded”

Technical Definition: As with the person with an injecting history and no test date, there are a number of people who have a hepatitis C test date which is not valid. For a test date to be valid it must be:-

1. On or after 1st January 1993. This is taken as the date tests for hepatitis C became generally available
2. Not more than 14 days after the latest report date
3. A real date (i.e. NOT 32/02/24)

Outside of these parameters a test date is defined as non-valid. In most cases these can be rectified by reviewing the person’s case notes and updating their records and generating a Client Information Review (CIR) with the correct test date.

F. Total interventions to meet Criteria 2

Total interventions needed to meet Criteria 2.

5

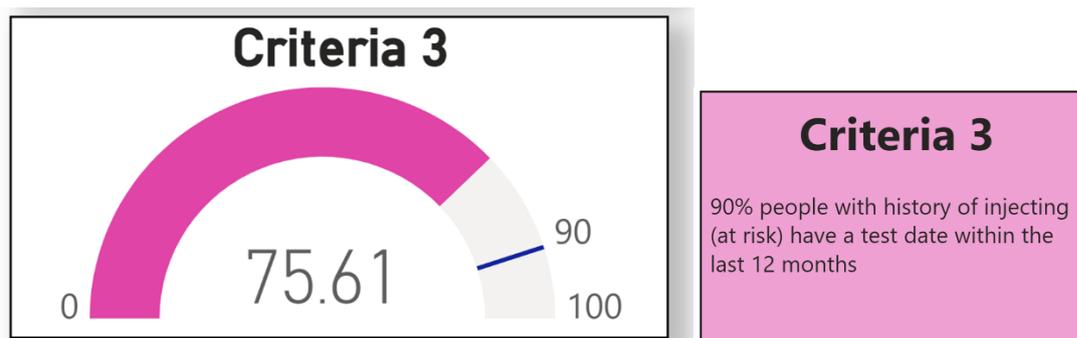


“The number of interventions/actions needed by the service to meet micro-elimination criteria 2”

Technical Definition: This figure is the number of interventions or actions needed for the service to meet micro-elimination criteria 2. This may be simple actions such as addressing incorrectly recorded test dates, or tests/dates recorded in case notes that need adding through a CIR. This could also be outstanding tests that need to be completed.

Elimination Criteria 3

90% of people with an injecting history (at risk) have a test date within the last 12 months.



As with the other gauges this shows the percentage of people who have a history of injecting who have had a hepatitis C test in the previous 12 months to the report date. The gauge also shows the target to meet Criteria 2, which is 90%.

For a person with an injecting history to be included in this criteria they must:

- have a hepatitis C intervention status other than Not appropriate to test/re-test.
- have a history of injecting.
- have a triage date earlier than the report date -30 days.
- have had a hepatitis C test between the report date -1 year and report date +30 days.

The base for the percentage is taken from people who meet the criteria above except for d: having a test in the last 12 months.

The intervention status of ‘Not appropriate to test/re-test’ marks people as not ‘at risk’ so they are not offered unnecessary hepatitis C. Hep C U Later have a video presentation guide on this status which can be found on the Hep C U Later website.

The following additional information is used to support the service in reaching micro-elimination target 3.

G. Number of people with history of injecting (at risk previously tested) Not tested in last 12 months

Number of people with history of injecting (at risk previously tested) Not tested in last 12 months.
141



“Number of people with history of injecting (at risk previously tested) not tested in last 12 months.”

Technical Definition: This is the number of people with a history of injecting that were currently or previously injecting at their last triage who have no hepatitis C test in the last 12 months prior to the report date.

H. Total interventions needed to meet Criteria 3 target (90%)

Total interventions needed to meet Criteria 3 target (90%)
83



“The number of interventions/actions required by the service to achieve micro-elimination criteria 3 target of 90%”

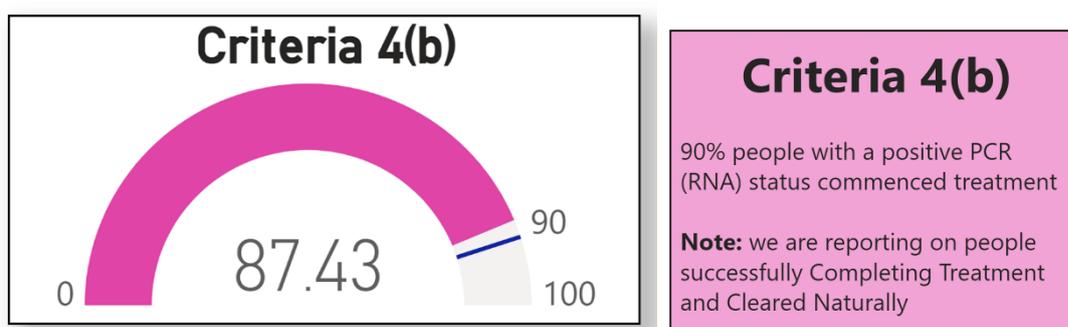
Technical Definition: This is the total number of interventions or actions required to meet micro-elimination criteria 3 target of 90%, either because they require review, need testing or there is missing data. This figure will also include those people who need interventions to meet micro-elimination criteria 2.

i **Something to consider**

To assist in reaching micro-elimination people with an injecting history who require a re-assessment in the next 4 months is sent to the service. The re-assessment is for those people who are approaching 12 months since their last test. For some people who are no longer 'at risk' a re-test may not be necessary and they can have their hepatitis C intervention status changed to Not appropriate to test/re-test (NATRT). As with best practice all people should be assessed for being 'at risk' as part of their treatment journey.

Elimination Criteria 4 (b)

90% of people with Positive PCR (RNA) status commenced treatment.



We have taken the approach of calculating Criteria 4 as a % of people who have commenced treatment and completed treatment who had a positive PCR (RNA) test result. To calculate if a person has commenced treatment we are using the following based on their latest Antibody and PCR (RNA) statuses from HCVAS, CIRHCVAS, HCVPCR and CIRHCVPCR:

- a. Number of people who are hepatitis C Antibody Positive and have a PCR(RNA) status of Negative cleared by treatment.
- b. Number of people who are hepatitis C Antibody Positive and have a PCR(RNA) status of Negative cleared naturally.
- c. For people who have a PCR(RNA) value of Positive, Unknown or blank (not recorded), working with the service we will identify where those people are in their hepatitis C treatment journey and if it is known these can be included in the Criteria 4 Return.

Number of people Cleared by Treatment

Number of people Cleared by Treatment.
337



“Number of people who are hepatitis C Antibody Positive and have a current PCR (RNA) test result of Negative (cleared by treatment)”

Technical Definition: The number of people who, at any time in their involvement with the service, have had a positive result for a hepatitis C Antibody test and have a current PCR (RNA) status of Negative (cleared by treatment).

Number of people cleared naturally

Number of people Cleared Naturally.
98



“Number of people who are hepatitis C Antibody Positive and have a current PCR (RNA) test result of Negative (cleared naturally)”

Technical Definition: The number of people who, at any time in their involvement with the service, have had a positive result for a hepatitis C Antibody test and have a current PCR (RNA) status of Negative (cleared naturally).

Total interventions needed to meet Criteria 4 target (90%)

Total interventions needed to meet Criteria 4 target (90%)
14



“Number of interventions/actions needed to meet criteria 4 target of 90%”

Technical Definition: The number of interventions or actions required to meet the 90% target for Criteria 4b. This may include completion of a Criteria 4 return which allows us to record missing treatment start or completion data.

This percentage is calculated as the number of people with a PCR (RNA) status of Negative (any) over the number of people with any PCR (RNA) status. NOTE: For clinical safety, a PCR (RNA) status of Unknown or blank is considered to be a Positive, potential hepatitis C infection until proven otherwise.

**Something to consider**

Since there is no way to record treatment starts in the NDTMS dataset, we ask services close to Micro-elimination to complete a C4 return, which allows us to record up-to-date information about people currently undergoing treatment but who will still show as having an infection in the NDTMS data.

A PCR (RNA) status of Unknown or blank, in conjunction with a Positive Antibody status will be considered a Positive status until proven otherwise by a Negative status recorded in a CIR.

Appendix A

Hepatitis C Fields in NDTMS Core Dataset R

Full NDTMS data-set R guidance can be found here:

- [NDTMS Reference Data CDS-R](#)
- [NDTMS CDS-R: Blood borne virus \(BBV\) guidance](#)

Below are the current fields with options in NDTMS Core Dataset R related to hepatitis C. In addition to these there is the Hep C Test date HEPCTSTD and the Has the client been referred to Hep C treatment date REFHEPCTXDT.

The fields shown are recorded at a person's triage. There is a corresponding set of fields taken at a Client Information Review (CIR) which are prefixed with CIR.

Please note that the tables in this appendix are taken directly from the NDTMS guidance.

3.36 Hep C intervention status – HEPSTAT

Code	Text	Comments	Dataset inclusion	Sort order
B	Offered and refused	-	AD, YP	1
D	Not offered	-	AD, YP	2
F	Not appropriate to test/re-test	-	AD, YP	3
G	Offered and accepted – not yet had a test	-	AD, YP	4
H	Offered and accepted – had a hep C test	-	AD, YP	5
K	Deferred due to clinical reasons	-	AD, YP	6

3.37 Hep C test result antibody status – HCVAS

Code	Text	Comments	Dataset inclusion	Sort order
1	Positive	-	AD	1
2	Negative	-	AD	2
3	Unknown	Client has received a test but the result is unknown/inconclusive	AD	3

3.38 Hep C test result PCR (RNA) status – HCVPCR

Code	Text	Comments	Dataset inclusion	Sort order
1	Positive	-	AD	1

2	Negative (never infected)	-	AD	2
3	Unknown	Client has received a test but the result is unknown/inconclusive	AD	5
4	Negative (cleared by treatment)	Client has received treatment for hep c and has subsequently tested negative for hep c	AD	3
5	Negative (cleared naturally)	-	AD	4

3.39 Has the client been referred for Hep C treatment – REFHEPCTX

Code	Text	Comments	Dataset inclusion	Sort order
N	No	-	AD	1
Y	Yes	-	AD	2
R	Refused treatment	-	AD	3

Appendix B

Hepatitis C Testing & Treatment Exemptions Discussion Framework

The exemption process requires us to look at individual cases and interventions attempted. As a minimum, the following routine questions should be asked and presented at the exemptions review meeting and documented by the Exemptions Panel on the exemptions spreadsheet:

Service user identifier/number:	
Exemption from Criteria 4 or the whole dataset?	<ul style="list-style-type: none"> a) Criteria 4 only (treatment)? Or b) Whole dataset (ie criteria 1-4, testing & treatment)?
<p>1. What is the rationale for exempting in this case? <i>(must meet one criteria to be exempt)</i></p> <ul style="list-style-type: none"> a) Person is under end of life care*/has severe illness/under care of hospital (ie not outpatients, eg in ICU) and not appropriate to test. b) Person is at an increased risk of disengaging from drug and alcohol service if testing/treatment continues to be offered. c) Decision made by treating hospital that they are not appropriate for treatment – ie. medical resistance to treatment/other medical complications/pregnancy/endo fo life care/awaiting surgery. <p>Considerations:</p> <ul style="list-style-type: none"> d) Age of individual e) Risk of transmission to others f) Liver disease g) On remand h) Inappropriate to continue to offer due to significant mental health needs (eg. Severe mental illness, detained under the Mental Health Act, or no capacity as assessed by mental health services). <p><i>*End of life refers to someone who is most likely to die within 12 months, whereas palliative care refers to someone who has an incurable illness and they require symptom management and may live for many years.</i></p>	
<p>2. What interventions have been attempted? <i>(please document)</i></p> <ul style="list-style-type: none"> a) Incentives (vouchers/food/travel paid) b) Involvement of the Hepatitis C Trust (where appropriate) c) Other staff attempting the offer of testing/treatment 	

d) If relating to treatment – have appointments been flexible (at the drug service/outreach) e) Antibody swab instead of DBST to engage in further testing /bloods (where available)	
3. If applicable is there a carer/partner agency who can be involved?	
4. Has the individual been offered information about the ease of testing and treatment?	
5. Is all of the above, and attempts made, documented clearly on the person's notes? <i>(service to report)</i>	
6. Where available has the treating hospital/stakeholders/Service been involved in the discussion to exempt the person and are they in agreement?	
7. Have the service and HCUL coordinator had a discussion about when to review the person again if it is agreed they are to be exempted from the criteria?	

Please Note -

- *The exemptions review meetings can only go ahead if the panel is quorate (programme lead, overseeing coordinator, data analyst and one other as a minimum).*
- *In some cases exemptions may not be agreed where it is felt the individual does not meet the criteria, further interventions can be attempted, or circumstances may change in the near future. In these cases the exemptions panel team will endeavour to provide suggestions and rationale back to the services.*
- *The purpose of the exemptions panel is to assess whether a person has met the criteria above.*

Case Scenarios

The following case scenarios are to assist staff in understanding the criteria and understanding if a person may meet the criteria.

Person is under end of life care/has severe illness/under care of hospital (ie not outpatients, eg in ICU) and not appropriate to test.

“Della is currently in a hospice receiving end of life care for a terminal illness (cancer). Della has a history of injecting and has not been tested for 2 years. It is believed that because of her prognosis it would be inappropriate to re-test her at this current time.”

Please Note - although exemptions may be agreed for a person receiving end of life care, the exemption panel may feedback on where there may have been opportunities to engage the individual in testing as part of our commitment to continual improvement and learning.

Person is at an increased risk of disengaging from drug and alcohol service if testing/treatment continues to be offered:

“John is currently injecting drugs and was last tested for hepatitis C in 2017. He was negative for hepatitis C at this time and has since declined to be re-tested. His recovery worker has offered the test multiple times including incentives to encourage testing. John has been informed of the physical complications of hepatitis C, how to minimise transmission, as well as the ease of testing and newer treatments. Each time staff at the service offer a re-test John states he does not want to know his result and wants staff to respect his wishes, he also states that if he keeps getting asked he does not want to attend the service and will make a complaint.”

Decision made by treating hospital that they are not appropriate for treatment – ie. viral resistance to DAA's/drug interactions/other medical complications/pregnancy/end of life care/awaiting surgery:

“Jason has been treated with first line direct acting antiviral (DAA's) which failed him, he was subsequently treated with second generation DAA's (Vosevi) and did not respond. He is being investigated for viral resistance and is under the care of the treating hospital.”

“Julie is pregnant and DAA's are not recommended as there are no large-scale clinical trials evaluating the safety of DAA's in pregnancy.”

“Robert is currently being prescribed a medication that has a potential drug interaction with DAA's and needs to safely convert to a different medication before he can start his treatment.”

“Terry is awaiting surgery and has been told that it is advisable that he waits 6 weeks post his surgery before starting treatment. This may be due to the medication he will receive post-surgery and potential drug interactions.”

Please Note - all cases need to be regularly reviewed for changes in care/medical condition

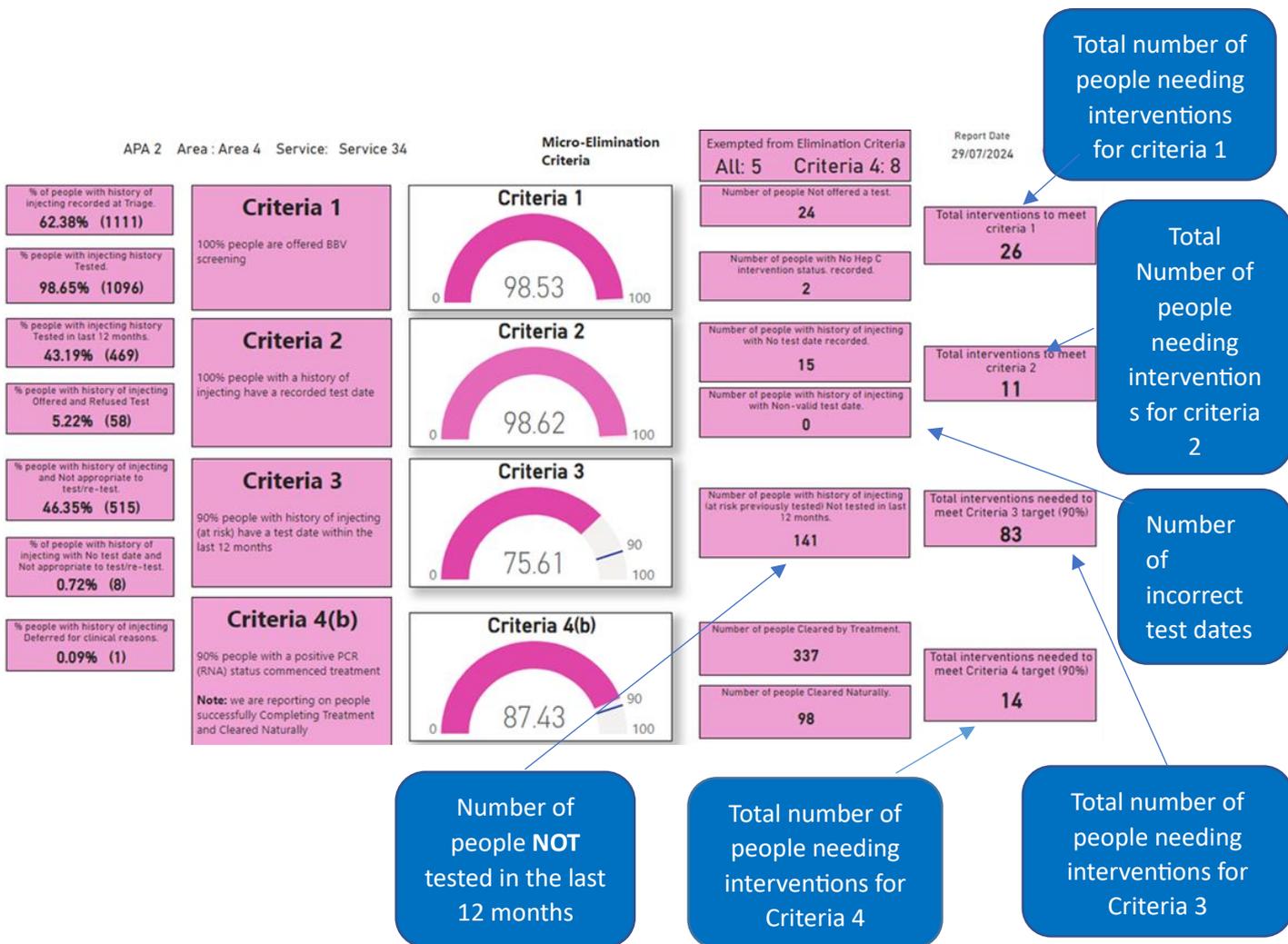
Inappropriate to continue to offer due to significant mental health needs (eg. Severe mental illness, detained under the Mental Health Act, or no capacity as assessed by mental health services):

“Sarah has been diagnosed with psychosis, she has been referred to the community mental health team and has started to work with the team. Sarah is exhibiting symptoms of delusions and has refused to be tested as she believes the lab and government want to inject her with a microchip. The worker asked Sarah if it would be ok to show her the equipment and talk through the process, Sarah agreed, the workers provided the information and revisited how she felt about it. Sarah reported she felt the same and declined the test. The worker made the decision to defer and discussed with their supervisor.”

Please Note – This may refer to a person who may have additional mental health or emotional wellbeing needs that are affecting their ability to make an informed decision on either being tested or treatment, or it may be inappropriate to visit or revisit at that time. The test or treatment referral can be deferred for clinical reasons and additional support sourced to assist the stabilisation of a person's mental health or emotional wellbeing. It would be expected that the testing or treatment position would be reviewed and revisited as the person's emotional or mental state improves.

Appendix C

Micro-elimination DOAP Quick Reference Image



We value your feedback!

We are always seeking to improve what we do - If you have any feedback to help us make this guide better, have any ideas about future resources we can develop to help you, or if want support with your service, please get in touch:

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