

# HEP C U Later

A good practice example from our recent testing and treatment event held with our partners at Inclusion Visions Thurrock

## ***Introduction***

In October 2021 Hep C U Later began working in partnership with Inclusion Thurrock drug and alcohol service to plan a testing event with the objective of moving towards the micro-elimination of Hepatitis C within their service.

The plans for the testing event quickly expanded to include multiple interventions aimed at addressing the health and wellbeing needs of their service users. It included multiple valuable partnerships who were vital in ensuring a one stop shop approach to hepatitis c care, health and wellbeing.

*We would like to say a very special thank you to all of our partners for the event, without whom this would not have been possible, these are Mid and South Essex University Hospitals Group (Basildon University Hospital), Eastern Liver Network, Gilead Life Sciences, Terrence Higgins Trust, Inclusion Visions Thurrock and The Hepatitis C Trust.*

## *Interventions for the event included*

Health and wellbeing assessment (Blood pressure, pulse, weight, height, ECGs, venous bloods, blood glucose, peak flow, wound care, mental health and wellbeing assessment, physical health assessment)

Naloxone training and Naloxone kit dispensing

Needle exchange provision and harm reduction advice

Hepatitis B vaccinations

Hepatitis C education and support through pathways from the Hepatitis C Trust

Hepatitis C testing (using instant antibody swabs, dry blood spot tests, PHE UAM survey and a Cepheid machine)

Instant result HIV and Syphilis testing and Chlamydia and Gonorrhoea self-testing kits through the Terence Higgins Trust

Healthy lifestyles solutions education

Urine drug and breathalyser screening

Encouraging service users to become peers

Hepatitis C treatment discussions, referrals and fibroscans completed by the ODN with Hepatology specialists from both local hospitals

## Interventions continued

The testing day focused on engaging service users through many of the interventions on the page above, but also through:

- The use of £5 Love to Shop incentives vouchers
- Food and drink Covid-safe parcels
- Utilising pharmacies to publicise the event to service users who might only use needle exchange services
- Encouraging recovery workers to engage service users on their caseload

### Key people and partners included:

- The Hep C U Later coordinators
- The Inclusion Visions Thurrock team
- The Operational Delivery Network
- Hepatology specialists from both local hospitals
  - The Hepatitis C trust
    - Gilead
    - The Terrance Higgins Trust

The key to the success of the event was the thorough and joined up approach to planning. All organisations involved played an integral part in ensuring that all actions were completed within the agreed timeframes, they brought resources and experience - all of which resulted in a positive experience for service users.

# Pre-event planning

## 1. A deep data dive – determining the following:

- which service users required a SVR
- which service users had a RNA positive result and required treatment
- which service users had accepted but not yet had a test
- which service users had never been tested
- which service users had declined testing
- which service users had not been offered test (showing as blank, deferred or assessed as not appropriate to offer)
- which service users who were currently injecting or who have previously injected had not had a test in the last 12 months
  - which service users may require a test because of other risk factors being present



The data assisted with being able to determine the numbers of service users that would need to be engaged and what interventions were likely to be required.

# *Pre-event planning*

## **2. Risk assessment and covid-secure planning:**

- Discussions and plans to maintain a Covid-secure environment
- Discussions around the safe use of the building, who is in what room and who is coordinating
- Discussions and plans around how many service users can be invited to each time slot (ensuring the time slots are big enough so service users have the maximum opportunity to attend)
- Risk assessment related to Covid which was signed off by the head of safety and security

## **3. Information Sharing:**

- The use of consent forms (verbal and ticked by the reception staff)
- Effectively sharing information from one organisation to another across the different interventions being completed by each organisation.
- Effectively sharing information for follow up
- The use of intervention capture sheets which enabled data to be quickly collated, ensure that all interventions needed were offered and that details from each intervention were able to be inputted on the person's case notes (see appendix one).

# Pre-event planning

## 4. Social media and marketing:

- Compiling and sharing social media handles and hashtags across all organisations
- Communications planning for the Hep C U Later Newsletter
- Notifying the drug and alcohol service commissioner
- Pulling together posters and leaflets advertising the day to be sent to service user's homes/mobiles, pharmacies, and displayed in the drug and alcohol service.
- Delivery of merchandise to use on the day

## 5. Equipment:

- Additional orders of Naloxone, Hepatitis B vaccines, needle exchange equipment, dry blood spot tests, venous blood taking equipment
- Ensuring adequate stock of PPE and cleaning equipment including PPE stations



# Pre-event planning

## 6. Education:

- Educational event for the drug and alcohol service staff a week prior to the event including a recap on Hepatitis C, its link to drug related deaths and ill health, liver disease, how to take a dry blood spot test (delivered by a recovery worker), testing and results
- A Hepatitis C Trust peers attended the education session to talk about the Hepatitis C Trust, what they offer to service users and their lived experience
- Gilead Hepatitis C booklets were sent to staff
- Follow up a 'Hepatitis and the liver' workbook was sent to staff to support further learning and ongoing Hepatitis C work
  - Ensuring there were posters, banners, and leaflets for Hepatitis C, needle exchange, health information and how to get a Covid vaccine locally



## 7. Service user feedback:

- Ensuring a mechanism was in place to gain service user feedback on their experience. Feedback cards were used for the Thurrock event



# *Post-event learning*

## **Considerations for after the event:**

- Ensuring time is built in to complete all data entries and referrals required.
- Ensuring cases are followed up along the Hep C pathway and continual linkage with the Hepatitis C Trust.
- Ensuring a follow up testing event day.
- Ensuring that testing continues to be embedded to maintain elimination and that dashboards and data reports are set up to report on elimination targets and drive continual improvement.

## **Learning:**

- Poor weather may impact on attendance, therefore, having a member of staff to run to go to people's homes, pharmacies or using a minivan to encourage them to attend is beneficial.
- If engaging the public a large sign outdoors can be used to encourage interest.
- If using an intervention capture sheet ensure that a person is available to ensure it gets to each room where an intervention is happening.
- The flow of the rooms for each intervention is essential. For example, assess needs in the first room, complete a hepatitis c antibody swab in the next room and a Cepheid test if it is positive. Once the service user has been to each room for their other interventions the Cepheid machine may have finished processing the result.

# Appendix - Intervention capture sheet

<b>Name:</b>		<b>DOB:</b>		<b>Contact No:</b>	
Verbal consent to share relevant healthcare information with event partners					
<b>BBV Testing (Room One)</b>					
Known HCV+? YES/NO	Previously had treatment (TX)/spontaneously cleared (SC)/ NA:	Ab Test Result:	Cepheid Test Result:	DBST (if appropriate):	UAM completed:
	TX/SC/NA	POS/NEG	Detected/Not Detected/Error Reason:	YES/NO	YES/NO
Referred to HCT?: YES/NO					
Comments:					
<b>Needle Exchange/Naloxone (Room Two)</b>					
NX Given:	Naloxone Given:	UDS completed:	Breathalyser completed:		
YES/NO	YES/NO	YES/NO	YES/NO		
<b>Health Assessment (Room 3)</b>					
Health check completed:	LFTs/blood taken:	Hep B vaccine given:	Smoking cess/info:		
YES/NO	YES/NO	1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> /Booster	YES/NO		
<b>Terence Higgins Trust (Café Room) (only capture intervention numbers, not results)</b>					
Rapid HIV Tested:	Rapid Syphilis Tested:	Chlamy/Gono DIY Test Given:			
YES/NO	YES/NO	YES/NO			
<b>Liver Assessment (Upstairs Clinic Room/Van)</b>					
Fibroscan completed:	Reason:	Median Stiffness:	IQR/Med:	CAP Median:	CAP IQR:
YES/NO					
Hep C Treatment Discussion:		Details/Comments:			
YES/NO					
<b>Additional Interventions/Comments:</b>					