

# HEP C U Later

Hepatitis C  
*and*  
the Core 20 Plus 5

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The NHS England Hepatitis C Elimination Programme is working towards the World Health Organisation's goal of global viral hepatitis C elimination ahead of 2030. Hep C U Later is an NHS initiative commissioned by NHS England to provide support, awareness, and resources to healthcare professionals in England.

This briefing is for NHS leaders, ICS representatives, Health Inequalities Leads, and any other stakeholders invested in reducing health inequalities in the population. This briefing highlights resources, case study examples and the practical steps to take to address health inequalities linked to hepatitis C.

Hep C U Later looks forward to working collaboratively with ICS representatives to move closer to the global goal of hepatitis C elimination, saving lives and reducing health inequalities in line with the Core 20 PLUS 5.



“Hep C U Later is well positioned to support professionals, stakeholders and organisations in navigating the system to help NHSE reach its goal of hepatitis C elimination in England ahead of the 2030 target. Hep C U Later work across all

systems to improve pathways, quality standards of care, develop practical resources and spread awareness of the risks associated with hepatitis C. Critically, Hep C U Later advocate for those affected by hepatitis C, ensuring unmet needs are addressed amongst communities who are often disadvantaged.”

**Deanne Burch,**  
**Programme Lead for Hep C U Later**

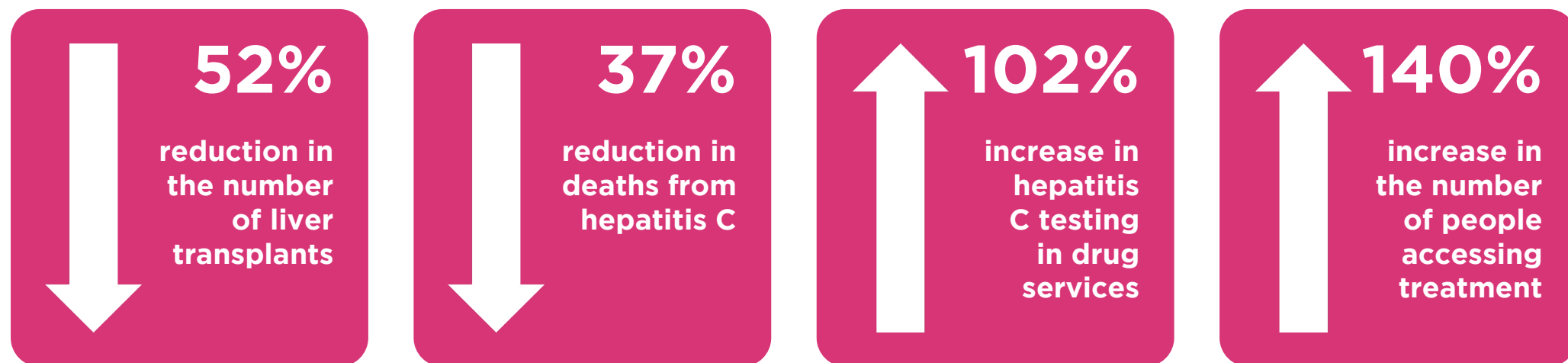
**NHS England committed to taking action in line with the World Health Organisation's (WHO) 2016 Global Viral Hepatitis Elimination Strategy to eliminate viral hepatitis as a global public health threat, striking a landmark deal with the pharmaceutical industry and multiple system partnerships to eliminate hepatitis C ahead of the WHO 2030 target.**

The NHS England Hepatitis C Elimination Programme has led on improving hepatitis C testing, prevention and treatment across multiple communities such as:

- **People who inject drugs, or have a history of injecting drugs**
- **People in contact with the criminal justice system**
- **People who have migrated to England from countries with a high prevalence of hepatitis C**
- **People using antenatal services**
- **People attending emergency departments**
- **People accessing primary care (general practice and pharmacy)**

# Current progress towards the hepatitis C elimination target

The number of people living with hepatitis C has fallen dramatically:



## Treatment:

The improvement in hepatitis C treatment and implementation of Direct Acting Antiviral medicines has had a significant effect on the ability to effectively treat people with a hepatitis C diagnosis (Hepatitis C RNA positive), with a **current cure rate of 95%** or above. The NHS England Hepatitis C Elimination Programme and key stakeholders have now exceeded **90,000 hepatitis C treatments** since 2015.

## Targeted programmes:

Additionally, the commissioning of targeted programmes to improve testing and treatment in specific populations has led to a significant improvement in access to care, pathways between testing and treating, and early diagnosis, reducing the poor health outcomes experienced with late diagnosis or lack of treatment such as liver disease, liver transplants, liver cancer and premature mortality.

# Current progress towards the hepatitis C elimination target

## Remaining challenges:

Despite this, current UKHSA data from 2022 published in 2023, view it [here](#), suggest further efforts are required to engage with the remaining 60,000 people who may have a hepatitis C infection in England into the care pathway. It is believed this community might be found within primary care. Additionally work is needed to sustain the reduction in prevalence, alongside improving prevention interventions alongside other co-occurring conditions which impact this population.

Despite the large investment in activity to eliminate hepatitis C in England there remains a challenge to ensure testing and treatment is offered to those who may not access other areas of healthcare, or who may not have self-identified being at risk of hepatitis C. It is recognised that primary care itself faces significant challenges, however, hepatitis C interventions can address multiple health needs with effective strategies put in place.

## How can Integrated Care Systems work with hepatitis C elimination programmes?

Hepatitis C interventions have shown to improve the health of people in the most deprived areas of England. So far, **80% of treatments have been provided to the most deprived 50% of the population** (as per the Index of Multiple Deprivation scale). However, through increasing collaboration with ICSs people within communities can be better engaged through regional activity.

Organisations aiming to deliver on the Core 20 PLUS 5 should consider how hepatitis C interventions can be further embedded into services as hepatitis C affects those in the most deprived percentiles, affects inclusion health groups/people with protected characteristics, and can support the intended reduction in preventable cancer diagnoses. Additionally, hepatitis C interventions can assist services to tackle other co-occurring conditions.

Integrated Care Systems can play a key role in supporting the elimination of hepatitis C through providing direction, leadership, linkage between ICBs and hepatitis C elimination focused organisations.

# The cost of not taking action or finding solutions

## **Cost benefit of hepatitis C elimination to the NHS:**

Preventing liver disease, liver transplants, and liver cancer lead to cost savings for the NHS. Not taking action to ensure the remaining people with an active hepatitis C infection are identified and treated as early as possible has cost implications and can add additional stress to the healthcare system because of hospital waiting lists, admission rates and premature mortality.

## **Barriers in accessing healthcare for people affected by hepatitis C:**

People affected by hepatitis C can experience stigma as well as other challenges in accessing and navigating the healthcare system. Across each ICS there will be varying levels of hepatitis C prevalence with different communities affected. Many of these populations will be people who experience deprivation, have protected characteristics or are considered to be part of inclusion health groups. All of these factors make it increasingly difficult for people to access the care they need, and there is an opportunity to actively tackle this through ICS involvement.

Strategies should be co-produced where possible to maximise pathway improvement for people affected by hepatitis C, however, considerations for these strategies might include:

- Scoping the needs of the population in regards to hepatitis C and other health inequalities which may be related
- Considering how stigma affects communities' ability to engage in care
- Engaging and re-engaging people who are hepatitis C positive into the treatment pathway
- Improving access to rapid testing through utilising primary care (general practice, pharmacy and dentistry), antenatal and emergency department engagement to reach key populations
- Ensuring the sustainability of any interventions put in place through ensuring robust pathways and prevention strategies

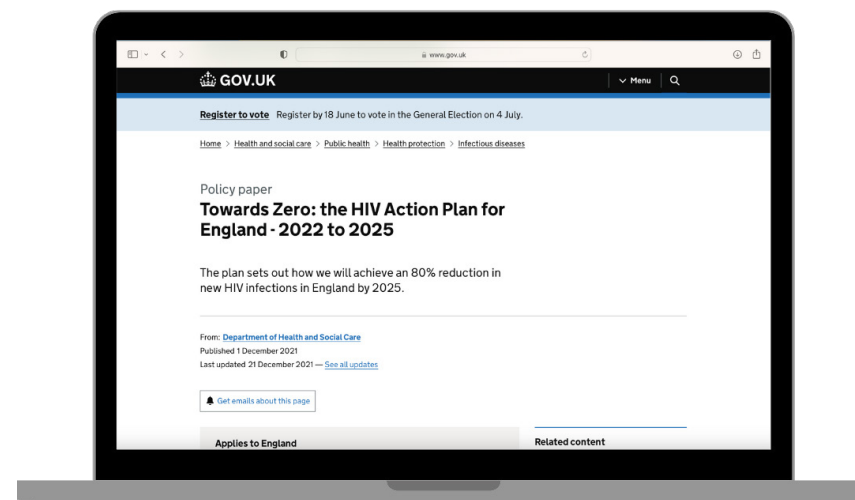
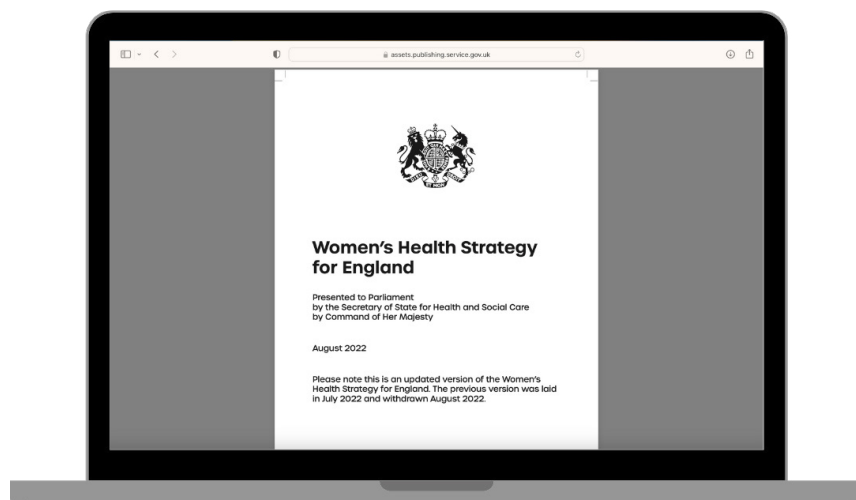
# The cost of not taking action or finding solutions

## How can Integrated care systems have an impact on people affected by hepatitis C and the wider healthcare system?:

Integrated care systems can play a key role in eliminating hepatitis C through early intervention, reducing the cost to the healthcare system and the pressure on it. Additionally, ICSs are well placed to reduce the barriers in accessing healthcare people with hepatitis C can often face, including stigma.

To take forward work on the Core 20 PLUS 5, ICSs should identify the needs of their local population in regards to testing, treatment, access and prevalence.

It is worth noting that some of this work intersects with other national strategies such as the [Women's Health Strategy](#) and the [HIV Strategy](#) and there are opportunities for strategies such as these to work symbiotically to further reduce health inequalities.



# Engaging people into hepatitis C care

## What are the barriers for people who need to access hepatitis C testing and treatment?

People who may have been in contact with the virus can experience multiple barriers. Some of these might be:

- Experiencing a co-occurring condition/having a mental health diagnosis
- Stigma (this could be societal, peer based, internalised, from healthcare professionals, or from the way care is designed)
- Being from a population that experiences additional challenges, for example, people from marginalised communities including people with protected characteristics or inclusion health groups.
- People living in areas which pose a geographical challenge such as people in rural communities
- People struggling to navigate the healthcare system
- Those experiencing co-morbidities

Taking a core 20 PLUS 5 approach to engaging people living with hepatitis C into care, ICSs should collaborate with national hepatitis C organisations and NHSE to ensure:

- Strategies are designed to tackle the stigma associated with blood borne viruses such as hepatitis C
- Learning from resources and interventions already developed is shared across ICSs/OCBs to improve practice.
- Services engaged with hepatitis C activities can meet the needs of populations.



## What are some of the solutions to improving access to hepatitis C testing and treatment through ICS involvement?

There are numerous options for how ICSs can improve hepatitis C testing and treatment which are outlined below:

### Engaging ICS Leads:

Engaging key professionals from the ICS in hepatitis C elimination:

- Primary Care Networks
- Community Pharmacy Clinical Leads
- Health Inequality Leads
- Nursing Leads

Engaging these professionals in a system meeting and inviting organisations such as Hep C U Later and the NHS England Hepatitis C Elimination Team can lead to collaborative strategies, co-production and the sharing of resources and contacts.

### Education:

Utilising the expertise of organisations such as **Hep C U Later, The Hepatitis C Trust** and **The NHS England Hepatitis C Elimination Team** and inviting them to present on hepatitis C at learning events such as Primary Care Network Learn and Share events.

This will enable networks to look for bespoke solutions alongside expertise.



### Wrap Around Offer:

Reaching out to Hep C U Later to explore wrap around services which can be planned for the ICS. These could involve training, resources, coordination, campaigns, presentations, or completing pilots and subsequent impact reports.

Hep C U Later can also support with [case finding initiatives](#) using general practice case records.



## What are some of the solutions to improving access to hepatitis C testing and treatment through ICS involvement? continued.

There are many ways ICSs can improve hepatitis C testing and treatment, some are outlined below:

### Displaying Patient Information:

Calling for all relevant areas within the ICS to display a hepatitis C poster or TV screen which links people to a free at-home hepatitis C testing kit and also aims to increase the public's knowledge of risk factors for having contact with the virus. These are ideally placed within general practice and pharmacies, however they can be placed in many other areas such as women's health hubs.

#### Hepatitis C Leaflet

[Download here](#)

The hepatitis C leaflet links directly to the national hepatitis C testing portal and contains key information about testing, results, treatment and support available.

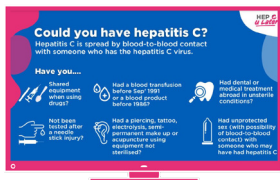


#### Hepatitis C Poster

[Download here](#)

##### Three versions have been created:

1. For primary care which has a QR code linked to the national hepatitis C testing portal
2. A non QR code poster for use outside of England and drug services
3. A poster specific to dental practices that enables QR code analytics to be tracked.



#### TV Screens

[Download here](#)

The TV Screen provides people with the key information on the risk factors of hepatitis C and directs them where and how to get tested.

## What are some of the solutions to improving access to hepatitis C testing and treatment through ICS involvement? continued.

There are many ways ICSs can improve hepatitis C testing and treatment, some are outlined below:

### Distributing Professional Resources:

Systematically sharing key resources which support professionals to improve their own awareness of hepatitis C and how they can become involved on a local basis. This will have the added benefit of reducing stigma.

#### Primary Care Toolkit

The primary care toolkit aims to provide information and advice to people working in primary care around all things hepatitis C.

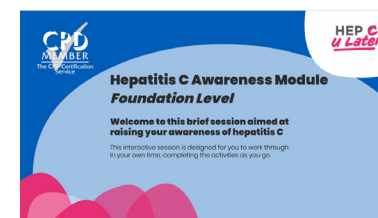
[Download here](#)



#### CPD Training Module

The hepatitis C awareness module is aimed to provide a basic level of awareness and knowledge around hepatitis C.

[Download here](#)



#### Hepatitis C Factsheet

The factsheet provides a one stop shop for knowledge on hepatitis C with information on what the virus is, how you can get it, the symptoms and the forms of treatment.

[Download here](#)



#### The Stigma Toolkit

The stigma toolkit is designed to help improve peoples understanding of what stigmatising language and behaviour is and how to avoid it.

[Download here](#)



# Engaging people into hepatitis C care

## Examples of innovative methods used to engage people into hepatitis C care:

There are multiple examples of using innovative methods to engage people into hepatitis C testing and treatment.

### Emergency Departments:

- [Tom Bills Case Study](#) – Emergency department opt-out testing

### Antenatal Services:

- Antenatal video – screening pathfinders (*coming soon*)

### Reaching communities:

- Southampton Community Outreach [Case Study](#)

### Drug and Alcohol Services:

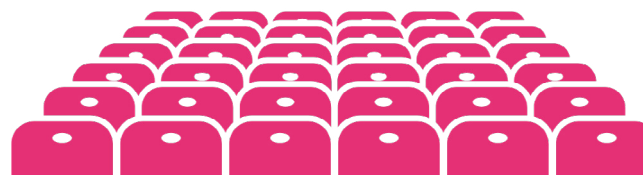
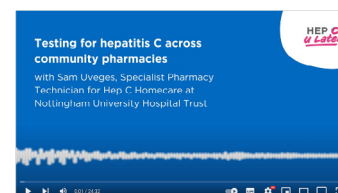
- Hep C U Later [Impact Report](#)
- Wessex Clinical Van [Case Study](#)

### Pharmacy:

- [Sam Uveges Podcast](#) – Hepatitis C Testing in Pharmacies

### General Practice examples:

- [David Byrne Podcast](#) – Case finding in General Practice
- [Aneesha Noonan Podcast](#) – General Practice and GP Champions



# Supporting the needs of people affected by hepatitis C

There are multiple resources aimed at supporting people affected by hepatitis C:

## The British Liver Trust



The British Liver Trust website: [British Liver Trust - Pioneering Liver Health](#), is a great resource for liver health for professionals and people who need support. As well as providing accessible resources and factsheets the British Liver Trust also deliver Love Your Liver Roadshows

Helpline: **0800 652 7330** between 9am and 3pm Monday to Friday (excluding bank holidays)

Email: [helpline@britishlivertrust.org.uk](mailto:helpline@britishlivertrust.org.uk)

## The Hepatitis C Trust:



The Hepatitis C Trust is a charity which aims to support people living with or affected by hepatitis C. You can direct people who may have been affected by hepatitis C to their confidential phone line for support.

Website: [The Hepatitis C Trust | Hep C charity \(hepctrust.org.uk\)](#)

Confidential helpline: **020 7089 6221**



## NHS Choices:

The NHS Choices website [Hepatitis C - NHS \(www.nhs.uk\)](#) provides simple information on hepatitis C and is a reliable source to direct people to.

# Strategies to prevent late hepatitis C diagnosis

The late diagnosis of hepatitis C can have direct implications on a person's health, as well as cost implications for the healthcare system and the ICS.

The following are strategies which have improved early diagnosis rates:

- ▶ Ensuring opt-out testing is available where possible, for example, within emergency departments, but that this approach is also used in other settings such as drug and alcohol services.
- ▶ Ensuring good linkage with Operational Delivery Networks who provide treatment across each region, supporting pathway improvement where possible.
- ▶ Collaborating with organisations who can support hepatitis C pathway improvement activities within the ICS such as Hep C U Later or the Hepatitis C Trust.
- ▶ Ensure communications related to hepatitis C risks and how to access free self-testing is available/accessible to the community (on social media and through other methods agreed upon locally).
- ▶ Have an awareness of, and actively take an anti-stigma approach (utilising the stigma toolkit).

# Partnership between the ICS and organisations supporting the effort to eliminate hepatitis C

**The guidance on the Core 20 PLUS 5 states that ICSs should make attempts to collaborate with organisations which can support the needs of populations who experience health inequalities.**

Organisations specifically set up to eliminate hepatitis C in England are able to reach often marginalised groups and are well connected to ensure wrap around care for people accessing those services but also the upskilling of the workforce.

ICSs should recognise the diversity of the groups affected by hepatitis C and create models which meet their specific needs.

Strategies used in this way can create a template to tackle other areas of health inequality and long term conditions.

**Collaborating with hepatitis C organisations can support communities affected by health inequalities through hepatitis C elimination work, creating better efficiency, resources and strategies which address not just hepatitis C but the holistic needs of the population.**

## Integrated Care Systems in England



# How the Core 20 PLUS 5 links to hepatitis C

## Core 20:

People affected by hepatitis C live in areas across England identified as being in the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).

## PLUS:

Although PLUS population groups are identified at a local level, several populations are affected by hepatitis C. For example, blood borne viruses may be seen at higher rates within people who have migrated from a high prevalence country, people with multiple long-term health conditions, those which have protected characteristics (Equality Act 2010), or those who experience social exclusion (inclusion health groups).

## 5:

People with hepatitis C can be disproportionately affected by other co-occurring healthcare conditions and can therefore experience worse health outcomes. The Core 20 plus 5 outlines five conditions for improvement across England, including improving early cancer diagnosis. Hepatitis C is a liver cancer causing infection, and when identified and treated early can reduce liver cancer, liver disease, transplant rates and premature mortality.

Although the NHSE Hepatitis C Elimination Programme has reduced mortality from hepatitis C by 37% and liver transplants from hepatitis C by 52% since 2015, more can be done to ensure testing and treatment is accessed as early as possible.

## Inclusion health groups can include:

People who experience drug and alcohol dependence, people affected by homelessness, vulnerable migrants, Gypsy, Roma and Traveller communities, people who come into contact with the criminal justice system, sex workers, and other socially excluded groups. More information on Inclusion health groups can be found [here](#).



# How different populations may be affected by hepatitis C:

## People who use drugs:

The biggest risk factor for hepatitis C transmission in the UK includes the sharing of drug injecting equipment. Therefore healthcare systems, organisations and professionals looking to improve care for inclusion health groups should actively seek to improve hepatitis C interventions for people with a drug and alcohol dependence. People with drug and alcohol dependence can experience multiple co-occurring conditions, barriers in accessing healthcare, and stigma.

## Younger people:

Younger people, those under 18, may have come into contact with the hepatitis C virus as a result of vertical transmission during their birth. Treatment is available from the age of 3 and highly effective. If their mother was unaware they had the virus they might be unaware of their risk factors. Hepatitis C screening during pregnancy is not always available and transmission risk factors can be misunderstood.

## Women:

Women affected by hepatitis C can experience greater barriers to accessing hepatitis C testing and treatment. Women with hepatitis C are at risk of transmitting the virus to the baby through vertical transmission. Additionally, hepatitis C is not currently routinely tested for during pregnancy screening. Although hepatitis C treatment is available and highly effective, the treatment cannot be given during the pregnancy, and is given after birth. Due to the lack of testing there is limited data on prevalence during pregnancy.

## Routes of transmission for the hepatitis C virus includes:

- Sharing drug injecting equipment or other drug using equipment (including syringes, needles, spoons, water or filters for drawing up, crack pipes, or snorting straws/notes)
- Blood transfusions prior to 1996
- Dental or medical treatment abroad in unsterile conditions
- Piercing, tattoo, electrolysis, semi-permanent make up or acupuncture using equipment which may have not been sterilised
- Vertical transmission (from mother to baby during childbirth)
- Unprotected sex with someone who may have had hepatitis C (especially if there were opportunities for blood-to-blood contact during sex)
- Needle stick injury

## How different populations may be affected by hepatitis C: continued.

### **People working in the sex industry:**

Although the transmission of hepatitis C during unprotected sex is relatively rare it is still important to offer testing to people working in the sex industry alongside Hepatitis B, HIV, and STI testing. Risk factors may not be communicated openly due to the stigma experienced by people in the industry. There is also a slight increased risk of hepatitis C transmission with rough or anal sex.

### **People in contact with the criminal justice system:**

Prison environments have an increased risk that people may re-use equipment for injecting illicit substances due to a lack of needle and syringe programme provision in them. Additionally equipment used for tattoos may not have been sterilised. Risk factors may not be communicated openly within criminal justice settings and therefore it is important to have opt out testing available.

### **Older people:**

Older people who may have come into contact with the hepatitis C virus may have done so many years prior through injecting drug use or through being given infected blood products. The longer a person has hepatitis C the greater the risk of damage to the liver. It is therefore important to ensure this population is offered testing.

### **Migrants:**

People migrating from countries with a high prevalence of hepatitis C may encounter barriers to accessing healthcare, such as language differences. Hepatitis C treatment is available regardless of a person's immigration status.

### **People with comorbidities/ co-occurring long term conditions:**

People living with hepatitis C may have multiple co-morbidities, long term conditions, and unmet needs. Additionally a person may have a hepatitis C/HIV co-infection. It is vital to look at offering hepatitis C testing as part of a holistic intervention where all health needs are addressed.

### **Gay men, bi-sexual men and men who have sex with men:**

There is a risk of transmitting hepatitis C through unprotected sex, rough sex or anal sex can also slightly increase this risk. It is important to offer testing alongside other health interventions.

 [www.hepculater.com](http://www.hepculater.com)

 [connect.hepculater@mpft.nhs.uk](mailto:connect.hepculater@mpft.nhs.uk)

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