Provided by: NHS inclusion

HEP C U Later

Hepatitis C Sustainability Toolkit

Contents

Introduction:

Achieving hepatitis C micro-elimination is a significant challenge, and maintaining that success requires even greater effort.

This toolkit aims to equip staff at all levels with effective strategies to ensure the ongoing micro-elimination of hepatitis C and uphold best practices within community drug and alcohol treatment services. It details the key elements that Hep C U Later considers crucial for professionals to focus on after reaching micro-elimination within their service.

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What is Hepatitis C micro-elimination in Community Drug and Alcohol Treatment Services?

Micro-elimination of hepatitis C is when a service meets an agreed criteria within a specific cohort of people who attend community drug and alcohol services.

The micro-elimination criteria was developed and agreed by Hep C U Later Hep C U Later, representing the NHS member Trusts of the NHS Addictions Provider Alliance, The Hepatitis C Trust, Gilead Sciences and NHS England. This criteria uses National Drug Treatment Monitoring Service data which is already routinely collected by all community drug and alcohol treatment services.

The micro-elimination criteria:

- **100% of people in structured treatment have been offered a test**
- **100% of people in structured treatment with a history of injecting have had a test at least once**
- **90% of people with a history of injecting who remain at risk from hepatitis C have had a test in the last 12 months**
- **90% of people who are hepatitis C RNA positive have started or completed treatment.**

For the full breakdown of the criteria visit our detailed web page **here**.

Generally services re-declare their micro-elimination status every 6 months to a year.

Please note – there is a different micro-elimination criteria for prisons, and these criteria differ from the World Health Organisation's country elimination criteria.

Top tips:

- To ensure we can maintain hepatitis C micro-elimination we need to ensure the work is business as usual and is embedded into business processes
- Regular review of data is essential
- Clear roles and responsibilities for managing progress is key
- Maintaining hepatitis C micro-elimination is everybody's business
- Hepatitis C micro-elimination is more sustainable when linked with other harm reduction and health interventions carried out within the service

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Core Team Dedication:

There is a role for everyone in hepatitis C micro-elimination, no matter what job they have.

In services where micro-elimination has been reached and maintained there is generally a whole team approach, and this helps build resilience should a key member of staff be off sick or leaves the service. Below is an example of what each person in the team can do:

- **Admin staff support with notifying the team when a person attends who needs a test, or even keeps a list a reception.**
- **The data leads provide regular reports for individual practitioners and fix any data anomalies/errors.**
- **The practitioners ensure testing is completed for each of their caseloads, and where needed refer and support people to access treatment.**
- **Nursing and medical staff provide additional testing, and where appropriate store, assess and prescribe treatment.**
- **The team leader ensures that all elements of the pathway from the offer of the test to treatment are working smoothly and that hepatitis C interventions in caseloads are reviewed in supervision.**
- **Clinical and operational leads have oversight of progress and ensure policies and pathways are regularly updated.**

Although a whole team approach is necessary, there should also be responsible leads in place, for example, a blood borne virus (BBV) lead and a senior manager to work through any issues or challenges within the pathways. Champions who spearhead the importance of testing and treatment, alongside other harm reduction activities are incredibly important for improving the health of people accessing drug and alcohol services.

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Training:

Training is essential for new staff, and regular updates are also needed.

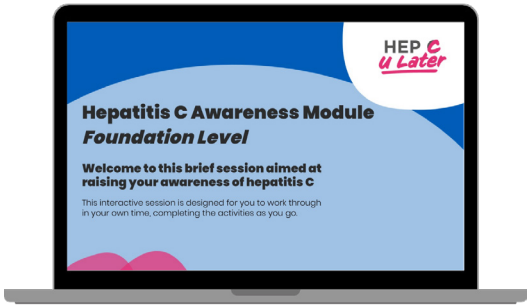
There are many training modules which can be completed in a person's own time which can be added to induction packs, and hepatitis C work should be set as a core part of a person's role in a community drug and alcohol service.

Top tips:

- Ensure all new staff are trained in basic hepatitis C awareness
- Regular updates for staff
- Offer complimentary training and information on needle and syringe provision and stigma

1. **The Hep C U Later CPD Accredited Basic Hepatitis C Awareness online module is available for all staff at all levels and can be accessed here.**
2. **Other training which complements this training is the Exchange Supplies Needle and Syringe Provision online module which can be accessed here.**
3. **An important toolkit for staff to work through is the Hep C U Later Stigma Toolkit which equips staff with the understanding of how stigma affects people, appropriate anti-stigma language to use, and practical activities to reduce stigma.**

1.



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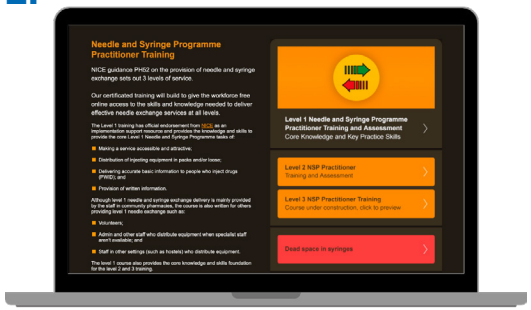

3.

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Data:

Data is a core element of monitoring who needs to be offered a test, tested, reviewed and supported to receive treatment.

The Hep C U Later dashboards are available to help services monitor their progress. **The Dashboard on a Page guide** gives detailed information about how each box and number is calculated and which fields they originate from.

Business processes should be put in place to ensure that reviews fall in line with the CIR.

Processes should be structured to ensure time for a regular review of the data, and any data anomalies or actions are communicated to the relevant staff. Trend analysis data can be used to understand different elements of the pathway, for example the time between referral to treatment and the start of treatment which may indicate further resource needs to be put into that part of the pathway.

Top tips:

- Review data regularly
- Plan for dips in testing
- When services are transferring following a tender, liaise with the other organisation's national BBV Lead

Annual leave and holiday periods often affect the testing and data, therefore plans should be put in place to mitigate for the gaps. Another period in which careful consideration needs to be given is during tendering periods and when a service transfers from one organisation to another. Careful planning is needed to ensure all data transfers and work is handed over to the new organisation. The Hep C DTS Provider Forum have been managing this successfully during the handover of contracts and it is advisable that organisations reach out to each other's national BBV Lead to continue this process.

In this **case study** Hayley Curran, Brook Place (Mersey Care) outlines how they have reached micro-elimination and used data to maintain their status.

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Prevention:

It is important to continue to raise awareness of the risk of hepatitis C and routes of transmission amongst staff and people accessing the services. This can be achieved by ensuring appropriate **leaflets** and **posters** are displayed, as well as through regular discussion in one to ones. A key message to ensure is that people are aware of the risk of re-infection with hepatitis C if exposed to the virus again in the future. This resource from the Hepatitis C Trust, **Reframing Re-infection**, discusses re-infection and their recommendations.

World Hepatitis Day is a perfect annual opportunity to deliver events that raise awareness, improve testing, or deliver additional healthcare interventions such as fibroscanning and dentistry.

Needle and syringe provision (NSP) which meets people's needs is essential to reduce the risk of sharing drug use equipment. Services should regularly gain feedback from people using NSP as to the quality of the equipment, availability and their experiences of using that service. Flexible options are preferable to reduce the spread of infection such as online ordering, late night opening, pick and mix options, and no limits on the quantity provided. Additionally peer distribution with the correct training and governance in place is highly valuable for ensuring NSP gets to those who need it but who might be reluctant to come into a service or pharmacy.

Top tips:

- Continue to raise awareness of risk and re-infection
- Ensure NSP is available to appropriately meet people's needs
- Make sure printed information is available

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Offering, Reviewing and Testing:

It is essential to test the right people, at the right time, for the right reasons through using the data available and having regular discussions about risks with people accessing services.

An important business process to ensure is in place is that of knowing who will need a re-test at least 3-6 months ahead. This reduces the risk of falling outside of the micro-elimination criteria and ensures people are re-tested in a timely fashion. Equally, it is important to do this to make sure testing peaks are minimised as these have to repeated when the person needs their next annual test.

Practitioners with caseloads should regularly review people on their caseload, make arrangements for testing, and importantly review whether they remain at risk and need to be re-tested. If they have not come into contact with any risks since their last test their status can be changed to 'not appropriate to test/re-test'. In **this video**, Tony Mullaney, High Intensity Engagement Coordinator, presents on the use of this status when it was previously referred to as 'Assessed as not appropriate to offer'.

It is essential to use an opt-out testing approach to encourage testing and ensure no one feels singled out by the offer of a test. Opt-out testing is where every person entering the service is offered the test as part of the normal offer of the service. The person is informed the test is given to everyone, and they still have the opportunity to opt-out of the test if they do not want it.

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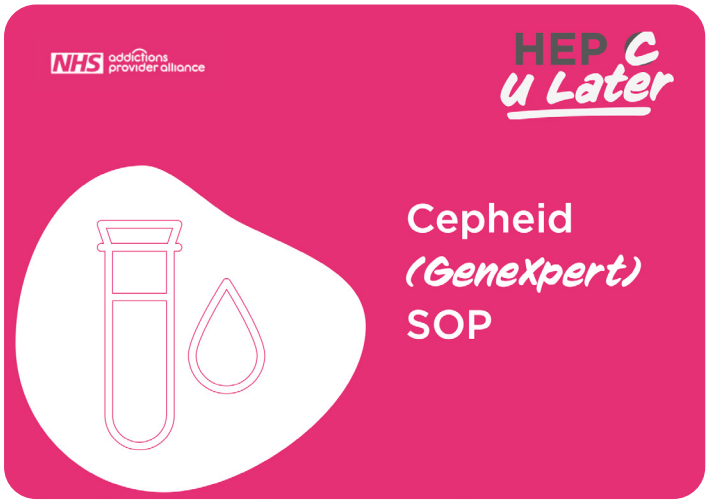
Offering, Reviewing and Testing continued:

Services should seriously consider the cost implications of re-testing and ensure they are only doing tests which need to be completed. For example, if a person is hepatitis C antibody positive they will likely always be antibody positive, therefore this is a test which does not need to be completed every time and completing an RNA/PCR test would be more appropriate.

It's really important to regularly communicate any issues with the laboratory processing the tests. Make sure you check any tests which have been charged for but didn't order, and monitor for any increase in indeterminate results. It is advisable that services ensure a regular meeting is in place to review issues and review the tenders/awards in place on an annual basis.

Top tips:

- Plan to test 3-6 months ahead
- Spread out testing to reduce peaks in reviews/re-tests
- Smooth out issues with test kits and results
- Review testing pathways and providers to ensure they are fit for purpose



Its recommended that services conduct a review of how their provider supports the testing pathways. This includes assessing turnaround times and examining how results are received ensuring its fit for purpose. Reducing the number of indeterminate results is crucial, as it means a person has to be retested. To address this issue, a service may need to collaborate with the laboratory to understand the reasons behind these results and determine if staff retraining is necessary.

Cepheid GeneXpert machines are a useful tool for getting results to people quickly, especially in an outreach setting. **The Cepheid GeneXpert Standard Operating Procedure** can be adapted for services to use should they purchase or use this machine.

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Treatment:

Top tips:

- Plan to test 3-6 months ahead
- Spread out testing to reduce peaks in reviews/re-tests
- Smooth out issues with test kits and results
- Review testing pathways and providers to ensure they are fit for purpose

To ensure people can access treatment it is vital to work flexibly and look at opportunities where assessment for treatment, delivery of medications and prescribing can be delivered by the drug and alcohol service. Key to this is having an excellent working relationship with the local Hepatology units and good governance processes in place. As a minimum, holding clinics and having the ability to dispense hepatitis C treatment within the drug and alcohol service means treatment is more accessible for people.

People have the right to refuse treatment and this should be respected. It is still important to explore with that person why they have declined to have treatment in case something can be done to support them better, and to ensure they understand the risks clearly whilst maintaining the therapeutic relationship.

The Hep C Drug Treatment Services our Hep C U LAter team coming together to share the important resources and message about elimination Provider Forum collaboratively pulled together a menu of options for how to organise the different **approaches to treatment**. Many services within the NHS Addictions Provider Alliance (NHSAPA) who have storage of medicines, dispensing or prescribing policies/ pathways are willing to share them. If you would like to see these please email the Hep C U Later team.

In this **podcast** Sue Doherty from Stockport (Pennine Care) speaks about their approach to providing hepatitis C treatment assessments and medication to people accessing their service, and Claire Buzzeo discusses in this **case study** the approach Newcastle (CNTW) are taking.

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Organisational Culture and Motivation:

Ultimately you all want people accessing your services to be well, therefore it is vital to meet people's physical, social and wellbeing needs through providing holistic care. Many interventions are linked and can be provided by multiple roles within the community drug and alcohol service.

Job descriptions should be clear and reflect the mixture of work a person can complete, including the expectation that the employee contributes to work around hepatitis C.

Some policies can be restrictive to staff who do not have a clinical background, however, many drug and alcohol practitioners can complete health interventions with support and training. Therefore, it is important for the staff writing these policies that they consider the various roles which can complete different tasks.

Supervision is a great way to provide additional review, support and focus for staff. Some community drug and alcohol services have effectively used a prompt within supervision to improve the team's focus on hepatitis C testing. Mentorship and 'buddying' is another supportive measure which can be put in place when a member of staff is new to testing and giving results.

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Organisational Culture and Motivation continued:

To enable services to sustain hepatitis C micro-elimination Team Leaders also play an essential role in modelling the commitment to hepatitis C related care, picking up issues within the pathway, driving improvement and having oversight of data.

The field of blood borne viruses (BBVs) is always changing, with new innovations and changes to national strategy, therefore it is recommended that BBV SOPs, policies and pathways are regularly reviewed.

To ensure hepatitis C micro-elimination remains a priority it is important that the culture reflects that it is a priority. Proactive leadership and the continuous drive to maintain the criteria, and ultimately improve the health of people accessing services is essential.

Staff in drug and alcohol services often juggle multiple priorities. Once hepatitis C micro-elimination is achieved, their focus may shift to other tasks. It's vital for leaders to keep staff motivated by emphasizing that their work saves lives.

Keeping commissioners updated on hepatitis C micro-elimination progress is also important. Regularly sharing data that shows how the service meets micro-elimination criteria is recommended.

Top tips:

- Proactively lead and drive forward
- Remember the importance of keeping hepatitis C rates low
- Ensure job descriptions reflect the work needed to sustain hepatitis C micro-elimination

Our Hep C U Later team coming together to share the important resources and message about elimination.

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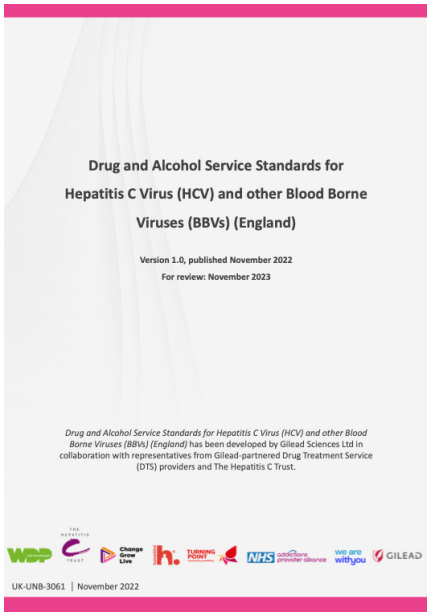
Business Processes:

It is vital that changes to pathways within community drug and alcohol services are embedded at every stage. Additionally new staff need to be kept up to date with any changes made.

The Hep C DTS Provider Forum agreed the **BBV Standards for Drug and Alcohol Treatment Services** which outlines the minimum requirements as well as aspirational standards should services want to improve further. These standards can be used during Quality Standard Assurance Visits or as an annual audit. Equally it is important that commissioners have sight of these standards.

Top tips:

- Make sure any changes to practice are fully embedded and new staff are aware of them
- Embed the BBV standards in daily practice, policies and procedures



Drug and Alcohol Service Standards for Hepatitis C Virus (HCV) and other Blood Borne Viruses (BBVs) (England)

Version 1.0, published November 2022

For review: November 2023

Drug and Alcohol Service Standards for Hepatitis C Virus (HCV) and other Blood Borne Viruses (BBVs) (England) has been developed by Gilead Sciences Ltd in collaboration with representatives from Gilead-partnered Drug Treatment Service (DTS) providers and The Hepatitis C Trust.

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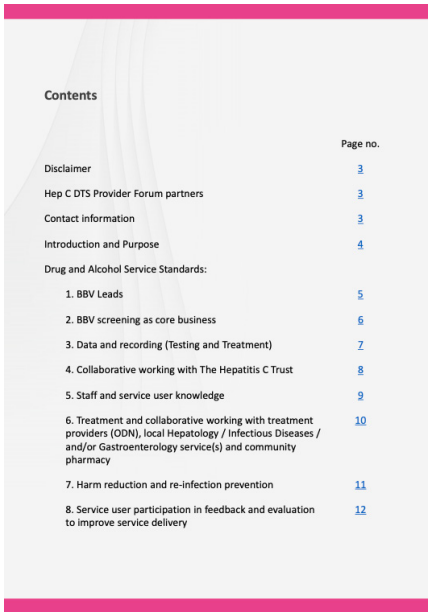

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Introduction and Purpose

HCV is one of the main causes of liver disease in England. NHS England has implemented a national programme to eliminate HCV before 2030, and announced the ambition for England to be the first major country in the world to eliminate HCV by 2025[1]. ≈90% of HCV infection in England is attributed to injection drug use (IDU), highlighting the critical role of drug and alcohol services in testing for HCV and linking to care those with active HCV infection.[2]

In September 2020, Gilead Sciences set up The Hepatitis C Drug Treatment Services (DTS) Provider Forum as a unique collaboration between NHS England, The Hepatitis C Trust and the largest providers of DTS in England with a united approach to achieve HCV elimination in DTS: Turning Point, NHS Addictions Provider Alliance (APA), Change Grow Live (CGL), Humankind and We Are With You. WDP became a partner of the Provider Forum in 2021. Partnered DTS are commissioned to test service users for HCV and refer them to treatment.

In November 2022, the Forum finalised and detailed essential, aspirational and exceptional standards for Drug and Alcohol Services (DAS) in England with regards to providing good and consistent practice measures in relation to Hepatitis C Virus (HCV) and other Blood Borne Viruses (BBVs) services across sites and centres. This document formalises and clearly sets out those standards, which have been collaboratively established through an extensive and careful review process, and by consensus agreement from the Hep C DTS Provider Forum partners, and serves as a checklist for DTS/DAS as we work towards our shared ambition of achieving HCV elimination.

1. NHS England. Available at: https://www.england.nhs.uk/2019/01/nhs-englands-plan-to-eliminate-hepatitis-c-decisively-backed-by-high-court/. Accessed November 2022.
2. HSA. Hepatitis C in England 2022. Available from: http://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057271/HCV-in-England-2022-full-report.pdf. Accessed November 2022.

1. BBV Leads

	Essential ✓	Aspirational (having met 'Essential') ✓✓	Exceptional (having met 'Aspirational') ✓✓✓
1.1	Service has a BBV Lead.*	Service has a funded BBV Champion in addition to a BBV Lead.†	Service has more than one funded BBV Champion in addition to a BBV Lead.

*The service has a designated member of staff who leads on and champions BBV work. Duties include ensuring that the service is resourced, staff are trained and supervised to maintain BBV-related competencies, driving forward testing within the service and beyond where those at risk are only accessing needle syringe programmes (NSP) or partner services. Working collaboratively with clinical treatment teams, peers, the Hepatitis C Trust, and any other organisational stakeholders to ensure high quality treatment pathways are in place and delivering high quality engagement activities with service users. The service lead would work closely with data leads to identify who requires a test, uptake of vaccination and ensure positive service users are referred to treatment.

†Role of the dedicated BBV Champion is to raise the profile and awareness of BBV within and beyond the service and to support the coordination of awareness and testing events, support service users on HCV treatment, champion HCV elimination and ensure maintenance of service's HCV elimination status.

Read the full BBV Standards using the link in the text above.

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Aligning hepatitis C Work With Other Harm Reduction Activities:

Top tips:

- Seek opportunities to align hepatitis C work with harm reduction and health interventions
- Maintain relationships with other healthcare organisations

To ensure hepatitis C interventions remain a core part of the work delivered in services it is important to consider how they are aligned with other essential healthcare interventions such as other BBVs, harm reduction, co-occurring conditions work, and ultimately other interventions and improvements which tackle health inequalities.

Many of the people who may be at risk form hepatitis C may also be at risk of other developing other conditions and therefore taking a holistic approach to a person's health is beneficial.

For example, for a person injecting drugs BBV testing, Naloxone, NSP and wound care interventions can be delivered together when they are needed.

This **example of a health and wellbeing event** at Inclusion Thurrock in 2021 gives an example of how to offer multiple health interventions on one day and the learning following the event.

Services should seek to ensure good links are maintained with local healthcare, social care and housing services such as general practice, pharmacy, emergency departments, hostels, homelessness services, and probation.

This **case study** from the Wessex Clinical Van highlights how multiple interventions can be delivered across a wide geographical area to those accessing and not accessing services.

In this **case study**, Beth Crossland from Hillingdon, CNWL speaks about their journey to reach and maintain micro-elimination, and how they are embedding this work within other health and wellbeing interventions.

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Building Peer Support in Services:

Peer support (whether from the Hepatitis C Trust or 'in-house' peers) is vital to engage people into hepatitis C testing and treatment but has many other benefits, such as improving awareness, and engagement with other healthcare interventions such as Naloxone dispensing, or reaching people who are not registered with drug and alcohol services.

Top tips:

- Train, support, and deploy peers to deliver multiple interventions

This **case study** from Inclusion One recovery Buckinghamshire demonstrates the impact peers can have in delivering Naloxone.

This **blog** from Zoe Yates, a peer support worker at The Hepatitis C Trust highlights the value of having peer support workers as part of the team.

It is really important to make sure the correct pathways, policies and governance is in place to enable peer support workers to thrive in their roles. **This Hep C U Later peer support in community drug and alcohol treatment service checklist** can support organisations to implement, develop and grow the peer support workforce within drug and alcohol services (this PDF contains text boxes under each Y/N that can be used to fill out the checklist).

This toolkit would not have been possible to create without the learning from all of the NHS Addictions Provider Alliance members and their hard work reaching and sustaining hepatitis C micro-elimination.

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