

HEP C U Later


January 2022

Quarterly Newsletter

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Please let us know your thoughts, comments and suggestions for further newsletters.

- Hep C U Later is an initiative of the NHS Addictions Provider Alliance (NHS APA). 
- The NHS APA is a collective of NHS addictions service providers who working collaboratively with service users, carers and other organisations and are committed to contributing positively to the on-going development of the addictions field including within drug and alcohol, gambling and gaming treatment.

We would like to thank Louise Wilkins for contributing this piece for our newsletter and thank the Nottingham Health Shop team for all the work they do in supporting the Hep C U Later project. They would like to share with you what they have been doing in their goal of reaching Hep C mirco-elimination. This is just a snippet of the fantastic article the health shop provided us, please get in contact with us to read the full article and we will shortly be uploading it to our website.

The Health Shop is a sexual health and harm reduction service based in Nottingham city, we are part of the Nottinghamshire Healthcare Foundation Trust. We were successful in a bid to the NHS Addiction Providers Alliance (NHS APA) for the Hep C Elimination fund to micro-eliminate Hepatitis C within the drug and alcohol service in the city. Our project launched in the middle of the pandemic last February. Since then, we've tried a range of interventions in our goal of reaching elimination.

We have always worked in partnership with our service users, and for us, the Hep C project couldn't be done without continuing this relationship. We regularly ask for feedback on ideas including best practice and promotion materials and we are grateful for their honest and expert opinions. Service users continue to support the project through contact tracing, either directly or indirectly. For example, service users who tested antibody positive were offered an incentive if they brought in someone they had split/shared their drugs with for Hep C testing. Alternatively, they could anonymously disclose who they had used with and we contacted them using our contact tracing toolkit already utilised within the sexual health service.

We set up a focus group with service users who had lived experience, staff with lived experience and staff from teams across the drug services to look at how we could improve work around preventing infection and reinfection. From this, we made changes to opening hours, service delivery, workshop content and we were challenged to think more creatively and pragmatically. We build on the no shame/stigma with regards to Hep C that affects our service users. We regularly hear conversations in the needle exchange waiting room; people collecting and openly taking their Hep C medication, explaining to other service users what it is, that the meds have changed and the importance of getting tested. That to us is true peer to peer work.



Things we have been doing as a city to improve needle coverage are -

- Evening out reach including needle exchange packs, packs being given as part of the peer to peer naloxone programme, looking at areas where there are significant gaps, e.g. people leaving hospital, and peer to peer distribution encouraged where there are known risks of infection and reinfection.
- Developing staff training around preventing infection and reinfection, exploring language, myths and the practicalities of splitting/sharing drugs, and delivering workshops for service users.
- Recognising the importance of a good harm reduction service – the importance of conversations at the needle exchange and the importance of positive relationships.
- We have devised a checklist for staff to include as part of keyword sessions for the testing and treatment process and as part of group work programmes.

With support from our ODN, we fully utilise the procedure which allows us to distribute treatment medication that has been dispensed by our Virology Nurse. In terms of breaking down barriers, this made a huge difference.

It means that our service users aren't bound to 2:30pm on a Wednesday afternoon but can come and collect it when it suits them. We can give it from the harm reduction service on daily basis (which seems to work better for people who are homeless) where we can give a hot drink and food, more kit and support. We can also take it out to people as part of our outreach service, thus, managing to get people through treatment who might ordinarily struggle.

Staff are creative with what works for people, recognising that people cannot be treated in isolation. So, if the most important thing to someone is their dog getting some pet food whilst the person is going through treatment, we will make sure their dog has food. This might also be food parcels, support accessing drug treatment, toiletries and clothing.



This was a joint pilot led by Inclusion Recovery Aldershot Substance Misuse Service, Royal Surrey County Hospital and the Hepatitis C Trust and Hep C U Later.

The objective was to engage Service Users at risk of infection through remote screening for Hepatitis C, using via Oral Swab tests. This is a preliminary Hepatitis C Antibody test that gives results within 20 – 30 minutes.

This pilot was initiated through Inclusion Aldershot due to existing resources and direct referral pathways being in place. The plan being that the learnings from this pilot would be taken away and the pilot replicated throughout I Access, Drug Services in Surrey.

This project was open to all service users within Inclusion Aldershot however, the initial focus was on cohorts with current or previous history of IV use.

The postal pilot ran from May 2021 through to October 2021.

Ahead of the pilot getting off the ground, a data set was used to identify cohorts of individuals that met the criteria.

Fortnightly meetings took place with Yvonne Dawes (Specialist Liver Nurse from Surrey Hospitals), Inclusion Hep C Hants P2P workers and the Hepatitis C Trust in order to contact Service Users and gain their consent to participate.

A pay as you go 'smart' phone was purchased for the pilot. The purpose of this was to centralise test results being received as well as to provide a point of contact to support individuals to take their tests over video call. The phone was manned and checked regularly for incoming calls and texts.

On consenting to participate, an informative conversation was had about Hepatitis C, how to take the test, understanding test results, treatments and pathways to treatment and support available.

All participants that consented had test packs posted out to them, containing the following:

- Introduction letter explaining the pilot and how to return test results
- Information booklet about Hepatitis C containing contact numbers for support
- Pictorial instructions on how to take the test
- Hepatitis C Oral Mouth swab kits



3 x fortnightly follow up calls were made to all participants that did not make contact with their results. Test results were deemed lost to follow up, if not received after this.

Out of 422 Service Users in structured treatment at the time of the pilot, 170 answered calls that were made to them. Out of the 170 contacted, 123 consented to participate of which; 51 had a history of IV use whilst the remaining 72 had no or undisclosed history.

67 of the 123 participants returned their test results meaning that the return rate was 54.47%

3 x Positive Hepatitis C Antibody results were identified, all of whom were referred for confirmatory testing. 1 of these had a detectable viral load and was treated. As a result of this, the partner of this individual (not a Inclusion Service User) was also diagnosed and treated.



A look back on European Testing Week



We would like to take this chance to thank everyone for their work during the European Testing Week back in November. It was a fantastic awareness week and we were really happy to see our messages being shared across the Hep C U Later partners.

We had particular success in Dorset where we conducted our High Intensity Test and Treat event where we were able to cover a large area using our clinical vans to target those that needed testing the most.

If any of you have anything you would like us to share, be it a testing event you held or a social media campaign you would like us to highlight the success of, please email edward.taylor@mpft.nhs.uk to share this.

It is hard to believe that nearly 3 years have passed since the creation of the Hep C U Later project. An undertaking by 16 NHS trusts all who provide drug and alcohol services to micro eliminate Hepatitis C in their services. Much has happened in these three years and progress has been made towards our core objective – that of micro eliminating Hepatitis C for services users within structured treatment in community services by 2023. Covid and its impact on this mission has been at times challenging, particularly for NHS trust services that have been asked to redeploy resources away from community drug and alcohol services into supporting wards, vaccination efforts and other contingency measures. However we have learnt a lot as a project in this time and this learning has been invaluable in respect of providing us with the adaptations we need to make going into year 4 and 5 of the project and achieving our core objective by 2023.

This learning has been developed with our joint working agreement partner Gilead and also with the ongoing support of the NHS England Hepatitis C elimination programme team. Ongoing joint collaboration with the Hepatitis C trust is the third key component of our effort and the role of peers as ever essential. Going into year 4 and 5 across NHS APA members and the Hep C U Later Programme there is a renewed effort towards our 2023 target. To mark this trust members are signing up to the Hep C U Later Charter which includes a number of commitments – these being:

- To identify a nominated lead within the trust who is responsible for attending board meetings and other key meetings e.g. ODNs and holds responsibility for realising micro elimination in community drug alcohol services by 2023.
- To enable the capture, recording and sharing of data within agreed schedules to the HCUL programme, and agreed partners, that illustrates the full patient journey and evidences micro elimination.
- To ensure that all those who should receive a test for Hepatitis C receive a test.
- That patients who are diagnosed are given the opportunity to receive treatment.
- To work proactively in partnership across organisational boundaries with the Hep C U Later Programme, NHS England Hepatitis C Elimination Programme and ODNs.
- To work closely with Hep C U Later Coordinators alongside the Gilead Patient Access to Care teams as part of our joint working agreement so expertise and resources can be shared.
- To share examples of best practice and learning with NHS APA members and the broader Hepatitis C elimination community.
- To support and contribute to Hep C U Later and Hepatitis C awareness campaigns.

The Hep C U Later programme itself will be adapting to support these aims – these include:

- Doubling our Data Analyst capacity from 1 to 2 posts to provide more support to trusts to use and report helpfully and to drive micro elimination.
- Increased senior leadership capacity to support the programme to engage at a national level and with our key stakeholders and partners within the 3rd sector.
- Creating a training and development role to support the development of tools and provide training to support the realisation of micro elimination.

We are confident that this focus and changes will support our member drug and alcohol services recovery from Covid in respect of their capacity to micro eliminate Hepatitis C for structured patients by 2023. We are also aware that this may raise other questions in terms of patient need and challenges to elimination. Issues such as reinfection are serious considerations and part of the projects role will be highlighting these and continuing to work with partners to address these needs when we identify them. We look forward to working with those in the Hepatitis C community over the next two years.

To keep up to date and for more information please refer to our website here - <https://www.hepculater.com>

Many thanks

Danny Hames – Strategic Lead Hep C U Later Programme

Since our last newsletter we have had a new member join the Hep C U Later, Deanne Burch. Deanne is joining as one of our new coordinators and we join you all in welcoming her to the team.

On to some sadder news, another of our coordinators Simon has left the team and returned to GMMH to help with the starting of a new service. We all wish him the best of luck in his new position.



Upcoming Events & Contacts

We were thrilled to hold our first webinar this month, and would like to give a special thank you to our speakers; Mark Gillyon-Powell, Katy Elsdon, Hayley Ward, Louise Hansford and Claire Edmundson for giving such fantastic and engaging presentations. We would also like to thank all of you that attended on the day, we have received great feedback from you all, and look forward to seeing you at the next one.

We will be holding our next webinar on the **23rd of March**, and will be sending around the invitation soon. If you did not receive the first invitation and would like to attend, please email us at HepC.ULater@mpft.nhs.uk and we will send an invitation over to you.



To find out more about Hep C U Later please visit us at www.hepculater.com and follow us on social media  @HepC_U_Later  Hep C U Later

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The work of the Hep C U Later co-ordinators is supported by a great team which includes **Candie Lincoln** (Project Manager), **Rob Fair** (Data Analyst), **Edward Taylor** (Marketing and Communications Assistant) and **Grace Masinuka** (Programmes and Communications Lead).