

HEP C U Later


January 2021

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.

Article written by Dr Rebecca Wilkinson

Public health registrar, school of primary care, population sciences and medical education, southampton general hospital, university of southampton

Many hepatitis C (HCV) care providers across England took the opportunity to do outreach work with homeless people whilst they were temporarily housed during the COVID-19 pandemic. An evaluation of these interventions, conducted by Public Health England, found that across 7 ODN area (outside of London), 1,263 people were tested for HCV with 133 (10.5%) found to have active disease and 83 of these (90.2% of those offered) are now on treatment. This is an amazing achievement and would have been very unlikely to have happened without these targeted interventions.

The evaluation revealed that partnership working, particularly with peer supporters, was a key enabler for the homeless HCV testing interventions. The use of promotional materials, with messages tailored to reduce stigma and increase understanding of testing and treatment methods, appeared to increase engagement. Incentives, particularly shopping vouchers, were widely used although the effectiveness of these was uncertain.

Barriers to implementing these interventions included resistance from some partner organisations, such as hotel staff. However, intervention providers felt raising awareness of HCV helped to reduce stigma amongst partners, and also amongst the homeless clients themselves, thus increasing engagement.

This evaluation resulted in the following recommendations for future homeless HCV interventions: -

- Build strong partnerships
- Promote testing interventions using appropriate content and language to avoid stigma
- Use incentives but monitor their effectiveness
- Adopt a flexible approach to the practical arrangements for testing and ideally use oral swabs, Dried Blood Spot or rapid point of care testing
- Find ways to initiate treatment outside of a clinical setting
- Use innovative ways to keep in contact with, and follow-up, homeless clients
- Ensure a risk assessment is done and pandemic precautions are implemented
- Adopt a whole health approach, such as screening for other diseases at the same time
- Carry out monitoring and evaluation of the interventions

The report on which this article was based - 'Evaluation of hepatitis C test and treat interventions targeted at homeless populations (outside London) in England during the COVID-19 pandemic: 2020' - was published by PHE on 15/1/21 and is available here: <https://www.gov.uk/government/publications/covid-19-evaluation-of-hepatitis-c-homeless-interventions>

"The pace of Covid 19 for leaders, staff and patients has been pretty much relentless. It has meant we have had to consider how we keep patients and colleagues safe, balance risk for individuals against the community and make choices in which there is no good option just a less bad one. However in this we have seen exceptional resilience, kindness and commitment and also examples of innovative new practice that are here to stay such as the much greater use of telephone and digital technology and alternative ways to access BBV testing. I think we are all looking forward to ,more stability in the future which will include recovery for patients, colleagues and services."

Danny Hames, NHS APA Chair

"The pandemic has meant I have had to learn and adapt quickly to what was going on around me and with my team. I learned how to use teams and zoom and have found them really effective tools for keeping in touch and keeping our work going during this trying time. It has also been great to see that there is still a lot of passion for HCV testing and treatment."

Louise Hansford, Southern Coordinator

"One of my favourite things I've learnt during lockdown is that I learnt its important to know that you don't have to be in the same room to connect with far away family and friends. Simple acts of kindness and giving helps to make the community and society better. The confidence to use my voice and speak up have been important to me, and how with the use of great technology you can have you can build and bond as a remote team with great technology. As someone who works from home permanently, lockdown has improved me connection with colleagues."

Candie Lincoln, Project Support and Development Officer

"Lockdown and the Covid-19 pandemic have made me appreciate the small things, be that having a talk about Netflix shows we're all bingeing to someone's dog appearing on a zoom call, I feel its important to sit back and be happy about what we have at the moment. Working at home has been something new for me, but over the last few months I have learned to keep a good work/life balance by at the end of the day hiding my work computer in the cupboard so I don't see it and think about work, and making sure to keep to a daily schedule."

Eddie Taylor, Marketing and Communications Apprentice

"It feels to me that lockdown has been much kinder to some people than to others. In a way, the experience has been one of accentuation: top-down inequalities and unfairness have become more so; while co-operation and sharing at grassroots, community levels have become more impressive. The latter gives me some hope for the future."

Simon Morton, Northern Coordinator

"This pandemic has taught me to maintain a good work life balance which has been hard at the moment as we are all having to work from home. To do this I have been making sure to turn off my laptop at 5:30 and to keep in touch and talk to my team, not just about work, but the things we'd be talking about daily if we were just sat in the office. Also since we're not able to go on holiday, I've been taken advantage of the background setting on teams to make it seem like I'm on a desert island."

Rob Fair, Data Analyst

Stockport Pathfinder uses data to make inroads on best practice for Hep C U Later programme

Intensive work undertaken by the Pathfinder Stockport at the Pennine Care NHS Foundation Trust following an upgrade of its medical IT systems is driving forward best practice for the Hep C U Later programme.

The joint Hep C U Later programme initiative was established with Gilead to drive widespread implementation of established best practice pathways across all NHS APA members' services, aiming to achieve Hepatitis C elimination within members' community services by 2023.

Using findings from analysis of its historical medical records, Pathfinder Stockport have been able to identify recommendations to improve, increase and extend the implementation of best practice for the Hep C U Later programme.

Liz McCoy, Drug and Alcohol and Addictive Behaviours Lead for the Pennine Care NHS Foundation Trust, said: "After we upgraded the IT system, we quickly realised that we had access to historic records for every adult that had been treated in the Stockport locality. It was all on paper and mostly handwritten, so we formulated a way to extract all the relevant information, which would inform the Borough's Hepatitis C elimination plan."

Liz engaged a cohort of people who had lived through old protocol hepatitis C treatment, alongside nurse consultants and representatives of the local Operational Delivery Networks, to identify key documents for each client and create a practical framework.

An experienced drug and alcohol worker interpreted data from 839 open cases, which included primary drug and alcohol pathways and the entire population was then segmented for risk and action.

The results from analysing this data found that many people are reluctant to engage with testing and treatments as they still think that it is onerous and intrusive. Liz said: "While the service currently offers a wide offer of testing, which does have a good uptake, there are still a number of people that decline it as they just don't realise how easy the testing is and how much more user-friendly the treatment is now."

The analysis also showed harm reduction advice isn't sufficient, especially among those with a high-risk profile who test negative and often have to retest after re-exposure. Liz said: "People in the primary drug pathway are unlikely to possess the information they need to make informed choices.

"It is also evident that there is also a small, but very significant group, that had very high-risk exposure and needed to be tested quickly. This includes people with previous injecting behaviour who had not declared it in their recent risk history but have since been contacted."

From these findings, further areas of work will focus on increasing education, communication, and engagement for those people who need these services, enhancing the treatment offers, and peer to peer support.

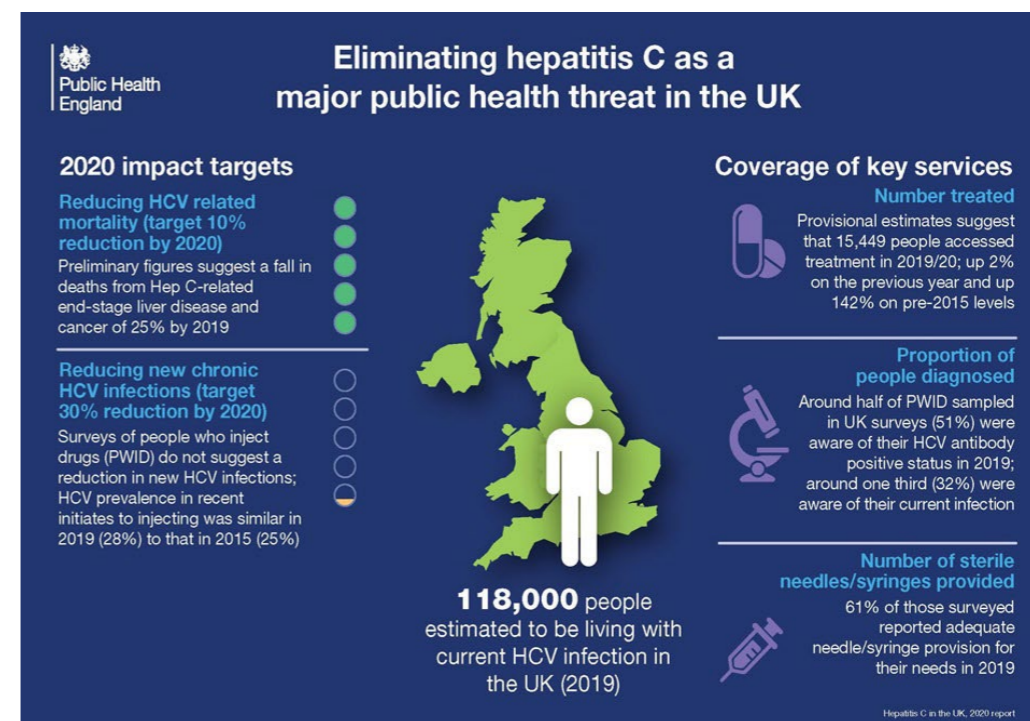
Liz concluded: "The team are developing the Borough's Hepatitis C elimination plan, which also includes an action treatment plan for each individual to reduce the rates of hepatitis C infection in the area. This means individuals can be tracked and analysed by risk and action.

"We have access to on-site testing and good treatment; the next step is to convince more reticent people that it is suitable for them."

Public Health England: 'Hepatitis C in the UK 2020'

Public Health England's latest 'Hepatitis C in the UK' report published on 14th December estimates that prevalence of the disease has fallen by around one third since 2015 (with 118,000 people now estimated to have a chronic hepatitis C [HCV] infection in the UK), and that deaths have reduced by one quarter compared to the 2015 baseline. However, the report also notes that there has been no meaningful reduction in new HCV infections and states that "the Covid-19 pandemic poses a serious threat to our ability to meet WHO HCV elimination goals".

While the impact of Covid-19 initially led to reduced availability and accessibility of testing, treatment and needle and syringe provision, addiction services quickly adapted and developed innovative models of delivery. As we navigate another lockdown, services will continue to adapt and innovate, and sharing learning between services will become even more important.



'Hepatitis C in the UK 2020' can be accessed here:

<http://www.hcvaction.org.uk/resource/public-health-england-hepatitis-c-uk-2020-report-0>

Rapid evidence review of harm reduction interventions and messaging for people who inject drugs during pandemic events: implications for the ongoing COVID-19 response

A rapid evidence review was conducted and published in December with the aim of exploring what harm reduction interventions and messaging are most effective during a pandemic-type situation. The findings - which included getting tested for HCV - were that harm reduction messaging should include advice on issues of infection control and uncertain drug supply, as well as key information about accessing HR and other services to fit with a holistic approach.

The review by Wilkinson et al. can be accessed here: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00445-5>

Public Health England's new shooting up report released



PHE have released the latest version of their 'Shooting Up: infections among people who inject in the UK' report. This report shows the extent of infections among people who inject drugs (PWID) in the United Kingdom, and describes the infections and associated risks and behaviours among PWIDs, in the year of 2020.

Further information can be found on the PHE website [here](#).

Thank you & good luck

In December 2020 we said goodbye to our lead coordinator Paul Bagot. Paul headed up the **Hep C U Later** program and his motivation was "to finish something he started" back in the early 90's when hepatitis C was discovered. We are very sad that health issues have prevented Paul from being alongside us for hepatitis C elimination but we know that he will be with us in spirit. We will continue to update him on the progress of this programme which he helped start. We'd like to take this opportunity to thank him for his passion and commitment and leadership in the year that he was with us.

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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Hep C U Later Coordinator (Midlands)

We are excited to announce we have a new Midlands Coordinator joining us soon.

Hep C U Later Coordinator (South)

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