

HEP C U Later

*PROJECT: A year of review of impact
April 2020 - March 2021*

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Introduction

The *Hep C U Later* Project continues to be a bold and ambitious effort to eliminate Hepatitis C across NHS Addiction Provider Alliance services by 2023. However as we have seen across the country and in health and social care services the impact and effort made to respond to the Covid 19 pandemic has been very significant.

Despite this the *Hep C U Later* Programme has continued its work. This has included an increase in member trusts, developments in our use and presentation of data and a number of our innovation bids including those which have won national awards. The Hep C U Later Campaign continues to go from strength to strength.

Whilst Covid has led to some delay in progress towards elimination the project has still made some great strides forward in its development which provide strong foundations for recovery from Covid 19.

Background

The NHS Addiction Providers Alliance (www.nhsapa.org), formerly the NHS Substance Misuse Provider Alliance, is an alliance of 15 NHS Trusts that provide drug and alcohol treatment services across England and the Greater Manchester Health and Social Care Partnership, currently chaired by Inclusion (part of the Midlands Partnership NHS Foundation Trust). This reach extends to over 30,000 current and previous drug injectors across 33 community drug service contracts aligning with 15 of the 22 Operational Delivery Networks (ODNs). NHS APA members provide community substance misuse services (SMS) to approximately 35% of all drug and alcohol service users engaged in the English treatment system and there are strong links between providers. By forming a system-wide partnership we can help drive the implementation of the innovation necessary to better address the needs of this patient cohort and support more than 6,000 additional patients into care. The Hep C U Later member initiative trusts are Central and North West London NHS Foundation Trust, Avon and Wiltshire Mental Health Partnership NHS Trust Specialist Services, Birmingham and Solihull Mental Health NHS Foundation Trust, Greater Manchester Mental Health NHS Foundation Trust, Inclusion (Midlands Partnership NHS Foundation Trust), Leeds and York Partnership Foundation NHS Trust, North Staffordshire Combined Health NHS Trust, Cumbria, Northumberland Tyne and Wear NHS Foundation Trust, Nottinghamshire Healthcare NHS Foundation Trust, Pennine Care NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Surrey and Borders Partnership NHS Foundation Trust, Rotherham, Doncaster and South Humber NHS Foundation Trust and Merseycare NHS Foundation Trust.

The Hep C U Later Project Team is:

Danny Hames

Hep C U Later Strategic Lead

Candie Lincoln

Hep C U Later Project Manager (3 days per week)

Vicky Holden

Hepatitis C Elimination Coordinator - Midlands

Louise Hansford

Hepatitis C Elimination Coordinator - South

Simon Morton

Hepatitis C Elimination Coordinator - North

Robert Fair

Hep C U Later Data Analyst (3 days per week)

Using Data and Information to support elimination

In the last year we have focused on securing a monthly National Drug Treatment Monitoring System (NDTMS) data submission from across our APA members. This has been achieved and means we are now able to present and use data across our network. Work is ongoing with the National Drug Treatment Monitoring Team, Public Health England, NHS England and our ODNs to ensure the data captured is fully understood and utilised by all stakeholders in the achieving elimination.

Some key highlights have been:

- ✓ Developing and enhancing our Hep C U Later Power BI reports for APA members and key stakeholders.
- ✓ Providing training sessions for APA members and key stakeholders on 'how to get the most out of Dataset P'. This has enabled each service to have a data informed Hep C U Later action plan.
- ✓ Using Power BI reports with members to reflect back to each service the details of their patients who were showing as Hep C RNA+ to support a focus on moving patients into treatment.
- ✓ Facilitating deep dive data sessions with APA members to support the use of their data and targeting of resources. The PCR+ area of data has shown the need for better communication with the ODNs post treatment to ensure all sustained viral responses (SVR's) are entered onto drug treatment records. The Hep C U Later coordinators have been able to support services to get these pathways in place. Already collaboratively, we have been able to update successful treatment outcome in over 40 patients, with an ongoing commitment from each service to regularly analyse those patients showing as RNA+.
- ✓ An example of our data work and improving data quality has been our ability to reflect back testing rates to services. We showed one of our members who completed over 200 Hep C tests from June – October 2020 that their data only evidenced 7 of these tests. We worked with them and their system provider to correct this and this learning was then shared across the APA

" We can't thank Rob (Data Analyst) enough for showing us our Hep C data in this way. It allowed us to systematically correct it and create our action plan "

" I was shocked when I saw the amount of RNA+ as I knew it didn't reflect the work that has been done. Through using the training provided we have been able to evidence 75% of them have been successfully treated. Thank you "

Innovations supported through data include being granted access to the NHS HCV Testing Registry for 3 exciting projects. Postal testing initiative across 2 member's sites in partnership with Surrey Hepatitis Services ODN and our Wessex Hep C ODN Clinical Van project working across 5 drug services. The APA will be leading the way with entering testing information onto the registry, which will enhance patient care and enable us to robustly monitor reinfections moving forward.

What the data has shown us

In our impact report of May 2020 we had started planning for a restoration and restart of the project. As the last 12 months has shown the ongoing challenge of Covid has limited restoration. Despite these challenges APA members have provided data on a regular basis, this has not only allowed us to give a picture of how we are doing, but also by using the data to support 'deep data dives' exercises.

The data has shown the work of Hep C U Later has basically followed the Covid pandemic. When there was an easing in the pandemic restrictions we saw both testing and referrals to treatment increase.

Clients Hep C PCR RNA Negative Cleared by Treatment

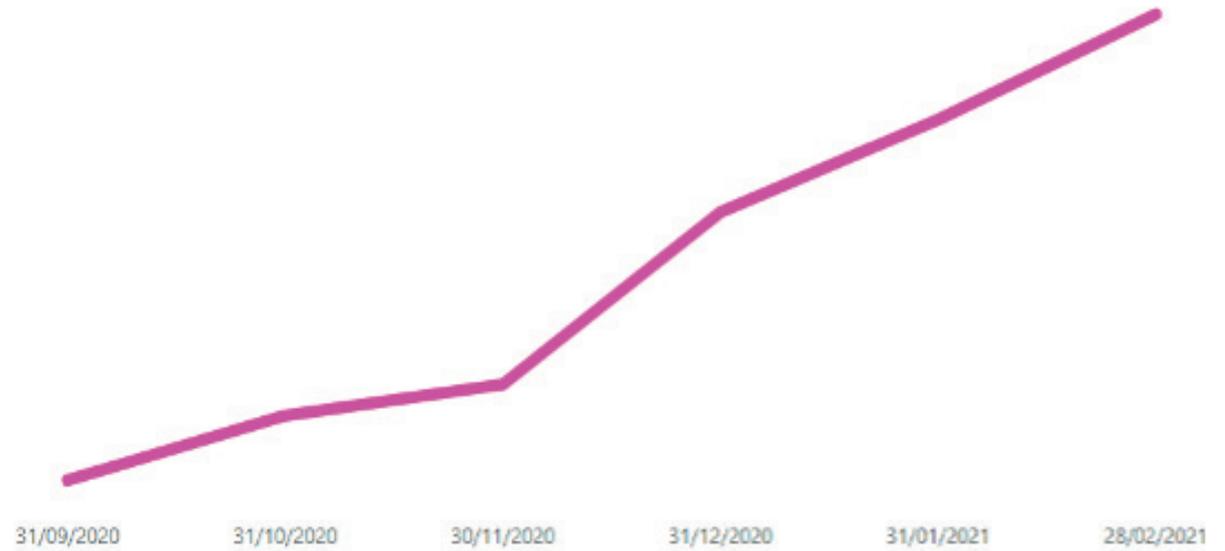


Figure 1

Testing across the NHS APA - Last 12 Months

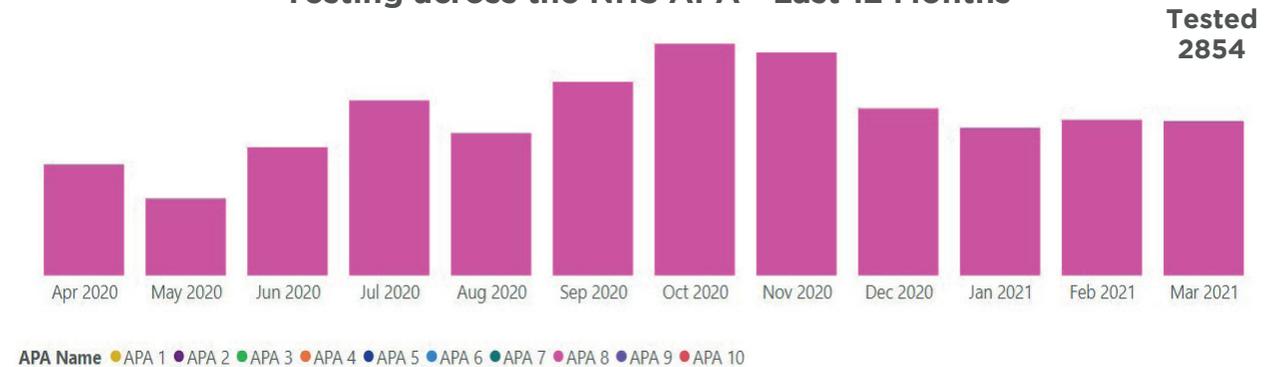


Figure 2

Clients Tested Last Year

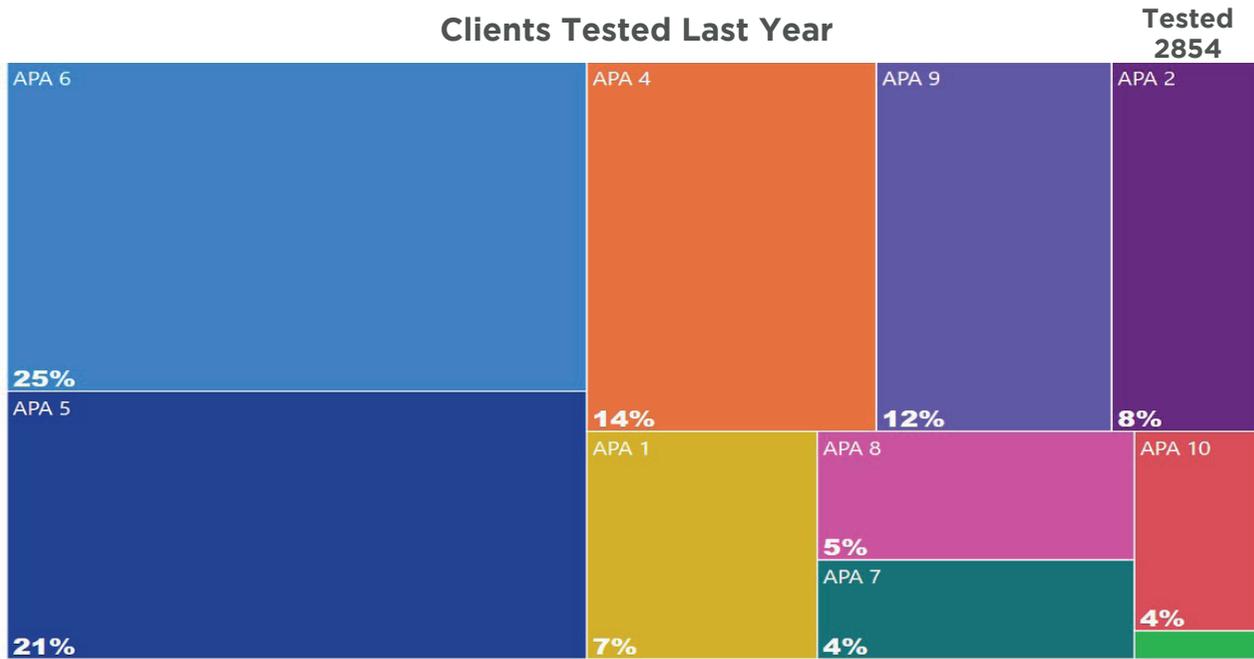


Figure 3

Clients Referred to Treatment in Last Year by Service

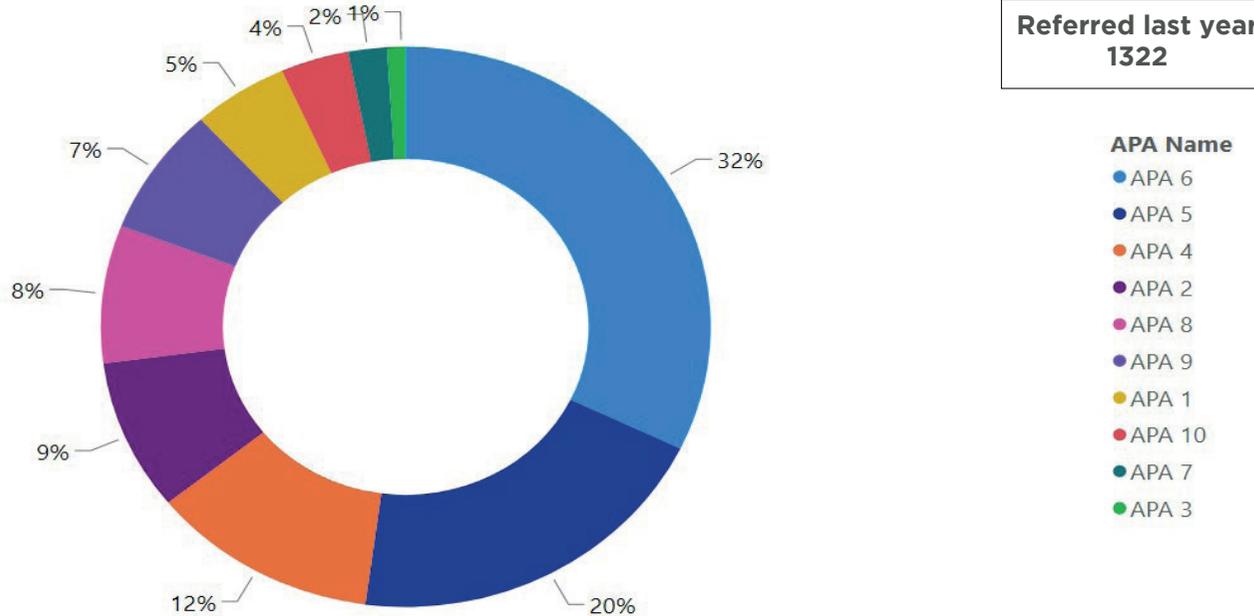


Figure 4

Fig 3 shows how many each of the members of the APA have tested in the last 12 months, Fig 4 shows how many have been referred to treatment

As we are now receiving data from all members on a regular basis we are able to look at trends, the most encouraging of these is the increase in clients with a RNA + test result being referred to treatment, since the beginning of 2021 has seen a month by month increase.

As we have got over the initial phase from a data perspective of collecting data on a regular basis, we are now able to make use of this data and work closely with APA members to improve their data quality and to support the work of the 3 regional co-ordinators in identifying and targeting treatment interventions. During the process we have also been working closely with the national NDTMS team to address some data anomalies that we have picked up, mainly on the number of historic clients who have been referred to treatment, this issue we are currently addressing.

The data provided by members of the APA has allowed us to undertake a programme of 'Data Deep Dives' (DDD), this has been made possible by the data being provided and the functionality of Microsoft's Power BI data analytics platform. Our initial DDD will be looking at clients who have a recorded RNA + test result and appear not to have been referred to treatment. To do this we will be working closely with the APA members and their front line staff to look for data anomalies and through the work of the regional co-ordinators address any issues around an individual client's journey to being Hepatitis C free.

Current RNA + Details

ASA Member
APA 5

Clients with current RNA + result
239

Positive RNA Referred to Treatment
118

Positive RNA NOT referred to Treatment
121

Client with RNA plus (red client tested over 12 months ago)				
Service	Link ID	RNA Plus	Referred to Treatment	Test Date
Service 28	34244	Positive	No	01/01/1900
Service 28	34244	Positive	No	01/01/1900
Service 28	34244	Positive	No	01/01/1900
Service 28	34244	Positive	No	01/01/1900
Service 28	34244	Positive	No	01/01/1900
Service 28	34244	Positive	No	01/01/1900
Service 28	68488	Positive	No	01/01/1900
Service 28	69159	Positive	No	01/01/1900
Service 28	73003	Positive	No	01/01/1900
Service 28	34244	Positive	No	01/01/1900
Service 28	74873	Positive	No	01/01/1900
Service 28	71521	Positive	No	01/01/1900
Service 28	63659	Positive	Yes	01/01/1900

Figure 6

RNA+ Referred to Treatment

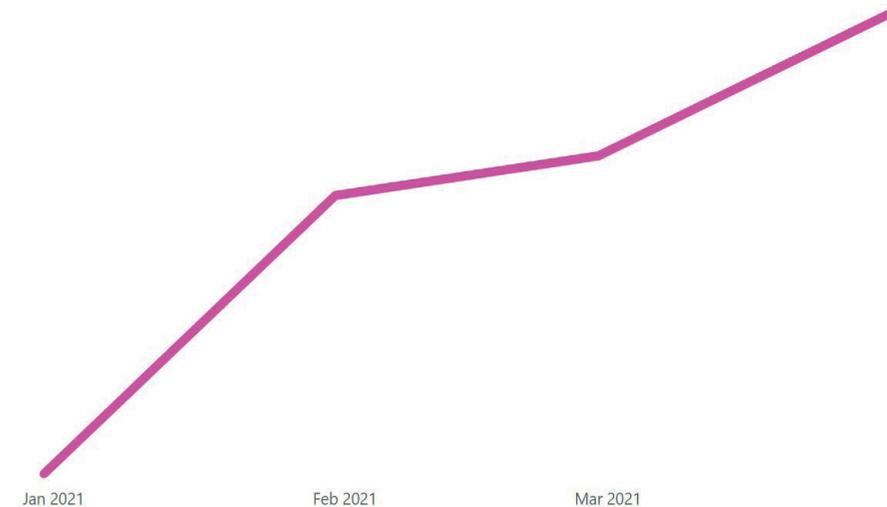


Figure 5

- Member Breakdown
- Member Snapshot
- Registered Clients
- Injecting Status
- Current Tested Clients
- Testing by Service
- Testing by Date
- RNA Plus
- RNA Referred (1)
- RNA Referred (2)
- Map RNA/Referred
- Substance Analysis
- Map Registered/Tested
- Map RNA/Referred
- Summary
- Report Help

Figure 7

Hepatitis C Elimination Report

Snapshot Report

1	Number of all clients registered and active with the service	26679
2	Number of all active clients who are current or previous injectors	10884
3	Number of clients tested with in last 30 days	212
4	Number of clients tested within the last 12 months	2854
5	Number of clients tested in the last 5 years	21527
6	Number of clients with a current RNA + result	1017
7	Number of clients referred to treatment within the last 30 days	271
8	Number of clients referred to treatment within the last 12 months	1322
9	Number of clients referred to treatment in the last 5 years	1502

Report Date 31/03/2021

The last twelve months have seen significant developments and progress within the North. The role of Simon as the Northern Coordinator was able to be fully refocussed since June 2020, following a temporary three month recall to Greater Manchester Mental Health NHS Foundation Trust due to a need to respond to the Covid 19 pandemic. The impact of Covid-19 on testing and treatment ambitions has been ubiquitous. Nonetheless, services have responded with energy, commitment and innovation. This is a summary of the work undertaken.

Greater Manchester Mental Health NHS Foundation Trust (GMMH)

Services: Bolton, Bury, Salford, Trafford, Cumbria

The Greater Manchester ODN have reported an ongoing and increasing engagement across the four GMMH Achieve services.

- With senior GMMH leadership a micro-elimination steering group has been established.
- A GMMH-wide action plan has been created to underpin this service wide push towards micro elimination.
- The GMMH Achieve Lead Nurse has been identified as leading on clinical development and is working closely with the Coordinator.
- Over the summer of 2021 HCV awareness training is being provided to all Achieve staff – a collaboration between GMMH and the Coordinator.
- A Hep C U Later Innovation Fund bid by GMMH to develop the peer and volunteer element of the HCV pathway is in mobilisation. Supported by the coordinator a Lead Nurse for Unity in Cumbria has worked closely in South Cumbria with local stakeholders leading to partnership working.
- This included in April the first clinical van session to find, test and begin treating people undertaken by GMMH Unity, the CNS, and The Hepatitis C Trust.

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)

Services: Doncaster

RDaSH joined the NHS APA in October 2020, and the Coordinator met with senior staff in November. RDaSH nurses work as part of the ODN CNS team. Since joining, RDaSH have electrified mutual discussions and planning between the ODN, The Hepatitis C Trust, and HepCULater. This culminated in two dedicated testing events in April using a clinical van outside of Aspire Doncaster's needle exchanges.

Cumbria Northumberland Tyne and Wear NHS Foundation Trust (CNTW)

Services: Newcastle, Northumberland, North Tyneside

- Coordinator instrumental in prompting and brokering an initial three-way meeting with the ODN and CNTW in October 2021.
- CNTW attending cross-service addiction provider meetings hosted by Gilead on behalf of the ODN in December.
- The Hep C U Later project through the coordinator have provided input to support the analysis of data relating to Hep C provided by the project Data Analyst which has been effective in helping a deeper understanding of data.
- Having recently demobilised one service resources are now focused in CNTW on their HCV action planning.
- Extra resources are being deployed across CNTW services to increase physical health interventions including BBV testing within CNTW services.
- Nominated CNTW leads to liaise with Hep C U Later Project work are being recruited to and will greatly aid their ambitions for micro elimination.

Pennine Care NHS Foundation Trust (Pennine)

Services: Stockport

- Pennine delivered on their Innovation Fund project, having been successful in the first wave of bids. The learning from this has been shared in a variety of forums, including on Future NHS, and with NHS APA members.
- Locally, there is an engaged steering group which meets bi-monthly and which comprises of commissioners, addiction providers, the ODN, Hep C U Later, Gilead, and primary care.
- An action plan is established which is driving towards elimination.
- Local joint ODN/Pennine 'test and treat' events begin in May.

Leeds and York Partnership NHS Foundation Trust (L&YP)

Services: Leeds

L&YP are the subcontracted provider to Humankind of specialist interventions within the Forward Leeds partnership. Humankind is the lead provider of drug and alcohol treatment, and L&YP provide specialist interventions around dual diagnosis, pregnancy, hospital in-reach, trauma-informed street outreach, and some alcohol primary care work.

The Coordinator along with the Gilead Patient Access to Care team have supported an awareness raising training session to the L&YP team alongside the Consultant in January. This prompted reflection within the team about possible HCV pathway developments they intended to explore which the coordinator is closely involved with progressing.

The recently appointed Midlands Coordinator Vicky engaged in meeting the teams and learning the areas and ODN offers. This post will develop in line with the North and South to facilitate and support the Hep CU Later programme of micro elimination.

Nottinghamshire Healthcare NHS Foundation Trust

Services: Nottingham

- Innovation project mobilised and going well
- Supporting ODN with their Capillary Blood Testing Validation and Verification
- Team Leader is developing training with us and resources being shared with the broader APA network.
- Social media deployed across Nottingham to ensure the correct people are receiving messages in respect of Hepatitis C services and treatment.
- Reinfection work commencing with training for rehab teams, needle exchange and treatment services.
- Postal kit pilot is now underway.
- Contact tracing work commencing with anonymous contact tracing and incentives for any service users bringing sharing partners into service with them.

Birmingham and Solihull Mental Health NHS Foundation Trust

Services: Wolverhampton and Solihull

- Mental health wards within the trust are about to pilot the inpatient testing processes. A pathway for testing and treatment has been devised and will support this. This has been added to the trust physical health policy.
- Virtual clinics have been taking place since December 2020 to ensure that service users continue to have access to the services at Pitt street in Wolverhampton.
- Solihull also have a similar pathway and the teams work closely together
- Strong links with The Hepatitis C Trust who are doing a lot of testing within the region within hostels.

North Staffordshire Combined NHS Foundation Trust

Services: Stoke

- Data deep dive due and collaborative working will take place to ensure this. CIR form completion is currently being audited for accuracy to support this process
- Recovery workers are being encouraged to support with DBS testing
- Discussions around social media and platforms to raise awareness of the success of the team and the positive work done.

Inclusion

(part of Midlands Partnership NHS Foundation Trust)

Services: Telford Stars

Inclusion Postal Pilot:

An initial 100 postal BBV testing kits have been procured to increase testing in Telford following the lockdowns. This is aimed specifically at those who have not been seen recently in the services and therefore not undergone testing for an extended period of time.

Inclusion Incentives Pilot:

A pilot has been set up in Telford to improve Hepatitis C treatment through the use of incentives at different stages of the pathway for those who have Hepatitis C diagnosed for a number of years but have so far declined treatment.

Mersey Care NHS Foundation Trust

New member since September 2020

Mersey Care joined the NHS APA in September 2020 following brokerage of a meeting which the Coordinator had achieved from the public health commissioner in Sefton. The coordinator secured an initial meeting with Mersey Care in February. Mersey Care are transitioning between operational leads and form part of the Hep C U Later Programme Board and are benefitting from the engagement of the Hep C U Later Coordinator and Data offer.

I tried the interferon years ago and it knocked me bandy and I stopped and didn't carry on. It put me off ever doing it again and I thought f**k it I'd rather die. Then me mates said there a tablet. I saw Nigel when I came for my drs and he told me all about it. He did me bloods there and then. About 3 weeks later he told me to come and collect my meds I took my tablets religious miss, every day for 3 months.. I've got wait see if it's worked in a few months. Dead easy though. This service is mega. Nigel and you are great.

This service is absolutely wonderful. I was scared and terrified when I was told I'd got hep. I was at rock bottom, living on the streets and using gear every day. I knew nothing about the condition and just thought that was it I was going die. I defo didn't think you could cure it, no way. Nigel was great, dead friendly and really put my mind at ease and he kept in touch throughout, I felt someone cared and that's just dead nice. There were no side effects and it went dead quick. Services like this really do work and I'm so very grateful. I have my blood test next week see if its worked. Fingers crossed eh.

Louise has really enjoyed the last 12 months in the southern region. It has been an exciting time as innovation projects have been planned implemented and subsequently won awards. We have shared best practice across the region and widened networks. Louise was privileged to win the Allison Thorpe award for translating evidence into practice.

South London and Maudsley NHS Foundation Trust

Services: Bexley, Lambeth, Wandsworth and Richmond

- All SLaM services fully on-board and committed to testing events, implemented onsite Hepatology clinic (hindered by Covid)
- Power BI being used regularly
- Linked in with The Hep C Trust peer support
- Regular meetings with service
- Empowered BBV lead to present at St Georges ODN meeting

Surrey and Borders Partnership NHS Foundation Trust

Services: I-Access

- Postal Testing initiatives innovation projects getting ready to mobilise
- Testing Registry access granted
- Van bid successful and being mobilised
- Onsite Inclusion Aldershot clinic running all through second wave, 16 people being treated since October 2019

Inclusion

(part of Midlands Partnership NHS Foundation Trust)

Services: Hampshire

- Cepheid machine secured with 2nd one arriving soon that can be used across the APA. To date 67 tests done, 13 positives of which 6 are retreatments – we believe 4 are reinfections and 2 compliance. 26 are SVR's

Services: Isle of Wight

- Van being used for testing, needle exchange and treatment
- 2-day event with van in May 2021
- Contributing to Wessex van and testing initiatives

Services: One Recovery Buckinghamshire

- Data dive done with One Recovery Bucks
- Linked in with The Hep C Trust Peer Support
- Mary Parkes won the British Journal of Nursing Innovation Award 2020

Services: Visions Thurrock

- A deep dive into BBV data is being planned, initially at Inclusion's Thurrock service, to systematically focus on areas of high priority for testing, referral and data correction in conjunction with the Hep C U Later Data Lead and Coordinators.
- A meeting has been planned between Hep C U Later and Inclusion to develop a tool which can assist staff in correctly recording BBV data.

A woman in the New Forest had 8/12 weeks of HCV treatment in 2018 we had not been able to get any post treatment bloods. This was partly due to venous access but also due to her chaotic lifestyle. We secured a new testing machine from HCV Elimination and Covid response funding. We visited her at home and carried out a point of care test done that showed her HCV had been successful. She cried, for 3 years she had believed it was another thing she had failed at.

A successfully treated woman in 2019 had put herself at risk due to lack of needle exchange provision during Covid. She was visited her in rural Andover, provided needle exchange and retested her, we confirmed she had been reinfected with HCV, and arranged for her to be retreated taking her medication to her. A man in Gosport was dispensed naloxone, which was used several days later to revive him after an opiate overdose.

Avon and Wiltshire Mental Health Partnership NHS Trust

Services: Bournemouth, Christchurch and Poole / Dorset

- Data support given to providers, 2 more innovations projects being mobilised Mental Health Engagement Worker and postal testing
- Testing events in rural locations
- Supported Traveller inequality project
- Linked in with The Hep C Trust peer support

Services: Bristol

- Worked closely with stakeholders to address barriers within pathway, hosted whole ODN consultation event. AWP secured funding via Terrance Higgins Trust to carry out testing events in Bristol
- Van bid successful and being mobilised
- Working with PHE South West on Capillary Blood Testing
- Linked in with The Hep C Trust peer support

Services: Bath

- Bath innovation project of pop up clinics getting ready to mobilise
- Linked in with The Hep C Trust peer support

Central and North West London NHS Foundation Trust

Services: Hounslow, Hillingdon, Brent, Ealing, Club Drug Clinic

- Hounslow outreach clinic started and A&E innovation project being mobilised. Linked in with 2 other A&E testing pilots
- Linked in with The Hep C Trust peer support
- Training events delivered

Services: Milton Keynes

- Service Transferred during Covid
- Onsite clinic
- Testing events

Services: London

- Completed video for London Joint Working Group conference
- Scoping out reinfection rates

Nationally across Hep C U Later

- Linked in PHE UAM survey with several providers
- Working with PHE and NHSE on testing registry
- Working with national NDTMS team
- Data Webinar planned
- NHSE Prevention Group
- Low Dead Space Syringe Task and Finish Group

Innovations Bids

Mobilising



Current



Complete

Avon & Wiltshire Mental Health Partnership NHS Trust - Pop Up Clinic Year 1 funding

'Pop Up Clinic' model won the BJN Hepatology Team of 2021. Pop-up's June – mid October 2020. 20 lockdown Pop-up clinics delivered in the community over 4.5 months, across Dorset, Poole, Bournemouth, Weymouth, Swanage and Blandford. In hotels where homeless had been housed, supported housing hostels, church halls / car park in Weymouth and on the clinic bus/van.

Engaged 222 individuals (patient contacts 247)
Treated 68 patients directly from these clinics
Only small numbers lost to follow-up or failed to complete treatment (data still to be analysed)
Total of 156 patients Treated in 2020 42 prior to pandemic starting (Jan – April)
Pop Up clinics 2021 recommencing June 9th

Pennine Care NHS Trust

The service's Nurse Consultant and representatives of the local Operational Delivery Network engaged a cohort of people who had lived through old protocol hepatitis C treatment. They identify key documents within the service record for each patient and created a practical framework for identifying and stratifying 'hidden' historic risk factors. 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

Data analysis showed harm reduction advice as is is not sufficient, especially among those with a high-risk profile who test negative and often have to retest after re-exposure. People in the primary drug pathway were unlikely to possess the information they needed to make informed choices. Also a small, but very significant group had very high-risk exposure and needed to be tested quickly. This included people with previous injecting behaviour who had not declared it in their recent risk history. The learning for the service was the need for further work to focus on increasing education, communication, and engagement for those people who need these services in the form of enhanced treatment offers, and peer to peer support.

Awards

- Translating evidence into practice: The Allison Thorpe Award in the UKPHR Innovation in Public Health Awards 2021 - Winner.
- Shortlisted for the Award Improving Public Health Practice in the UKPHR Innovation in Public Health Awards 2021 together with Hampshire Commissioner.
- Leading on Wessex Van project, due to be mobilised April 2021, ground breaking and only van being coordinated by Drug Service rather than ODN. Testing Registry access granted
- Royal Surrey Hospital won in partnership with Inclusion and Surrey and Boards
- Surrey ODN won Nursing in the Community - Nursing Times Award 2020 and Parliamentary Award
- Parliamentary Award, British Journal of Nursing Award 2020 and 2021,
- UK Public Health practitioner Award shortlisted and Nursing Times
- Leeds and York Parliamentary Award for Health equalities

Hep C U Later Project Review - Global

In last year's report, we first laid out in detail our commitment to collaborative and partnership working, and our successes in the first year. This second year has seen HepCULater firming up and extending those foundations.

Our successful partnership this year has been at different scales, both at individual 'relational' levels but at structural levels as well. The individual level is shot through the work of the coordinators as described in the regional reports. This section speaks to some of the structural elements.

Throughout, the project team has aimed to strike a balance between 'leading' and 'managing' within a complex environment which includes NHSE, Gilead, The Hepatitis C Trust, the ODNs, the APA member Trusts, and the project team's own work programme. We understand that senior and clinical leaders are instrumental in achieving successful change. This is the case in particular in partnering, where engagement and influence has to cross policy, commissioning, provider, and science boundaries. Front-line staff not only need to have faith in their own organisation and senior managers but also in those of their partners. Consequently, this year we have put a lot of work into dissemination a clear rationale, and getting a sense of shared purpose through a variety of forums and channels.

NHSE was invited to join the HepCULater Board. We were delighted that the HCV Programme Lead Mark Gillyon-Powell accepted the offer. This has enhanced communication and mutual understanding.

Gilead and HepCULater met regularly, not only in ongoing 'field work' between the coordinators and the PAC team but also in strategic developmental meetings. Productive planning sessions have covered NHSAPA : Gilead PAC - Service / ODN Joint Action Planning - ways of working in 2021; opportunities for refinement of Coordinator Reports to board; Power BI reports - turning data into information; Self-testing / postal testing models; Year 2 Bids roll out and Year 3 - data, pop-ups, HepCULater plans; and Regional Focus: Challenge and Transferability.

HepCULater has also been a regular attender of and contributor to the DTS Provider forum - strategy group. Joined by third sector colleagues from the major national addiction charities, and NHSE colleagues including Professor Graham Foster, and chaired by Gilead, this has proved to be an extremely beneficial forum the exchange of information and mutual updating. Its relative, collegiate informality has been a factor conducive to the building of trust and the sense of shared purpose between us. Discussions have ranged over a variety of topics, from reinfection rates to definitions of micro-elimination.

The Hepatitis C Trust remains a key partner for us both relationally in the 'field' and strategically. In a similar fashion to our Gilead meetings, we have met together regularly as a team with an agenda and planned our work together. Discussions have covered Organisational Updates; Regional Updates (share best practice/issues for escalation/identify areas of need); Contracting changes (enabling continuation of care); and Opportunities for national joint working/media/engagement with NHSE.

We held a 'Vision Event' in April where we were joined by senior colleagues from member Trusts and from Gilead. We imagined this as an opportunity to reset the HepCULater programme post-Covid together; to celebrate the further opportunity to eliminate HCV in partnership; and to reaffirm to each other why we need to do this: our shared purpose. Feedback from the event was excellent, and importantly helped distil members' action plans into a list 'top three priorities'.

We presented and held a dedicated workshop at the annual NHS Addiction Provider Alliance Conference.

We produced a video for the London Joint Working Group, we also spoke at HCV action in May.



We know that trust will always be the key to successful partnerships. But much like the trust between the patients of our member Trusts and their treating clinicians, this takes time to build. We will continue to be sensitive to our partners' unique and varying capacities, pressures, and cultures. And we will continue to foster trust through being open and transparent about what we do, and what hope to achieve.



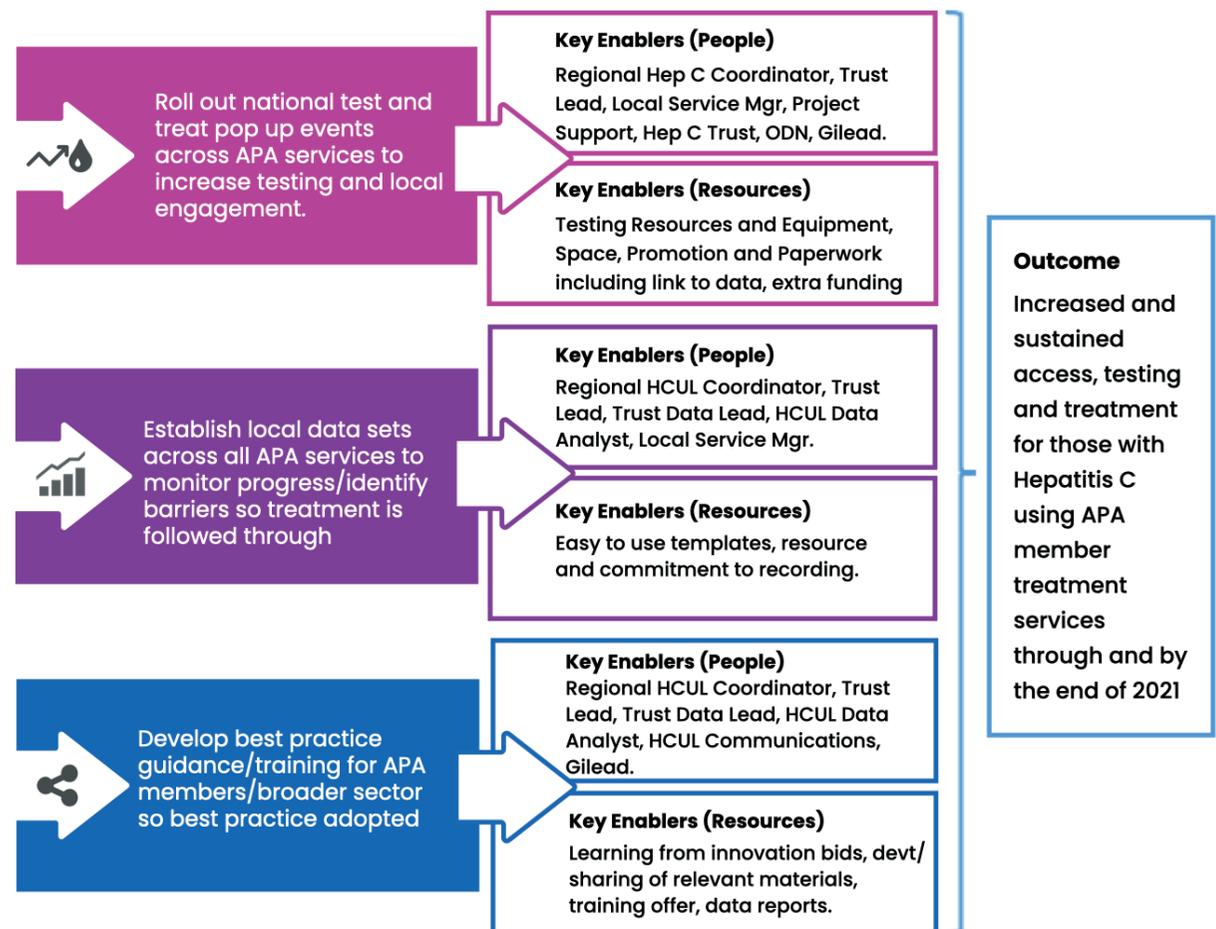
Covid-19 impact and restoration

As would be expected the Covid 19 pandemic has had a significant impact on the Hep C U Later project, ODNs and NHS England's ability to move forward as quickly as would have been hoped with its quest to eliminate Hepatitis C. Across the drug and alcohol treatment sector and within Hepatitis C treatment services for the last twelve months services have been stepped down and redeployed.

However, despite this as much as possible efforts have been made to build and develop the projects capacity to ensure that as we move on from Covid 19 that the project and its member trusts can restore and recover services as soon as possible. The pandemic has also led to different ways of working and innovations to increase the capacity of services to access, test and treat individuals. With the rapid introduction of the vaccination programme trusts across the Hep C U Later project are now on a trajectory to steadily restore services. The focus of the project is to support member trusts as they restore services to place the provision of Hepatitis C services as a key priority within the re-establishment of services ensuring month on month an increase in testing and treatment.

Hep C U Later Project -Year 3 plans

Recovering the ground lost due to Covid 19 is essential as we go into the next twelve months of the Hep C U Later Project. The diagram below illustrates the key focus for the project moving forward. Fundamental to this is the establishment of action plans between the Hep C U Later Project and each member trust that illustrates the commitment and actions to achieve elimination in their services. This is further supported by monies being allocated to each trust – both to support initiatives and provide incentives for achieving these actions.



HEP C U Later

Marketing Campaign

Hep C U Later is the brand name of the programme which encompasses our shared ambition to eliminate Hep C. The bespoke Hep C U Later marketing and communications campaign looks to raise awareness, showcase excellence across NHS

Addictions Provider Alliance member Trusts and support the ongoing activities both offline and online.

The communications aim to reduce barriers, increase awareness and educate those at risk, of treatment options, removing myths and helping to encourage and engage them into treatment.

This report focusses on the performance of Hep C U Later across its digital platforms. The website and social media accounts were started January 2020 and have grown in interest and gathered momentum with the content being shared.

Social media accounts were created to support the hep c elimination programme and to deliver on the 4 key messages identified above. We look ahead, with a continued commitment to the key messages and support to say Hep C U Later as our services across the NHS APA strive for micro-elimination.

The platforms currently being used include:

- Twitter
- Facebook
- Website

The key messaging identified for the Hep C U Later campaign includes

1. HCV can be eliminated and we aim to do it
2. We are NHS APA - NHS bringing Care, Quality, Trust and are Dependable
3. What 'at risk' behaviours are and how to reduce risky behaviour
4. Treatment is quick, easy and accessible

The physical merchandise continues to be received well, and the number of people, including frontline staff, partners and service users taking part in the 'selfie frame challenge' continues to grow.

Hep C U Later has been leading the marketing and communication workstream for the drug and alcohol providers forum. This is a collaborative of the NHS APA member Trusts and non-NHS service providers with a shared ambition of achieving hep C elimination.



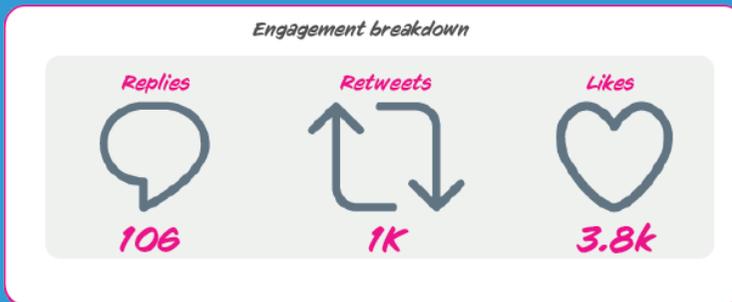


TWITTER

The rationale for the Hep C U Later twitter account was to target an audience of professionals and influencers within the hepatitis field whilst raising awareness of the programme of work and the Hep C U Later brand.

There has been an increase in followers as seen below to 362, which doesn't seem a significant amount on its own however coupled against the backdrop of having in excess of **4.7k profile visits** and **280K impressions** from tweets alone this is a positive and significant step forward. There have been in excess of **4.9k engagements** over the **415 tweets** in the last financial year and the breakdown illustrates there has been **over 100 replies**, **3.8k likes** and a huge **1k shares** of the content.

A collaborative approach to our online presence from the designated Hep C U Later accounts along with NHS APA Member Trust's accounts saw excellent analytics for World Hepatitis Day in July 2020 and will be used as a foundation for this years. Social media and online messaging is organic, unpaid postings illustrating success against the aims.

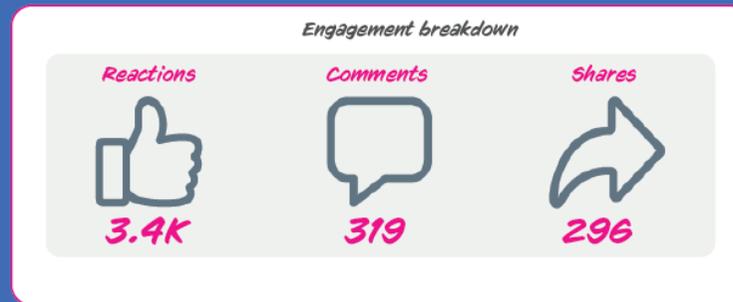
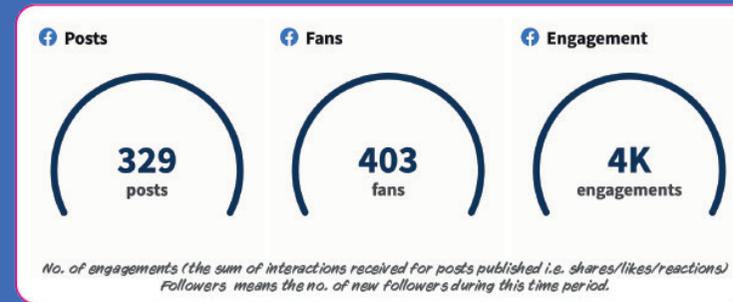


Facebook

As identified above, the Hep C U Later Facebook account was predominantly set up with the concept of targeting service users to (i) raise awareness of HCV and (ii) provide a 'call to action' with advertising of pop up clinics or face-to-face testing events which have been impacted by Covid 19.

Over the financial year there were 329 posts, there are 403 fans and engagement has reached over 4k. The engagement breakdown shows the majority of engagements have been reactions to the Facebook posts (such as like, heart, wow emoji options) with 319 comments and nearly 300 shares of the content. As with

the Twitter review, the most successful day was World Hepatitis Day activities in the week leading up to and following it.





www.hepculater.com

The website was launched in January 2020 and has continued to grow since its inception.

The website, hosts information about what hep c is, those at risk, testing facilities across the NHS APA sites, and success stories from those who have been treated and have successfully said 'Hep C U Later'.

The analytics tell us there have been over 2.2k visitors in the last reporting year and an overwhelmingly 45% of those have gone directly to the website. This illustrates that those people have known the web address and typed it in directly. 11% of the visitors are coming from social media and with nearly 6% of those from Facebook. A further 17.8% are using search engines.

Nearly 92% of the website visitors are new rather than returning visitors which would suggest the name, brand and programme continues to grow in profile.

Total no. of visitors
2,238

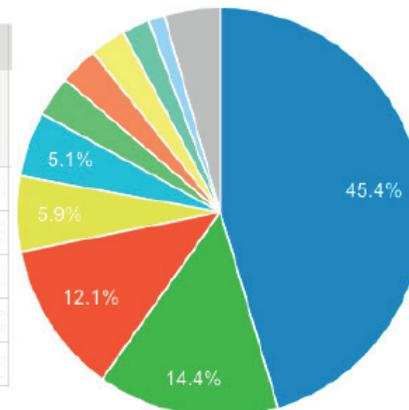
No. of sessions
2,687

Page views
4,653

Pages per session
1.73

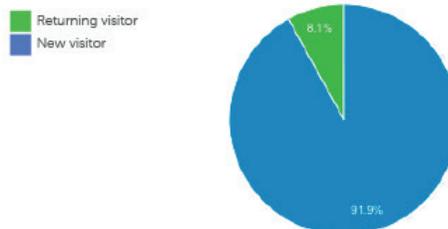
How people visit our website What source or medium do they use to get to it?

Source/Medium	Users	Users
	2,238 % of Total: 100.00% (2,238)	2,238 % of Total: 100.00% (2,238)
1. (direct) / (none)	1,042	45.40%
2. hepculater.co.uk / referral	331	14.42%
3. google / organic	277	12.07%
4. m.facebook.com / referral	136	5.93%
5. nhssmpa.org / referral	118	5.14%

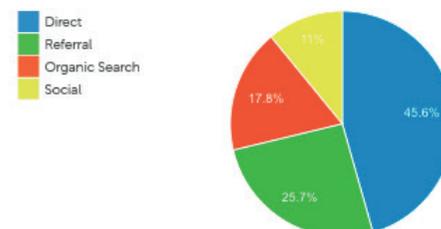


This shows the top 5 sources/medioms used to access the website. Over 45% of the visitors are coming direct (typing in web address) which indicates knowledge of Hep C U LATER brand and web address. 14% are searching via google and just over 5% coming from both Facebook and NHS APA website.

How the website is being used: new and returning visitors



How the website is being used: acquisition - how are they finding us?



Conclusion

As is clear to see from the report this has been no usual year. The challenges presented being significant and entirely unexpected when the Hep C U Later programme was conceived and initiated. Despite this, much progress has taken place; relationships and partnerships strengthened utilising the opportunity presented by working virtually. This flexibility greatly increases the ability of the unique Hep C U Later network to collaborate, share best practice and drive Hep C elimination across its member trusts. In that I must thank the ongoing support and input of ever growing membership of NHS trusts, Gilead our initiative partner, The Hepatitis C Trust and the NHS England Hepatitis C Programme Team. I would also like to thank the Hep C U Later Programme Team and those associated with the ongoing Hep C U Later Campaign work - their zeal and commitment to this mission is inspiring.

As we hopefully step away from the worst limitations of Covid 19 the challenge is clear for the Hep C U Later Programme and its member trusts - that of the need to rebuild and energise our mission to eliminate Hepatitis C in our community drug and alcohol treatment services after Covid 19.

The steps to achieve this are clear:

1. Share and embrace best practice across our collaboration
2. Use data and information to target our efforts and demonstrate success
3. Increase testing, treatment and recovery to levels above pre pandemic levels by diversifying testing methods, creating momentum through High Impact Testing Events and taking advantage of proven delivery models across the collaboration,
4. Build strong partnerships with ODNs and system partners that enable effective and accessible clinical pathways
5. Take advantage of the resources, expertise, influence and support the Hep C U Later Project can provide you with in the pursuit of micro elimination

I am excited by what we can achieve in the coming year and as ever look forward to working with all associated with our aim of micro eliminating Hepatitis C.

Yours truly

Danny Hames

Chair of the NHS APA and Strategic Lead of the Hep C U Later Programme.

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