









## Drug and Alcohol Standards for HCV/BBVs (England) – Quick Guide\*

The **Drug and Alcohol Service Standards for Hepatitis C Virus (HCV) and other Blood Borne Viruses (BBVs) (England)** (v1.0, November 2022) have been agreed by six of the largest providers of drug and alcohol services in England and in collaboration with The Hepatitis C Trust.

These are based on eight core standards (as shown) for provision of HCV and BBVs healthcare and set out **Essential** (✓), **Aspirational** (✓✓) and **Exceptional** (✓✓✓) criteria for each standard.

Standard	Essential ✓	Aspirational ✓✓ (having met 'Essential')	Exceptional ✓✓✓ (having met 'Aspirational')
 <b>1. BBV Leads</b>	BBV Lead	Funded BBV Champion in addition to a BBV Lead	More than one funded BBV Champion as well as a BBV Lead
 <b>2. BBV Screening as core business</b>	All individuals offered BBV tests and routinely re-tested; screening is responsibility of service	Dedicates resource to testing activities; promotes testing/HITT events	Programme of testing events; outreach vehicles to further engage people
 <b>3. Data and recording (Testing and Treatment)</b>	Minimum monthly reporting, data reviewed monthly, data lead in place	Structure in place to report data against Micro Elimination criteria; data guides BBV actions; data sharing agreements in place	Time is committed on a monthly basis to data cleansing and corrective actions
 <b>4. Collaborative working with The Hepatitis C Trust</b>	Well-established pathway to enable working with Hep C Trust which is documented and accessible to all staff	Receives regular support from and attendance at team meetings by Hep C Trust representatives	Works collaboratively with Hep C Trust on testing events/other activities, representation at MDTs
 <b>5. Staff and service user knowledge</b>	Standardised training resources about BBVs available which is reviewed annually; information available to service users	A range of training available; service user education available via psychosocial groupwork programme	BBVs training mandatory, advanced learning is encouraged; Hep C Trust peers support service user knowledge
 <b>6. Collaborative working with treatment providers</b>	Treatment pathway is clear and understood by all staff; staff regularly liaise with clinical treatment teams	Hep C treatment pathway centres on in-reach model, provision at least monthly; flexible model for medication supply	Hep C treatment provision weekly; caters to in-reach and out-reach models
 <b>7. Harm reduction and re-infection prevention</b>	Responsibility of all staff to provide harm reduction/re-infection prevention; NSP available to all service users	Injecting behaviour openly discussed; staff directly trained in providing NSP, safer use of needles & syringes and re-infection; peer-to-peer support	NSP available online/other methods; records NSP activity to support ongoing harm reduction/re-infection education
 <b>8. Service user participation in feedback &amp; evaluation</b>	Service users encouraged to provide feedback; Hep C Trust peers advocate presentation of BBVs experiences	Promotes collaborative approach to delivery of BBVs testing and treatment with service users	Encourages proactive sharing of BBVs testing/treatment experiences; develops PREM to assess service user experience

BBVs, blood borne viruses; DAS, drug and alcohol services; HCV, hepatitis C virus; HITT, High Intensity Test and Treat; MDTs, multi disciplinary teams; NSP, needle syringe programmes; PREM, patient-reported experience measures

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\*Information in this poster has been summarised from each Standard. For full details of criteria for the Standards, please refer to the complete document. Drug and Alcohol Service Standards for Hepatitis C Virus (HCV) and other Blood Borne Viruses (BBVs) (England) has been developed and funded by Gilead Sciences Ltd in collaboration with representatives from Gilead-partnered DTS providers and The Hepatitis C Trust.