

HEP C U Later

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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) and an innovative collaboration with Gilead Sciences.



- The NHS APA is a collective of NHS addictions service providers who are working collaboratively with service users, carers and other organisations and are committed to contributing positively to the ongoing development of the addictions field including within drug and alcohol, gambling and gaming treatment.

Hep C U Later have been working with Avon and Wiltshire NHS and the Bristol Drugs Project (BDP) to cleanse their data and identify the people with historic untreated hepatitis C. At the start of this work in April 2022 there were 255 people listed with a positive RNA result. Through a robust data piece, alongside Jess Oke (BBV nurse at BDP) carrying out treatment assessments, we were able to identify 75 people who had achieved a sustained viral response (SVR), meaning they no longer had the active infection. Further work identified those service users with the highest support needs and many of them had been hepatitis C positive for over 10 years and therefore are at a higher risk of liver damage. To address this Hep C U Later and the Bristol Operational Delivery Network (ODN) joint funded a Hepatitis C Assertive Engagement Worker.



In this section Georgia Woodcock, Hepatitis C Engagement Worker for the Bristol Drugs Project (BDP), talks in her own words about her experience in this role.

Can you tell us a bit about yourself and why you applied for the job?

I have been working in drug treatment services for about seven years in total now and spent the last four previous to this providing opiate substitution therapy. I've always enjoyed doing BBV testing and helping people in that way. It feels like a nice thing to do that is tangible. When the job came up it was enticing because I've spent the last few years sat behind the desk helping people and this job is out in the community, and I've got a lot more freedom to use different approaches to support people with hepatitis C and getting people treated.

Brilliant. So what have you achieved so far?

I think we're getting down to the people that are sometimes the hardest to reach. There has been a lot of work completed to get people treated and I feel like we're getting to the people that need a bit more support.

One of the simplest but most effective solutions has been to address the high number of people who do not complete their telephone assessment for treatment. I identified some of the reasons for this and put in a solution where I've been going to people at the time of their phone appointment with the hospital so that the hospital can ring me and they can speak with the client. I have been able to explain the process, any medical terms and offer reassurance and support.

I picked a man up from his begging spot, drove him to his hospital appointment and took him back to his begging spot last week.

Just today I supported three different people with their assessment phone calls and while I was there I spoke to them about opiate substitute prescribing, again offering support and reassurance. All three provided me with urine samples to be screened at their GP which will enable them to access opiate substitution therapy. I gave them locked boxes and naloxone, so a real holistic approach.

We have also used the find a friend scheme which has already picked up new infections.

What's been the most challenging for you?

I think for me the most challenging thing has been that I've spent years hearing about people's lives and what it's like at home for them, and I think the challenge for me has been actually seeing it.

Particularly one gentleman who's just really poorly with his alcohol use and he's unable to look after himself. It brought up a lot of safeguarding concerns which I obviously act upon and escalate.

I have had clients tell me they are hoarding things or when people speak to you, they sort of say their house is a bit of a mess, and actually, when you see that, what that actually means, it can be very sad and knowing I cannot solve everything for them. That has been a personal challenge.

What's been your most rewarding moment so far?

There's one particular gentleman who has difficulty swallowing. I think the hospital tried to get him the granule treatment and they've not been able to get them for some reason.

Lots of people have been trying to support him and I may not have done much but I think I did help just in terms of keeping him up to date. He's been really motivated and he's been wanting treatment since way before I met him. But since I've met him he's been contacting me asking what's going on, and he's working towards going to rehab. And just getting him to a point where he's actually got his hepatitis C treatment, I delivered it with a tablet crusher for him. He was so pleased, he felt heard and valued and was relieved he can finally move on. To him, his goal is to get the treatment started if not completed before he goes to rehab and I have been a part of that journey.

I didn't want to talk much about data because it's not very exciting, but the numbers are looking really good and each month I wait for the new report of how many people have been treated.

Well congratulations as between you, Jess Oke, the ODN and The Hepatitis C Trust the number of people with a RNA positive result in the Bristol Drugs Project is now under 100 for the first time in over 5 years!

With the couple that I saw today, they've had mobile phones and they've just struggled to keep hold of them, so the best thing was to go to their address. This is the third time I've gone to their address, to enable their assessment phone call to happen and you know I went by on Monday. I was in the area today. We just have to persevere and we will get there.

The Hep C U Later team would like to thank everyone who has collaborated in Bristol for their vital work.

Achieve Treatment and Recovery Services, part of Addictions Services at Greater Manchester Mental Health NHS Foundation Trust, held six blood borne virus testing events across four sites for the NHSE Needs Assessment Project. As well as testing in our service, we arranged outreach testing in seven community pharmacies who dispense opioid substitution treatment (OST), and in five hostels.

In total, we tested 160 service users over the six testing events. At the first event, we tested 49 people as we had arranged testing in two community pharmacies and in one hostel. As the events progressed, we were delighted to hear that we had reached our target for testing after only three of the six testing events!

We were so grateful for the assistance we received from a range of organisations, which had been arranged by the Hepatitis C Operational Delivery Network Manager. We had two members of staff from the Operational Delivery Network allocated to each testing event which was a huge help. We also had members of the team from the Hepatitis C Trust and from the Hep C U Later team at each testing event, as well as staff members from the Clinical Team at each Achieve site.

We could not have tested the numbers of people we did without the support of everyone involved. It was a brilliant opportunity to develop relationships with colleagues from the Hepatitis C Trust and Hep C U Later and plan next steps for collaborative working to achieve hepatitis C micro-elimination in our services.

We are currently awaiting the results, but we are in close contact with the Operational Delivery Network in preparation of these being released to us soon.

Alison Hardie, Lead Nurse, Achieve Bury, Bolton, Salford and Trafford (GMMH)



In July 2022 Hep C Later launched the Hep C U Later awards in recognition of the hard work, innovation, collaboration and commitment of individuals and organisations across the sector. We were pleased to announce Hayley Curran from Merseycare NHS Foundation Trust was the winner of the Best Improvement Award. Hayley has shown an unwavering commitment to micro-eliminating hepatitis C in her service and as a result Merseycare NHS Foundation Trust are now very close to micro-elimination.

See Hayley's summary of the work they have completed to get to this position below:

Hep C testing was always difficult to manage as staff at Brook Place weren't trained to test patients on site, there was no designated person to take the lead and how to record Hep C data wasn't clearly clarified.

Since becoming Hep C Lead in January, we have collaborated with the Hep C Trust, Gilead Sciences, Hep C U Later and Royal ODN Nurses to work together in the drive to becoming Hep C free by 2023.

To make this achievable a lot of hard work and dedication has gone into data cleansing mismatched data, identifying clients that have never been tested and test, follow up known positives that needed treatment and follow up bloods after treatment has been completed.

We have trained staff on how to antibody and dry blood spot test patients, developed staffs Hep C knowledge and skills to offer support and advice to patients and trained staff on how to correctly record Hep C positive and negative results data on CIR forms for DET system.

We have had a few drive days at Brook Place to test patients, offer incentive vouchers, promotional literature, toothbrushes/paste and fresh fruit to encourage testing. We also have peers who can pick patients up in the community for testing, take nurses to home visit patients to collect samples and speak to patients to offer support and advice.

In terms of data, we receive lists of patients outstanding to test and treat from the Hep C U Later team each month. This data is inputted and managed from the DET system.

Since January 22 we have updated, followed up, tested and treated over 700 patients and now we have 45 left to capture. This means we are one of the groups in the North West on target to becoming Hep C free by 2023.

Our plan is to continue:

- Managing the recording of data on a daily basis
- Coordinate 3 monthly drive days at Brook Place
- Continue to routinely test patients yearly
- End of November we are receiving a Cepheid machine from the Hep C U Later team for 4-6 weeks to mass test patients at Brook Place, home visits and hostels/outreach sites. This will help us reach our target early new year.

Hayley Curran (Merseycare NHS Foundation Trust), Winner of the Hep C U Later Best Improvement Award



A recap of the data forum and NHS APA conference

On the 30th September Hep C U Later held their second data forum for the NHSAPA members, led by David Cupit (Commercial & Information Lead for Inclusion).

The data forums are essential for drawing data leads and blood borne virus (BBV) leads together to discuss common issues. At the latest data forum Chris Heaps (Hep C U Later Data Analyst) demonstrated how the NDTMS data return that Hep C U Later reflect back to NHSAPA members can be used to help focus the work that is needed to reach hepatitis C micro-elimination. The NDTMS data return can show data errors, areas to audit and who requires a test.

Louise Hansford (South & London Hep C U Later Coordinator) discussed the use of the status 'assessed as not appropriate to offer' and provided a first look at the draft flowchart the team are designing to support staff in using this status appropriately.

At the time of the data forum the NHSE Needs Assessment Project had recently commenced and the learning from a number of NHSAPA Trusts was shared. It was recognised that each member would have a different approach to staying on top of the data elements of the project but that it was essential to make sure that the data entry was robust to safeguard the care of service users.

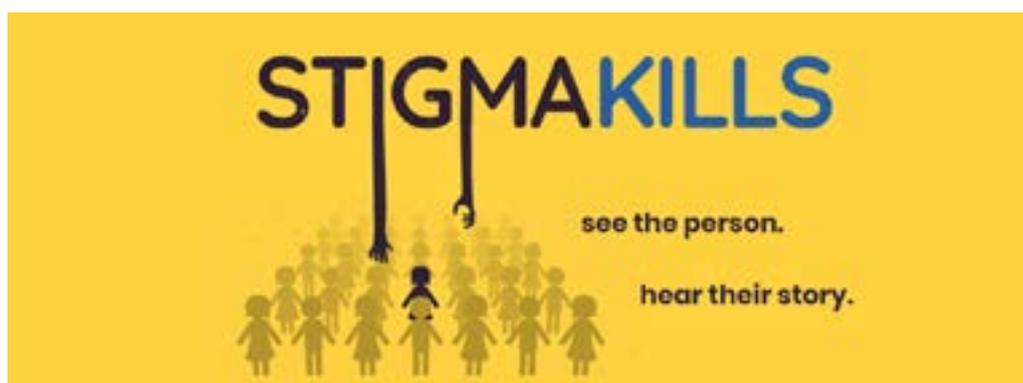
The Hep C U Later team are always happy to discuss data, if you would like to understand the data better please get in touch with your Hep C U Later coordinator.

The NHS Addictions Provider Alliance (NHSAPA) held their annual conference in November. This conference was focused on stigma and had an array of incredible speakers.

Danny Hames, Head of Inclusion and Chair of the NHSAPA opened the conference setting the stage for the need to address stigma in drug and alcohol services and Roy Lilley gave a thought provoking and emotive introduction.

The Hep C U Later team were privileged to present at the conference and discuss the project, how stigma affects people who have hepatitis C, and what steps the Hep C U Later team are taking to tackle stigma.

The conference featured fascinating presentations on gambling, social cohesion, reporting on substances (media toolkit), mental health and some incredibly emotional presentations from the Recovery Wellness Collective on 'stitch away the stigma' and George Charlton on 'the impact of stigma and trauma on people who use drugs'. To watch the NHSAPA conference presentation on demand visit: [Annual Conference 2022 | NHS APA](#)



The Hep C U Later team were privileged to attend the three day INHSU conference in Glasgow in October. This was an opportunity for the team to absorb the incredible global work and research from experts in their field on harm reduction, health and hepatitis C amongst people who use drugs.

It is impossible to cover the sheer depth and level of information, and the inspiring atmosphere of the conference, in a few short paragraphs. So, instead we will pick a few highlights from the programme.

Niamh Eastwood from Release gave an exceptional presentation on day one of the conference on how policing policies can result in increased drug related harm with minority groups often being the worst affected. An afternoon session, 'four nations, one aim' led by Mark Gillyon-Powell (Head of Programme for NHSE's HCV Elimination Programme) showcased the efforts of England, Scotland, Ireland and Wales and their progress towards hep C elimination in the UK.

Day two of the conference saw some impressive presentations on approaches to hep C elimination from across the globe including Georgia, Iceland and Scotland. We heard about the use of bio-behavioural surveys in the UK (Monica Desai on the UAM and Andrew McCauley on NESI) and how they can be used to highlight areas for improvement in harm reduction provision, support requests for funding and inform organisational strategy.



One of my favourite sessions was on 'interventions to reduce drug related harms' which featured extraordinary presentations which challenged assumptions and shed light on the efforts of some to reduce harm through persevering with drug consumption rooms, giving wider access to substance testing and using your personal privilege to advocate for others. The passion from each of these presenters was truly infectious. There were also a number of really interesting evidence-based presentations throughout the conference about how the safer supply of drugs can reduce harm.

On day three, a particularly thought provoking set of presentations for me were those on the stigma faced by groups who may face additional stigma such as women. The research on this reminded me that we must always give consideration to how we reach people who face unequal access to care. We saw some excellent examples of where harm was being reduced and stigma was being actively challenged through women's specific harm reduction services. Aura Roig also presented on the non-profit cooperative Metzineres based in Barcelona and their fascinating approach to providing the full spectrum of harm reduction using radical compassion.



Some of the take away thoughts for the team were around how we can reduce harms and prevent hep C transmission through better understanding the gaps in needle and syringe provision and improving the harm reduction services that already exist. The concept of decentralising hepatitis C treatment to help de-stigmatise, reduce barriers to access and preserve the future of hepatitis C treatment also resonated.

Attending the conference, for me was emotive because it solidified that we are moving positively in the right direction, towards our goal of reducing harm and eliminating hepatitis C. It was incredibly moving to see how people shared common goals and were learning from each other.



And finally, some of the individuals who presented at the conference were nothing short of inspirational because of their commitment to doing good, making exceptional progress, quite often in the face of some incredible challenges. It was humbling to see so many people from around the world doing whatever they can to reduce harm and eliminate hepatitis C

We would urge anyone who has the opportunity to attend this conference in the future to do so - it won't disappoint you.

Deanne Burch, Lead for Hep C U Later

A recap of the HCV action event and a team member interview

The Hep C U Later team were pleased to attend the HCV Action National Hepatitis C ODN Stakeholder Event held at the University of Warwick in October.

The event featured presentation on the progress towards hepatitis C elimination, some of the ground-breaking and inspiring work carried out across the country and what the future challenges and solutions may be. It was a great chance to connect with Operational Delivery Groups and further the collaborations we already have.

The lead for the Hep C U Later project, Deanne Burch, presented in one of the breakout sessions around hepatitis C elimination progress in drug and alcohol services, presenting the many achievements of the NHS Addictions Provider Alliance members.

An HCV Action summary report of the event can be found here: [HCV Action National Hepatitis C ODN Stakeholder Event, 11 October 2022 Summary Report](#)

The recordings of many HCV action conferences and webinars can be found here: [HCV Action - YouTube](#)

If you would like to stay up to date with HCV Action events you can subscribe to their e-update here: [HCV Action \(list-manage.com\)](#)

Earlier in the month I sat down and had a chat with Laura, our newest coordinator and valued team member. Laura has worked in harm reduction for years, and is incredibly passionate about hep C elimination.

Can you give me a day in the life of a coordinator?

“No two days are the same, and that’s one of the reasons that I love the job. One day I could be going out to services and attending team meetings, and then on another I could be traveling around the country to different testing events.

A major part of my role is working with the data that we get sent. Being able to look at the testing data we receive, analysing it and then see how far a service is from micro elimination and what we can do to help them get there is very satisfying.

I also get to work with the cepheid machines, and this has been very interesting. Seeing them in action and getting to take them into the different services has been fantastic.”

What is your favourite part of your role?

“I have two favourite parts of this job, one of them is when we get the data right and make a breakthrough to be able to support what the services are doing.

My other favourite part is going into the services and getting to speak with the staff and let them know they’re not in it alone. Being able to engage them in the micro elimination criteria has been fantastic and helping them see how close they are to the targets and help them get there has been something I’ve greatly enjoyed.”



Upcoming Practitioner Forum & Contacts

Practitioner Forum

We are happy to announce that we will be restarting our practitioner forum in the new year.

The topic for this forum will be on Hep C micro elimination and we hope to see you all there.

We will be sending around the invites shortly, if you do not receive one and would like to attend then please be sure to email us and we will get one sent 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), **Chris Heaps** (Data Analyst), **Tony Mullaney** (Training and Development Coordinator), **Edward Taylor** (Marketing and Communications Assistant), **Emily Jones** (Modern Media and Communications specialist), **David Cupit** (Commercial and Information Lead) and **Grace Masinuka** (Programmes and Communications Lead).