

# Hepatitis C Testing in the NHS Case Study

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The Hepatitis C Elimination Programme implemented some time-limited pilots in emergency departments in 2020/21. Although successful in finding some hepatitis C cases, the pilots were limited in testing only for hepatitis C as there was no national initiative to test for triple blood-borne viruses at the time.

*Georgia states "It was in December 2021 with the HIV Action Plan that we started to work with the HIV Programme, which sits in the NHS England Medical Directorate, to roll out testing in emergency departments for HIV, Hepatitis C, and Hepatitis B in areas of very high prevalence of HIV. These included all of London and Manchester and has since evolved to include Brighton, Blackpool and Salford."*

## **The Challenge to the NHS**

As hepatitis C is eliminated within England, the challenge to the NHS is it is now harder to find those with the virus. Georgia advises this is due to so many people having now been treated, hence the decision was made to opportunistically test.

Stigma around hepatitis C still exists and overcoming this helps the programme to succeed in preventing serious illness such as liver disease, cirrhosis, and cancer.

The good news is that the direct acting antivirals (DAAs) patients are now treated with are extremely effective, and have fewer side effects which encourages those who may have been previously reluctant to seek treatment.

## **Georgia's reflections on the challenges:**

**"Rather than undertake a lot of targeted work, which we have been doing throughout the duration of the programme, our aim with the emergency department opt-out testing programme is to opportunistically test people for hepatitis C (and other blood borne viruses). This means adding on a blood test for hepatitis C when people are already in health services and already having blood taken."**

**"Normalising the testing also helps us tackle the stigma associated with some of these blood-borne viruses because everyone is offered this test, it is not associated with risk factors or behaviours. Ultimately our aim is to find as many people as possible, as early as possible. Since hepatitis C is a potentially cancer-causing virus, it can be very serious."**

## **Georgia Threadgold**

Georgia is a key member of the NHS England Hepatitis C Elimination Programme. As Senior Project Manager she currently leads across health & justice, antenatal, emergency department testing, the national web testing portal, as well as the procurement work within these areas. Georgia works collaboratively with a range of partners *"As part of this role I get to work with lots of interesting and inspiring stakeholders including other teams at NHS England, UKHSA, HMPPS, the Hepatitis C Trust, pharmaceutical organisations, and other partners from different organisations – there are too many to list but they all offer incredible value and it's great to work with them all."*



## **The Results so Far**

The emergency department opt-out testing programmes have seen significant results, "We know that in the first 100 days of the testing programme (April-July 2022) we undertook over **100,000 hepatitis C antibody tests** in London, and we found **153 new diagnoses** of hepatitis C across London alone, and an additional 25 people who had a previous diagnosis of hepatitis C but had been lost to follow up and were not engaged in care."

### *The Benefits of Opt Out Testing*

Georgia explains the key benefits to patients of emergency department opt-out testing: *"Firstly, it is important because we need to find people with hepatitis C as early as possible. Early diagnosis means we can ensure patients receive their effective treatment and it reduces the risk of liver cirrhosis and hepatocellular carcinoma."*

In addition, hepatitis C (as well as hepatitis B and HIV) disproportionately affects people who experience health inequalities. Tackling these issues means we at the NHS must reach patients outside of traditional settings. This programme did not have to rely on people going in to general practice, drug and alcohol services or sexual health because this group of patients either do not attend these services or do not get a test when they do attend these services.

Another benefit of the programme, is that evidence shows opportunistically testing in emergency departments (especially when it includes hepatitis B, C HIV testing) is very cost-effective and that will assist our teams in reaching the NHS England goal of eliminating hepatitis C as a public health issue in advance of the World Health Organisation target of 2030.

### *The Challenges of Emergency Department Opt-Out Testing*

Georgia highlights the challenges of rolling out a new testing programme, in particular during unprecedented times for the NHS with emergency teams seeing high rates of admissions. *"We know that emergency departments are extremely busy, so we were mindful to not add extra pressure on them. However, we have had no pushback from ED staff, all of whom have been extremely supportive of the programme and remain committed to finding people with blood-borne viruses as early as possible."*

Another challenge Georgia highlights is laboratory capacity, in that it may not allow for the expansion in testing, so the elimination programme has worked closely to support the laboratory teams through this. Clinical teams also may not have the capacity to provide treatment, therefore the elimination programme has worked to ensure they are supported.

### *Where to find more resources*

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### *Looking Forward to 2025*

Georgia sums up her hopes for the national elimination programme: "Hopefully we will be close to eliminating hepatitis C as a public health issue. I also hope that we can work towards the other targets we have *such as ending HIV transmission by 2030*, and a reduction in transmission of, and deaths caused by, hepatitis B. Hopefully we get *lots of great learning from the work undertaken in hepatitis C elimination* and can use that to tackle other blood-borne viruses."

