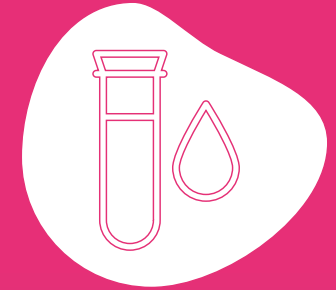


# HEP C U Later

**Hepatitis C Elimination  
Innovation in the NHS  
*A Good Practice Example***

# Storing Hepatitis C Treatment in Drug Treatment Services - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Across the NHS Addictions Provider Alliance there are many areas of good practice and innovation in the effort to eliminate hepatitis C. In this instalment, Hep C U later spoke to Claire Buzzeo, Physical Health Nurse Specialist at Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) about the changes they have made to the delivery of hepatitis C treatment.



## How was hepatitis C treatment organised before?

Previously the service would refer individuals who needed hepatitis C treatment to the local hospital and a monthly clinic would be held. However, after recognising that many people accessing drug services did not attend these appointments the team, alongside Dr Stuart McPherson from the Operational Delivery Network (ODN) reviewed the treatment pathway to look for opportunities to improve it.

## What were the outcomes of storing hepatitis C treatment in a drug treatment service?

Through storing hepatitis C medicines in the service this has reduced the number of appointments missed, allowing easier access to treatment for people who can sometimes experience barriers to healthcare. The service have been able to engage people in hepatitis C treatment through their pre-existing therapeutic relationship and through working alongside the recovery workers and peer support from the Hepatitis C Trust.

## What changes were made to improve access to hepatitis C treatment?

Jointly the organisations agreed to store hepatitis C treatment within the drug treatment service in a secure medicines cabinet three months ago. Once a person is identified as needing hepatitis C treatment the physical health team, which also consists of Katie Butler and Michaela Henderson, complete a referral form detailing key information such as weight, prescribed medicines, and allergies which is sent to the ODN. The ODN review those referred in a Multi-Disciplinary Team meeting and prescribe the medicines. The medicines are then delivered to the drug treatment service the following day, and the physical health team engage people in treatment, as well as providing additional wrap-around care including venous bloods and fibroscans when appropriate.

### **What were the considerations when implementing hepatitis C treatment storage?**

To implement this change Stacey Sateri (Clinical Lead for CNTW) had to work closely with the Trust pharmacy team to ensure a clear pathway was in place, including details around how each element was communicated to the relevant healthcare professional. For example, when a person is provided with hepatitis C treatment they are sent a letter but the GP is also informed so their records can be updated. Additional elements they considered were ensuring medicines which were not collected could be returned to the treating hospital.

Claire Buzzeo reported that due to the high level of engagement and willingness to improve the pathway from everyone involved the change in the pathway was easy to implement.

### **Are you interested in doing something similar?**

There are a number of examples across the drug sector of how people have made simple changes to make a big difference. If you would like to tap into the knowledge and expertise within the NHS Addictions Provider Alliance please reach out to us at [HepC.ULater@mpft.nhs.uk](mailto:HepC.ULater@mpft.nhs.uk)

### **What has the learning been?**

The storage of hepatitis C treatment at the service has enabled greater flexibility for people accessing the services and the staff. The staff can work out of different services such as the rough sleepers team or the needle exchange, and provide those accessing the services treatment in a way that suits them.

Claire Buzzeo stated that the biggest learning for everyone has been accepting that people accessing drug services may have different priorities and this may impact on how they choose to engage with hepatitis C treatment. Central to this is a change of mind-set and attitude, being patient whilst looking for opportunities to make positive changes that make it easier for people to access treatment. Additionally, the change from having a hepatitis C specific clinic to being able to deliver treatment as part of a person's wider healthcare needs can mean a reduction in the stigma caused by attending a specific clinic.

