

Pan-Dorset Hepatitis C Mental Health Engagement Pilot

HEP C U Later

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Background:

In England, a significant risk factor for hepatitis C virus (HCV) infection is injecting drug use (IDU). If left untreated, HCV can lead to advanced liver disease, hepatocellular carcinoma (HCC) and liver-related mortality.¹

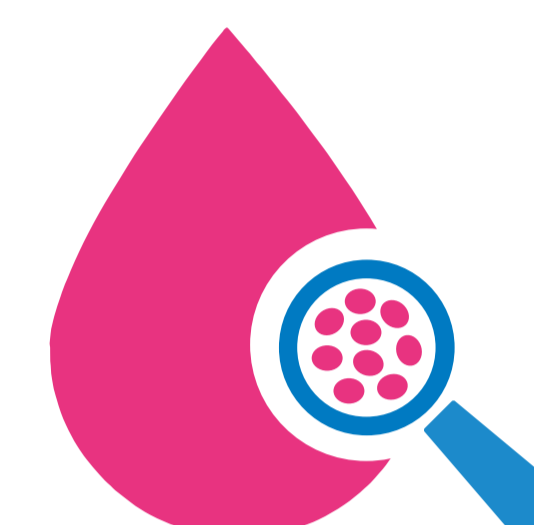
People with Significant Mental Illness (SMI) often report engaging in risk behaviours including IDU and are therefore at increased risk of acquiring hepatitis C virus (HCV). Limited integration between mental and physical healthcare services frequently means that this population neither accesses nor receives appropriate care for HCV, increasing their risk of developing advanced liver disease.

Aims:

Initiated by Hep C U Later, the aims of this project were to:



Pilot a strategy targeting patients under the care of the Community Mental Health Team (CMHT) services within Dorset...



...to undertake POC testing for HCV and support those with active HCV infection to access treatment services. Critical to the project's success.

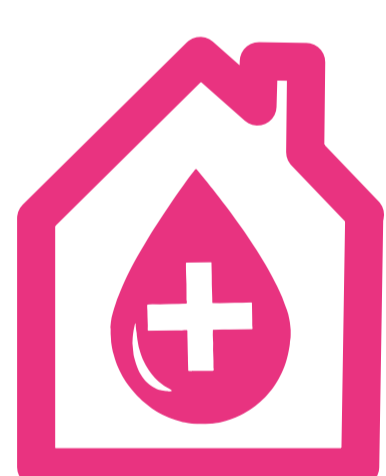


To educate all CMHT staff on the HCV elimination agenda.

Methodology:

Working in partnership with a representative from the local Clinical Commissioning Group (CCG), a HCV Elimination Strategic and Operational Board was created to better coordinate the work of the pan-Dorset teams, and to provide strong governance for the various bids and HCV initiatives.

Approaches to engaging those with SMI to undertake HCV testing included:



Setting up bi-weekly hep C clinic at the local CMHT



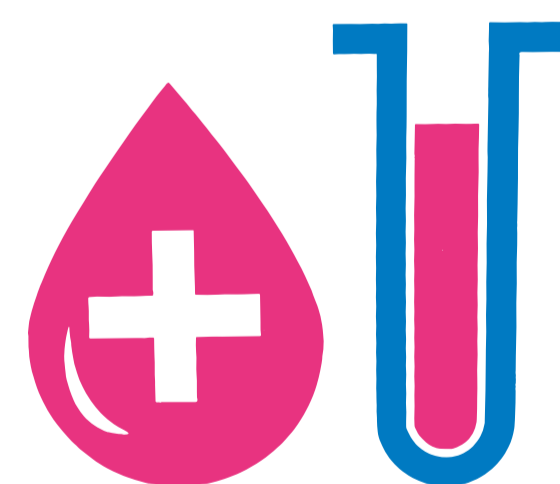
Linking with Homeless Health



Deployment of the Dorset and Wessex Clinical Van at key locations for testing events.



Organising monthly pop-up clinic as part of Specialised D&A Services and supported weekly clinics.



Developing access to testing kits in order to test clients who are hard to engage and build a relationship.

To ensure staff were fully briefed and educated on the HCV elimination agenda, a robust schedule of hep C training events was delivered to a number of services in Dorset. This included, but was not limited to, staff working in services adjacent to mental health, team leader's workshops which included staff in CMHTs and service-wide BBV awareness and operational management training.

Results:

Although the pandemic hindered delivery of the project, under the Board's guidance and through regular clinics established within one CMHT:



5 patients with active HCV infection were directly linked into treatment.



A further 10 patients with active HCV infection were supported to access treatment.



60 people tested during European Testing Week on the Wessex Clinical Van.



Training delivered to CMHT staff, with resources created on HCV and poor mental health.

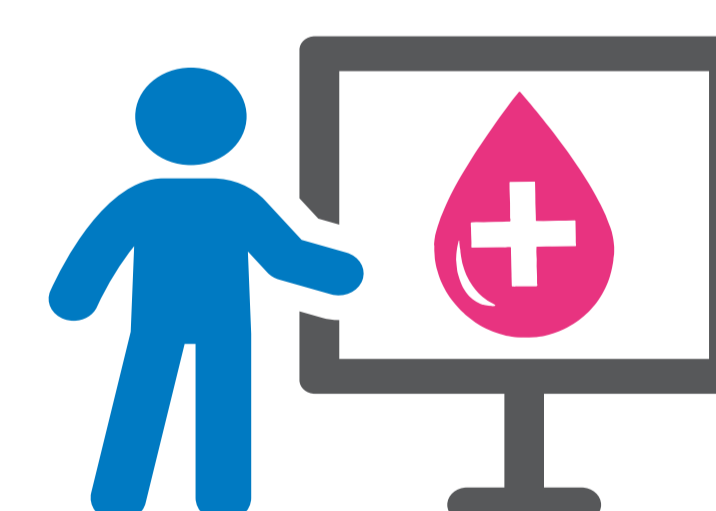


HCV care pathways for those with SMIs were reviewed, negotiated and established.

Conclusion and next steps:



The pilot demonstrated that, through enhanced joint working with CMHT, patients with SMIs can be supported to access HCV services more effectively; and valuable insights into the experience of patients can be obtained.



During the project a gap was identified highlighting the need for more comprehensive BBV awareness training within drug & alcohol services, and mental health services, for those with more complex needs and/or clients with co-morbid conditions.



The board will be examining where there are further opportunities to align more strongly across CMHT and CCGs to provide those with SMIs better access to HCV care.

References:

HSA 2022. Hepatitis C in England 2022. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057271/HCV-in-England-2022-full-report.pdf. Accessed September 2022.

Disclaimer:

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