

HEP C u Later

Wessex Clinical Van Annual Report
from 2023-2024

Introduction

This is the eighth formal report for the Wessex Clinical Van service, covering April 2023 to March 2024.

Many of the projects this year have spanned more than one quarter, so the decision was taken to submit an annual report, as it was thought to be simpler to submit an annual report rather than individual quarterly ones.

Stakeholders

This service continues to be led by Inclusion (Midlands Partnership University NHS Foundation Trust) with input, resources and strategic oversight from the Hep C U Later team. Along with this, the governance and quality assurance has been supported by the Inclusion Recovery Hampshire community drug and alcohol service, which is the largest community drug service in the Wessex ODN.

The van team have benefited from strategic support from the new ODN Clinical Lead Dr Ryan Buchanan, who took over from Dr Mark Wright, and ODN Coordinators Wendy Wilson and Kelly Gardner, and the Dorset Liver Service headed up by Hazel Allen Nurse Consultant.

Wider stakeholders

Our wider stakeholders include:



Hospitals:

- Southampton
- Bournemouth
- Isle of Wight
- Portsmouth
- Salisbury
- Basingstoke
- Dorchester and Weymouth



Housing Providers:

- St Mungo's
- Trinity Centre
- Society of St James
- Two Saints
- Youth Hostels
- YMCA
- Bournemouth Church Housing Association
- Hope Housing
- Pivotal Housing
- Approved Premises Probation

Wider stakeholders (continued)

Our wider stakeholders include:



Drug and Alcohol Services:

- Inclusion Recovery Hampshire
- Hep C Hants Peer to Peer (P2P) project
- Inclusion Isle of Wight
- CGL Southampton
- Society of St James
- Portsmouth
- Turning Point Salisbury
- We Are With You
- Bournemouth, Christchurch and Poole
- Reach Dorset (Humankind)

We have also been working with the Dame Carol Detoxification Unit, Streetscene Residential Rehabilitation Units and ANA Residential Rehabilitation Units.



Charities:

- The Hepatitis C Trust
- Liver 4 Life

Geographical Reach and Staffing

This year, we have recruited more staff into the team and formally split the region, with each coordinator responsible for a designated area. This has proven effective and enabled more robust sharing of information. It has also ensured smoother lines of accountability and more importantly, it is more effective for the people we serve, who benefit from having a consistent professional involved in their care.

Sean coordinates activity for Hampshire, supported by Alan (Lead for Hep C Hants P2P), as well as Portsmouth and Southampton. Elaine oversees Dorset and Wiltshire (Salisbury). We have recruited a nurse, Debbie, to oversee some of our projects including the primary care work and people to work with certain cohorts, such as, those experiencing homelessness.



Geographical Reach and Staffing (continued)

We said goodbye to Suz as she left the team due to her promotion within Inclusion Recovery Hampshire. We are confident she will use her expertise and new networks within her new position of Team Lead for the No Wrong Door Mental Health team.

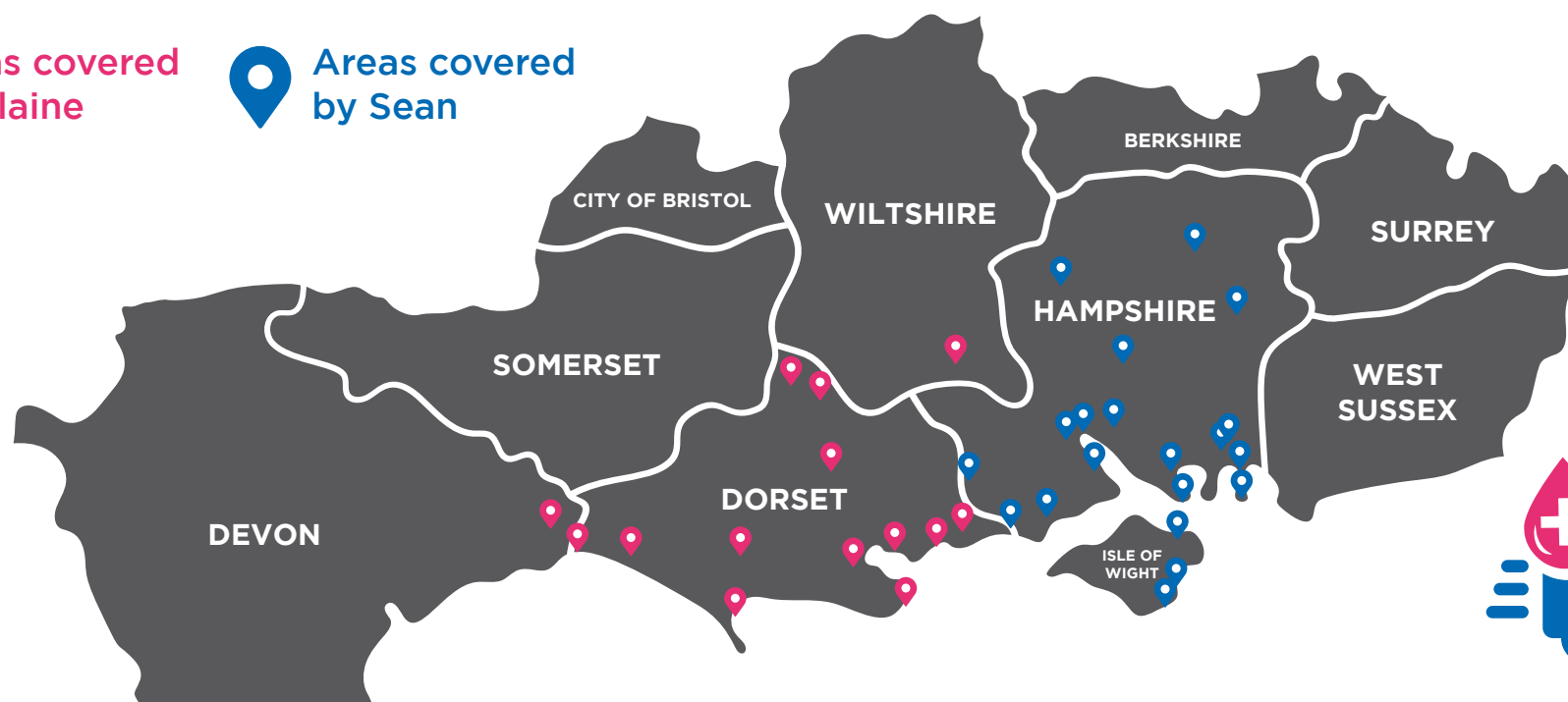
We continue to increase our volunteer and mentor offer and have excellent links with the Wessex Hepatitis C Trust peer support team. We share volunteers and everyone is offered days out on the van to learn what we do and shadow both testing and treatment clinics.

During this year it has become apparent we need a full time Service Lead for the Wessex Clinical Van, to manage not only the overall programme but also the individual projects and we are currently in the early stages of recruitment for this post.



 Areas covered by Elaine

 Areas covered by Sean



Homeless Health and hep C testing pilot

This year-long pilot was led by Hep C Hants P2P mentoring service, part of Inclusion Recovery Hampshire (Midlands Partnership University NHS Foundation Trust) in partnership with Two Saints (Hampshire County Council's commissioned provider for homeless services) and the Wessex Clinical Van.

The aim was to carry out 200 rapid HCV antibody tests on people who are temporarily housed or homeless.

Across the duration of this project, **136** individuals within the target population of Gosport, Havant and Fareham were tested for HCV by the dedicated Homeless Assertive Worker. There were also **332 dried blood spot tests** carried out by Inclusion across their 3 hubs located in these towns, which resulted in **12 new diagnoses** - some of these people had been part of the homeless community within the previous 12 months. Hep C Hants P2P coordinate all of the results for Inclusion and as such, were able to ensure people were not tested multiple times unnecessarily, and no-one who would benefit from testing was missed.

Results



Homeless Health and hep C testing pilot

Key Learning

- Regular early-morning outreach with Two Saints Homeless Outreach team and peers with lived experience was productive, and helped build trust and credibility with the community.
- Having set 'van outreach' days - supported with engaging individuals not able/willing to attend the premises used for testing.
- Utilising existing mobile Hepatology Outreach Clinics on the vans - direct linkage from testing to clinics enabled shortened treatment pathway, which is key in this population.
- Evening testing events at hostels and other sites – supported engagement of individuals who may otherwise not have presented to services during 9-5 hours.
- Same-day confirmatory RNA testing – access to Cepheid machine. Less invasive testing method and results within an hour supported maintaining engagement and accessible treatment.

Summary

We were pleasantly surprised at the findings. The numbers engaged for testing and the total number of individuals diagnosed suggest existing HCV testing, harm reduction resources and partnership working in these areas are effective. These findings can be attributed to the work of Hep C Hants P2P over the past 11 years, along with Inclusion's commitment to testing, and the excellent relationships with Queen Alexandra Portsmouth Hepatology Team. However, we continue to see new diagnoses both inside and outside drug treatment. There is a further recognition that it is critical to ensure that resources in this area are ongoing, if we are to avoid a future increase in infections/reinfections.

Having carried out a needs assessment with Portsmouth County Council the focus for homeless work in 2024-2025 will be Portsmouth. There are also high levels of homelessness in Bournemouth, however this work is well resourced, due to the hospital Homeless Healthcare team now leading on HCV and the existing van resource, and additional Hepatitis C Trust Peer Support Lead.

Primary Care case findings

GP Project - Bournemouth

We have concluded our case finding activity within the Southcoast Medical Group in Bournemouth. They serve around 35,000 patients and the initial list of number of people coded as 'hep C ever' was 202. Through data cleansing with the ODN and UKHSA, we got this down to 89 patients.

Within our formal GP project, which ran from the summer of 2022 until June 2024, we re-engaged and treated 32 people from the Bournemouth GP project. The Hepatitis Trust and We Are With You have also engaged several more people who are known to drug services and registered at the practice. There are still people we cannot locate or contact, so the work will continue.

We have updated over 200 patient records and shared information with hepatology and the local drug service to increase record completeness and accuracy. The learning from our first GP project was mainly about having a tight project schedule in future. One of the difficulties was clinic room space, which meant there were sometimes weeks in between formal clinics on site. During the first quarter of this year, the team have undertaken 5 sessions on-site and used the van to facilitate more outreach to patients. We identified more resource were needed, so it did not impact business as usual activity.

Our GP work was shortlisted as a finalist for the Improving Public Health Practice to Reduce Health Inequalities Award in the UKPHR Awards 2023.



Primary Care case findings

Meet our Specialist Nurse, Debbie

We were successful in recruiting a specialist nurse to lead on our GP work, Debbie, who started in July 2023. Debbie supported us with the Needs Assessment Year 2 project whilst undergoing her induction. She then launched our Southampton GP project. Debbie had existing relationships with the Southampton Primary Care Network and many of the GP surgeries due to her work as a Tuberculosis Specialist Nurse, which enabled us to engage the initial practices. A project board was established to keep the work on track and the Hep C U Later Primary Care resources were sent out extensively.



Southampton Primary Care project

We had meetings with Solent GP service and Living Well Partnership - both agreed to work with us on this project.

Solent GP has around 21,000 patients registered and have a central city site called Nichols Town based in the Royal South Hants Hospital, as well as other two sites in Portswood and one near Southampton General Hospital. Solent also incorporate the Homeless Healthcare service, with 535 patients registered and they were keen to work with us.

Living Well Partnership has 46,000 registered patients and has 8 branch sites in the east of Southampton.

We used the GP search tool supplied by MSD (Merck Sharp & Dohme UK Limited) to run searches and identify those diagnosed, and those with risk factors.

Similar projects in the UK tell us that 3-10% would be expected to be at risk and less than 0.5% would be positive. See the next page for results.

Primary Care case findings

Living Well Partnership searches have identified...

77 patients currently coded as positive = **0.16%**

4998 with risk factors = **10.8%**

Solent searches have identified...

80 patients currently coded as positive = **0.4%**

Homeless Healthcare searches have identified...

93 patients currently coded as positive = **17%**

Living Well Partnership searches identified 77 patients currently coded as positive, which is 0.16% and 4,998 with risk factors, which is 10.8%.

Solent have 80 coded positive patients, which is 0.4%. Homeless Healthcare have 93, which is 17%. We are still looking at the data for those with risk factors. The higher numbers for Homeless Healthcare patients are expected, as their risk factors will of course be much higher than in other general practice populations.

The advantages of this project were:

- Being able to identify and reach patients who require further testing and care, as well as those at risk.
- Having the opportunity to provide education and increase awareness about HCV for primary care colleagues and patients.

Weston Wellbeing Day

We were invited to attend health promotion days and it was at one of these in February 2024, hosted in a deprived part of Southampton, we recruited our GP Champion Dr Nick Ballantyne.

We also met Councillor Sue Blatchford from Southampton City Council. Sue was very interested in our work and pledged her support for hepatitis C elimination in Southampton.



Primary Care case findings

GP Continuing Professional Development Day

Dr Ryan Buchanan presented at the Southampton GP training event, known as Target, on the 7th of March 2024 in Eastleigh. Ryan was able to showcase the phenomenal work done so far in the city of Southampton and highlight the work remaining. Ryan detailed our GP project aims and objectives, which are to look at patients registered in primary care in Southampton and to identify patients with a previous diagnosis of HCV, but whom have not had any follow-up or treatment.



Our initial findings show that a large proportion of the positive patients identified in primary care will be cases where additional information has not been added to the records. These patients may have had further interventions and cleared the virus either naturally or through treatment, but their GP records have not been updated. We detailed how in 2022 we identified a simple fix for this by hepatology letters asking for patients records to be updated with 'hep c resolved' and the SNOMED code provided for this.

Some patients may be identified that were lost to follow-up through differing reasons. These patients may require repeat testing and a referral to secondary care. They may also require additional support through the van service, or peer support to engage with care. The project team will then update the GP records.

The second phase of the project will be to use the searches to identify patients with risk factors and arrange testing if appropriate. The testing may be offered from several sources, including the van service team and through the national postal self-testing option.

Ryan and Debbie highlighted the Hep C U Later resources and CPD training, and there were lots of requests for leaflets, posters, and the GP TV information screen. Overall, it was an excellent session with lots of questions and useful feedback for engaging GPs across the city.

Ryan concluded by explaining the next phase of the project will be inviting those patients in for whom we cannot find any HCV treatment records so they can have a test and a discussion, and potentially referrals for treatment if needed.

The team concluded their sampling to support the Evaluating the Population Impact of Hepatitis C Direct Acting Antiviral Treatment as Prevention for People Who Inject Drugs (EPIToPe) research project, which consisted of sampling people who inject drugs from pharmacies offering needle and syringe programmes.

This survey was undertaken as an enhancement to the ongoing Unlinked Anonymous Monitoring (UAM) Survey of People Who Inject Drugs (PWID). The study was carried out by the UK Health Security Agency (UKHSA) under the National Institute of Health Research (NIHR) grant for the EPIToPe project.

In total, we submitted *54 responses* from pharmacies in Southampton, Portsmouth, Havant, Basingstoke, Gosport and Basingstoke.

Sean and Louise also took part in an interview for UKHSA to gain qualitative feedback around the project. One of our main observations was that across Wessex, we have not found many people who are solely engaged with pharmacy NSP. Overwhelmingly, most people are known to the local drug service, although there is a recognition not of all these people are able to be actively retained in drug treatment, and that meeting them in pharmacy can be an excellent opportunity for engagement. We are fortunate to have Exchange Supplies in our ODN and regularly get insights from their staff about areas which we may need to target to offer testing.



Unlinked Anonymous Survey of People who Inject Drugs



The survey and yearly report continue to provide vital intelligence and feedback for Wessex.

The van team support the sampling and have been able to identify at least **7 new diagnoses** from doing diagnostic testing, alongside the UAM survey.

We have been exploring what needs to happen to reduce reinfections and sustain the excellent work carried out across Wessex.

The reports from the UAM have been shared with commissioners to ensure continuous funding, resources and overall investment continues.

Indeed, this year we were able to support the case for a dedicated Peer Support Lead for Bournemouth and highlight the work still to be done within the drug service contract across Bournemouth, Christchurch and Poole, which recently went over to a single provider after being separate entities and providers for over 20 years.

Needs Assessment Year 2

As in year 1, the Wessex Clinical Van team led on Year 2 of the project. We started early and prepared our lists into target areas and arranged training. At first, we did not know only those people with a valid antibody test needed to be retested in year 2. This meant we started with a cohort of 434 people. However, as we arranged testing days, we did invite the 160 people whose samples got rejected in year 1, to have a point of care test carried out. The original samples were rejected by the laboratory due to name and dates of birth not being written on the barcode sticker attached to the blood bottle.

The engagement of people was predictably very resource intensive, so our team included volunteers from both the van and The Hepatitis C Trust, along with staff and BBV Leads within the drug services.

The team were very pleased this year we had no rejected tests. Sadly, 20 people have passed away and we finished the year by reaching out to prison teams and other ODNs to get testing information from people we could track down. We finished this financial year at 64%, with a commitment to continuing to reach at least 78%. So far, we have picked up at least 3 new diagnoses, one was a reinfection.



Inclusion's whole portfolio micro-eliminated - November 2023

Inclusion, part of Midlands Partnership University Foundation Trust (MPFT), has a total of around 4,500 people in structured treatment across Wessex and therefore, it is the largest provider in the ODN.

Inclusion have been committed to achieving micro-elimination across their whole portfolio and were excited to declare this across Wessex in October 2023. Their entire national portfolio, including Buckinghamshire, Thurrock and Telford followed in November 2023. In Wessex, the van team have supported this work.

In the Hampshire service the work has been led by Hep C Hants Peer to Peer (P2P), with the van facilitating monthly clinics in Gosport, Havant and Fareham. Other areas have been on an ad-hoc basis, mainly focused around Eastleigh, Winchester and Basingstoke.

On the Isle of Wight, the team have coordinated the micro-elimination work. They have addressed pathways and enlisted the help of Southampton Hepatology to facilitate community clinics. They regularly take the van over to the island and carry out testing events across the supported housing services, which ensures testing for people who are both within and outside of drug treatment.



Across the Inclusion portfolio in Wessex, the van team have focused on those people who have disengaged with drug services, along with supporting those with a diagnosis to be treated. Reinfection prevention has been a big component, with the Cepheid testing enabling robust monitoring of people who continue to inject drugs. Along with this, the van team work closely with the new HEART (Harm Engagement and Reduction Team) to ensure excellent needle syringe provision across Hampshire.

In total, Inclusion and the van team have treated over **550** people in Wessex. Below are the micro-elimination dates for the individual hubs.

- Fareham - 5/5/23
- Gosport - 5/5/23
- Eastleigh - 2/8/23
- Andover - 20/9/23
- Havant - 20/9/23
- Ringwood - 20/9/23
- Basingstoke - 26/10/23
- Winchester - 26/10/23
- Isle of Wight - 26/10/23

Training

On 24th and 25th May 2023, the team and our volunteers all undertook the Royal Society of Public Health (RSPH) Level 2 Award in Understanding Health Improvement.

In November, members of the team were trained to use the fibro scan by Echosens. Inclusion Recovery Hampshire currently have one fibro scanner which the van team can use, however, this is very much in demand. We were therefore thrilled in January 2024 to be able to secure capital funding from NHSE for two portable fibro scanners for use on the vans. This will mean we can make every contact count and ensure all people accessing the service can have a scan conducted. We are currently in negotiation with the ODN and spoke hospitals about referral pathways. This has proven challenging so far as each hospital has different requirements and thresholds. Our new Service Lead, once in post, will be continuing the mobilisation plan for our fibro scanners.

In December, the remaining members of the team who had not been trained in phlebotomy undertook this. As a result, we can now offer a full suite of testing on the van, in particular the additional liver tests such as Fib4, to aid a full diagnosis as early as possible.



Events

Love Your Liver

The team supported the British Liver Trust, Love Your Liver Roadshow on the Isle of Wight on the 20th of April 2023. The roadshow was part of an NIHR funded research programme with the University of Southampton. The team were invited due to their expertise engaging with under-served populations at risk of, or already diagnosed with liver disease and extensive partnerships with organisations and people who work with those populations.

The aims of the day were twofold:

1. To offer liver fibro scans to the people who live on the Isle of Wight.
2. To hear experiences from professionals working with people at high risk of liver disease.

The team supported 19 local people to attend the roadshow and have a fibro scan conducted. In total there were 8 referrals to secondary care from this group. Claire from the Hep C U Later Engagement Programme and Louise took part in an interview for radio, and Louise was filmed having a fibro scan done by Esme Vrba Hepatology Nurse isle of Wight Hospital for a Hep C U Later resource. Click below to watch!

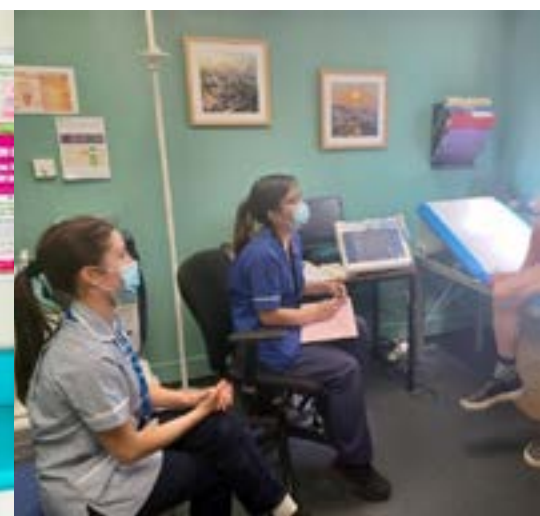


European Testing Week - May and November 2023

Portsmouth continues to be a focus for the van team following Inclusion taking over as the clinical services provider, and the intelligence and learning from year 1 of the Needs Assessment. This centred on people who may currently be in service for alcohol related issues who may have had a history of injecting which was not documented on their current record. Along with networks of people using drugs within hostels in the city who were not currently engaged with the treatment service, and those who had an antibody positive diagnosis who had not made it to secondary care for RNA testing.

Subsequently, together with the wider Hep C U Later team, we have been carrying out deep data dives on the drug treatment service data and have identified several points where someone can drop out of HCV care pathways. We have a regular project board meeting and are working through targeted lists for those people with a positive antibody test and no RNA test on file. The service is currently only commissioned to offer antibody tests to people with a history of injecting drugs, so we are collating findings to address this. Portsmouth also had the highest number of processed samples for the Needs Assessment in year 1, so the focus for November's testing week event was on completing the sample for year 2.

The van has hosted several students on placement with Queen Alexandra (Portsmouth) Hospital, who have used the clinic days to learn more about HCV and community engagement.



Events

Bournemouth Reggae Festival – World Hepatitis Day 2023

Bournemouth Reggae Weekender is a 3-day unique occasion to celebrate the diverse African-Caribbean culture and heritage in Bournemouth through reggae music, with a full range of entertainment and traditional activities that supports creative arts and performing artists through music, poetry, storytelling, and dance workshops. There were 3333 unique spectators at this year's event, of which 41% were local. The first day of the event coincided with World Hepatitis Day 2023.

The aim of the pan Dorset hepatitis C partners attendance at the event was to raise awareness and not test (unless essential), with the hope that those people who stopped for a chat might share their understanding with others which could prompt testing potentially from more diverse communities.

The event was led by The Hepatitis C Trust, BCP Council Drug and Alcohol Commissioning Team and the Wessex Clinical Van with other partners including, Hep C U Later, Public Health Dorset, REACH, University Hospitals Dorset-Liver Nursing Team and We Are With You.

Over the course of the weekend, a combination of staff and peer volunteers raised awareness by; approaching people with an information checklist of risk factors; having a face painter available on the Saturday to encourage interest at the stand and having bottles of water on the Sunday with a Hep C logo sticker on top. Business cards were available for people to take away which included details of the new NHS test at home service and local support, and imitation livers were on show to prompt conversation about liver health.

Levels of engagement over the weekend:



126

people were spoken to/engaged with



63

people had advice given to them

The levels of engagement were a lot higher than anticipated.



Events

A number of health and social care professionals attended the event and took interest in the messages the team were conveying. This could have further positive impact and take up of testing, if information is communicated back to colleagues and clients.



“Getting to carry our message and purpose to such a diverse range of people was one of the highlights of my year.

Thanks so much for the opportunity”

- Paul, Volunteer at The Hepatitis C Trust



“It was fantastic! I went on Saturday; it was well attended and lots of conversations were had around Hep C. The face painter was amazing - and a perfect hook for the event - enabling us to have conversations with parents that were coming over. We spoke to lots of professionals too - social workers, nurses and even a paramedic came over to the van to chat. The volunteers did a fantastic job of going out and about in the crowds and chatting - but also found the balance as they were enjoying themselves at the festival.

- Sarah, Community Engagement Coordinator at We Are With You



Events

Isle of Wight Festival

Inclusion had a stall at the festival and this year, Sean attended to be able to deliver specific information about blood borne viruses, including the ones which can be onwardly transmitted through sexual activity. Sean gave out lots of cards with the testing portal details on rather than offering on-site testing. The main take away was the number of interactions with professionals, which increased awareness around BBVs and also the services across Wessex. Sean also met with the Festival Welfare Team and gave information about BBVs and testing.

South Asian Testing Events

This year, we have partnered with The Hepatitis C Trust South Asian project to conduct two testing events in Southampton.

Shabana Begum led on the arrangements and provided resources translated into Urdu and Punjabi. A project board was established by the van team who brought all the ODN stakeholders together. This included Hepatology Nurses, Hepatitis C Trust Peer Support, and Liver Health Coastal Champions, along with our volunteers. We also consulted local charities and drug services in the area.

On Friday 29th September 2024 we went to the Medina Mosque, it was an exceptionally busy session and in total we tested...



106 men



16 women

An additional 15 people were engaged but declined testing.

There were no positive test results.



Events

On Sunday 1st October, the team did it all again, this time at Singh Sabah Gurdawarh. Again, it was another successful and busy session, with a total of 67 people tested.



131 men



36 women

We did not find any positives, however, we had some lovely feedback about the care from Southampton Liver Team with people accessing services for hepatitis B.

The two events were written up by Hep C U Later as a case study in order to highlight the work of The Hepatitis C Trust South Asian team and encourage other networks to get on-board.



Joint working with HMP teams

Sean supported HMP Erlestoke throughout this year, due to its location it can be a difficult estate to serve and often residents can fall between Bristol and Wessex ODNs.

Through his relationships and engagement with teams at the prison, Sean was able to bring together professionals and resources to support The Hepatitis C Trust prison team to undertake a 3-day High Intensity Test and Treat (HITT), which was held in August 2023. Sean's role was to offer point of care RNA testing via our Cepheid machine. He conducted 20 Cepheid tests and at least one of these was a new diagnosis. The event was highly successful, and the van team managed to secure some outstanding SVRs for, not only the Wessex ODN, but also other ODNs who were grateful for the results.



“The service is very helpful especially for patients who are difficult to bleed and those who declines to have venous blood sample taken.

To be able to have access to this service is amazing especially for us at the prison service. It saves a lot of time, and resources for the prison for the reason that they have to send 2 prison officers to escort our patient to have their bloods done in hospital if they are difficult to bleed. It also saves the waiting time to get test results and treatment can be started sooner.

And less stressful for a patient. Recently we had a patient who is very reluctant to be tested after his treatment. But with the help of the service, less invasive, he was tested and had good news that his treatment was successful.”

- Staff member from HMP Erlestoke



Love Yourself, Get Tested Week - 12th-16th February 2024



The van team supported the Hep C U Later 'Love Yourself Get Tested' week, which ran from 12th-16th February 2024. This year, the focus was on Isle of Wight, where we had a few interesting cases, including an early reinfection, which subsequently became a spontaneous clearance.

We had treated everyone we knew about on the Isle of Wight, so it was important to identify the people who were outside of drug treatment who may have undiagnosed and/or untreated HCV, and therefore, we wanted to spend some dedicated time over there.

We also spent some time preparing for the retirement of Wendy Farrow, Hepatology Nurse, who has been an instrumental part of the liver services on the Isle of Wight, supporting Ryan's PhD networking work and pharmacy testing.



In Dorset, the focus was on the rural towns with the van being available to offer testing on market days and at the churches where meals are provided for the homeless. We continue to find new diagnoses within Dorset, which we cannot link to anyone we know.



"Elaine and the clinical team have supported our service with all the possible resources that they have at their disposal to help us achieve hep C micro-elimination in our service user cohort. Elaine and the whole team approach their work with knowledge, compassion and professionalism at all times which ensures that they always deliver 100%."

I feel very positive about working alongside the clinical van team and hope we can continue to work together to eliminate Hep C across Dorset"

- Sam Watson, Harm Reduction Lead, Humankind

Conferences

Global Hepatitis Summit 2024 and INHSU Point of Care testing forum

Louise was asked by INHSU to take part in the pre-conference forum on Point of Care testing at the Global Hepatitis Summit in Paris 2023. She was able to share the work of the van and how the Cepheid machines have transformed the landscape for people with poor venous access.



DDN conference - 13th July 2023

Sean and Elaine attended the DDN conference in July, they were able to network extensively. The DDN was a good opportunity to expand knowledge on current trends within substance misuse services. The team talked to many people who access services and were able to gain insights around the refusal of testing and inadequate needle syringe provision. These conversations concurred with our findings locally. Sean and Elaine spent time with 14 volunteers from Inclusion and were able to build relationships and put plans in place to develop their knowledge around BBVs.

Overall, it was a great day, which raised the profile of the van and aided our engagement work. The team were also equipped with up-to-date harm reduction information and new initiatives particularly those addressing deficits across the UK.

INHSU 2023 - Geneva

Louise presented the GP case finding poster at INHSU 2023 in Geneva. There was a lot of interest from the international network. It was apparent the UK is leading with case finding in Primary Care. Partners from around the world were curious about the MSD Patient Search Identification Tool and were directed to NHSE and MSD to answer questions particularly those around governance and portability of the tool.



Publications

As well as the South Asian case study, the team were pleased to feature in another Hep C U Later case study, this time, around the van's initiation and work.

Wessex Clinical Van (WCV) Case Study


HEP C U Later

The Wessex Clinical Van is an initiative from the NHS England hepatitis C elimination program. The service is provided by Inclusion, part of Midlands Partnership University NHS Foundation Trust on behalf of the Wessex Operational Delivery Network (ODN). There are around 25 key stakeholders across the region. The team have worked across Hampshire, Salisbury, Dorset and Isle of Wight since 2020 testing, treating and eliminating hepatitis C amongst people at high risk. Sean and Elaine are the core WCV team with Alan supporting the work across Hampshire as part of the Inclusion Recovery Hampshire service.

Elaine Pearce is the Wessex Clinical Van Co-ordinator for Bournemouth, Dorset and Salisbury areas. Elaine began her role in October 2022 joining Sean Caddy who had been covering the whole of the Wessex area by himself. Elaine said "It became apparent that it would be more manageable and effective to split the Wessex area, as a result I was promoted on 1/6/23. I was allocated the Bournemouth, Dorset and Salisbury areas with Sean covering Southampton, Portsmouth and the Isle of Wight."

Elaine's daily responsibilities involve organising hepatitis C testing appointments, driving the Clinical Van to designated locations, conducting home visits, and completing blood tests with people before and after hepatitis C treatment, and referring people for treatment when needed. "The team also plan testing days to help identify people who may be unaware they have the hepatitis C virus, or have been resistant to treatment in the past. Once identified they are encouraged and supported into treatment. My role requires me to work alongside Drug Treatment Providers such as Inclusion, Reach, We Are With You and Turning Point, as well as an hepatology nurses from Bournemouth and Salisbury hospitals, GP surgeries, and charities offering peer support such as the Hepatitis C Trust."

Elaine finds working with the Wessex Clinical Van team rewarding as she witnesses patients seeking treatment and clearing the virus, and describes "seeing people's health improve, and receiving the treatment they need, and that it allows them to move forward, and knowing I had made a difference to their lives is special."



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Data

We continue to enhance and improve our data collection activity. There is a recognition, particularly with treatment starts, that data can get attributed to different parts of the system and there is some duplication in reporting. The van team continue to work on this and it is the intention to have a dedicated staff resource for data collection in 2024-2025.

The two vans have been out for a total of **202 days** and had a minimum of **95 treatment starts**.

	<i>Apr-23</i>	<i>May-23</i>	<i>Jun-23</i>	<i>Jul-23</i>	<i>Aug-23</i>	<i>Sep-23</i>
 <i>Number of days</i>	17	18	19	15	14	21
 <i>Treatment starts</i>	6	6	5	7	7	11
	<i>Oct-23</i>	<i>Nov-23</i>	<i>Dec-23</i>	<i>Jan-24</i>	<i>Feb-24</i>	<i>Mar-24</i>
 <i>Number of days</i>	18	17	15	17	18	13
 <i>Treatment starts</i>	9	13	7	6	8	10

Hepatitis C RNA+ Information

We continue to see new diagnoses this year, particularly in those people who are not accessing or retained in drug treatment. Some of these have been initially identified through contract tracing and our continued use of the bring-a-friend initiative.

We have seen real benefits of the van being run by Inclusion, as this has enabled quick entry into drug treatment for over 20 people this year. This illustrates the importance of being able to act when there is a window of opportunity and motivation to change.

There were some surprise diagnoses this year, around 11 reinfections and some re-treatments identified due to people not being able to take their medication as prescribed. There were at least 2 people who were surprised they had not cleared the virus following treatment and they were offered re-treatment. Again, as skilled drug workers, we take people at face value and through delicate exploration we had no reason to disbelieve these two people.

Our learning from the Northeast and North Cumbria ODN suggested we should instigate resistance testing, and this proved essential in one person, when results informed decision-making and the treatment regime was altered to reflect this. We are hoping to be able to breakdown the positive results in 2024-2025 to differentiate new infections from reinfections and re-treatments.



Dashboards

Clinical Vans 2023-24

Tx Starts

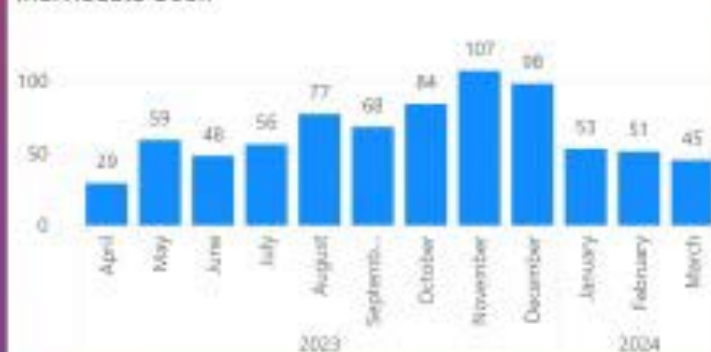
95

SVR 12 Achieved

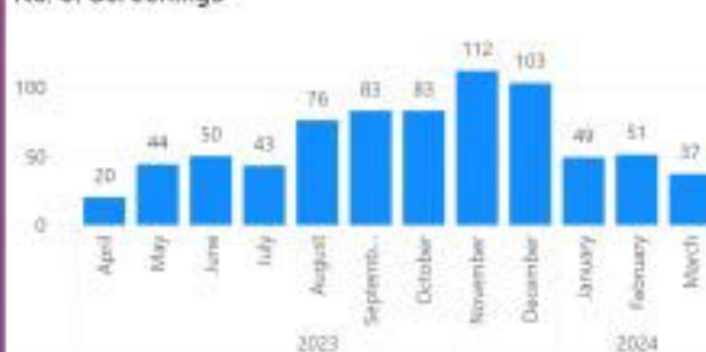
68

HEP C u Later

Individuals Seen



No. of Screenings



Hep C Tests Carried Out



Age and Gender



Total Hep C Tests

1072

Antibody Tests

456

RNA Positive

72

RNA Negative

513

Total Cepheid

314

Cepheid Detected

61

New Referrals to
Hepatology

51

Dashboards

Dorset Clinical Van 2023-24

Tx Starts

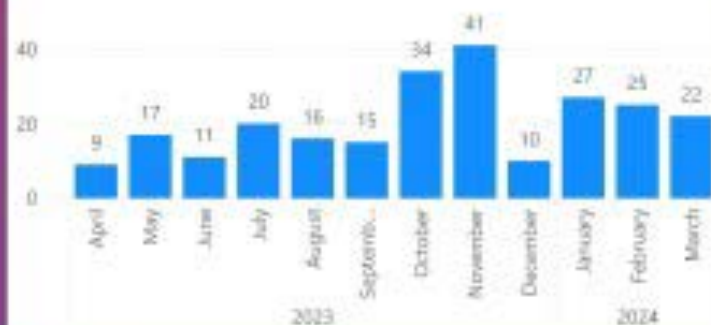
60

SVR 12 Achieved

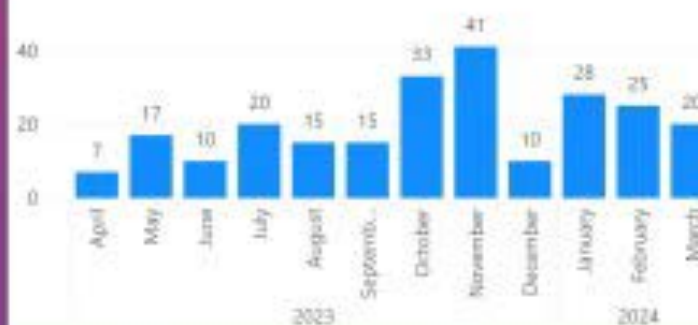
38

HEP C
u Later

Individuals Seen

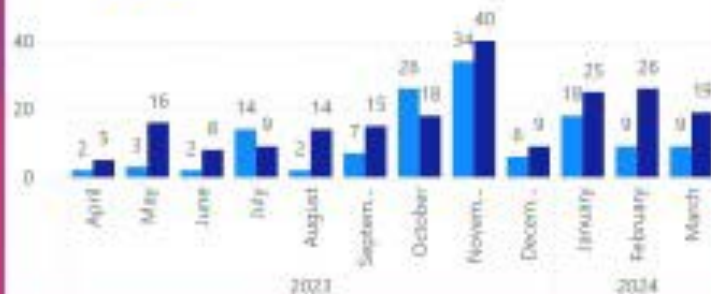


No. of Screenings



Hep C Tests Carried Out

SCREENINGS: ● AB ● RNA



Age and Gender

● Female ● Male



Total Hep C Tests

336

Antibody Tests

132

RNA Positive

25

RNA Negative

173

Total Cepheid

114

Cepheid Detected

24

New Referrals to
Hepatology

16

Dashboards

Wessex Clinical Van 2023-24

Tx Starts

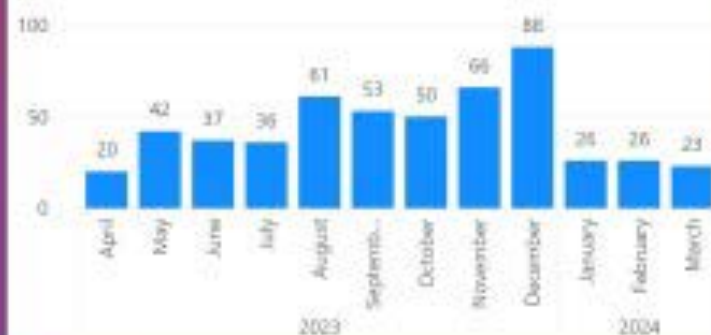
35

SVR 12 Achieved

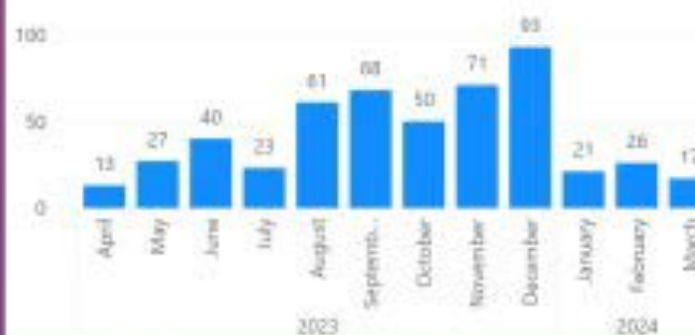
30

HEP C
u Later

Individuals Seen

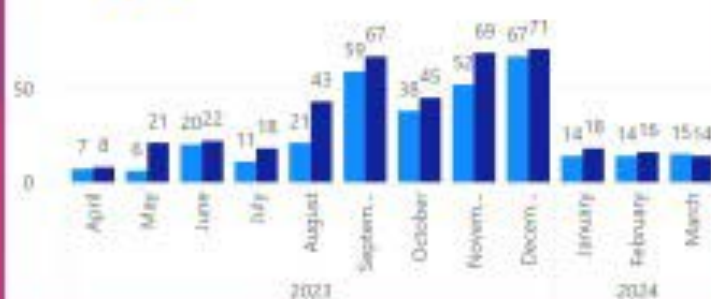


No. of Screenings



Hep C Tests Carried Out

SCREENINGS: ● AS ● RNA



Age and Gender

● Female ● Male



Total Hep C Tests

736

Antibody Tests

324

RNA Positive

47

RNA Negative

340

Total Cepheid

200

Cepheid Detected

37

New Referrals to
Hepatology

35

Case Study - James

The first contact the van team had with James was when his name appeared on the PSI tool at our initial GP practice in July 2022. The team tried to engage him at this time and were unable to contact him. He was open to the local drug service; however, he has refused to be tested, and they did not have his diagnosis on file. Further exploration revealed James was first diagnosed in May 2011 and he was not deemed eligible for interferon at this time. He saw a hepatology nurse in 2013, and it was reported he had history of deep vein thrombosis, cellulitis and has been hospitalised for pneumonia complicated by anaemia. At this point, he agreed to have interferon treatment but then failed to attend several appointments. There is a letter on his file from 2014 as a result of a PHE mandatory laboratory report asking the GP to instigate blood tests. James was next seen by hepatology in 2015 when he was admitted for septicaemia, at this point interferon was discussed again. James was given follow up appointments and failed to attend.

In September 2022, James was strategically tested as part of the Needs Assessment and the team were able to discuss treatment with him. James refused again despite being given information on new DAA treatments and the offer of peer support. Periodically, the van team and Hep C Trust Peer Support Lead contacted James to check in with him. He was tested as part of a pharmacy event by the Hep C Trust Peer Support Lead, and whilst there on reflection there was a recognition this would not tell us anything new it was an excellent opportunity to chat with him. In October 2023, James was invited back in for year 2 of the Needs Assessment and after this intervention he agreed to commence treatment. He was supported during his treatment by both the van team and the Hepatitis C Trust Peer Support Lead.

James has since had an SVR 12 and 24 test completed both of which were RNA not detected.

This case study illustrates the importance of record completeness and sharing information. It also evidences the perseverance, tenacity and compassion of the extended team in empowering James to get treated. There is an acknowledgement we need to be mindful of retesting people unnecessarily and this will continue to be discussed.

His case was regularly discussed at the weekly hepatology led multidisciplinary clinical team meeting. This ensured an appropriate level of contact was made with James and everyone involved was kept informed of his progress. This in turn enabled the wider team to be consistent with him and his treatment plan.

Case Study - Fred

Fred is a 70-year-old patient who had received a PHE Look Back letter some time previously and finally made contact with the hospital. Fred knew he had been HCV positive for over 15 years, he said the likely route of transmission was from sexual tourism abroad in his 30's and 40's. Fred defines as bi-sexual. Fred said he had not wanted to start treatment as knew of friends being very ill, and he was not aware of DAA's.

The van went to him within 2 hours of him phoning up, Fred thanked the van staff member for being so responsive and compassionate. Fred does not drive and is self-employed so although not impossible, it would have been difficult for him to attend the hospital. The benefits of the van were giving Fred the time and confidential space to talk about his fears and demystify treatment. The responsive of the team in the window of opportunity may have been the lever for Fred to embrace treatment. He started treatment 2 weeks later and has since achieved his SVR.

We have increased our feedback mechanism via Care Opinion this year. Please see visit our page by [clicking here](#). Below are just a few that highlight the van's impact.



"I have been an injecting drug user since 1996, i have been around the block so to speak on many different occasions.

I have noticed that over the last say 10 years that the government has really put money aside for the treatment of drug users for the help of not only the primary treatment for drug addiction but also for the blood borne viruses that can come into play also for the mental health part of addiction. i hope this will continue, and the support will continue in the UK.

Keep doing the good work."



"I have just personally had a test for Hepatitis C, it was quick painless, and everyone was friendly and non-judgemental.

It was lovely that i was negative but had it of been different the support was here i have received the best service of my recovery journey."



Summary:

The unique positioning of the Wessex Clinical Van within drug services, with access to the majority of data sources in the ODN, has meant this has been another successful year.

The team are seen as leading the elimination agenda across the region and have established both integrity and credibility with all stakeholders including, most importantly, the people we serve.

The service is very much run as a programme, with interrelated projects running throughout the year. We continue to find new cases of hepatitis C and support those for whom treatment has not worked for yet.

The service is well governed and provides a vital component of the hepatitis C elimination strategy within Wessex. We have established excellent working relationships across the region and have positioned the van as able to meet multiple health inequalities, working with a variety of stakeholders including homeless health, charities and criminal justice in order to engage people into healthcare.

We were delighted to take receipt of our new Cepheid machines, fondly named Gillyon and Georgia, and look forward to their official naming ceremony in July. We were obviously sad to see Cindy and Cyril, our MSD machines retired. There was a celebration of all the patients' lives they had helped to transform through non-invasive testing. It is worth noting that before we got our Cepheid, there were over 100 people who could not access treatment due to poor venous access.

Continued on next page...

Next year, we will mobilise our Return to Care project in partnership with UCL and the Find and Treat Team. Our Southwest UKHSA Capillary Blood testing pilot will be implemented once the Needs Assessment is concluded, to avoid any samples being sent to the wrong laboratory and our GP project will move to another part of the ODN. We will also be adapting our Cepheid data capture systems from April 2024, to enable sufficiency of information in one source.





@WessexVans



Wessex Clinical Vans

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