Hepatitis C Testing & Treatment Exemptions Discussion Framework

The exemption process requires us to look at individual cases and interventions attempted. As a minimum, the following routine questions should be asked and presented at the exemptions review meeting and documented by the Exemptions Panel on the exemptions spreadsheet:

Service user identifier/number:	
Exemption from Criteria 4 or the whole dataset?	a) Criteria 4 only (treatment)? Or b) Whole dataset (ie criteria 1-4, testing & treatment)?
1. What is the rationale for exempting in this case? *(must meet one criteria to be exempt)* a) Person is under end of life care*/has severe illness/under care of hospital (ie not outpatients, eg in ICU) and not appropriate to test. b) Person is at an increased risk of disengaging from drug and alcohol service if testing/treatment continues to be offered. c) Decision made by treating hospital that they are not appropriate for treatment – ie. medical resistance to treatment/other medical complications/pregnancy/endo fo life care/awaiting surgery. Considerations: d) Age of individual e) Risk of transmission to others f) Liver disease g) On remand h) Inappropriate to continue to offer due to significant mental health needs (eg. Severe mental illness, detained under the Mental Health Act, or no capacity as assessed by mental health services). **End of life refers to someone who is most likely to die within 12 months, whereas palliative care refers to someone who has an incurable illness and they require symptom management and may live for many years.*	
2. What interventions have been attempted? *(please document)* a) Incentives (vouchers/food/travel paid) b) Involvement of the Hepatitis C Trust (where appropriate)	

c) Other staff attempting the offer of testing/treatment d) If relating to treatment – have appointments been flexible (at the drug service/outreach) e) Antibody swab instead of DBST to engage in further testing /bloods (where available)	
3. If applicable is there a carer/partner agency who can be involved?	
4. Has the individual been offered information about the ease of testing and treatment?	
5. Is all of the above, and attempts made, documented clearly on the person's notes? *(service to report)*	
6. Where available has the treating hospital/stakeholders/Service been involved in the discussion to exempt the person and are they in agreement?	
7. Have the service and HCUL coordinator had a discussion about when to review the person again if it is agreed they are to be exempted from the criteria?	

Please Note -

- *The exemptions review meetings can only go ahead if the panel is quorate (programme lead, overseeing coordinator, data analyst and one other as a minimum).*
- *In some cases exemptions may not be agreed where it is felt the individual does not meet the criteria, further interventions can be attempted, or circumstances may change in the near future. In these cases the exemptions panel team will endeavour to provide suggestions and rationale back to the services.*
- *The purpose of the exemptions panel is to assess whether a person has met the criteria above.*

Case Scenarios

The following case scenarios are to assist staff in understanding the criteria and understanding if a person may meet the criteria.

Person is under end of life care/has severe illness/under care of hospital (ie not outpatients, eg in ICU) and not appropriate to test.

"Della is currently in a hospice receiving end of life care for a terminal illness (cancer). Della has a history of injecting and has not been tested for 2 years. It is believed that because of her prognosis it would be inappropriate to re-test her at this current time."

Please Note - although exemptions may be agreed for a person receiving end of life care, the exemption panel may feedback on where there may have been opportunities to engage the individual in testing as part of our commitment to continual improvement and learning.

Person is at an increased risk of disengaging from drug and alcohol service if testing/treatment continues to be offered:

"John is currently injecting drugs and was last tested for hepatitis C in 2017. He was negative for hepatitis C at this time and has since declined to be re-tested. His recovery worker has offered the test multiple times including incentives to encourage testing. John has been informed of the physical complications of hepatitis C, how to minimise transmission, as well as the ease of testing and newer treatments. Each time staff at the service offer a re-test John states he does not want to know his result and wants staff to respect his wishes, he also states that if he keeps getting asked he does not want to attend the service and will make a complaint."

Decision made by treating hospital that they are not appropriate for treatment – ie. viral resistance to DAA's/drug interactions/other medical complications/pregnancy/end of life care/awaiting surgery:

"Jason has been treated with first line direct acting antiviral (DAA's) which failed him, he was subsequently treated with second generation DAA's (Vosevi) and did not respond. He is being investigated for viral resistance and is under the care of the treating hospital."

"Julie is pregnant and DAA's are not recommended as there are no large-scale clinical trials evaluating the safety of DAA's in pregnancy."

"Robert is currently being prescribed a medication that has a potential drug interaction with DAA's and needs to safely convert to a different medication before he can start his treatment."

"Terry is awaiting surgery and has been told that it is advisable that he waits 6 weeks post his surgery before starting treatment. This may be due to the medication he will receive post-surgery and potential drug interactions."

Please Note - all cases need to be regularly reviewed for changes in care/medical condition

Inappropriate to continue to offer due to significant mental health needs (eg. Severe mental illness, detained under the Mental Health Act, or no capacity as assessed by mental health services):

"Sarah has been diagnosed with psychosis, she has been referred to the community mental health team and has started to work with the team. Sarah is exhibiting symptoms of delusions and has refused to be tested as she believes the lab and government want to inject her with a microchip. The worker asked Sarah if it would be ok to show her the equipment and talk through the process, Sarah agreed, the workers provided the information and revisited how she felt about it. Sarah reported she felt the same and declined the test. The worker made the decision to defer and discussed with their supervisor."

Please Note – This may refer to a person who may have additional mental health or emotional wellbeing needs that are affecting their ability to make an informed decision on either being tested or

treatment, or it may be inappropriate to visit or revisit at that time. The test or treatment referral can be deferred for clinical reasons and additional support sourced to assist the stabilisation of a person's mental health or emotional wellbeing. It would be expected that the testing or treatment position would be reviewed and revisited as the person's emotional or mental state improves.