

# *Hep C U Later Report:*

## **Hepatitis C Testing Portal Wallet Card in Needle and Syringe Provision Packs**

**We would like to thank Inclusion One Recovery Bucks and Exchange Supplies for their collaboration for this pilot.**

### *Introduction:*

Hep C U Later is an NHS initiative commissioned by NHS England. A key aim of the Hep C U Later programme in 2024-2026 is to develop and deliver pilots aimed at widening awareness, testing, treatment or the prevention of hepatitis C in organisations which sit outside of community drug and alcohol treatment services.

The following report details the steps to implementation, outcomes and key learning from the pilot.

### *Pilot Outline:*

The aim of this pilot was to explore hepatitis C testing portal uptake from wallet cards in needle and syringe provision pharmacy (NSP) packs at Inclusion One Recovery Bucks (part of Midlands Partnership University NHS Foundation Trust) in collaboration with Exchange Supplies.

#### **The intended objectives were:**

- To see whether the national NHS hepatitis C testing portal was accessed via the wallet cards
- To reach people who accessed NSP who were either accessing, or not accessing the community drug and alcohol service.
- To see what learning could be derived to roll out further on a more national basis.

### *Implementation:*

The pilot idea was generated by Hep C U Later who had initial discussions as to what was possible with Exchange Supplies and Inclusion One Recovery Bucks before a planning meeting was set up. The pilot was a collaboration between Hep C U Later, Inclusion One Recovery Bucks and Exchange Supplies.

The following people were involved in the pilot:

#### **Hep C U Later**

- Deanne Burch
- Laura Hughes
- Edward Taylor

#### **Inclusion, One Recovery Bucks**

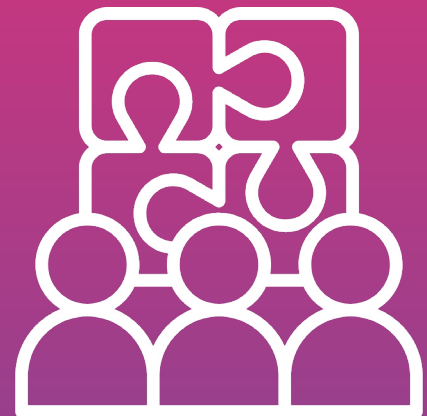
- Tracy Braddock
- Ronald Morrell

#### **Exchange Supplies**

- Andrew Preston
- Monique Tomlinson
- Helen Phillips

## Challenges and Considerations:

There were limited barriers to consider in setting up the pilot and the governance was simple due to the process already in place for people accessing the testing portal if they required treatment. The pilot was supported by processes already being in place for the printing and distribution of the cards by Exchange Supplies. No policy was required to enable the pilot to take place.



### Other considerations were:

- Getting the correct messaging on the wallet card
- Logistics of pharmacies and the stock they already had in place, causing a potential delay to the roll out of the card
- Accessibility of technology – specifically, that QR code access may be a barrier, as well as website access
- What analytics could be tracked with the use of the QR code alone
- Timeframe of the pilot

### At the initial planning stage it was agreed that the messaging would be tweaked from the original Hep C U Later wallet card:

- Accessibility: Simplification of wording to ensure the card was accessible
- Website address: Addition of the Hep C U Later website address, specifically the 'about hep c' page which would offer an alternative method of accessing the test if the QR code could not be scanned. It was recognised that the analytics from people using the testing link on the website could not be counted and could therefore result in some data not being added to the outcomes of the pilot. However, it was agreed this was important and that directing people to the website would be valuable to provide people with more information about hepatitis C.
- Leaflet code: The leaflet code was added at the request of Exchange Supplies for monitoring purposes.

Otherwise the risk information and messaging relating to treatment remained the same as they were felt to be appropriate for the intended audience.

## Agreed Wallet Card:

**Hepatitis C can be cured with a simple course of tablets.**

**Scan the QR code to order a test**

Or visit:  
[hepculater.com/hep-c-information/](http://hepculater.com/hep-c-information/)

SCAN ME

LEAF66

**You might have hep C if you have:**

- Ever reused needles or syringes
- Had a blood transfusion before 1996
- Had a piercing, tattoo, or acupuncture with a non-sterile needle

## Logistics:

Exchange Supplies were able to put the wallet cards into packs within two weeks of the new card being agreed upon, and they replaced cards that had been in circulation for some time with the NSP packs. It was estimated that 8,000 wallet cards would be distributed over six months, and it was agreed that six months would be the duration of the pilot.

Seven pharmacies within the Inclusion One Recovery Bucks geography were included in the pilot. To ensure the new packs could be evenly distributed, an on-the-ground audit of stock within these pharmacies was completed by Ronald Morrell, who was able to redistribute previous bulk stock to some of the other high distribution pharmacies to make way for the new stock/wallet cards.

The pharmacies included were all active NSP distribution pharmacies:

1. **Lansdale Pharmacy, 17 Desborough Avenue, High Wycombe, Buckinghamshire, HP11 2RS**
2. **Boots Pharmacy, 11 Market Hill, Buckinghamshire, MK18 1JX**
3. **Boots Pharmacy, 4 Hale Leys Shopping Centre, High Street, Aylesbury, Buckinghamshire, HP20 1ST**
4. **F.M.Y Chemist, 36 High Street, Chesham, Buckinghamshire, HP5 1EP**
5. **Centra Pharmacy, 20 Queens Square, High Wycombe, Buckinghamshire, HP11 2DF**
6. **Q2 Pharmacy, 51 Hughenden Road, High Wycombe, Buckinghamshire, HP13 5HS**
7. **Ryemead Pharmacy, Gateway House, Wycombe Retail Park, Ryemead Way High Wycombe, Buckinghamshire, HP11 1FY**

The new wallet card image was sent to Exchange Supplies who added it to their system to be printed as part of their already existing process.

## NSP packs:

The NSP packs were already being distributed by Exchange Supplies, commissioned by Inclusion One Recovery Bucks.

**Please click on the image to download and view a high resolution version of the NSP Pack.**



## Review:

A review meeting was set up a month before the 6-month pilot period ended. At this stage, the number of QR code clicks was very low. It was felt there could have been several reasons for this:

1. Some people may not have access to the technology of QR code scans - The project team were unable to see how many people accessed testing through the website link and could only count QR code clicks (each time the code was scanned).

2. There may have been a delay in the new NSP packs containing the wallet cards being distributed across pharmacies due to excess stock they were still giving out before the new packs were received.
3. It is not possible to understand whether having achieved hepatitis C micro-elimination in a community drug and alcohol treatment service has an impact on the testing uptake through these cards unless it is compared with another service which has not micro-eliminated service.

As it was believed that even a small number of people accessing testing would make the project worthwhile, the project team agreed to extend the pilot for a further 6 months.



## Outcomes:

At the end of the extended pilot period the results were as follows:

Number of wallet cards distributed:

- **18,000** (please note that not all of the cards would have been distributed by pharmacies at the end of the pilot period)

Number of QR code scans and geographical areas the scans took place:

- |                        |                       |
|------------------------|-----------------------|
| • <b>Birmingham x3</b> | • <b>High Wycombe</b> |
| • <b>Dudley</b>        | • <b>Kensington</b>   |
| • <b>Brighton</b>      | • <b>Croydon</b>      |

## Learning:

1. Wallet cards in NSP packs is a low cost way to distribute key information such as how to access a hepatitis C test
2. A period of time is required to ensure that wallet cards reach people accessing NSP, allowing time for previous packs to diminish in pharmacies
3. Rolling out a similar pilot across an area where there has not been extensive testing taken place may result in more QR code scans
4. Ensuring a web address is available on the wallet card is key to ensuring people with limited technology can access the test
5. This method may prove valuable for other initiatives such as rolling out harm reduction information or hepatitis B testing