

HEP C U Later

Wessex Clinical Van Annual Report
from 2024-2025

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Summary

Hepatitis C continues to disproportionately affect people facing social and health inequalities. The **Wessex Clinical Van Service** meets this challenge by continuing to take a whole-system approach to bringing proactive testing and treatment directly into the community.

Guided by Core20PLUS5, in combination with our data-led intelligence approach, the Wessex Clinical Van **(WCV)** target their resources and interventions within under-served populations, to improve equitable access to care. People experiencing homelessness, challenges relating to substance use and individuals in other vulnerable circumstances often intersect with those at highest risk of hepatitis C.

By combining community outreach, strategic partnerships and evidence-based targeting, the WCV improves individual outcomes, strengthens the wider system and makes measurable progress towards reducing health inequalities and eliminating hepatitis C across the region. This service embodies the aspirations of the 10 Year Health Plan and the World Health Organisation's viral hepatitis elimination strategy.

This report presents an overview of the service's reach, impact and alignment with national strategies aimed at reducing health inequalities and promoting population health between April 2024 and March 2025.

[*Click here to read the Wessex Clinical Van case study*](#)



Headline Numbers

Between April 2024 and March 2025, the Wessex Clinical Van Team have:



Seen
730
individuals



Completed
1,232
interventions



Supported **103**
people with their
treatment starts



Confirmed **207** people
achieved Sustained Viral
Responses to treatment

Meet the Team - From Talent to Tech

The WCV team has expanded this year with the recruitment of Sian Bowes as the Service Lead, as well as Kerrie Cameron-Green as the team's Data and Engagement Lead.

The region continues to be split between Elaine Pearce overseeing efforts in Dorset, and Sean Caddy co-ordinating activity in Southampton, Portsmouth and the Isle of Wight with support from Alan (Lead for Hep C Hants P2P at Inclusion, Midlands Partnership University NHS Foundation Trust) for the rest of Hampshire.

We continue to work closely with the Wessex Hepatitis C Trust peer support team, as well as Louise Hansford (Hep C U Later Co-ordinator) as the Van's Strategy Lead and Chris Heaps (Hep C U Later Data Analyst).

Meet the Team - From Talent to Tech

Sian Bowes and Louise Hansford ready to go out on the road to complete UKHSA interviews.



Sean Caddy (Van Co-ordinator) proudly sporting the Hep C U Later message!

Kerrie Cameron-Green, the new Data and Engagement Lead



Elaine Pearce (Van Co-ordinator) proudly sporting the Hep C U Later message!

Meet the Team - From Talent to Tech

The Wessex Clinical Van team expanded both with team members and equipment this year.

With the support of NHS England's Capital Funding for Operational Delivery Networks (ODNs) the team welcomed two GeneXpert Cepheids and two FibroScanners.

In recognition of all the support from the NHS England Viral Hepatitis Elimination Programme Team, the machines were named Georgia GeneXpert and Gillyon (after Georgia Threadgold and Mark Gillyon-Powell respectively), and we had a formal naming ceremony for the Cepheids at the ODN meeting in July 2024.



Figure 1: Georgia Threadgold (NHSE) with Georgia and Gillyon GeneXpert.

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 treatment service, which is the largest community drug and alcohol treatment service in the Wessex ODN. The van team have benefited from strategic support from the new ODN Clinical Lead - Dr Ryan Buchanan, ODN Co-ordinator - Wendy Wilson and the Dorset Liver Service.

Our wider stakeholders include:



Hospitals:

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



Drug and Alcohol Services:

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



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



Charities:

- The Hepatitis C Trust

Southwest UKHSA Capillary Blood Testing Pilot

This was a Hep C U Later innovation funded pilot which was delayed due to COVID and subsequently redesigned.

The Capillary Blood Testing Pilot launched in October 2024 to enhance the delivery of blood-borne virus testing within the service, and to ascertain the benefits of utilising testing in this way. In addition to providing an additional way of testing for RNA Viral Load, the team are now able to test for hepatitis C Genotype, as well as hep B and HIV.

A key aim of the pilot was to reduce delays in treatment initiation, particularly relating to the time it can take for genotyping to return when using venous bloods. Historical testing has shown that genotyping can take anywhere between 2-6 weeks, depending on the laboratory and whether it is done by venous draw, or dried blood spot test. Since utilising the capillary blood testing with Bristol Labs, results are consistently coming back in under a week.

The pilot has also added flexibility to the outreach of the van service, improving efficiency. Capillary blood testing reduced the need to wait on-site for results for an hour, minimising time pressures during outreach sessions. The team have appreciated having another tool for testing as it has increased the adaptability when working in outreach settings, as well as allowing staff to respond more effectively to individual circumstances and environmental constraints.

A full pilot report will be available in due course.

UKHSA Research Project – Facilitators and Barriers to Engagement in Hepatitis C Care

In April 2024, The Wessex Clinical Van team were approached by UKHSA to be involved in a research project, exploring the barriers and facilitators in hepatitis C treatment. This project was led by Carina Hoerst, a PhD student. The potential peer group were people who had been diagnosed with hepatitis C and had been unable to complete treatment. This included those who had not started, those who had stopped or were unable to take the tablets as prescribed, and those who had not had their SVR completed. This project totally aligned with our work in improving outcomes for people in Wessex, through re-engaging people listed as lost to follow up on Arden and Gen and we signed up to undertake the 20 qualitative interviews.

Unfortunately, the ethics and final research design process took several months and behind the scenes, the team started to consider potential participants. Alongside this, meetings were held to work out logistics, data sources and create a project plan to ensure anyone engaged with as part of this project would be supported to either access treatment, or have their post-treatment blood tests.

The team already had a list of around 300 people who they were trying to locate, which was generated from Arden and Gen. In February 2025, UKHSA sent a list of people who had been diagnosed in Wessex and had no recorded outcomes following this.

The team were able to then see people who were on both lists, and draw up a list of around 50 people they could approach to carry out the 20 required interviews.

In March 2025, the Wessex Clinical Van conducted a test interview with one of their peers and the interview schedule was refined. They undertook 3 interviews in this reporting period.



Return to Care Project

Since 2024, the ODN and the van have been working on registry completion and re-engaging people into care. In 2025, the team formalised the methodology to apply to this project and saw an opportunity to link this into the above research project with UKHSA.

In February 2025, UKHSA sent to Wessex a list of 4701 people whose records were suggesting that they were positive for hepatitis C. Sadly, 1327 of those had passed away and were removed from the data source.

Working closely with Annabel Powell from UKHSA and the UCL 'Find and Treat' Team to understand where issues linking treatment outcomes were stemming from, and giving suggestions to refine the list generation, the team were left with a working list of 1619 name - 652 of those not having a linked NHS number. This workstream will continue into 2025/26, where the service will provide a thorough update on the outcomes that we have been able to achieve so far.



GP Project

In February 2025, the Wessex Clinical Van started case finding activity within Portsdown GP Surgery in Portsmouth.

The practice serves 25,000 patients and utilising the MSD search tool, the team were able to generate a list of people who have been coded as having 'Hep C Ever', as well as those with hepatitis C risk factors. The initial list of people coded as 'Hep C Ever' was 168, resulting in quickly being able to find hepatitis C treatment records for 64 people. There were 83 people who were not listed on the treatment registry having likely been treated with interferon, prior to 2017 when the registry started.

The work with Portsdown GP Practice will continue into 2025, with the Wessex Clinical Van looking to resolve the remaining cases through investigative data searching, testing clinics at the surgery as well as mobile outreach.

Sam - name changed for anonymity

Sam was someone whom the team had first met in 2023. Sam had been diagnosed with hepatitis C in prison in October 2023 and was prescribed treatment. There were some delays in his start due to the move to a new prison. When the team first engaged with him in 2023, Sam reported there had been several breaks in his treatment, partly due to difficulties within the prison but also due to him being homeless after release. Sam had a Cepheid test carried out, which showed he remained positive. He was re-referred to the ODN for treatment, and treatment was agreed upon. Soon after, Sam was involved in a serious incident and was relocated for his own safety. The team delivered his medication in June 2024 and supported him to start it. Alongside this, the Hepatitis C Trust were keeping in contact with him.

Sam was then seen in October 2024 and advised the team that he got off to a good start with his medication, but when he relocated back to his original area, he stopped taking it as prescribed. Sam was retested, and a CBT sample was taken to secure a genotype. Whilst this was being done, Sam was discussed at a multi-disciplinary team (MDT) meeting. Sam reported he was in a much better place - he had regular contact with the van team, and he felt able to take his medication as prescribed. The MDT agreed a genotype-specific drug, and the tablets were prescribed. We then received the genotype back, which showed that the medications prescribed were not appropriate, and the team were able to adjust this quickly.

Sam has since completed this course of treatment with the support of the van team and has achieved his sustained viral response at 12 weeks (SVR12), which has subsequently been maintained.

This case study illustrates how the quick turnaround for genotype is imperative for being able to prescribe to people whilst motivation and engagement are high, and ensures the correct genotype-specific medication is given.

Alex - name changed for anonymity

Alex was diagnosed with hepatitis C more than 12 years ago. Around the time of diagnosis, Alex experienced a significant instance of stigma within the community drug and alcohol treatment service that they were accessing at that time. As a result of this stigmatising interaction, Alex disengaged entirely from services. This disengagement extended beyond hepatitis C care to include primary care and other health services. For over 12 years, Alex did not access monitoring, specialist assessment or screenings for their health and wellbeing in fear that their substance use history would continue to impact their life.

Alex was identified through our return-to-care work. This initiative uses a proactive outreach, as well as a person-centred and non-judgemental approach to re-establish contact with individuals who are not currently engaged with hepatitis C care.

Through consistent engagement and trauma-informed practice, we were able to rebuild trust with Alex. As a result, Alex successfully re-entered hepatitis C care and achieved a sustained virological response. In addition to the clinical outcomes, Alex spoke about their improved trust in healthcare services and increased confidence in accessing health services more broadly as one of the participants for the UKHSA research project.

Alex's experiences highlight that the effects of stigma can persist for many years and have far-reaching implications. It also shows that targeted re-engagement initiatives and compassionate, trauma-informed care can overcome previous negative experiences. Investing in outreach, trust-building, and stigma reduction within services is essential to meet hepatitis C elimination goals.

Taylor - name changed for anonymity

Taylor was first diagnosed with hepatitis C in 1998. At the time of diagnosis, clinical understanding and treatment options were limited compared to current standards of care.

Following the diagnosis, Taylor underwent a liver biopsy and was informed that their “liver was fine”. Taylor interpreted this to mean that they had cleared the hepatitis C infection. No further explanation, follow-up or ongoing monitoring was arranged, and Taylor did not know that hepatitis C remained active in the absence of significant liver damage.

Over the subsequent decades, Taylor experienced multiple hospital admissions for unrelated health issues. Despite the presence of this diagnosis within their medical records, these admissions did not result in retesting, referral or discussion about treatment, creating repeated missed opportunities to re-engage in hepatitis C treatment.

Taylor was identified as possibly still having hepatitis C through the GP Project work, using the Patient Search Identifying tool provided by MSD. On being informed that the infection had remained active, Taylor was in significant distress. Through the flexibility of the service model of the Wessex Clinical Van, treatment was delivered in a way that suited Taylor’s life and circumstances to achieve a sustained virological response.

In addition to the clinical outcome, Taylor appreciated the clear communication, choice and supportive approach taken by the team and those involved in the delivery of her treatment. Cases like Taylor’s demonstrate the importance of systematic case-finding within primary care alongside supportive patient communication and flexible treatment pathways.

GP Champion Profile

Meet Dr Nick Ballantyne - GP Champion for the Wessex ODN



How would you describe your role?

“As GP Champion, I lead the hepatitis C case finding efforts within General Practice. Alongside the Wessex Clinical Van team, my role is to raise awareness of hepatitis C, enrol GP practices and Primary Care Networks (PCNs) to run data searches within GP records, identify untreated cases, and sort inaccurate codes, bridging the gap between primary care and specialist services”

What motivates you most about being a part of this work?

“With a passion for addressing health inequalities and personally observing the devastating effects of untreated hepatitis C, I was inspired by the medical revolution of hepatitis C tablet treatments. However, I was even more inspired by the dedication and motivation of the ODN team who were delivering it and feel truly honoured to work with them all.”

Continued on the next page...

GP Champion Profile



What are you most excited to work on with the Wessex Clinical Van Team?

“Alongside the uplifting completion of multiple Hampshire-based projects, I am looking forward to working on new hepatitis C GP Projects across Dorset, spanning Mid-Dorset down to the Jurassic Coast, accessing 135,000 patient records. As we begin to diversify the services we provide, I also look forward to future projects we embark upon around hepatitis B and wider liver health.”

What's one thing you'd like stakeholders to understand about your work?

“General Practice is the cornerstone of the NHS, dealing with around 90% of all healthcare contacts, serving as the ultimate organiser and co-ordinator of our health journey from birth to death. I live and breathe this world as well and recognise the wonderful opportunities and perilous challenges it faces in the 21st Century. Navigating our specialist work within this all-encompassing environment requires a fundamental understanding of how GP works, so that meaningful and effective collaborations can take place with my GP colleagues.”

Portsmouth High Intensity Testing Week – February 2025

In partnership with Hep C U Later, Society St James (SSJ) Portsmouth, and the Hepatitis C Trust, the Wessex Clinical Van team coordinated a high-intensity testing week within the community drug and alcohol treatment service. The aim of this was to support the hepatitis C micro-elimination efforts within SSJ, provide training opportunities for staff within the service and re-engage people with hepatitis C care.

25

**Cepheid
GeneXpert tests**

4

**new hepatitis C
diagnoses**

21

**hepatitis C
antibody tests**

19

**members of SSJ staff trained
on hepatitis C, in partnership
with Hep C U Later**

During this week, there was also a focus on completing the sampling for the UKHSA Unlinked Anonymous Survey of People who Inject Drugs (UAM). The UAM survey is a public health surveillance system to track trends in HIV, hepatitis B and hepatitis C alongside injecting behaviours, without linking data back to individuals. This data provides vital insights for harm reduction and treatment strategies. This was very successful, and the team were able to re-engage several people for SVR testing as well as into treatment.

Project W Testing Events

As part of the wider hepatitis C elimination strategy in partnership with the Hepatitis C Trust, the Wessex Clinical Van established monthly testing clinics at Project W.

Project W is a space for women within Ambition Portsmouth where every Wednesday and Thursday, there are a variety of activities, workshops and support available for women, provided by women.

The presence of the Wessex Clinical Van team and the Hepatitis C Trust within this space enabled the team to provide antibody testing and harm reduction information, as well as offer hepatitis C RNA testing where required. Planning for this testing started in late 2024, with a space for the Wessex Clinical Van to offer this service starting in March 2025, with a view to continuing for the rest of the year.

Homelessness Joint Working

The Wessex Clinical Van have presented their work and made new connections at the local Hampshire, Isle of Wight, Portsmouth and Southampton Homelessness & Health Inclusive Forum (HIPS HHIF) in July 2024, and at the national meeting in November 2024.

This year, the team have continued to draw on the learnings from our pilot project. Planning a quick response to offer testing when SWEP (severe weather emergency protocol) was activated. Through this initiative, several people were re-engaged in the care pathways, which included treatment starts and outstanding SVRs.

The WCV have linked in with more staff from the Rough Sleeper Team and set up the sharing of information across Bournemouth, Christchurch and Poole through the team's weekly MDT. This is something the team are aiming to replicate across the region.



Southampton Mosque Testing

Due to the success of the Eastern European and South Asian testing in 2023–2024, the team were invited back to the Southampton mosque, Masjid Abu Bakr, in June 2024.

Shabana Begum, the National South Asian Project Co-ordinator at the Hepatitis C Trust, once again joined the team, and her knowledge of the culture and language ensured a great session. Collaboratively, over 70 people were tested. The team did not find anyone who had hepatitis C, but gained some wonderful feedback about the liver consultants at University Hospital Southampton who were treating someone for hepatitis B.

The Mosque have advised the team they are more than happy to host a hepatitis B and C event in the future and have several people who have ongoing treatment for hepatitis B who they believe would get involved.



Twenty people have shared their experiences of the Wessex Clinical Van service within the last year on Care Opinion. Below are some extracts highlighting the impact the team has had.



“I would like to say thank you to Sean and his team from the Hep C Van. I didn’t really want treatment as far as I was concerned it wasn’t making me unwell and I had different priorities. So what was the point? Sean had different ideas and regardless of how many times i said I would meet him and did not turn up he still went out of his way to get me on medication.”



“As someone who deals with services at many levels, P2P and the clinical van who have dealt with my hep C care and treatment are a breath of fresh air, highly professional with a style of service that puts one at ease and instils confidence, making me feel like I’m an actual human being who has feelings and worth.”



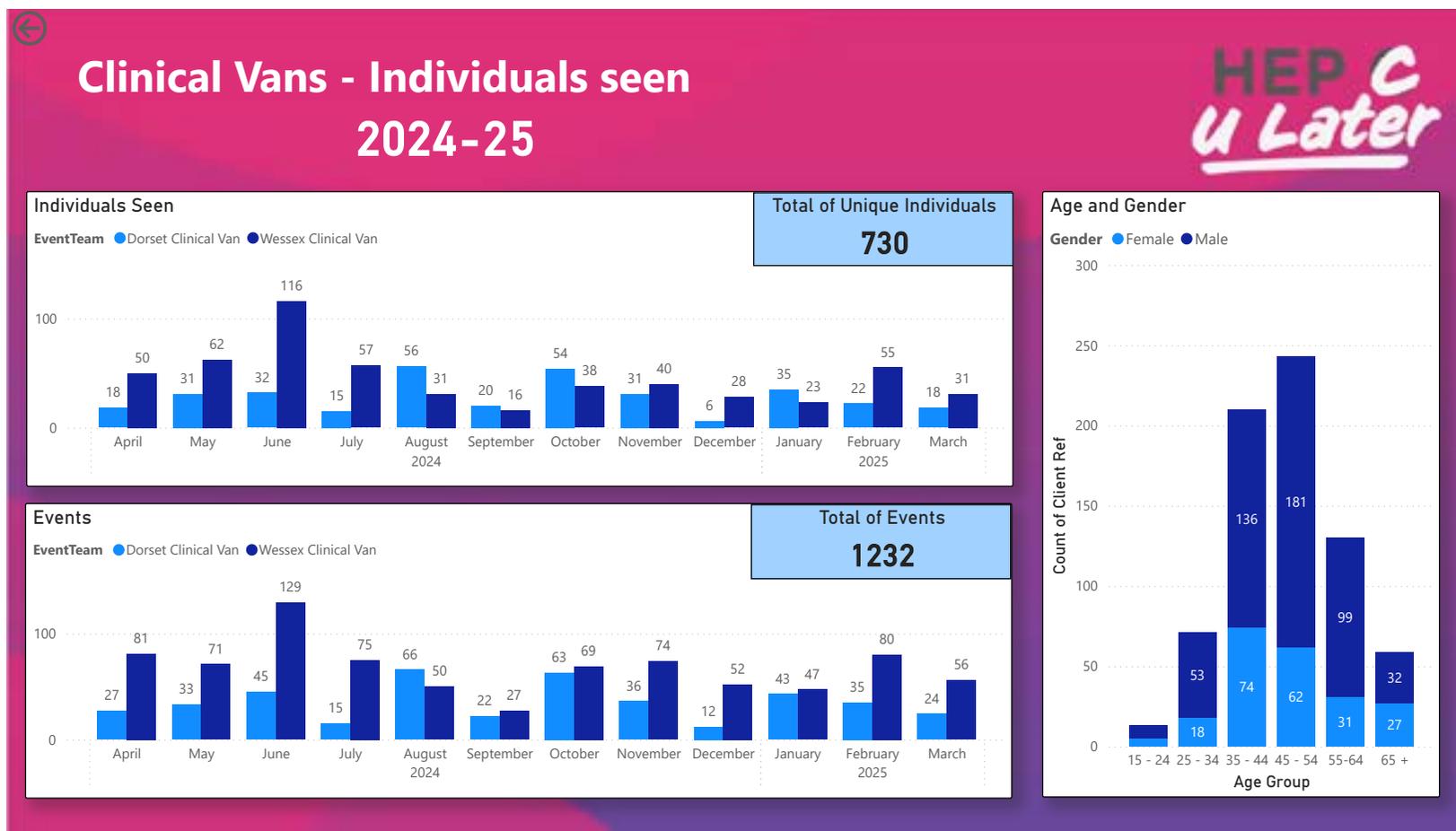
“I was part of a project which tests people for hepatitis C, hepatitis B and HIV. The team contacted me 18 months after my last test to test me again. This had proved difficult as I had a different phone number and address, but their persistence paid off!”



Clinical Van Dashboards

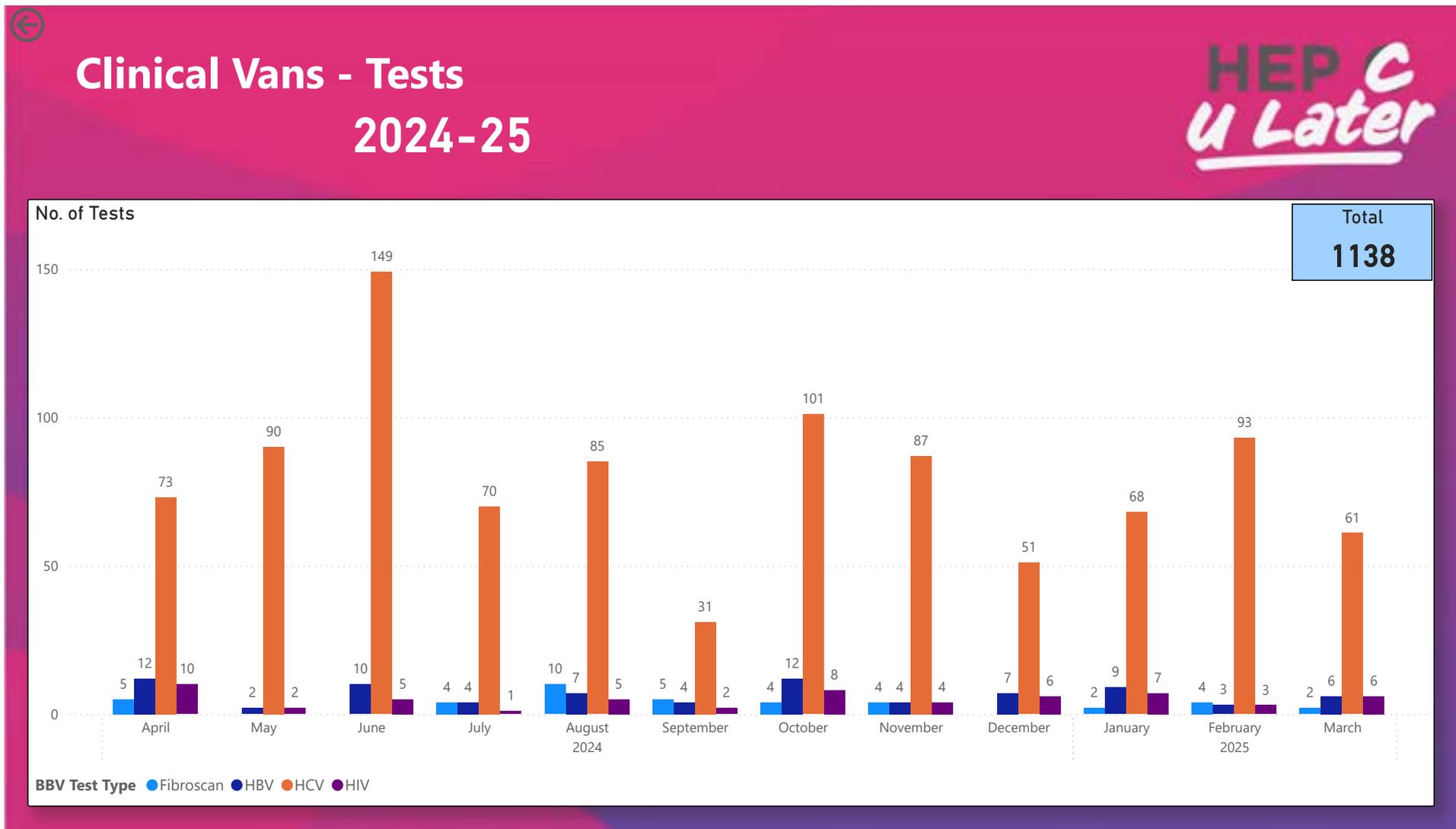
Over the course of April 2024 to March 2025, the Wessex Clinical Van team have seen **730** people. As a person-centred service, the interventions that each person would have received are tailored to their needs. Some would have seen the team once for an antibody test as part of a testing event, while others would have seen the team multiple times throughout their treatment journey.

A total of **1232** interventions were attended by individuals across this reporting period. Charts for this data can be found below, along with a breakdown of the ages and genders of the people the service has met with.



Clinical Van Dashboards

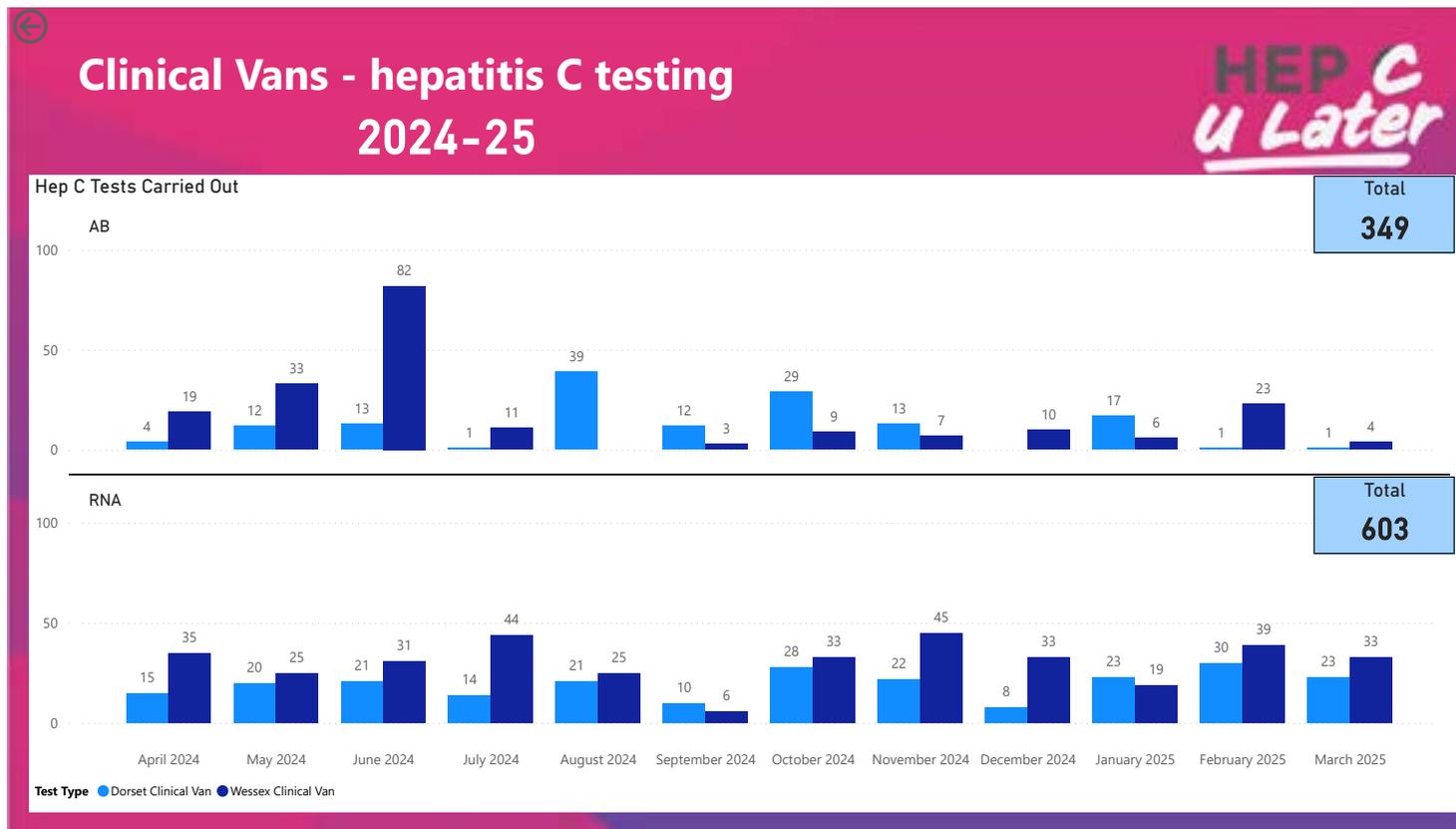
With the launch of the Capillary Blood Testing Pilot, as well as the FibroScanners that have joined the Wessex Clinical Van team, the testing offered within the service has diversified. Across this reporting period, **1138** tests have been completed across Wessex, and a breakdown of testing types can be seen below.



Clinical Van Dashboards

Across April 2024 to March 2025, **349** hepatitis C antibody tests have been completed. 89.4% of these were negative and would have largely been completed at the different health testing events across the region. 10% of the antibody tests returned a positive result and went on to receive further testing, as did the two tests that were indeterminate to provide a conclusive result.

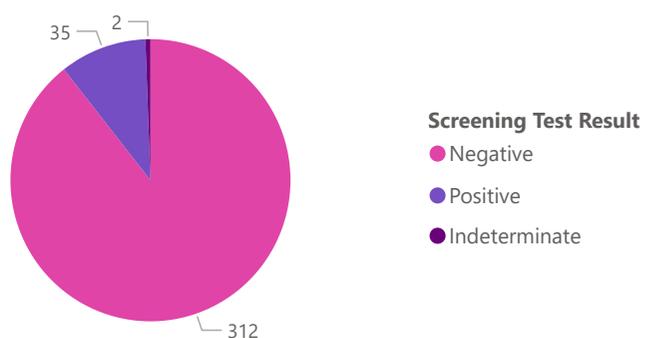
Hepatitis C RNA testing detects the active genetic material to confirm a current infection. **603** RNA tests were completed in this reporting period, with 20.1% of these returning a positive result. 46.9% of the 441 negative RNA results confirmed sustained viral response at 12 weeks, with most of the negative results evidencing long-term sustained viral response post-treatment on re-testing, as well as spontaneous clearance of hepatitis C.



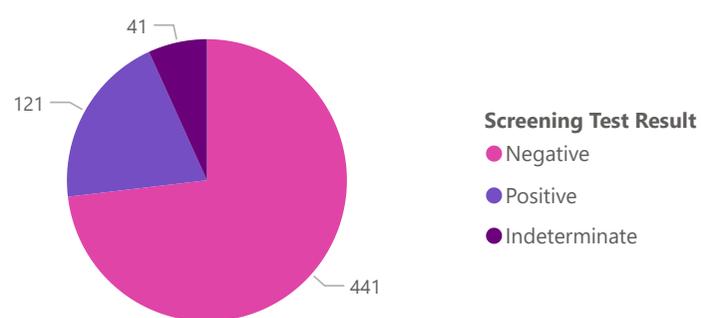
HEP C
U Later

Clinical Vans - hepatitis C testing 2024-25

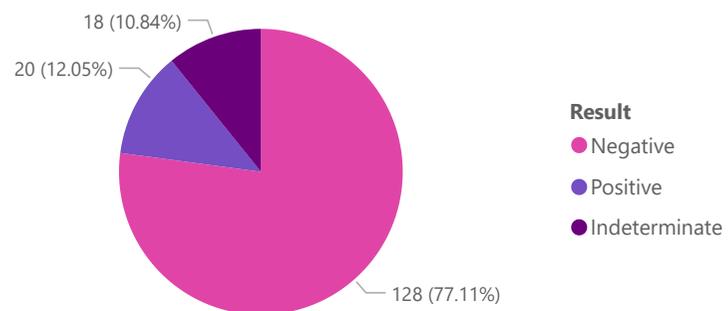
AB Test Results



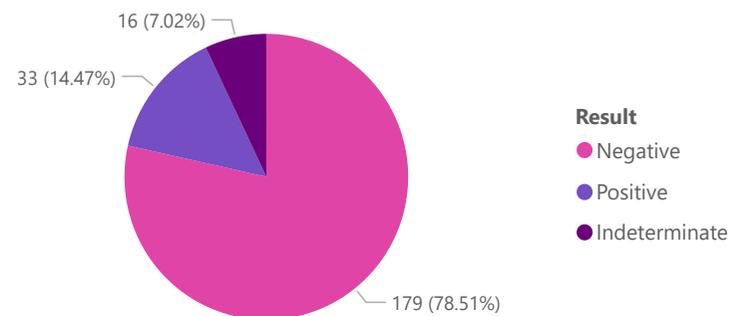
RNA Test Results



Cepheid tests Dorset Clinical Van



Cepheid tests Wessex Clinical Van



Clinical Van Dashboards

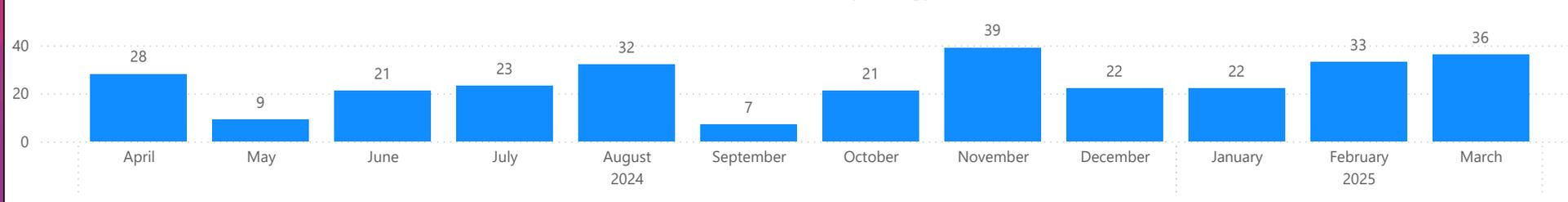
The Wessex Clinical Van team have supported **103** people with their treatment starts in this time, and additionally confirmed the sustained viral response for **207** people.



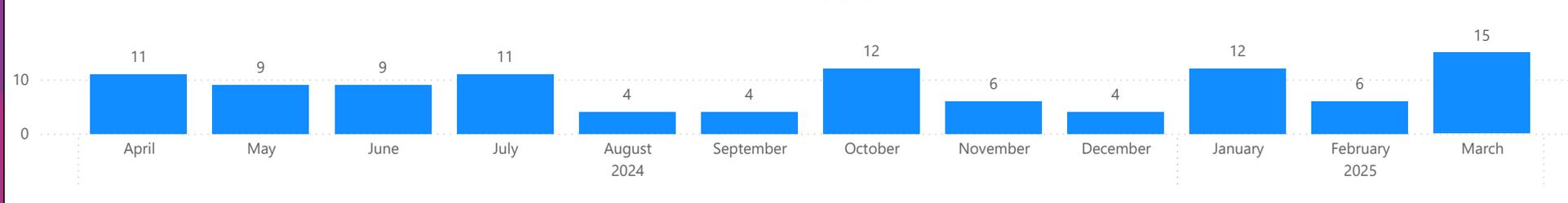
Clinical Vans - Referrals & Treatment Starts 2024-25

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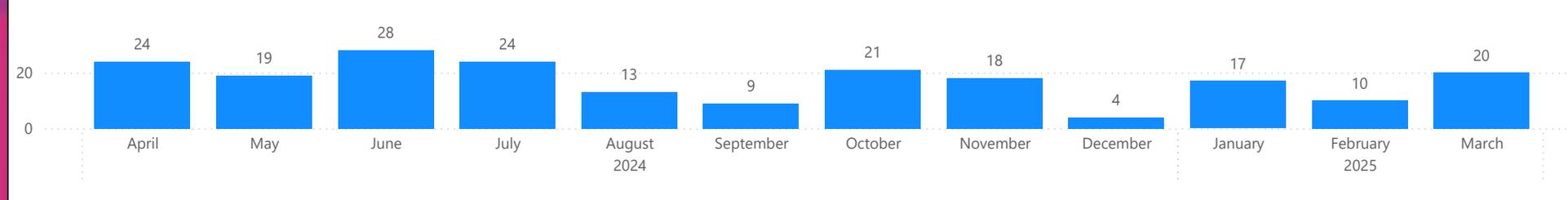
New Referrals to Hepatology



Treatment Starts



SVR12 Achieved



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