Hepatitis C QIP

Why hepatitis C?

Hepatitis C infects the liver, and can lead to cirrhosis, liver failure, cancer. There are inequities in access and outcomes of care and is a health justice issue. The UK aims to eliminate hepatitis C as a public health threat by 2030. They aim to do this through a number of measures, for example by reducing incidence, mortality and increasing rates of diagnosis and treatment, as well as harm reduction programmes via needle provision to those who inject drugs.

The programme has already been a huge success, but we know there are people living with hepatitis C who may not be aware of their disease, or who may have tested positive but have not yet completed curative treatment.

Hepatitis C elimination is run by Operational Delivery Networks, which exist across the UK, so there will be experts in your area who can help you with data or other arising issues:

https://www.england.nhs.uk/wp-content/uploads/2016/12/hep-c-odns-240921.pdf

There already exists a very easy search tool that enables you to identify patients within your practice who have ever been coded as hepatitis C positive, here. This will teach you how to run searches within emis in a step by step way:

1. Import the File provided into EMIS: Use this LINK TO DOWNLOAD the pre-configured search criteria, save it on your computer, and import it directly into EMIS. Please note, the file is hosted on Google Drive, so you may encounter warning messages before downloading. If you experience any issues or prefer to receive the file via email, please contact us your ODN.
   To import it – click on the emis ball icon, then reporting, then population reporting. Create a folder for your hep c searches (often best to do this under a folder with your name on) by clicking 'add' / the + icon.

2. Run the Full Search: Once imported, run the full search to retrieve the required data.

3. Identify the following three Patient Lists required:

• "ALL PATIENTS WHO HAVE EVER BEEN HEPATITIS C POSITIVE" (see the images on page 9 for reference).

• Ensure that each list includes contact details such as phone numbers and addresses as you may need these later.

• Once the searches are complete, save the results as an Excel or CSV file.

1. Key documents:

All current RCGP documents and an outline of the QIP process can be found here: https://www.rcgp.org.uk/mrcgp-exams/wpba/qip

There are lots of Hep C resources on the web to help guide your reading/literature review:

https://www.gov.uk/government/collections/hepatitis-c-guidance-data-and-analysis

https://ukhsa-dashboard.data.gov.uk/blood-borne-viruses/hepatitis-c

https://cks.nice.org.uk/topics/hepatitis-c/

https://www.hepculater.com/professionals/

https://www.hepctrust.org.uk/

https://www.msd-uk.com/stories/msd-the-fight-against-hepatitis-c/

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01320-X/abstract

2. QIP in Hepatitis C

This project is well suited to areas where prevalence of hepatitis C may be higher. This includes primary care centres which serve migrant populations from higher risk areas (such as Africa, Asia, the Caribbean, Central and South America, Eastern and Southern Europe, the Middle East, the Pacific Island) , people who are or have used intravenous drugs, people who have been prisoners, men who have sex with men, sex workers, people who are homeless or in hostels.

There is a socioeconomic gradient to hepatitis C meaning those who have less experience higher risk of infection, less access to testing and care and poorer outcomes such as increased mortality.

3. Model For Improvement Suggestion/Example:

Model for Improvement asks three key questions:

1. **What are we trying to accomplish?**
    - Ensure that all patients with hepatitis C are correctly coded, appropriately managed, and connected to curative treatment or follow-up where needed.
2. **How will we know a change is an improvement?**
    - Increase in correctly coded hepatitis C records.
    - Reduction in patients with “outdated cured” codes.
    - Number of eligible patients successfully linked to treatment or surveillance.
3. **What changes can we make that will result in improvement?**
    - Trainees run tailored searches to identify hepatitis C codes.

- Review individual records to verify cure status or ongoing need.
- Contact patients to arrange treatment, testing, or surveillance.
- Correct inaccurate or outdated codes in the system.

4. **SMART suggestion**

(Specific, Measurable, Achievable, Relevant, Time-bound)

- **Specific:** To review all patients in the practice with a hepatitis C code.
- **Measurable:** To ensure ≥90% of hepatitis C coded patients are correctly coded, with clear documentation of cure status or ongoing monitoring and/or treatment needs.
- **Achievable:** By using EMIS/TPP searches and liaising with the Operational Delivery Network locally if needed.
- **Relevant:** Hepatitis C cure prevents cirrhosis and hepatocellular carcinoma; correct coding ensures safe long-term care.
- **Time-bound:** Achieve this within 3–6 months of the project start date.

5. **PDSA Cycle suggestion**

Plan–Do–Study–Act cycles for iterative testing:

- **Cycle 1 (Plan):** Run a small pilot search in one cohort (e.g. those coded as "chronic hepatitis C").
- **Do:** Review 5–10 patient records, check coding accuracy, and update as appropriate.
- **Study:** How easy was it to verify cure status? Were there barriers (e.g. missing hospital letters)? Did you need to involve the ODN to establish testing/treatment status?
- **Act:** Refine the search or create a checklist/spreadsheet for reviewing notes.
- **Cycle 2:** Extend the search to all patients with a hepatitis C diagnosis code; repeat the process.
- **Cycle 3:** Add a step to proactively contact patients needing treatment or surveillance, measure uptake.

6. **RunChart Suggestion: coding clean up over time**

You can visualise progress with a simple run chart (time on the x-axis, % of correct records on the y-axis). Example:

- **Baseline:** % of hepatitis C coded patients with coding confirmed as accurate (before intervention).
- **Over time:** Plot improvements every 2–4 weeks as records are reviewed.
- **Additional measures:**
  - Number of patients recoded from "chronic hepatitis C" to "cured".
  - Number of patients newly referred for curative treatment.
  - Number of patients with surveillance plans documented (e.g. liver scan referrals).

This will show both the *coding clean-up effect* and the *clinical impact* of the project.