

# Touch base

A collaborative service to improve testing and treatment of hepatitis C in the homeless population in Brighton & Hove

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# Health at the Margins

- “Where it’s at”
- Patient focused
- Collaboration
- Creative
- Exciting
- Listening

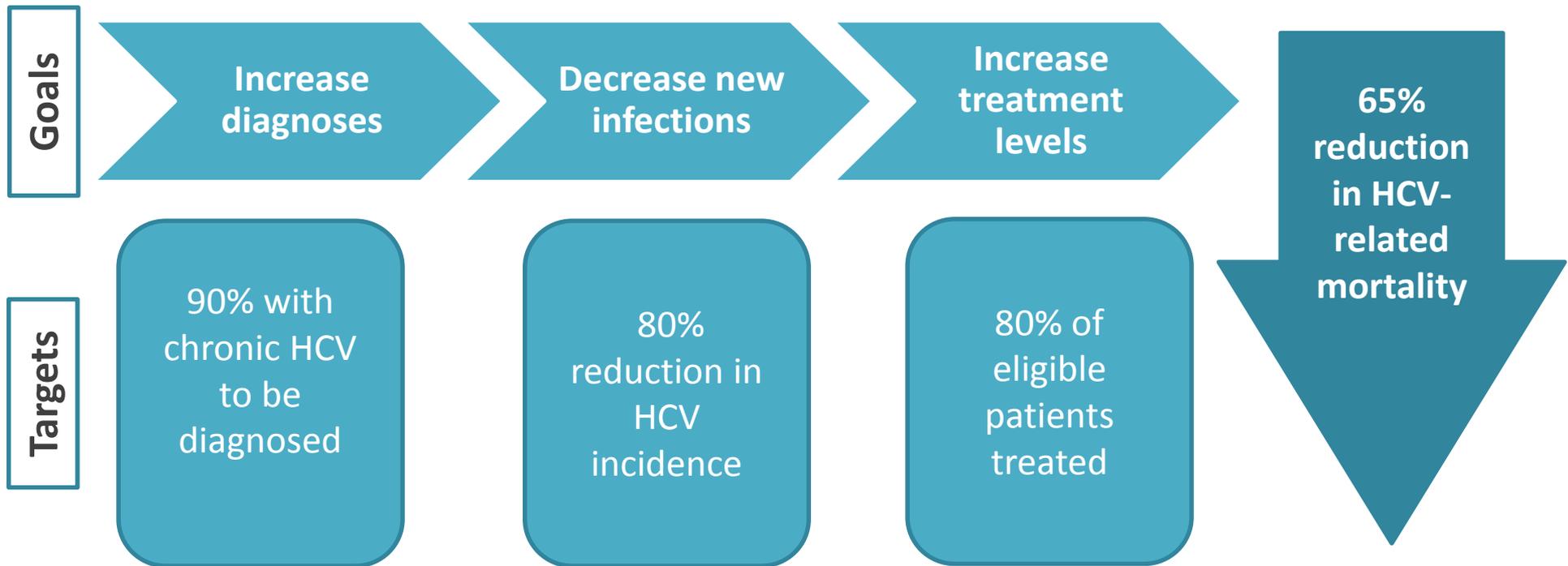
“[homeless people] are discouraged by a system that works for others but that works against them...negotiating a complex health care system is almost impossible for many... These problems are not unique to health care: they apply equally to the housing, judicial and social systems.”

Dr Jeffrey Turnbull-Consultant for homeless Ontario.

# Project presentation

- Hepatitis C (HCV)
- Background to the project
- Identifying need
- Project aims
- Project delivery
- The future

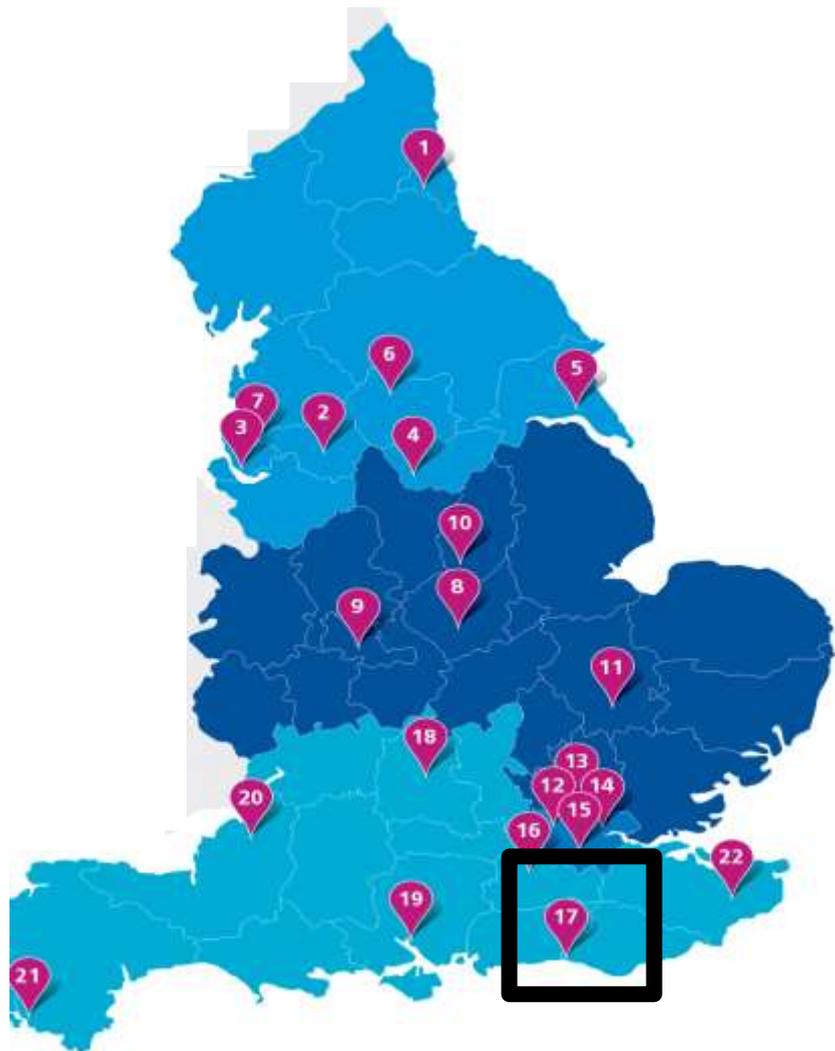
# WHO Global Health Sector HCV Strategy Defines Goals for Harm Reduction, Incidence and Treatment (HCV Elimination by 2030)



# What do we need to achieve this?

- Needle syringe programs (NSP)
- Opiate Substitution therapy (OST)
- Easy access to testing
- Dried Blood Spot Test (DBST)
- Range of treatment delivery sites
- Open access to treatment for everyone
- Multiagency working

# Hepatitis C Virus (HCV) in England



- 160,000 with HCV in England
- IDU responsible for 90% of infection
- 50% undiagnosed
- Hub and spoke model
- NHS funded-restrictions on funding and medications
- Urgent need to scale up testing and treatment

# Traditional model-does not work for PWID's

Patient barriers

Provider barriers

System barriers

Need for movement of services and  
professionals not clients

# HCV ELIMINATION

“People who inject drugs represent a hard-to-reach population who find it difficult to access traditional models of care. A service that relies on a traditional secondary care model of care for these groups will fail, with high levels of “did not attends”

# Project ITTREAT (Integrated community-based Test-stage-TREAT): an HCV service for PWID

- Set up a 'one-stop' community HCV service at SMS in Brighton, UK
  - Community hepatitis nurse, onsite FibroScan
  - 2013–2017
- Evaluate service by data collection
  - Clinical
  - PRO (SF12, SFLDQOL)
  - Health Economics (QALY) 'cost per cure'
  - Concurrent embedded qualitative study
- Ethical approval (REC ref 13/EM/0275)



# Integrated model of care

- Accessibility of specialist HCV care
- Consultant hepatologist reviews
- Care co-ordinators onsite
- Psychiatrist onsite
- Opiate substitute prescribing onsite
- Needle exchange

- Flexible appointments
- Familiar, non judgemental environment
- Access to practical help
- Recovery community
- Peer mentors
- Support group

# Identifying the need for homeless project

- 1:69 people homeless in Brighton  
VALID study
- 49% alcohol dependent
- 78% previous/current substance misuse
- 27% chronic liver disease
- 42% HCV prevalence in homeless in Brighton

Treatment for HCV not being offered to this vulnerable population

# Aim of the Touch base

- To increase access to testing of HCV in this vulnerable group.
- Frontline staff to have increased awareness and confidence to provide testing for homeless persons
- Improved collaborative working with frontline staff to increase numbers accessing treatment
- Opportunity to reduce liver morbidity and mortality
- Opportunity to improve not only physical but psychosocial health of homeless persons

# What needed to be done

- Education and training 're liver disease, HCV and HCV testing
- Testing for HCV done by the frontline staff
- Saliva test for HCV antibody
- Fast tracked to be seen by a specialist
- Financial assistance with travel to appointments
- Volunteer staff to support clients
- HCV treatment to be initiated

# Costing and evaluation

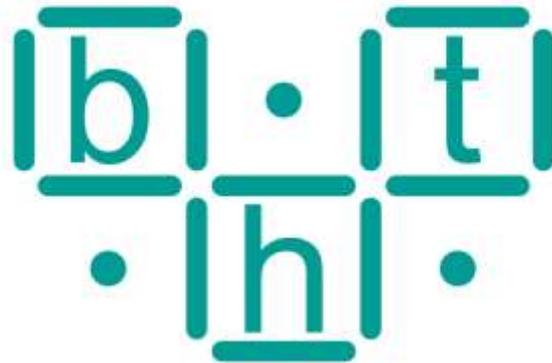
- Testing kits for 200 people £3690
- Travel fund for clients to attend appointments based on 40% prevalence £1000
- Travel fees to London £300
- Database analysis
- Staff feedback
- Client feedback

# First Base Day Centre

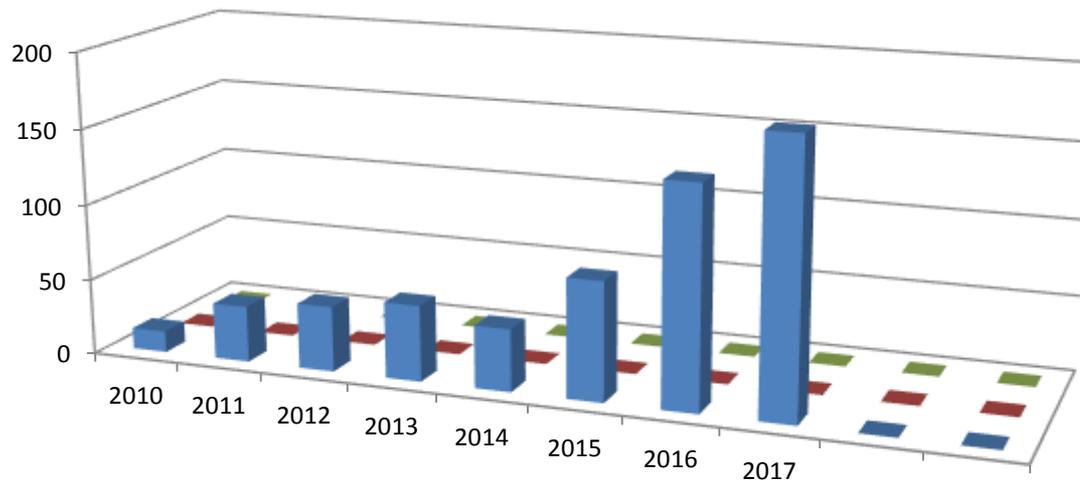
St Stephen's Hall, Montpelier Place, Brighton.

BN1 3BF

Tel: 01273 326844



# Rough Sleepers in Brighton and Hove 2010-2017



# First Base 2017/2018

- 1,130 individuals accessed the rough sleepers session
- There were total of 728 visits to the various health related services working from First Base.
- There were a total of 149 specialist medical clinics
- 41 ARCH Healthcare Clinics (190 client appointments)
- 46 SJA Podiatry Clinics (221 client appointments)
- 42 SJA Nurse Clinics (236 client appointments)
- 20 PASH Drop-In Clinics (81 client appointments)

# Touch Base HCV testing

- Total number=38
- No of tests initial positive/faint positive=12 (32%)
- Referred to Hepatology nurse 12(100%)
- Seen by nurse 9 (75%)
- HCV positive 2 (5%)
- 1 person due to start treatment
- 6 other people linked in to nurse through Touch Base -lost to follow up

# Reasons for declining the test

- 2 said they were “inoculated against Hep C in prison”
- 2 said they didn’t feel it was relevant to them
- 1 said they were already having regular blood tests for another health condition
- 1 gave no reason
- “I don’t need that I’m not a junkie”
  - Need for ongoing education

# To be continued....

- Project funded until December 2018
- Continue to raise awareness
- More staff to be comfortable with discussing HCV/testing
- Continue to build working relationships
- Can this model be replicated
- See how it evolves

Thanks for listening  
Any Questions?