

ESTABLISHING A HEPATITIS C CLINIC FOR PEOPLE WHO INJECT DRUGS IN A RURAL LOCATION

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BACKGROUND

Hepatitis C virus (HCV) is a blood borne virus which can result in cirrhosis and liver cancer if left untreated. There is no vaccination however HCV can be cured with a short course of direct acting antivirals (DAAs) tablets. In view of this, the UK aims to eliminate HCV in the next decade by upscaling testing and treatment in those at greatest risk. 92.1% of HCV cases are in people who inject drugs (PWIDs) (PHE, 2019). Identifying, engaging and treating this client group is therefore paramount to successful HCV elimination.

OBJECTIVES

The objective of the clinic was to establish an accessible, client-friendly service that links HCV treatment services to shared care (GP-based) opiate substitution therapy (OST) prescribing services in rural parts of the county. The ultimate goal is to achieve HCV micro-elimination in the town, in line with national targets.

PREPARATION

Prior to starting the clinic, risk assessments and a standard operating procedure were produced, and a scoping visit was carried out. We then ran a blood-borne virus (BBV), testing day 4 weeks before starting the clinic, in the main OST dispensary in the town. At this event we spoke to all clients who had a known diagnosis of HCV about the forthcoming clinic and tested all clients with unknown status (via oral swab initially then dry blood spot test if positive) as they presented to collect their OST.



The team on testing day

SERVICE DESIGN

The HCV clinic runs from a central GP surgery, parallel to the shared care OST prescribing clinic. The OST prescribing clinic is run by a drug and alcohol care-co-ordinator and shared care GP as an outreach from the central drug and alcohol service. The HCV clinic was initially planned for 3 months and was established on a fortnightly basis, starting 1 month after the testing day.

An experienced HCV nurse reviews clients either in pre-booked appointments or ad hoc as they attend the shared care OST prescribing clinic. Phlebotomy, fibroscan and rapid HCV testing services are provided. Those consenting to treatment are discussed in the regional viral hepatitis MDT and treatment is initiated.

The clinic aims to make treatment as easy and as accessible to clients as possible. We know many find it hard to attend the large teaching hospitals in the nearby towns either due to a lack of finances to travel, competing priorities around their substance use, anxiety over the hospital setting etc. The clinic aims to provide a more individualised service for the local community of PWIDs.

FUNDING

The GP surgery kindly agreed to allow use of an empty clinic room for the HCV clinic and HCV nurse time comes as part of the current role in working to meet national HCV elimination targets.

OUTCOMES

12 clients with HCV were identified following the initial testing day. At least 2 clients who had not attended HCV clinics elsewhere engaged with the new service and have been worked up for treatment. 1 client who had intermittent engagement historically, engaged with the service and has commenced treatment. Furthermore, 3 clients not linked to the OST prescribing clinic, but who lived close by, requested transfer to the clinic.

FUTURE PLANS

The initial plan was to run the HCV clinic for 3 months at this site and then rotate to another, rurally based OST shared care GP service. However, we have decided to extend the clinic for a further 3 months at this location before rotating in view of increasing uptake. We plan to rotate back through each site to ensure micro-elimination of HCV in each town is achieved.

TAKE HOME MESSAGES

- High DNA rates were a problem but are to be expected in this cohort – raising awareness of the clinic prior to initiation may reduce this.
- Enthusiasm and optimism from staff is essential.
- A non-judgemental approach to DNAs is important to keep the ‘door open’ to all clients.
- The service has been well received by clients.
- Good MDT working, across services, is essential for success – e.g. leaving appointment details or messages with the OST dispensing pharmacist for homeless clients has worked well here.
- This service model could be utilised in future projects planned by NHSE to identify those with undiagnosed HCV within individual GP practices.

Ref: PHE (2019) Hepatitis C in England 2019 Working to eliminate hepatitis C as a major public health threat