

Public Health Report on Commissioning Hepatitis C Services in London for People who Inject Drugs

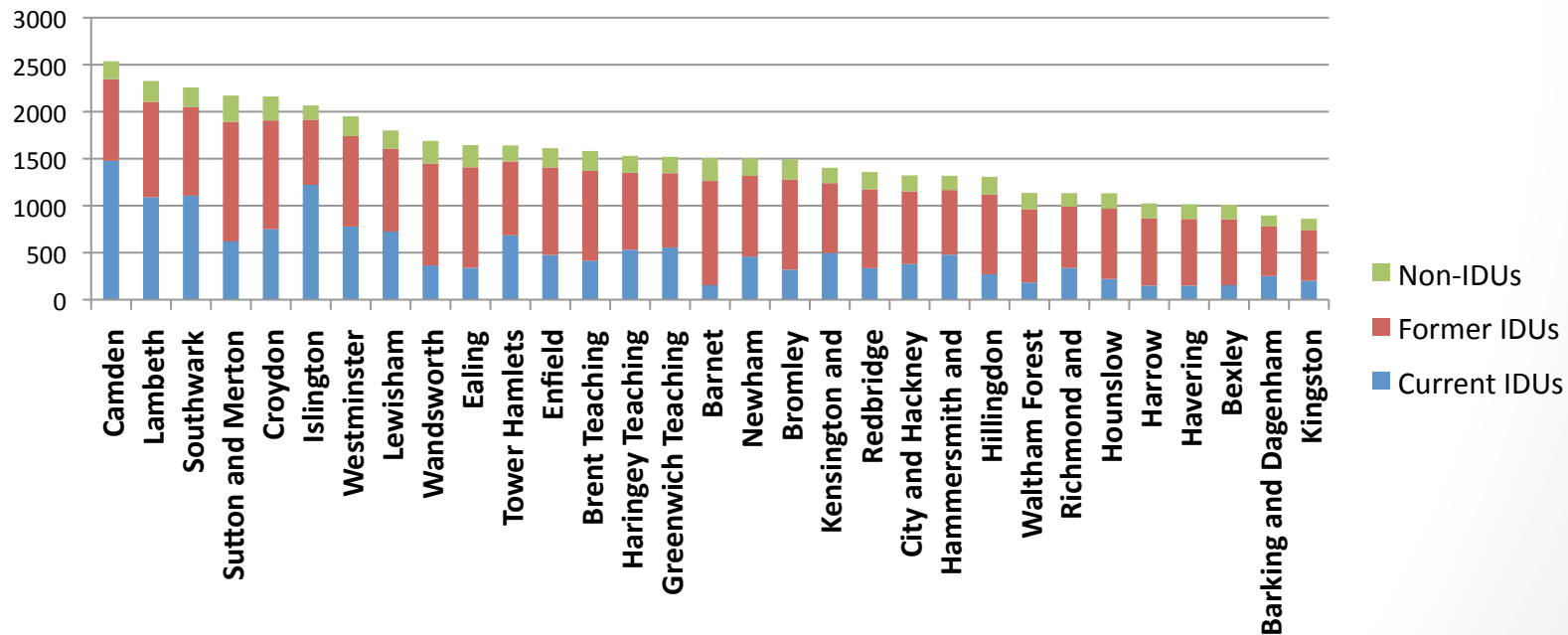
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LJWG CONFERENCE

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What is the key issue for London?

- <3% in treatment
- If increased to 10%, NHS could save £200million
- Treatment has an important role in prevention
- Variation in prevalence, universally poor monitoring



What are the barriers to treatment uptake?

Difficult system to navigate

- Multiple appointments give opportunity for DNA
- Secondary care – unfamiliar environment with own processes

Testing and treatment criteria

- 16% have six monthly or annual testing policies in place
- Almost half of drug treatment services were imposing their own criteria prior to referral

Patient choice and clinical judgement

- Treatment regimens unpleasant, prolonged and 45-80% effective
- Promise of new drugs causing some patients to delay

Pathways are not always in place, well-communicated nor monitored

- 29% boroughs reported having a documented patient pathway
- 45% of services reported BBV being included as one component of a larger block contract, but only 50% of Commissioners monitor tests

Training gaps among healthcare practitioners and drug workers

- 45% of services reported any staff having received training in HCV management
- 16% of staff receiving training completed the RCGP Certificate

What should be prioritised for action in London?

1. Joint Commissioning arrangements between Public Health and CCGs

2. Multi-component programmes monitored through Health and Well-being Boards

3. Integrated services, or additional support to help navigate system

What should be prioritised for action in London?

4. Diversify the venues in which testing can take place

5. Review local pathways to address bottle-necks

6. Take collective action across London on laboratory practices and treatment policies

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Any Questions?