



Public Health  
England

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Drug &  
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**LONDON JOINT  
WORKING GROUP**

ON SUBSTANCE USE  
+ HEPATITIS C

**HEPATITIS C IN PWIDs LONDON 2015: Improving Care for Hepatitis C, a Framework Approach**

| <b>Engaging people from prisons into the community</b>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <b>Barriers</b>                                                                                                                                                                                       | <b>Solutions</b>                                                                                                                                                                                                                                                                                                                                                                                   |
| There may be psychological barriers to testing during the first days in prison                                                                                                                        | The phrasing at Belmarsh to all new entrants to the prison is: "is there any reason you would not want this test?"<br>Even if on 1 <sup>st</sup> or 2 <sup>nd</sup> encounter the answer is "no", the test should be re-offered throughout the pathway.<br>Seed the thought at the first touch point then return to it.                                                                            |
| Prisoners' perception of 'risk'                                                                                                                                                                       | A prisoner's concept of risky behaviour may be different to ours. (An example was given of a patient who thought sharing needles with a close friend was not risky, compared to his previous behaviour of sharing with strangers).<br>When discussing patients' risk factors, clearly defining risk and explaining why certain activities carry risk is key to their gaining accurate information. |
| Opt-out testing is offered on the first encounter                                                                                                                                                     | The opt-out policy in prisons is clear, and the care pathway was created in collaboration with partners – people new to prison should not be offered opt-out testing at first night reception.                                                                                                                                                                                                     |
| Lack of co-commissioning and joined up commissioning means that it is not currently clear who will pay for all the associated costs of treating a patient meaning there are gaps in funding and care. | "Patients infecting others is the business of everybody, not just prison or a commissioner."<br><br>Joined up commissioning involving all parties who touch the prison patient is required.                                                                                                                                                                                                        |
| Communication – there is currently a lack of patient information that follows the patient. Patient information may not be communicated on to other service providers.                                 | Use the power of the ODNs to share specific information.<br>External nursing teams give patients key information on hospital headed notepaper to share with future nursing staff.                                                                                                                                                                                                                  |
| Education of nursing and prison staff and prisoners.                                                                                                                                                  | Suggested methods are: <ul style="list-style-type: none"> <li>• On-wing information</li> <li>• Peer support programme</li> <li>• Psychosocial team training</li> <li>• Interventional teams</li> <li>• Prison radio</li> <li>• Television – advertise 'finger prick testing for</li> </ul>                                                                                                         |



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|                                                                                                                                       | BBV' as this is more discrete                                                                                                                                                                                                                                                                        |
| Testing is not a consistent process in London prisons.                                                                                | Dry blood spot testing should be offered as standard throughout all prisons.<br><br>Reflex testing                                                                                                                                                                                                   |
| Staging is unknown.                                                                                                                   | Staging should be consistent with the standard outside the prisons; all tests should be achieved on one single blood draw.                                                                                                                                                                           |
| Treatment is deferred until prisoners are released.                                                                                   | There is now the potential to complete treatment in prison and this should be investigated.                                                                                                                                                                                                          |
| Information flow in to prison is currently poor so information gathering starts from scratch which wastes valuable time and resource. | Get smarter at the front end of information flow into prison from all previous contact points (could we add more about HOW this could be done?)                                                                                                                                                      |
| Is there anything we could specifically do for PWIDs?                                                                                 | Take advantage of the the 5 day, 28 day and 12 week reviews for methadone patients, which are jointly delivered by medical and psychosocial teams. Use the additional opportunities of repeated multidisciplinary encounters to revisit opt-out and further education with potential 'transmitters'. |
| Education – who should be educated and how?                                                                                           | Education should be aimed at all levels of prison staff from reception to the housing team, listeners, psychosocial team, peer mentors, nursing staff, guards and probation teams. Use attendance at mandatory groups, e.g., IDTS groups, which prisoners are paid to attend and create a BBV group. |
| 70% of prisoners have literacy problems – how do we convey information about treatment?                                               | The average reading age in prison is 8.5 years and you need reading age of 10 years to read a standard NHS leaflet. PHE and DH have created leaflets developed for the prison reading age, with infographics. They have been sent to all prisons as a resource but many are unaware of them.         |
| After release – how to continue treatment and share information?                                                                      | Make sure when working with prisoners, staff understand who else is/ will be involved in their care.<br><br>Use the power of the ODN and communicate at a hepatitis C clinical lead level.                                                                                                           |
| It is tough to create BBV peer mentors as the                                                                                         | Train up peer mentors outside prison and bring                                                                                                                                                                                                                                                       |



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| average stay of a drug user in prison is 4 months.                                                                                                       | them in to deliver consistency.                                                                                                                                                                                                                                                                                                                      |
| There is still a stigma attached to hepatitis C testing.                                                                                                 | Help to normalise the idea of BBV testing by moving towards an expectation of testing. This should not be restricted to first encounters, so teams should keep repeating the offer at all contact points.<br>Prisons need nurses who approach the prisoners, and train as broad a range of people as possible. Normalise it.                         |
| There are so many other problems on a prisoner's / prison's agenda that are more important than hepatitis C. The perception is that it is not important. | PHE now recognise hepatitis C and BBV as a priority; this is a "flagship" issue for Public Health.                                                                                                                                                                                                                                                   |
| "Patients should be treated in the community."                                                                                                           | Take the opportunity to treat in prison now as SVRs can be very high and new treatment options have shorter timelines.                                                                                                                                                                                                                               |
| Should this group of patients really be treated?                                                                                                         | An indicator in the Public Health Outcome Framework is re-offending. There is good emerging evidence that engaging with structured care and interventions by a multi agency team can reduce re-offending.<br>The risk of recidivism appears to be lower for people in structured care.<br>"It's the first time somebody showed they cared about me." |



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