

Workshop slides, 3rd Dec 2018

1. 7 years to go – what’s happening and what more needs to happen in drugs services?
2. 7 years to go – what’s happening and what more needs to happen in pharmacies?
3. 7 years to go – what’s happening and what more needs to happen in prisons?

What's happening and what more needs to happen in drugs services?

WORKSHOP 1

MAIN PLENARY HALL

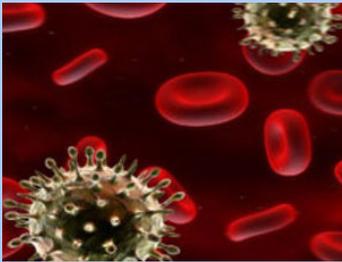
New National Charity



Campaigns



Hep C – Test, Treat, Cure



We are at the centre of the growing demands for action concerning the failure to treat those with hepatitis C. We are involved in an emergent strategy to support, facilitate and enable those focusing on hepatitis C to achieve the best possible outcomes.

Recovery Stories



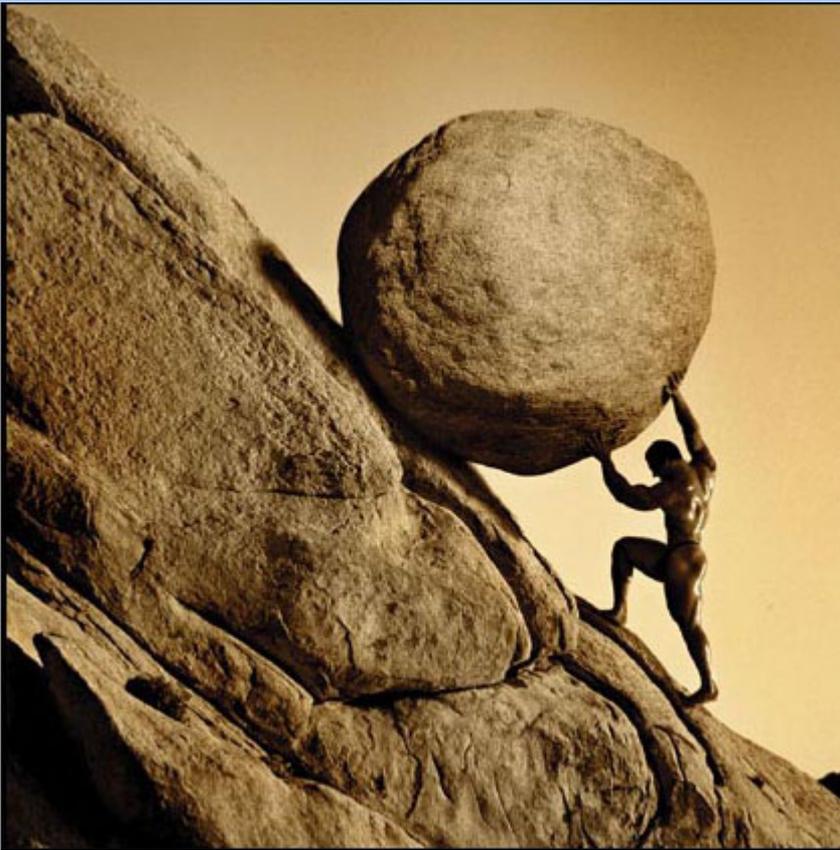
We are committed to actively campaigning on behalf of people stigmatised by alcohol and drug use by actively presenting people with drug and alcohol problems in a more positive light rather than characterising them by their drug of choice and how they consume it.

Reducing drug-related deaths



We believe that to reduce alcohol and drugs related deaths and illnesses a co-ordinated harm reduction strategy needs to be prioritised by relevant structures across all four UK nations.

Getting access to Hep C treatment



Service Users Hep C Journey



- First we tested, but unpleasant treatment and service users stigmatised when they tried to engage and very few offered treatment.
- Then we tested more and tried to persuade service users to get treated – but the message was its unpleasant, with long term side effects, and we won't treat you anyway because you cannot be trusted to complete treatment.
- Then we tested - great new treatments but most of you are not sick enough or stable enough.
- Now we test and have in some areas more treatment available than those coming forward for treatment– people still got message treatment unpleasant and difficult to access. People do not attend appointments at hospital.



We now have to find people, the vast majority of whom contracted Hep C via drug use and convince them to get treated, this will not necessarily be as easy as we think





Commissioning Impact



Commitment from the Top



1. Commitment from the top with organisational and service hep c champions
2. Campaigns promoting testing and treatment
3. Policy re hep c focused on aggressive case finding and support into treatment
4. Policy of testing everyone even if not in high risk group

Go to the Mountain



- Barrier is that the mountain of drug users needing treatment will not come to hep C treatment - treatment needs to go to them.
- Clear message from my managers
- We are getting people into treatment when hep C treatment comes to drug services. This contrasts with services where this is not the case, people do not keep appointments or turn up.
- Campaign to reach anyone who injected over the last 50 years

KEY MESSAGE



**TREATMENT IS
EASY, AND IT'S
AVAILABLE FOR
YOU NOW**



Jackie Howe

Regional Hepatitis C Coordinator
(London & South East)



CGL Hepatitis C strategy

+

Gilead investment

=

The Hep C team!



April – December – what's improved?

- HCV training course offered to all CGL teams & completed in 90%
- Testing and treatment data scrutinised, corrected and circulated
- Testing and awareness events in July for World Hepatitis Day = increase in testing
- Increased the number of onsite clinics – 14/19 my services
- Marketing – the Hep C Herald! And 'One, Two, Free'
= increase in testing nationally by 1000

What's still to come?

- Phlebotomy training for 65 nurses around the country – begins this month
- The 'Nudge' campaign – piloting in Camden
- Increase in NX testing - focus
- League tables and HCV champions

MICRO-ELIMINATION

LET'S DO THIS!



addaction

7 Years to go ...

Helen Hampton

Queen's Nurse

Blood Borne Virus Lead, Addaction

Awareness

- HCV Strategy
- The Hepatitis C Trust
- HCV Peer Education
 - Bournemouth Pilot
- World Hepatitis Day
- Needle and syringe programme

Testing

- DBST
- All workers trained
- Offer to all service users
- Annual
- Key Performance Indicators

Treatment

- Cornwall
 - Honorary Prescribing Contract with Hospital
 - Community treatment
 - Homeless bed
- Bridging the gap
 - Shorter diagnosis to treatment time
 - Less barriers

What's happening and what more needs to happen in pharmacies?

WORKSHOP 2

Agenda

- Initial Table discussion on:
 - I. Awareness and engagement in pharmacies*
 - II. Testing in pharmacies*
 - III. Treatment in pharmacies*
- Expert panel :
 - ❖ **Zoe Ward:** The Cost-effectiveness of Case-finding And HCV Treatment For People Who Inject Drugs In The Community.
 - ❖ **Rekha Shah:** Why Testing In Pharmacies Makes Sense
 - ❖ **Michael O'sullivan:** Day-to-day Experiences Of Offering HCV Testing In Pharmacies
 - ❖ **Pritpal Thind:** How Data From Pharmacy HCV Testing (And In The Future Treatment) Can Be Linked Across The Health Services
- Q& A to panel

- **Table discussion and revisiting initial questions with feedback to Group**

Cost-effectiveness of case-finding and HCV treatment for people who inject drugs in the community

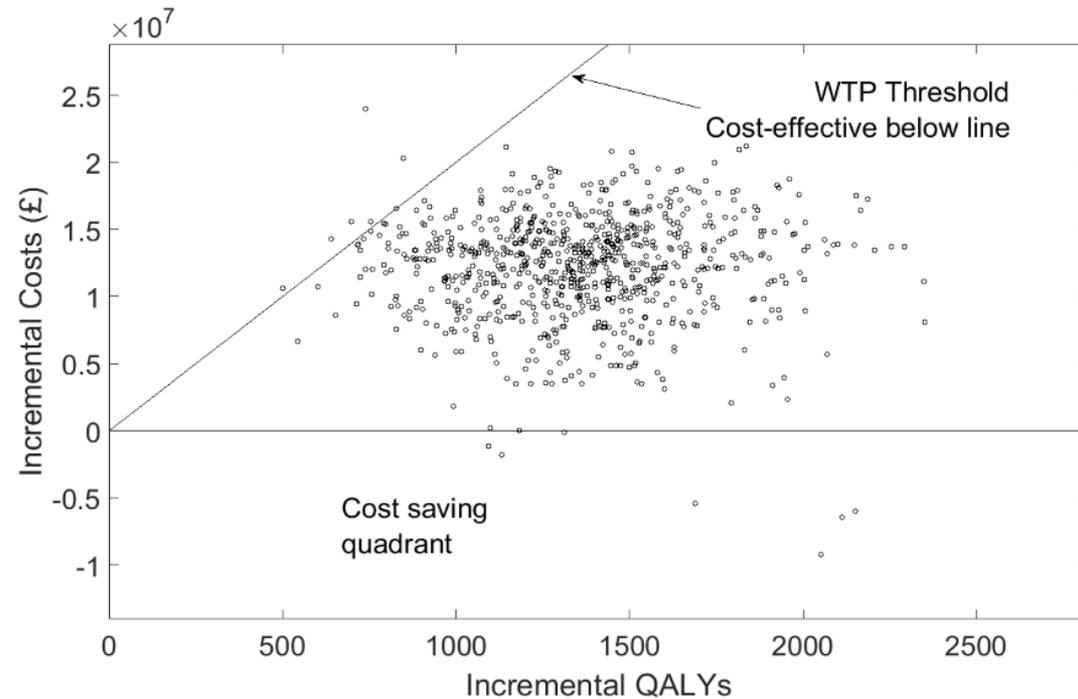
Zoe Ward and Peter Vickerman

What could we do?

- Provide extra services at points of contact with patient population
 - Drug Treatment Centres
 - Mobile outreach units
 - Fixed/Dedicated Needle and Syringe Provider
 - Pharmacies providing OST or clean equipment
- Services could be
 - Testing for HCV
 - Referral to secondary care for HCV treatment
 - Treatment for HCV onsite

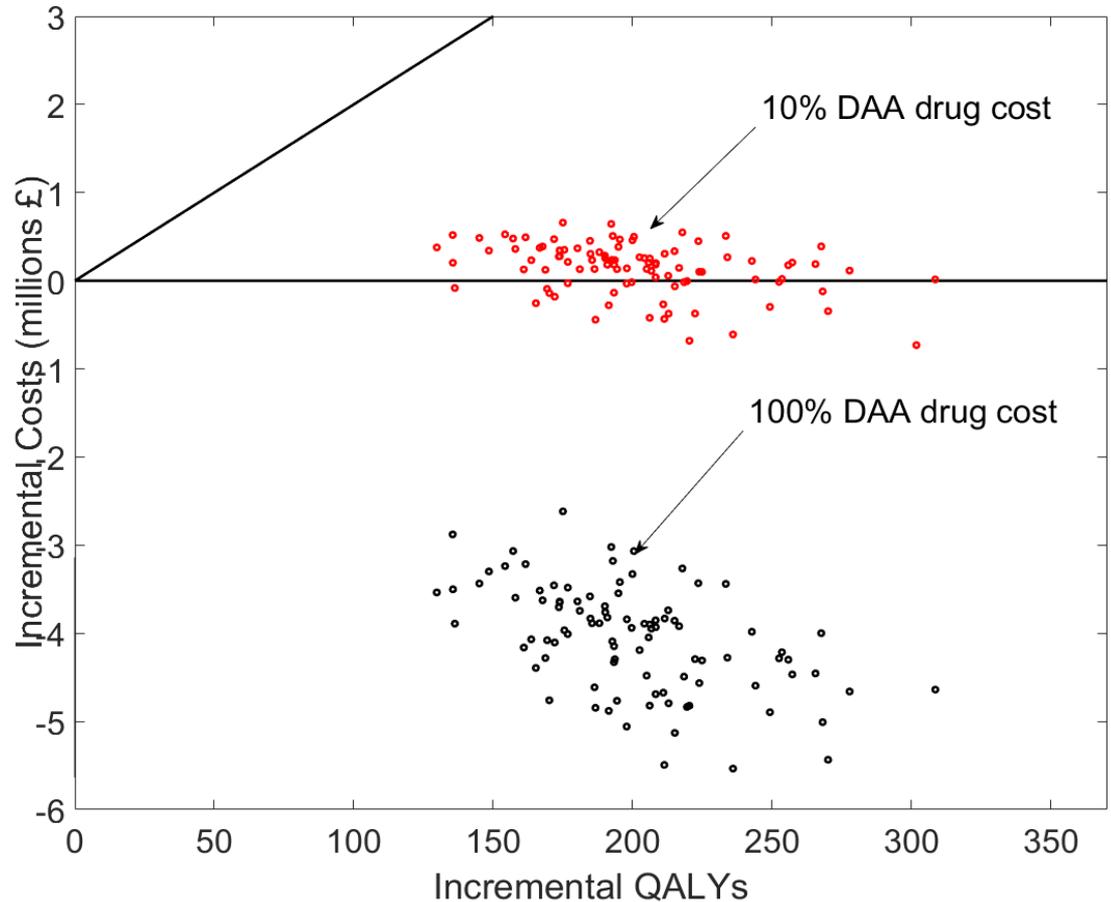
HepCATT – Hepatitis C awareness through to treatment

- Drug treatment centres with nurse liaison for testing and referral to secondary care
- Keyworker and peer support for referral/treatment
- Increased dried blood spot testing and engagement with treatment pathway
- Cost-effective at HCV drug list price
- Cost-saving at £4,000 per treatment course



Eradicate 2014-2016

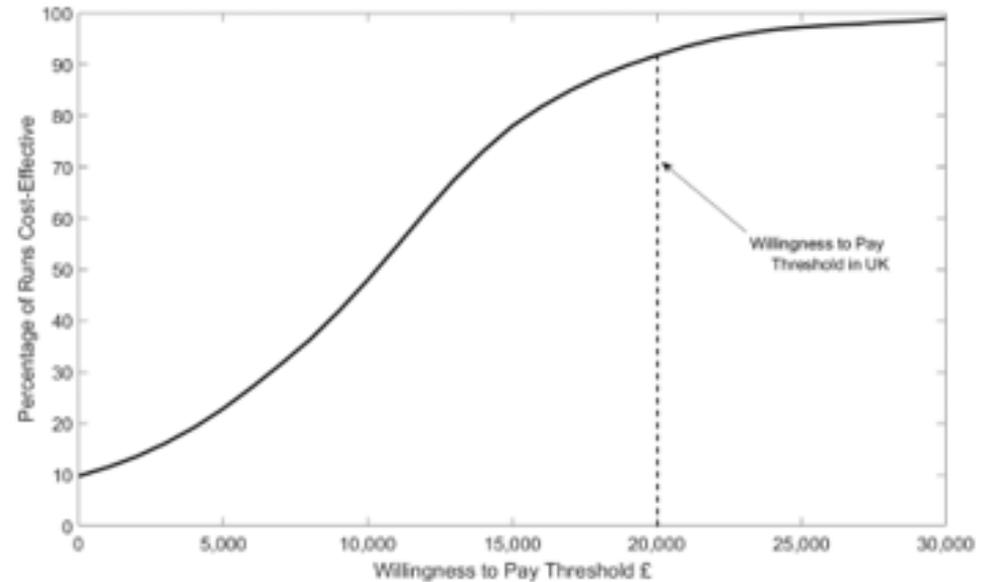
- HCV treatment in a dedicated needle exchange centre
- Nurse-led, no appointments within secondary care
- Used interferon-based treatments
- Testing using dried blood spots in place since 2009
- 94 treatments in the trial
- Cost-saving compared to “standard pathway” which is also nurse-led and mostly in community through drug treatment centres



Zoë Ward¹, Jasmine Schulkind¹, Natasha Martin², Matthew Hickman¹, John Dillon³, Peter Vickerman¹

HepCare London

- Mobile Outreach – 461 screened
- Ab POC Test, DBS and fibroscan – 200 RNA positive
- Nurse-led and peer support for referral and treatment
- Treatment in secondary care – 99 treatments so far
- Cost-effective at HCV drug list price
- Cost-saving at 45% of list price



Summary

- All interventions increase either testing and/or treatment numbers compared to the current standard of care
- All avert deaths and new infections and improve quality of life for those affected
- All cost-effective

Why Testing In Pharmacies Makes Sense: Rekha Shah

1. Targeting Appropriately to capture higher %age of those +ve for the virus
 - PWIDs account for 90% of all new HCV infections and those carrying virus
 - NX Pharmacy teams see many PWIDs not in contact with mainstream HSs

2. Accessibility & Acceptability of Setting by PWIDs
 - PWIDs have many barriers to testing and treatment
 - Many have erratic lifestyles and often have no fixed abode & even homeless
 - Main contact with any form of health services often the NX pharmacy team
 - Often develop very good rapport
 - Conversations

3. Getting Those Testing Positive into Treatment
 - So not lost to the system
 - Often no NHS number; No address for appointments & reminders
 - NX pharmacy performing their test offer a point of contact between each
 - Encouragement and reminders to attend
 - Education and information re ongoing safe injecting practices

Makes sense to utilise the unique relationship between pharmacy teams & their service users

Day to Day Experiences

of Hepatitis C Testing

Michael O' Sullivan



The Clients

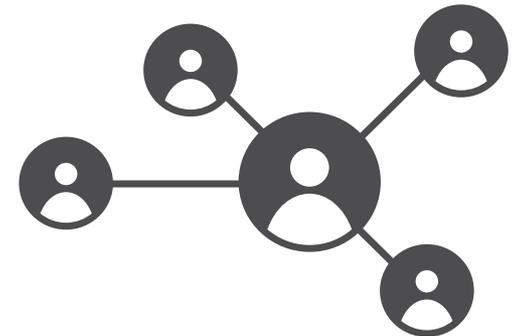
Who are the clients?

- **Illicit drug users**
- **Steroid users**



Growing interest

- **New service**
- **Linking with other agencies**

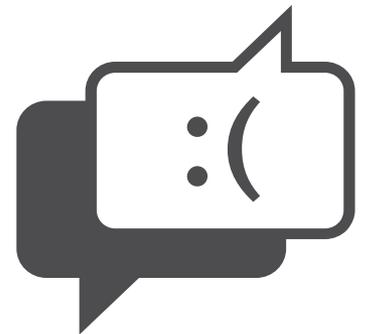




Challenges

Perception & Social Stigma

**Needle-use already
perceived as awkward**



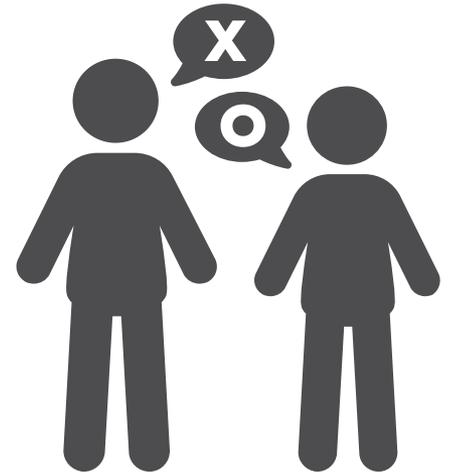
Communication after results

Difficulty in getting
hold of clients



Language barriers

Non-English speakers



New setting & unfamiliarity

Lack of association of service in pharmacy



Unaware of newer treatments

Interferon



Cold weather

**Cold fingers = Harder to
draw blood**





Solutions

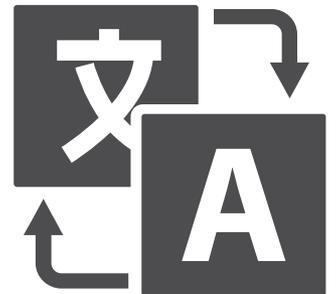
£5 Tesco vouchers

???



Speak the same language

**Pamphlets for
Non-English speakers**



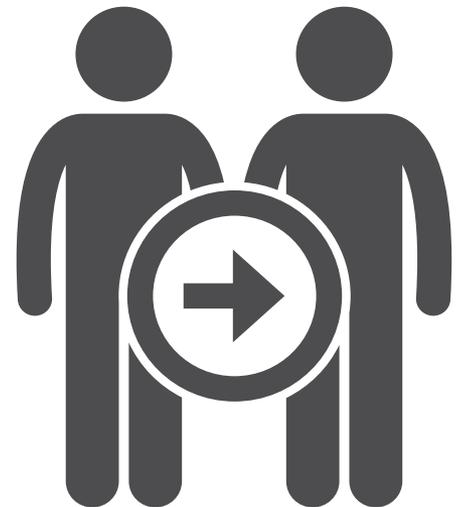
Behaviour towards clients

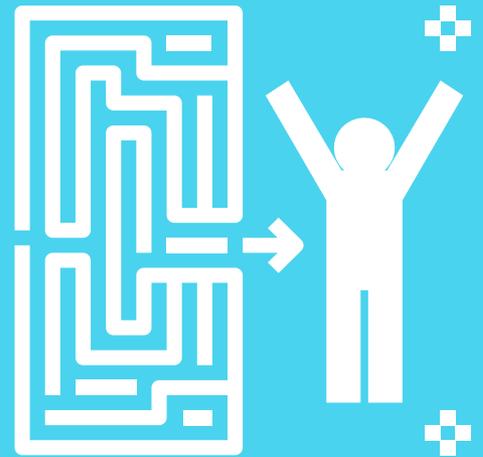
Be friendly
Be engaging
Perseverance



Referrals from Drug & Alcohol Centre

New clients





Personal Experiences

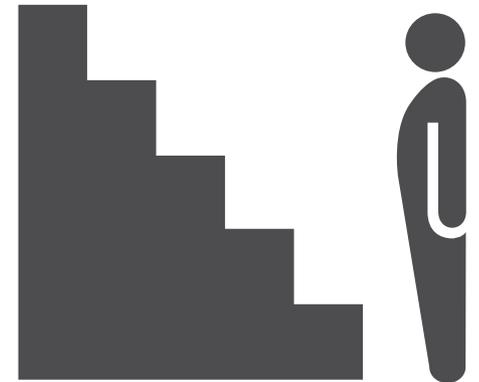
Initial fears of delivering service

**New, strange and
unusual**



Challenges

**Taking Samples
More intimate**



The rewards

New skills
Adding value
Accomplishment



Thank You

**LONDON JOINT
WORKING GROUP**

ON SUBSTANCE USE
+ HEPATITIS C

London
Drug &
Alcohol
Policy
Forum

abbvie



GILEAD



MSD

INVENTING FOR LIFE



Cepheid®
A better way.

Pritpal Thind

Sonar Informatics



Mr. Test Vac (Sonar ID: 1001338)

[Edit Profile](#) [View History](#) [View SCR](#) [Incident report](#)

Gender: Male | DOB: 01/01/2000 | NHS Number: Not recorded | GP Practice: (F1234) Test GP Practice - Croydon | Address: The Paper Shop, 80 82 Southampton Row, London, WC1B 4BB | Telephone: 02089627600 | Mobile: Not recorded | Email: Not recorded

- Home
- Invoices
- My Messages
- My Contacts
- Appointments
- NHS Directory
- Read codes browser
- Library
- Blog
- Forum
- Live Support [Click to connect](#)

Patient Details | Testing History | Pre-Test | Service Details | Test Result | Referral | Questionnaire

General Information

- Personal Details
- Address Details
- Additional Personal
- Medical History
- Clinical Measures
- Health Tests
- Login Details

Title: Mr

* First name: test

* Surname: vac

Middle name:

* Date of birth: 05 November 1994

* Gender: Male

* Ethnicity: B1) White and black caribbean

Telephone: Can contact?

Mobile: Can contact?

Email: Can contact?

NHS No:

* Pays for prescriptions? No: U) Unknown

Registered with a GP? No

* Reason for no GP?

Can speak english? Yes: Can speak english

[Save personal details](#)

Step 6 of 6

- Personal details
- Address details
- Testing History
- Pre Test
- Service Details
- Test Result

Please provide the test result and fill-in the result assessment and click on "Save Record" at the bottom.



Mr. Test Vac (Sonar ID: 1001338)

Edit Profile

View History

View SCR

Incident report

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Testing History

Have you been tested for Hepatitis C previously? Yes

Approximate Date of last test 5 years

Location Drug/Alcohol Service

Results Negative

Have you been treated for Hepatitis C previously? Yes

Can you remember where and when? no

Did you complete treatment and informed you were cured? no

Have you been tested for HIV? Yes Negative

Have you been tested for HAV? Yes Negative

Have you been tested for HBV? Yes Positive

Continue with service

Step 6 of 6

- Personal details
- Address details
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Questionnaire form with sections: Checklist, Implications of positive result, Consent, and a Continue with service button.

Step 6 of 6 progress summary showing completed steps: Personal details, Address details, Testing History, Pre Test, Service Details, and Test Result.



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Service Details

Country of Birth:

Current Substance Use

- Alcohol
- Crack
- Amphetamines
- Opiates
- Cocaine
- Cannabis
- Other drugs used

Current Treatment

Is client currently in receipt of OST:

What OST is being prescribed and at what dose?:

How long have they been in receipt of OST in this treatment episode?:

Drug and Alcohol Treatment Provider:

Keyworker:

Contact No:

[Continue with service](#)

Step 6 of 6

- Personal details
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- Testing History
- Pre Test
- Service Details
- Test Result

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Navigation: Patient Details | Testing History | Pre-Test | Service Details | **Test Result** | Referral | Questionnaire

Date of Test: 30/11/2018
Result (Hepatitis C RNA): Positive
HCV Viral Load: 12000

Information about Hepatitis C, on treatment available and give client a copy of 'Hep C Info' or 'Hep C Care' booklet Yes No

Advice on how to prevent passing Hepatitis C to others Yes No

Client referred on to appropriate local service for further testing and treatment Yes No

Contingency Management Voucher accepted? Yes No

If referred on please state where they have been referred to?

Peer support offered: Accepted Declined

Peer assigned: Yes No

[Save Record](#)

Step 6 of 6

- Personal details
- Address details
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Patient Details | Testing History | Pre-Test | Service Details | Test Result | Referral | **Questionnaire**

* Referrer Email (Only "@nhs.net" email)

* Hospital

Phone number

Fax number

* Email

* Confirm Email

Delivery options Send by email

Print options

Comments/message to Hospital

To print consultation, you must have PDF Viewer and your local settings must allow you to download files from trusted sites.

Step 6 of 6

- Personal details
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Questionnaire

Why did you attend the pharmacy today?

Do you attend a drug and alcohol service?

Were you aware of the Hepatitis C testing service before you came today?

If you require treatment where would you ideally receive this?

How would you rate the test experience you received today?
Scale: Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Would you recommend this test to a friend?

Are you aware current treatment does not involve interferon injection and is tablets only?

Step 6 of 6

- Personal details
- Address details
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- Pre Test
- Service Details
- Test Result

Please provide the test result and fill-in the result assessment and click on "Save Record" at the bottom.



L [Redacted] (430)

Edit Profile

View History

View SCR

Incident report

Gender: Female | DOB 11/07/77 | NHS Number: G[Redacted] | GP Practice: Not recorded | Address: 4 He[Redacted], W[Redacted] | Telephone: 07[Redacted] | Mobile: 07[Redacted] | Email: Not recorded

Useful links: MiDoS NICE CKS NHS UK PATIENT.CO.UK BNE EMC GILLICK COMPETENCY

Fields marked with (*) are mandatory

Consent for service delivery

The pharmacist to read following statement to patient:
Consent is required for the service provision and to share information about this consultation with your GP.

* Consent given? [Dropdown]

* Is the patient accompanied? [Dropdown]

Patient's signature (optional)

Signature area with a floating window overlay

Click on <SUBMIT> to confirm details [SUBMIT] [Cancel]

NHS 111 Referral

Patient's Reported Condition

LEFT EYE SWOLLEN/WORSENING SINCE YESTERDAY

- Pathways Disposition
Consultation Summary
Pathways Assessment
Advice Given

L
 Gender: Female
 Mobile: 074 [REDACTED]

NHS Summary Care Record Access Management

Clinical

STOP. Has this patient given permission to view their Summary Care Record?

Yes
View record

No
Access refused

The usual legal ethical and professional obligations apply when accessing a patient's clinical record.

Emergency Access

[Provide more information about the access \(Optional\)](#)

Use of the NHS Summary Care Record is subject to confidentiality regulations. Some actions will raise a privacy alert.

[More about privacy alerts](#)

- Progress
- Consent
- Assessment
- Outcome
- Summary
- Pharmacy Feedback
- Actions
- View Referral

L [redacted] Y DoB: 11-Sep-1977 Female NHS 6 [redacted] Address: 546 [redacted] ED KINGDOM, LU4 9HG

Clinical

General Practice Summary

Allergies and Adverse Reactions

Acute Medications (For the 12 month period 13 Feb 2017 to 13 Feb 2018)

Current Repeat Medications

Discontinued Repeat Medications (For the 6 month period 14 Aug 2017 to 13 Feb 2018)

GP General Practice Summary Summary Created: 13 Feb 2018 11:04

Sourced from the patient's General Practice record. This summary may not include all the information pertinent to this patient. [Tell me more](#)

Patient registration ended Patient registration ended 19 Jan 2018. GP summary no longer being updated.. GP Summary no longer being updated.

Created by: Pastures Way Surgery, Pastures Way Surgery, Pastures Way, Luton LU4 9PF

Expand/Contract All

Allergies and Adverse Reactions

| Date | Description | Certainty | Severity |
|-------------|---------------------------------|-----------|----------|
| 21 Oct 2014 | No known allergies nil known | | |

Acute Medications (For the 12 month period 13 Feb 2017 to 13 Feb 2018)

Clinical

General Practice Summary

Allergies and Adverse Reactions

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 **Acute Medications (For the 12 month period 13 Feb 2017 to 13 Feb 2018)**

No relevant information available for this category

 **Current Repeat Medications**

No relevant information available for this category

 **Discontinued Repeat Medications (For the 6 month period 14 Aug 2017 to 13 Feb 2018)**

No relevant information available for this category

Summary Sent: 13 Feb 2018 11:04

Accessed by THIND, Pritpal - Health Professional Access Role - CAREGRANGE PHARMACY (FAL39)

What's happening and what more needs to happen in prisons?

WORKSHOP 3

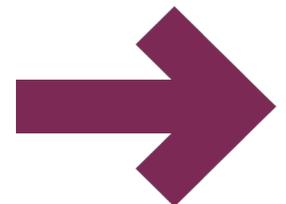
COMMITTEE ROOM 3

Where are we with HCV testing & treatment in prison settings and where do we need to go?

Adrian Perks

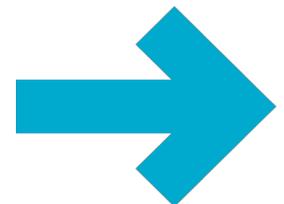
NHS England Health & Justice Clinical Programme Support

3



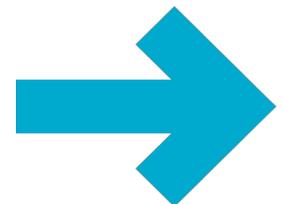
Context

- Elimination by 2025
- Procurement process
- Data; what we gather now and what we will gather in the future
- Hep C Coalition Roundtable (04 December 2018)
- Previous work with Pharma – though on hold (procurement)



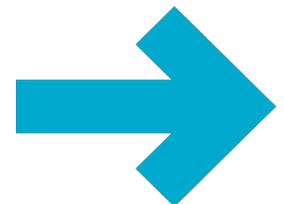
Delivery

- Reducing points of attrition
- Hep C Trust Peer Programme – now national
- Communications Plan in association with Hep C Trust
- Developing & supporting the workforce (e.g. improving opt-out)
- Prison reconfiguration – pathway in Reception is not the same as pathway in Trainer
- Demonstration projects of testing technology / methods / linkage to treatment



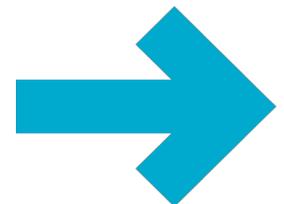
Delivery continued...

- Work with specified regions (where performance needs a step-change)
- Work at scale with providers, and then roll out
- Considering 'Testing Hit Squads (Prison & ODN Providers, HMPPS, Hep C Trust etc resourced to 'whole prison test')
- Considering feasibility for central commissioning of testing
- Champions – Prisons / Hep C treatment specialist
- Champions – Governors



Questions

- Awareness and engagement in prisons: Where are we now? What more do we need to do
- Testing in prisons: Where are we now? What more do we need to do?
- Treatment in prisons: Where are we now? What more do we need to do?



Contacts

Mark Gillyon-Powell JP

National Lead - Public Health (*Secure & Detained*)

Finance, Commercial and Specialised Commissioning Group

NHS England

Mark.Gillyon-Powell@nhs.net

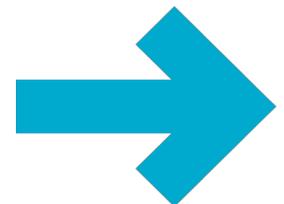
Adrian Perks

Clinical Programme Support

Finance, Commercial and Specialised Commissioning Group

NHS England

Adrian.Perks@nhs.net

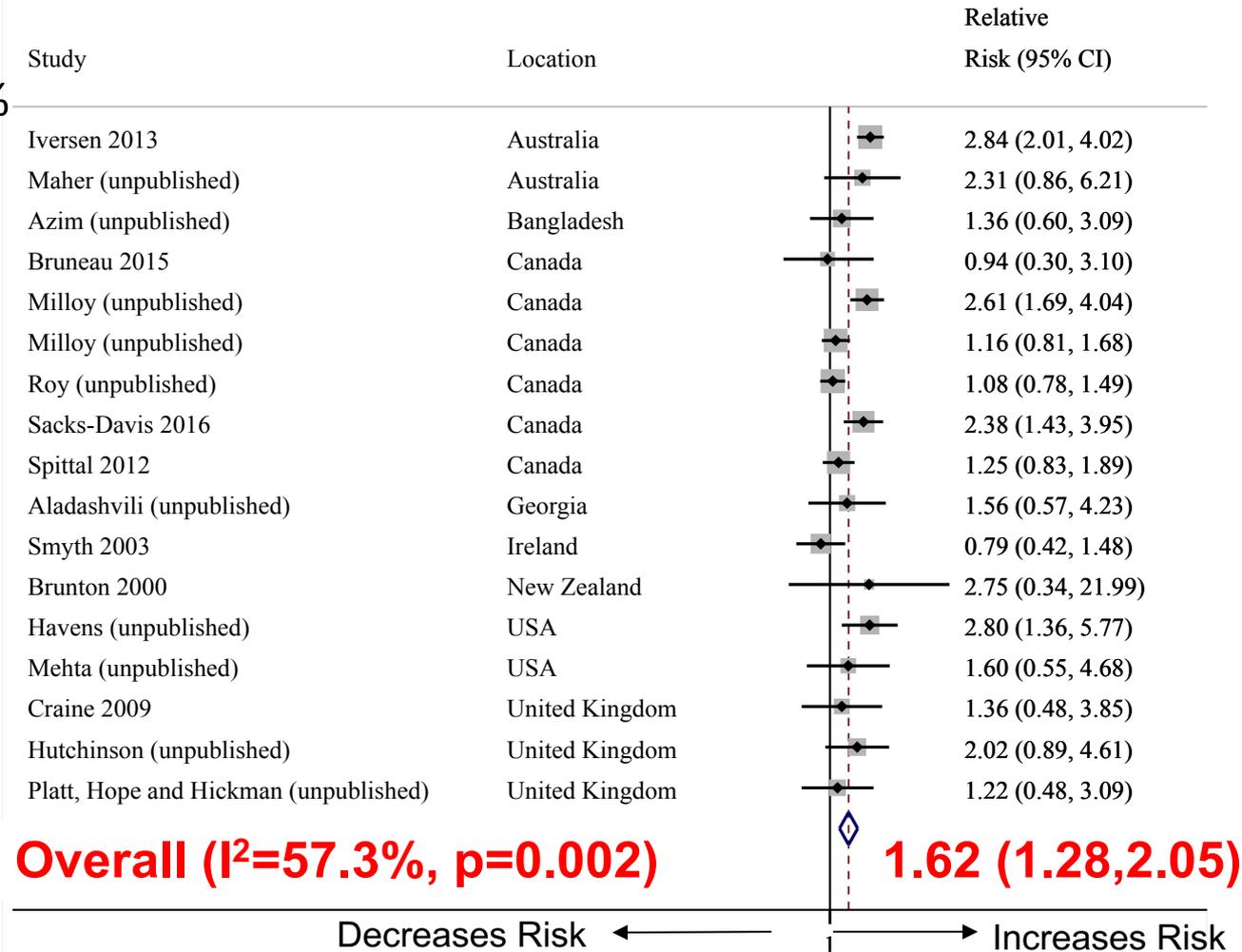


Case-finding in prison - Insights from modelling

Peter Vickerman,
Jack Stone, Natasha Martin

Incarceration – an important place for interventions

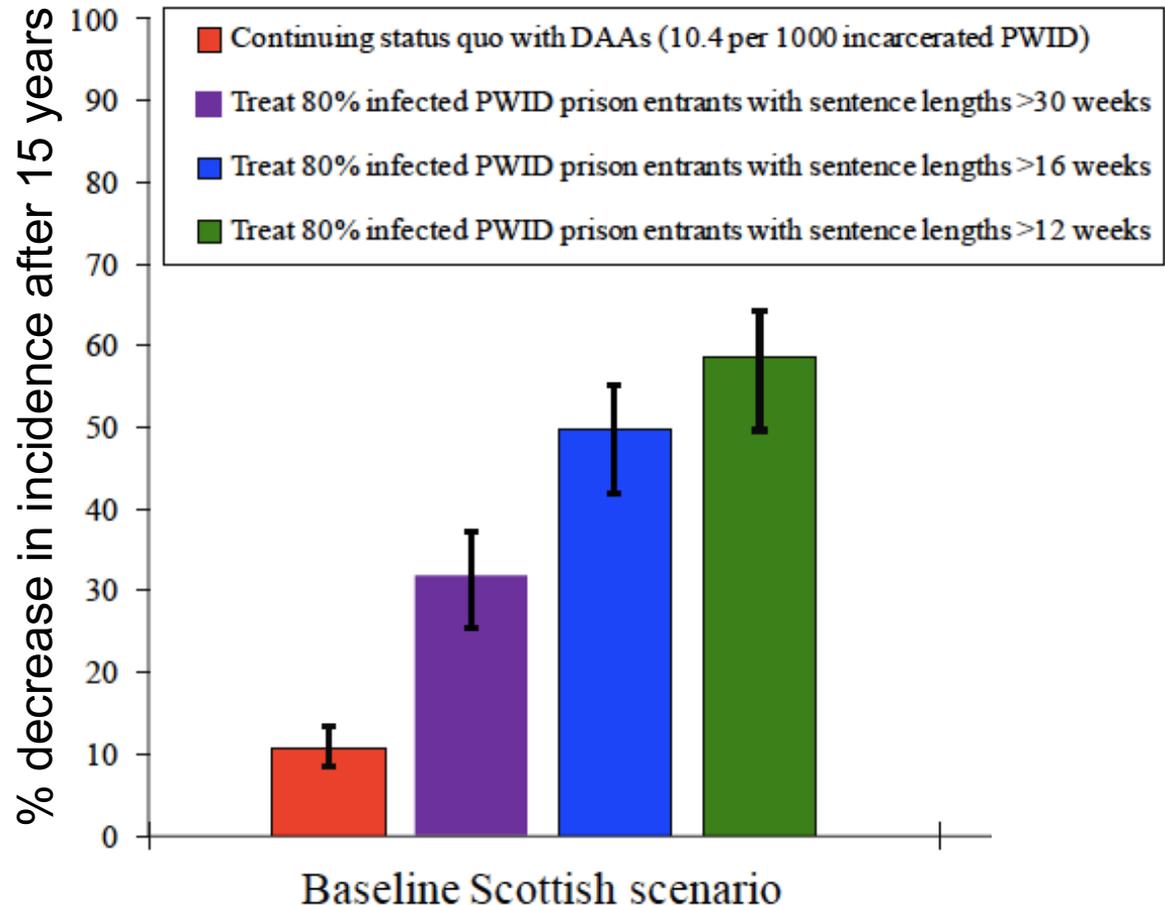
- 72% of PWID ever incarcerated – Over 32% in last year
- Recent meta-analysis shows recent prison increases risk of HCV acquisition by 62%¹
- Prison could be a good place for case-finding
- Modelling from Scotland suggests could have large impact²



1. Stone... Vickerman Lancet Infectious Diseases 2018
 2. Stone... Vickerman Addiction 2016

Incarceration – an important place for interventions

- 72% of PWID ever incarcerated – Over 32% in last year
- Recent meta-analysis shows recent prison increases risk of HCV acquisition by 62%¹
- Prison could be a good place for case-finding
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24% PWID have sentences > 30 weeks
48% PWID have sentences > 16 weeks
64% PWID have sentences > 12 weeks

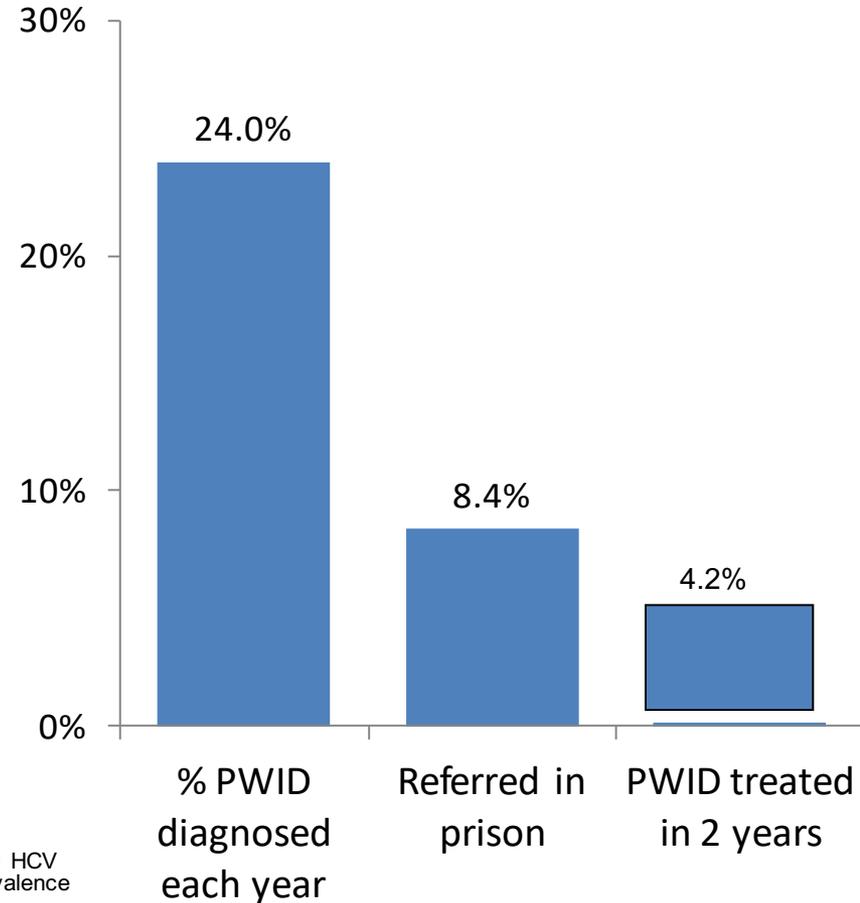
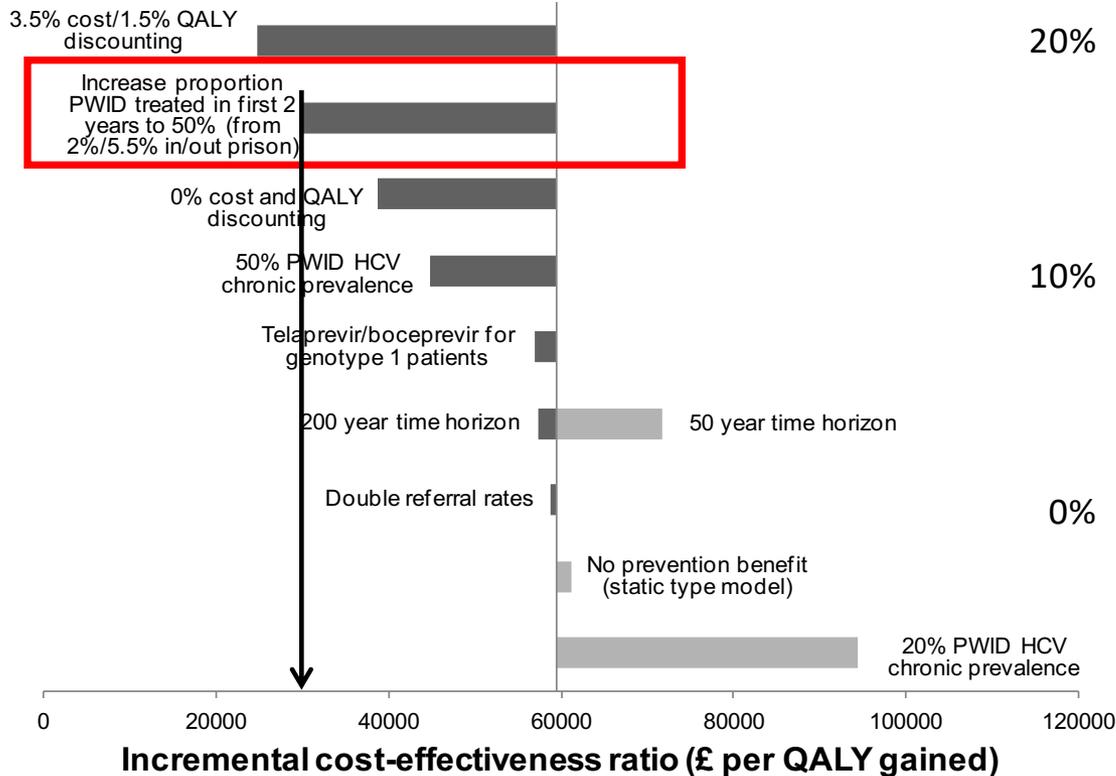
1. Stone... Vickerman Lancet Inf Dis 2018
2. Stone... Vickerman Addiction 2016

| Intervention location | Discounted Costs (2011 £) [95% interval] | Discounted QALYs [95% interval] | Incremental costs [95% interval] | Incremental QALYs [95% interval] | ICER (£ per QALY gained) |
|---------------------------|---|------------------------------------|--|--|--------------------------------|
| Addiction services | | | | | |
| Baseline | 37,181,582 [19,384,816–67,271,249] | 5,354,331 [4,867,168–5,960,766] | - | - | - |
| Intervention | 38,099,060 [20,140,578–68,378,488] | 5,354,393 [4,867,206–5,960,853] | 917,478 [481,174–1,664,430] | 63 [19–153] | 14,632 |
| Prison | | | | | |
| Baseline | 37,181,582 [19,384,816–67,271,249] | 5,354,331 [4,867,168–5,960,766] | - | - | - |
| Intervention | 38,245,293 [19,852,634–68,601,970] | 5,354,349 [4,867,184–5,960,823] | 1,063,710 [-225,101 – 6,060,267] | 18 [-12 – 75] | 59,418 |

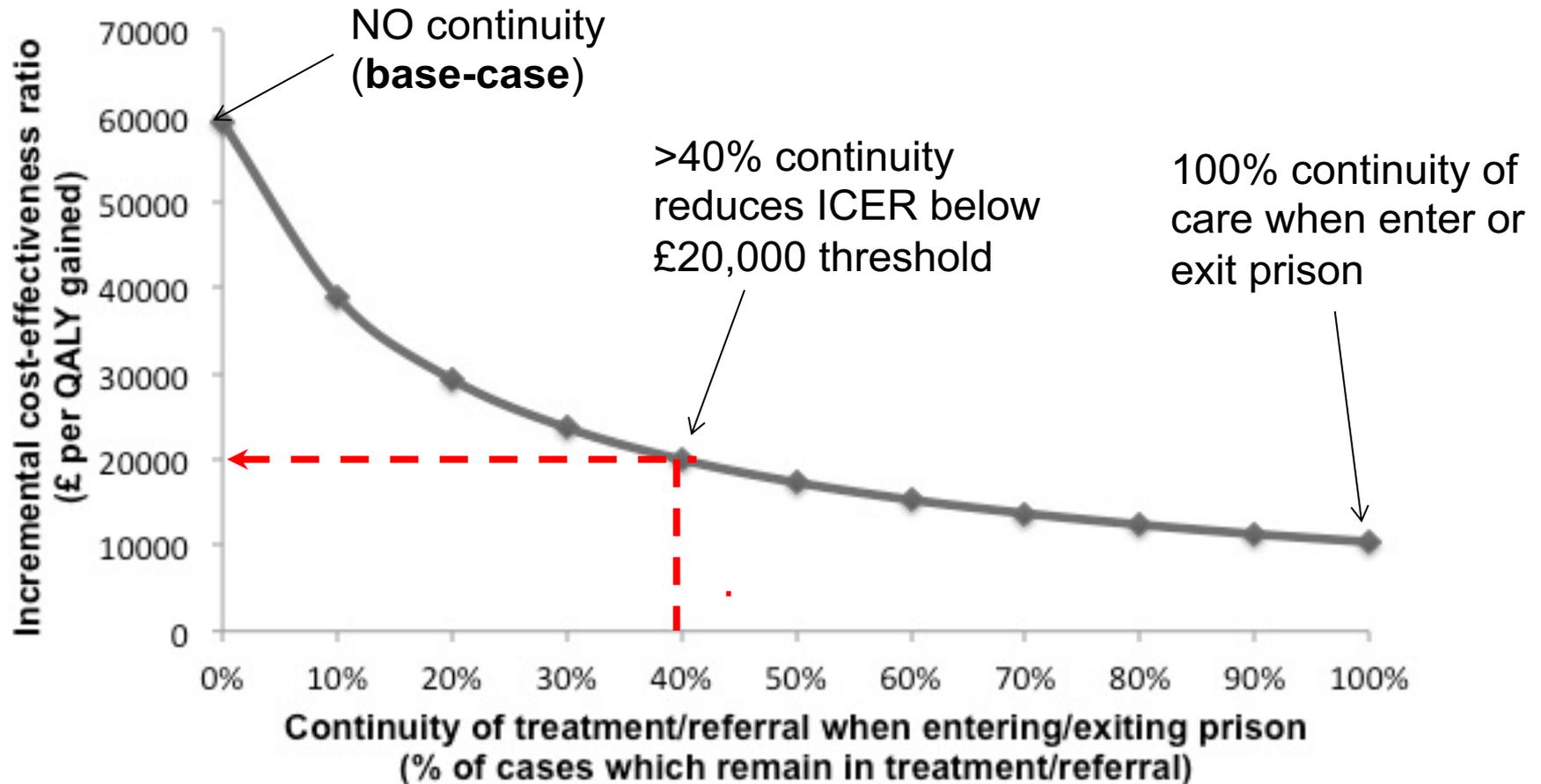
- Compared to UK £20,000-30,000 cost-effectiveness threshold:
 - Cost-effective in addiction services
 - Not cost-effective in prison due to...

Reason 1 – poor cascade of care

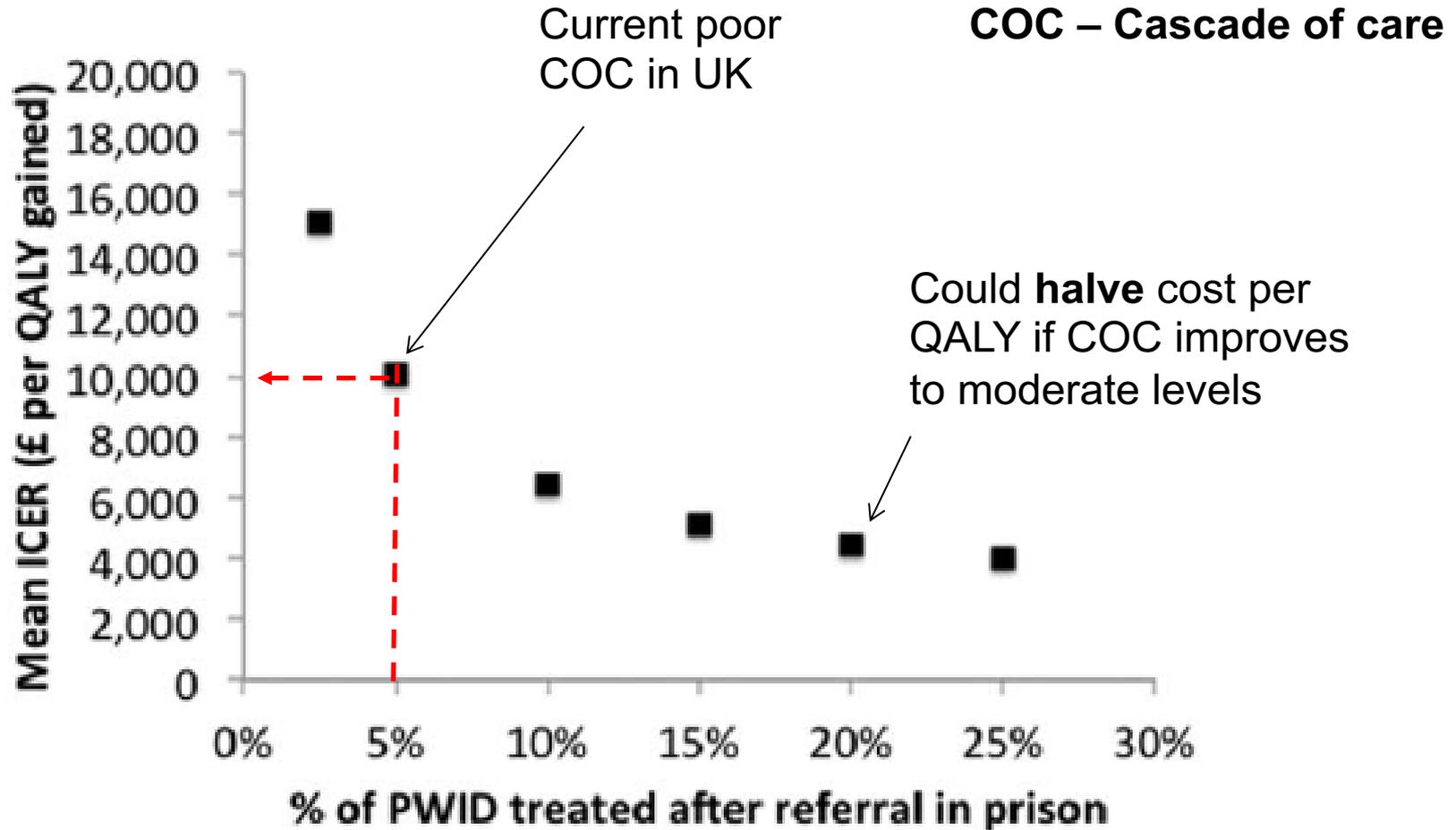
- Of those referred only 2% (0.2/8.4) got treated in 2 years at the time.
- If that increased to 50% then nearly CE.



Reason 2: Short sentences (4 months) and **poor continuity of treatment on prison entry/exit**



New shorter treatments makes continuity of care less important – just worry about COC



- Many PWID pass through prison
 - Likely elevates risk of HCV transmission
 - HCV treatment in prison could have dramatic prevention benefits
- Case-finding in prison
 - Likely to be cost-effective with shorter DAA treatments, but
- Crucial requirement
 - Need to improve cascade of care
 - Continuity of care between prison and community needed for short sentence lengths