LONDON JOINT WORKING GROUP
ON SUBSTANCE USE + HEPATITIS C

GILEAD
Creating Possible

The LJWG Annual conference:

The final push for hepatitis C elimination in London

9 JUNE 2023

#HEPCELIMINATIONLONDON

Session 1:

Where we are now: the journey so far & what we need to do to achieve elimination

CHAIRED BY DR EMILY FINCH

Welcome from the Chair

DR EMILY FINCH

LJWG CO-CHAIR & CONSULTANT ADDICTION PSYCHIATRIST, SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST

Bringing patients, clinicians, drugs services and charities together since 2009

What it's all about

A PATIENT'S EXPERIENCE BY MUHAMMED GOOLAMALEE

Conversation: the journey and where we need to go

RACHEL HALFORD, CHIEF EXECUTIVE OF THE HEPATITIS C TRUST

CHARLES GORE, EXECUTIVE DIRECTOR OF THE MEDICINES PATENT POOL & FORMER CHIEF EXECUTIVE OF THE HEPATITIS C TRUST

Progress in prisons and next steps

TONY MCCLURE, LONDON REGION PRISONS COORDINATOR

COLETTE PRICE, NATIONAL FEMALE PRISONS COORDINATOR AT THE HEPATITIS C TRUST

Where the LJWG started

PROFESSOR DAVID NUTT, NEUROPSYCHOPHARMACOLOGY UNIT AT IMPERIAL COLLEGE LONDON, DEPARTMENT OF BRAIN SCIENCES

Q&A with panellists

Tea and coffee break

11.00 – 11.25

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Session 2:

Embedding hepatitis C testing and treatment into systems to maintain elimination

CHAIRED BY DR EMILY FINCH

What are local authorities doing?

NICOLE KLYNMAN, DIRECTOR OF PUBLIC HEALTH AT BEXLEY COUNCIL

ADPH London

LJWG and ADPH audit of hepatitis C elimination action by London boroughs

June 2023

Eliminating hepatitis C as a public health threat

- Hepatitis C is a blood-borne virus that causes inflammation of the liver and can cause cirrhosis and liver cancer
- Hepatitis C is both curable and preventable
- WHO has a target to eliminate hepatitis C by 2030
- NHS England has an ambition to eliminate hepatitis C by 2025
- NHS England agreed a ground-breaking 'elimination deal' for 2019-24 with pharmaceutical companies to find and treat people with hepatitis C
- To meet this goal we need:
  - Routine testing of at-risk groups at all opportunities
  - Easy access to treatment
  - Easy access to needle exchange / harm reduction services

News

NHS set to eliminate Hepatitis C ahead of rest of the world

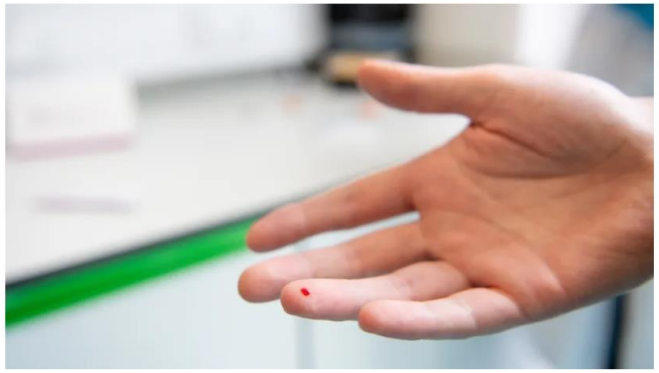
28 December 2022

Cancer Innovation

The NHS is on track to eliminate Hepatitis C by 2025 thanks to a pioneering drug deal and a concerted effort to find people at risk, which is helping dramatically cut deaths five years ahead of global targets.

Hepatitis C home tests introduced as 'tens of thousands' live with it without knowing

HEALTH | HEPATITIS C | NHS | Saturday 13 May 2023 at 7:20am



Self-testing kits for hepatitis C are being made available from the NHS in England from Saturday.
Credit: PA Archive/PA Images

About the survey

ADPH London

Aim: To understand local public health work to identify and support people with hepatitis C

Method:

- November 2022 all London boroughs & the City of London mailed survey by LJWG and ADPH
- Responses from Local Authority Public Health covering 30 / 33 of the London administrations
- Response rate of 91%.

Findings:

- Testing offered at all drugs services
- Variable approaches to hepatitis C outreach testing, links to primary care and availability of testing through A&E and antenatal screening across London.

Questions

ADPH London

- Hep C testing in drugs services
- Work with local Operational delivery Network (ODN)
- Primary care approach to new registrations / their population
- Blood borne virus opt-out testing in A&E programme
- Testing of pregnant women
- How health visitors work with women with hepatitis C
- Hepatitis C awareness events or training sessions
- Blood borne virus outreach services
- Needle exchange provision & inclusion of peer support

100% of drugs services offer testing

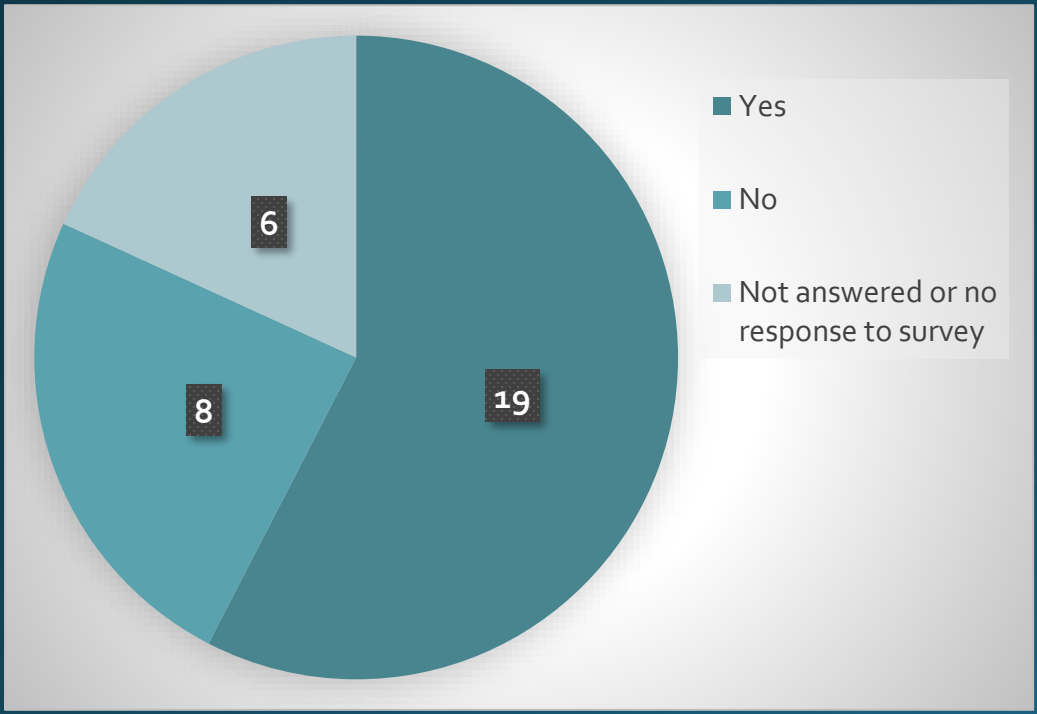
"WDP offers dry blood spot testing for BBVs included Hep B, C and HIV to every service user regardless of any risk behaviours. Results are received within 2 weeks, based on results, where a positive result is confirmed clients are offered an initial assessment with the Kings College Hospital Nurse and then treatment is presented for approval and medication is given from the service. Those with current or previous injection drug use will be offered a re-test at a minimum every year. Testing can be conducted by any trained staff member and service user will receive one upon request along with harm reduction information"

– Royal Borough of Greenwich

Yes. This is offered to all clients, rather than just priority/at risk groups. The Hep C Trust is on site at Bexley's drug treatment service 1 day per week. All clients are offered testing; a one stage test is used which tests for Hep C antibody, then if this is positive, tests for Hep C RNA. The test also covers HIV and Hep B. Hep C treatment is provided on site by the Kings Hep C nurse and Hep C Trust.

- Bexley

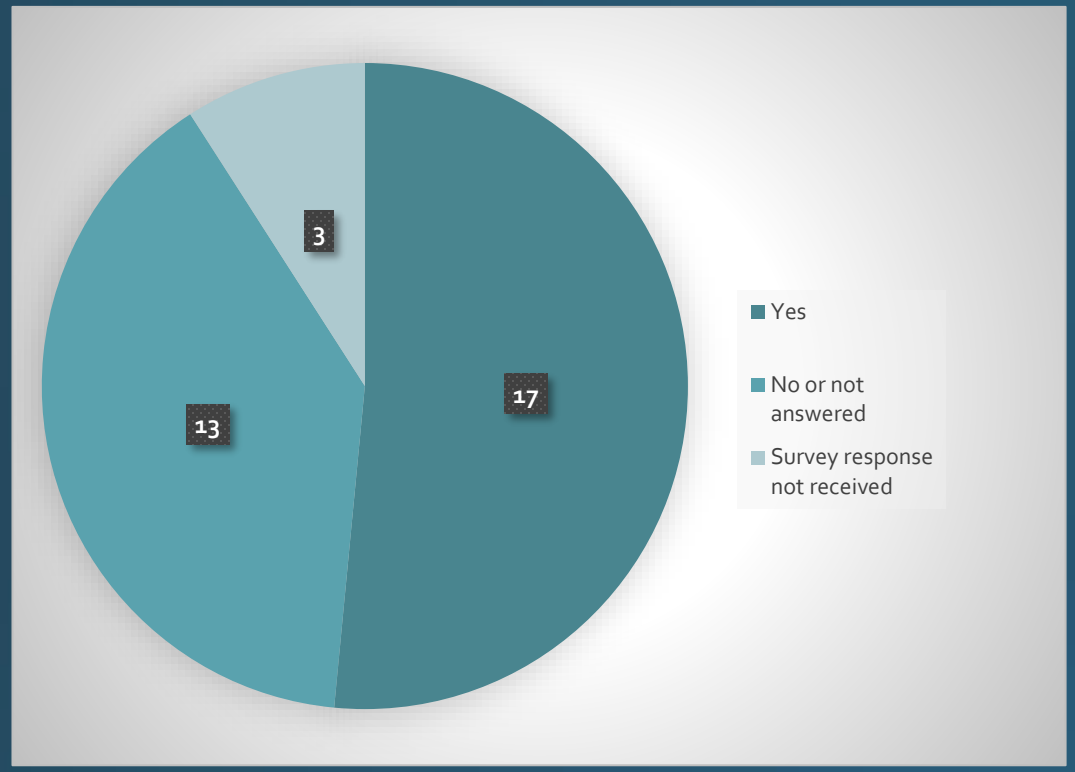
19 boroughs work with their ODN



ODN	Boroughs working with ODN
Barts	5 out of 8
North Central London	5 out of 5
STHepNet East (Kings)	2 out of 6
STHepNet West (St George's)	4 out of 6
West London	3 out of 8

New GP registrations tested in 8 boroughs

- Only 8 administrations use the hepatitis C template for all new registrations: 1 in North Central London ODN (Barnet), 3 in West London ODN (Hillingdon, Hounslow and Harrow) and 4 in Barts Health ODN (City and Hackney, Havering and Redbridge).
- Many boroughs explain that testing policy will be down to different practices and that they will offer opportunistic testing to at-risk groups (e.g. Bexley, Haringey, Lambeth, Richmond, Wandsworth and Islington).



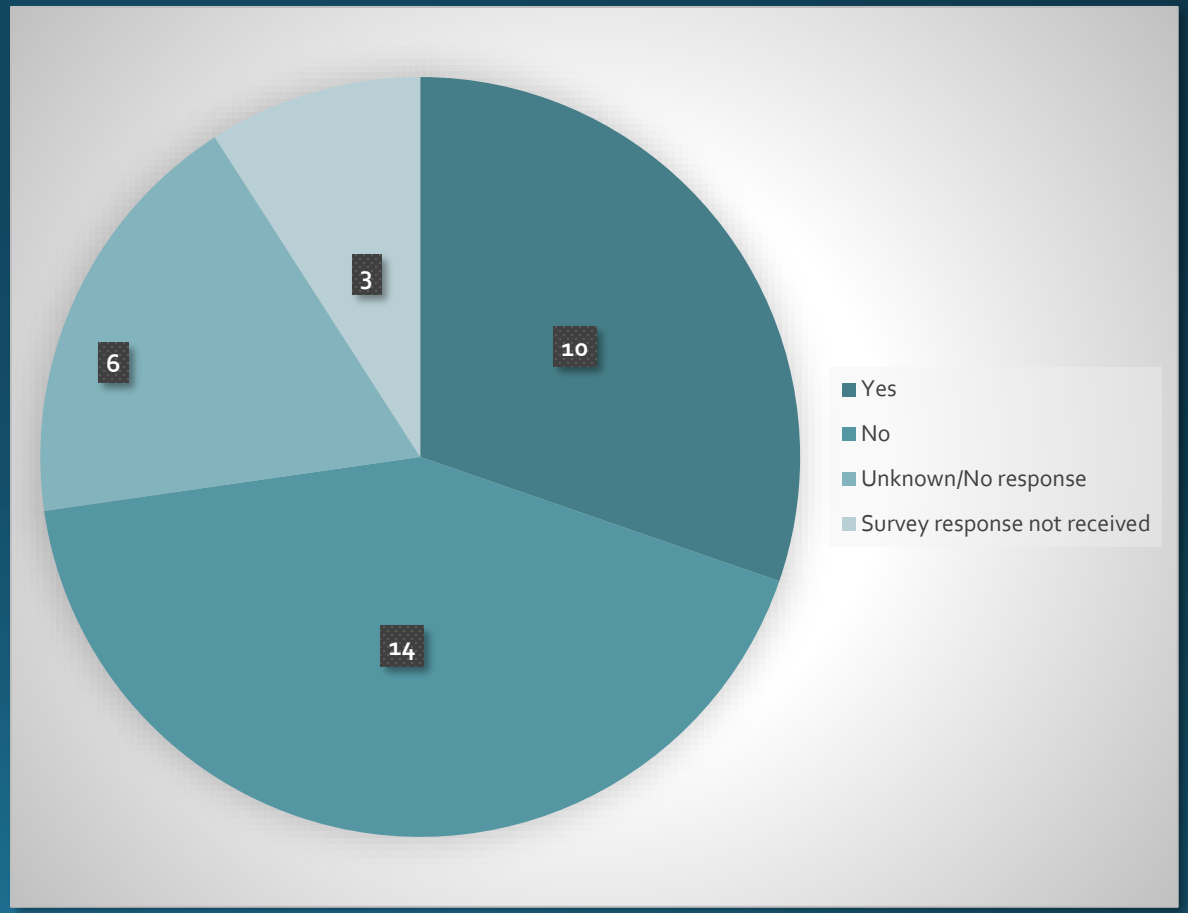
ODN	Work with A&E BBV testing
Barts Health	5 out of 8
North Central London	3 out of 5
STHepNet East (Kings)	2 out of 6
STHepNet West (St George's)	4 out of 6
West London	3 out of 8

17 local authorities are engaged with BBV opt-out testing at A&E services

Pregnant women are tested for hep C in 10 boroughs

ADPH London

ODN	Boroughs testing all pregnant women
Barts Health	2 out of 8
North Central London	1 out of 5
STHepNet East (Kings)	2 out of 6
STHepNet West (St George's)	1 out of 6
West London	4 out of 8



How do health visitors work with women with hepatitis C?

ADPH London

Some boroughs work with women and pregnancy in a variety of different ways, but many do not target this group

"Women who test positive for Hep C receive support from the liver team in acute trusts. Health Visitors advise them to see their GP and support them through appropriate pathways. They are also offered Targeted Health Visiting service if known to have or where HVs are alerted of any indication of drug and substance misuse."

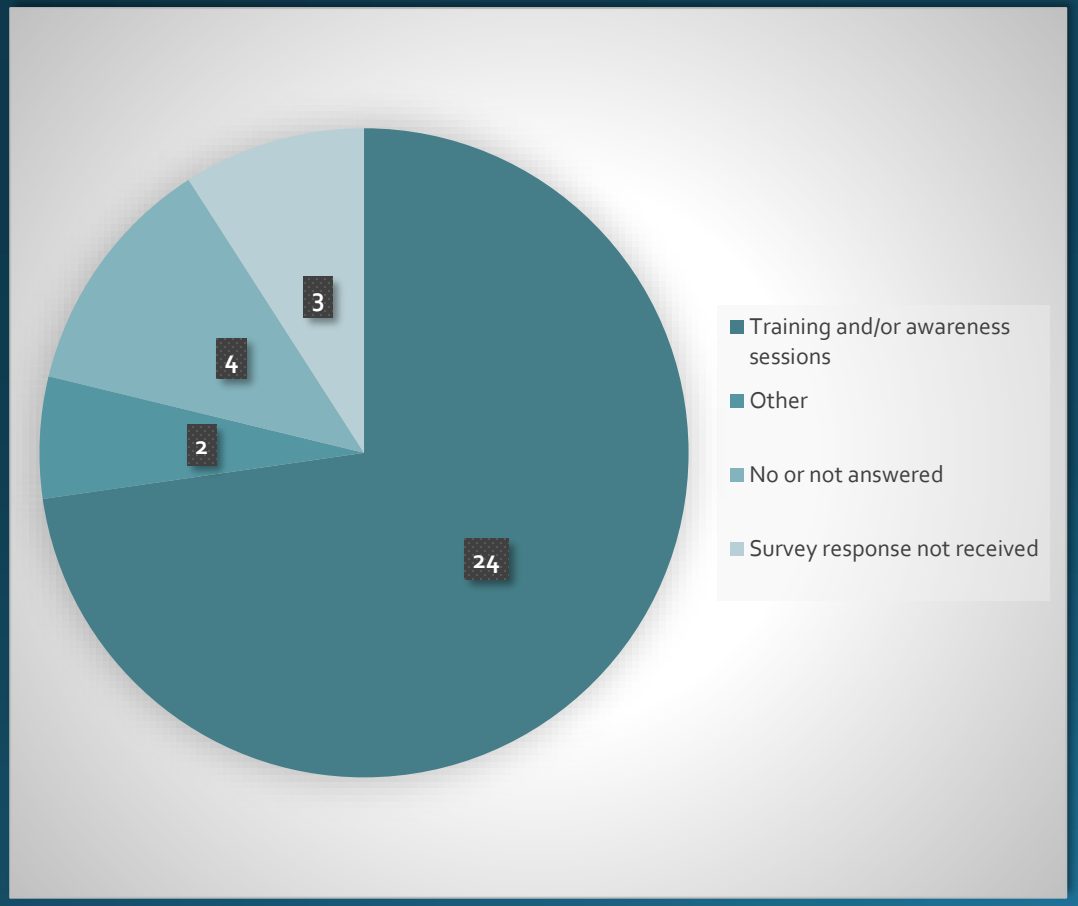
London Borough of Islington

"They should be working with 100% of women who meet the criteria for their service – this is not an exclusion criteria"

London Borough of Hillingdon

26 boroughs conduct training / awareness sessions – but quantity and quality vary

ADPH London



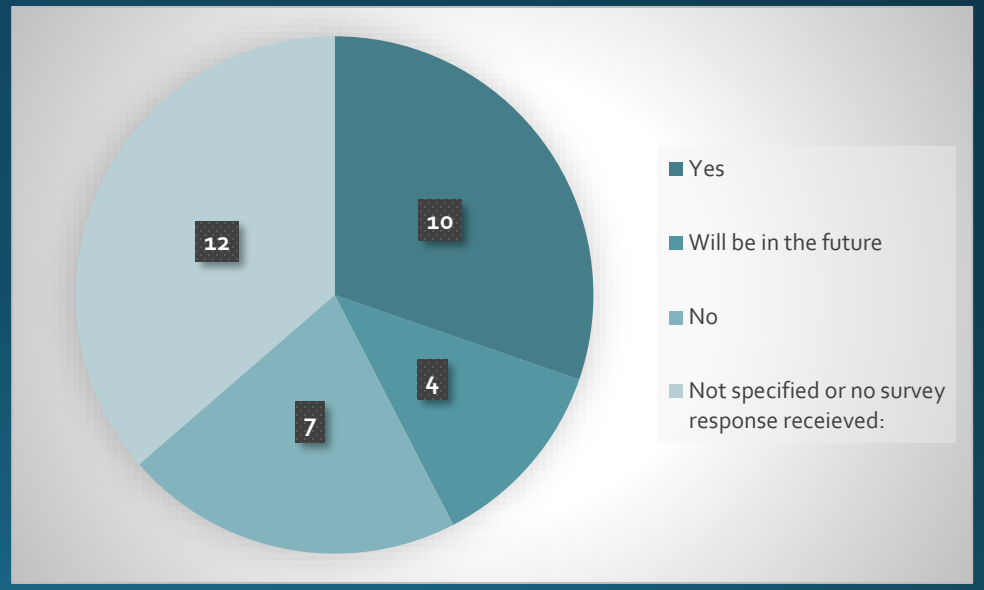
"With the exception of activities around World Hepatitis Day there is a need to bolster our efforts locally to further raise awareness of Hep C."

Royal Borough of Kingston

All boroughs have NSP; 10 have peer support and 4 are planning to

ADPH London

ODN	Peer support in Needle Exchange provision (current or planned)
Barts	2 out of 8
North Central London	2 out of 5
STHepNet East (Kings)	3 out of 6
STHepNet West (St George's)	3 out of 6
West London	4 out of 8



26 boroughs gave details of local BBV outreach services, including clinics in drugs services, outreach van support, and through inclusion health teams who work with rough sleepers

ADPH London

"GL Newham Rise can do dry blood spot testing as part of their outreach offer, if required. Preference is to support accessing a treatment hub where the individual can access a range of health and well-being interventions alongside BBV testing and treatment."

London Borough of Newham

"Hep C testing is offered in pharmacies, drug service, drop in service such as the Vineyard (Richmond). Also linked in to the hep c van that will go to the hostels and drop in centres. Hep C van is funded by the St George's Hospital hepatology team."

London Borough of Wandsworth

"The Find and Treat Team are looking to work with local outreach provision including the new drug and alcohol outreach team and the rough sleepers team to carry out BBV work. West mid provide treatment and screening"

London Borough of Hounslow

What more can we do?

ADPH London

What?	Who commissions and pays?
Add HCV to maternity testing template	NHS England / ICBs(?)
Uniform approach to testing new registrants in primary care, including refugees	NHS England / ICBs(?)
Ensure relationship with local ODN	Boroughs, ODNs
Expand outreach	Local authority commissioners / ICBs?
More peer support with needle and syringe provision	Local authority commissioners
Uniform best-practice approach at drugs services – and maintain in the long term	Drugs services Local authority commissioners

NHS England's latest initiatives: Emergency Departments, online tests and more

PROFESSOR ASHLEY BROWN, NATIONAL CLINICAL LEAD OF THE NHS ENGLAND HEPATITIS C - ELIMINATION PROGRAMME

IAN JACKSON, DIRECTOR OF COMMISSIONING AT NHS LONDON

ED BBV testing: rates April 2022 – March 2023

	No.	Uptake	Total positive	% positive
ED attendees	2,785,703	-	-	-
Attendees with blood drawn	1,458,604	-	-	-
Attendees with blood drawn after blocking	1,376,624	-	-	-
HIV tests	853,015	62%	4,981	0.6%
Hep B surface antigen tests	346,041	25%	2,610	0.8%
Hep C antibody tests	452,284	33%	5,080	1.1%
HCV reflex RNA tests	4,686	-	712	15%

- HIV testing uptake averaging at 60%+, ranged between 6% - 96% in March 23.
- A few hospitals need to significantly increase testing - automation of tests key.
- Hep B and Hep C rates lower in first year due to staggered implementation of Hep B /Hep C testing. Also Hep B testing not done outside London.
- Blocking saved 80,000 tests, at £10 / test that's £800k!

ED BBV testing: rate for March 2023 alone

	No.	Uptake in March 2023	Uptake all year
ED attendees	263,705	-	-
Attendees with blood drawn	142,224	-	-
Attendees with blood drawn after blocking	133,450	-	-
HIV tests	79,688	60%	62%
Hep B surface antigen tests	44,066	33%	25%
Hep C antibody tests	57,808	43%	33%

- Hep B and Hep C rates are higher for March 2023 reflecting more EDs implementing testing as the year goes by.

ED BBV testing: results April 2022 – March 2023

Results	New diagnosis	Previously diagnosed not in care	In care	Reinfection
HIV	343	209	4,396	n/a
HBV	1,186	156	681	n/a
HCV	469	108	135	15
Total	1,998	473	5,212	15

Subject to UKHSA validation. New defined as new to clinic and not disclosing under care.

- In first year found about 2,000 new diagnoses and approaching 500 previously diagnosed not in care.
- Avoiding one HIV transmission saves £140k.
- Hep B surprisingly large number of new diagnoses.

ED BBV testing: positivity rates April 2022 – March 2023

	Positivity rate: all (known to care or not)	Positivity rate: new and previously diagnosed not in care	Number needed to test to find one person new or previously diagnosed not in care
HIV	0.6%	0.1%	1,545
HBV	0.8%	0.5%	258
HCV Antibody	1.1%	0.1%	784
HCV RNA+ after HCV Ab +	15%	12%	8

Subject to UKHSA validation. New defined as new to clinic and not disclosing under care.

- Hep B positivity rate for 'new and previously diagnosed not in care' much higher.
- In 2022/23 1.376m people had bloods taken after blocking. Not all offered a BBV test as testing uptake low in some places and staggered start.

ED BBV testing: linkage to care and community support April 2022 – March 2023

	New / previous diagnosis not in care	Linked to care - new diagnosis	Linked to care - previous diagnosis, not in care	Offered community support at first contact	Took up community support
HIV	532	267	71	166	74
HBV	1,342	329		36	12
HCV	577	228	58	64	16

Subject to UKHSA validation. New defined as new to clinic and not disclosing under care.

- Linkage to care of those not in care varies across virus: 63% HIV, 25% Hep B, 50% Hep C. Higher for new diagnosis than previously diagnosed not in care.
- HIgh rates of Hep B cases putting pressure on hepatology services, driving new ways of working and a networked approach. New guidelines say people should be in treatment at lower threshold.
- Community support at first appointment varies across virus: HIV 49%, Hep B 9%, Hep C 22%. Reporting clinicians don't always know when it's happened.

Community charter

The HIV and Hepatitis Communities have developed a community charter:

- Comprehensive community culturally appropriate support to be made as early as possible for those diagnosed through ED testing.
- Transparency on funding and commissioning of community support and accountability of its appropriateness and effectiveness.
- Community support to be mapped across London and opportunities to commission in and across boroughs and ICS boundaries communicated to community partners.
- The long term cost benefits of financing community organisations to support engagement in care should be highlighted in the evaluation.
- There should be openness to form strategies for reengagement, understanding that a trauma informed, holistic, community and person centred approach may need additional funding.

ED BBV testing: Key messages

- Continue to drive uptake to the level of bloods taken after blocking.
- Automate testing requests and blocking key to increasing testing and reducing unnecessary testing.
- Need to work on solution to Hepatitis B for the large numbers found through ED BBV testing and coordinate care.
- Investigate and increase community support offer.
- Working to expand and to be ready for potential funding quick expansion.

Data sharing to find and treat

DIANA DIVAJEVA, PRINCIPAL PUBLIC HEALTH ANALYST,
CITY OF LONDON AND LONDON BOROUGH OF HACKNEY
PUBLIC HEALTH TEAM

The role of ICBs in health inequalities and inclusion health

GARY DARK, SENIOR TRANSFORMATION PROGRAMME MANAGER, NHS NORTH EAST LONDON

IAN JACKSON, DIRECTOR OF COMMISSIONING, NHS LONDON

ICB response to the challenges of a successful ‘opt-out’ Emergency Department testing programme

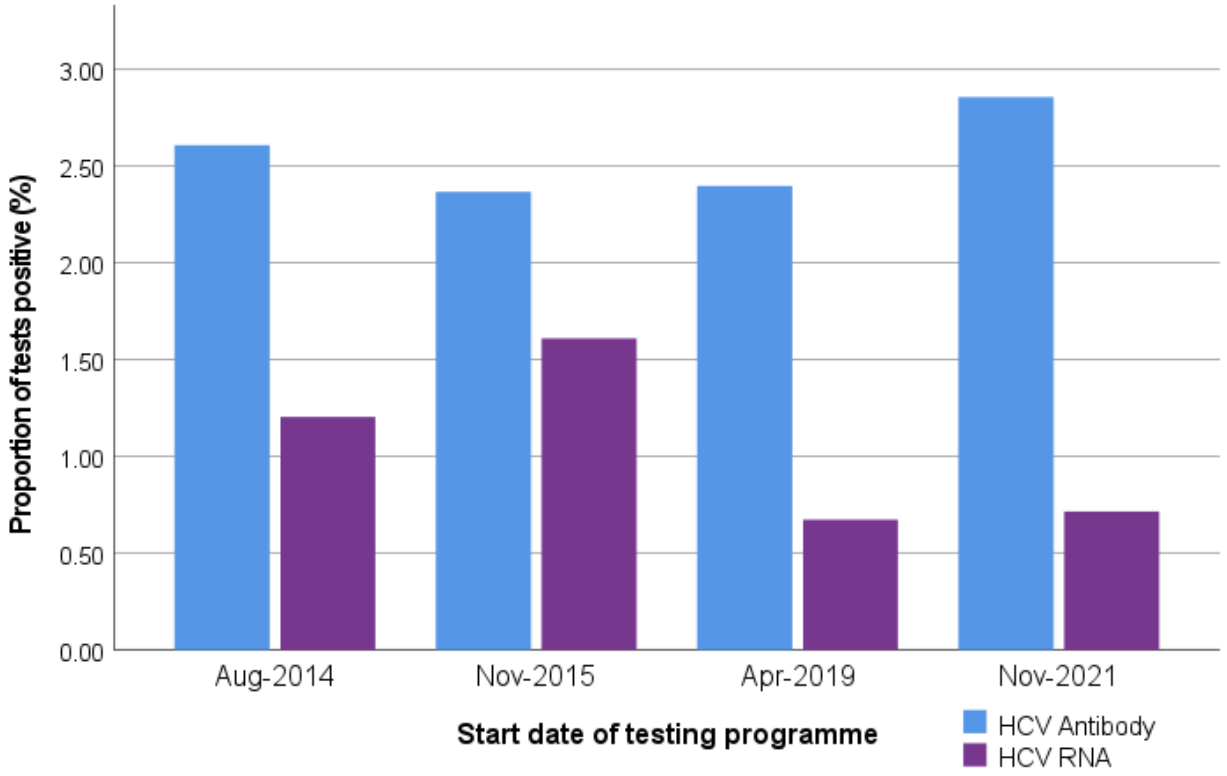
Approach

- Steering groups with membership from across the end to end clinical pathway, that are led by data to ensure high quality clinical and community care.
- Shared learning via monthly meetings, workshops and conferences.
- Adopting new ways of working to improve rapid access to care and increased retention along the end to end clinical pathway.

New ways of working

- Multi ICB working (North London Liver Disease Clinical Network / NEL& NCL - joint programme).
- Cross condition working (i.e. Cancer Alliance).
- Peer support groups & digital engagement (NCL - digital library).
- MDT mobile unit that can respond to localised need (NEL - nurse, pharmacist, fibroscan technician & administrator).

ED testing - outcomes



The proportion of people still infected is falling

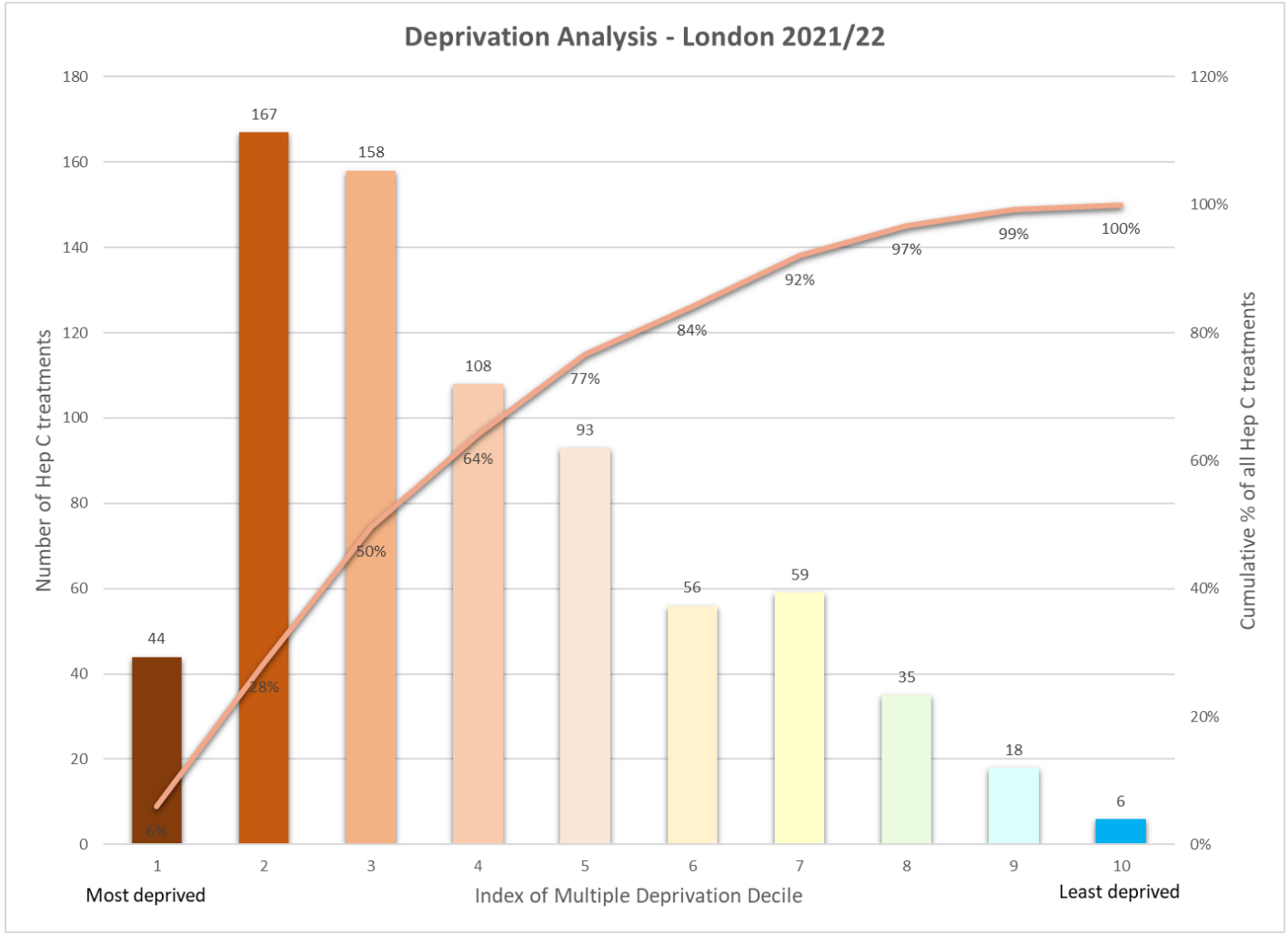
Drysdale – BASL presentation, Leeds 2022

Overview of Health Inequalities

7,633 Hep C treatments in the most deprived half of the population

Last year (2021/22):

- 50% of Hep C treatments were given to the most deprived 30 per cent.
- C.f. 80% of Hep C treatments were given to the most deprived half of the population.



NHSE registry data review – B. Emmanouil 2022

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Achieving elimination in drug services: finding and treating people furthest from services

MATT MILNER, ASSOCIATE DIRECTOR - PATIENT ACCESS TO CARE, NATIONAL INITIATIVES LEAD, GILEAD

DEANNE BURCH, LEAD COORDINATOR, HEP C U LATER

Achieving elimination in drug services – ‘The last miles are the hardest’

Matt Milner, National Initiatives Lead, Gilead Sciences
Deanne Burch, Hep CU Later Lead, NHS Additions Provider Alliance

London Joint Working Group, 9th June 2023

Job Code: UK-UNB-4012
Date of Preparation: May 2023

PERSONAL REFLECTION ON WORKING WITH DRUG TREATMENT SERVICES (2017 – 2023)

Heroes in an age of complexity, competing priorities and austerity

⇩

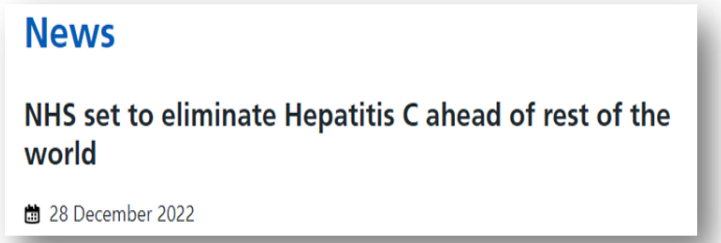
Aligned and committed partners in a shared vision of elimination

⇩

Strategic partners in finding those individuals left to find outside of structured treatment and in preventing reinfections

- **16.5% average drop in funding for drug services through 2015***
- Increased case loads and pressure to exit service users
- Competitive organisations, frequent re-tendering
- Primarily hospital-based HCV pathways with significant attrition
- Siloed and unreliable data and data sharing

- **A funded programme to implement best practice**
- HCV elimination is a strategic priority for drug services
- Collaboration and Partnership across providers
- Community based pathways, drug services taking on more of the treatment pathway
- Improved data analytics, data sharing and opportunities to improve NDTMS^


News

NHS set to eliminate Hepatitis C ahead of rest of the world

28 December 2022

NHS England, 28 December https://www.england.nhs.uk/2022/12/nhs-set-to-eliminate-hepatitis-c-ahead-of-rest-of-the-world/ (accessed May 2023).

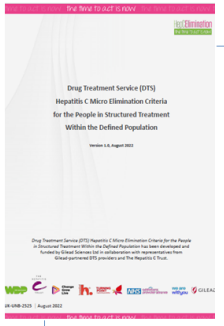
* **https://www.drugwise.org.uk/wp-content/uploads/sossummary2015.pdf** (accessed May 2023)

^ National Drug Treatment Monitoring System

Working In Partnership To Eliminate HCV

Unique collaboration across > 150 Drug Treatment Services (DTS)

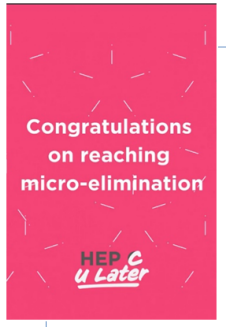
Created 25 DTS roles to implement best practice and test those at risk



Set up the first HCV DTS National Providers Forum, Micro-Elimination Criteria, Service (Commissioning) Standards, HCV data within National Drug Treatment Monitoring System (NDTMS)

Performed >150,000 HCV tests since September 2019

Supported >7400 people with HCV to start treatment[1]



Micro-eliminated HCV in 9 DTS and 2 DTS Hubs, on track to eliminate in all partner services by end 2023

References available upon request from Gilead Sciences Ltd

GILEAD'S ONGOING COMMITMENT

National Support and Coordination, National Strategic working groups

On the ground Patient Access to Care (PAC) Team and Commissioner Team (Rmax)

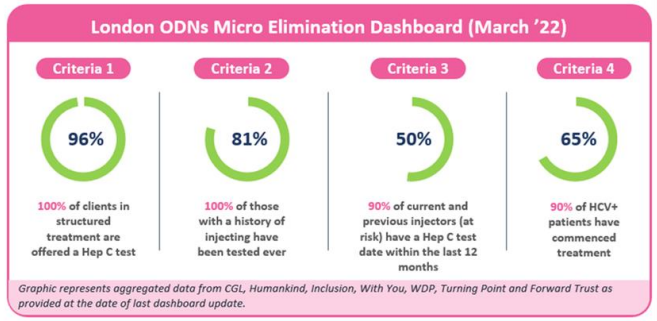
Tableau Data Analytics

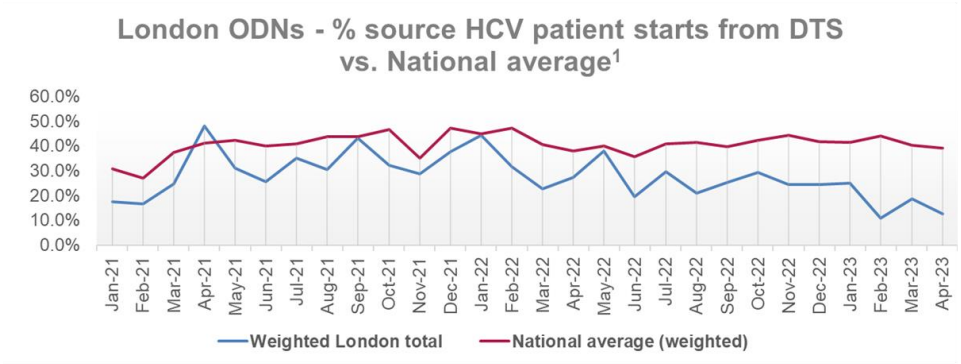
DTS Pathway Workshops and Review Tools

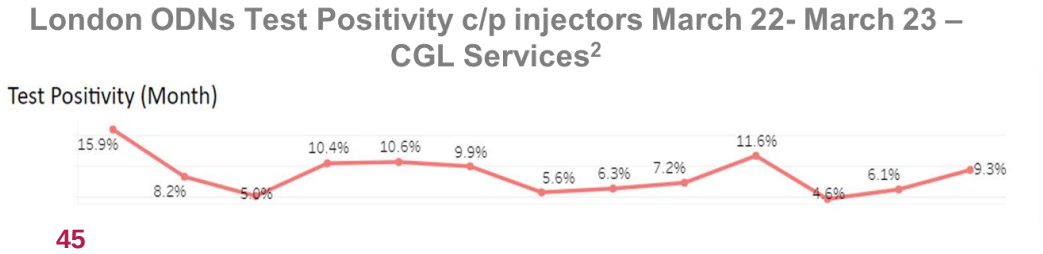
Events, Webinars and ODN Accelerator Meetings

Be Free Of Hep C Campaign Materials

LONDON







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1. Data extrapolated from NHSE Registry 23/05/23
2. References available upon request from Gilead Sciences Ltd.

Key Asks

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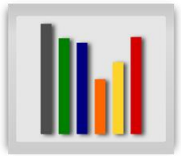
SOME THING NEW



Addiction Professionals
REGISTRATION BODY AND NETWORK

- People Registered in London ODNs who need treatment
- HCV+ individuals being found – can drug services provide more support?
- Optimising and sustaining testing, maintaining momentum through re-tendering
- Staff training, engagement – ODN support and events
- Data sharing is critical, for persons tested in outreach settings and those started on treatment
- Do we fully understand what is happening with Shared Care across London?

Hep C U Later Perspective of the Future Needs of Hepatitis C Elimination

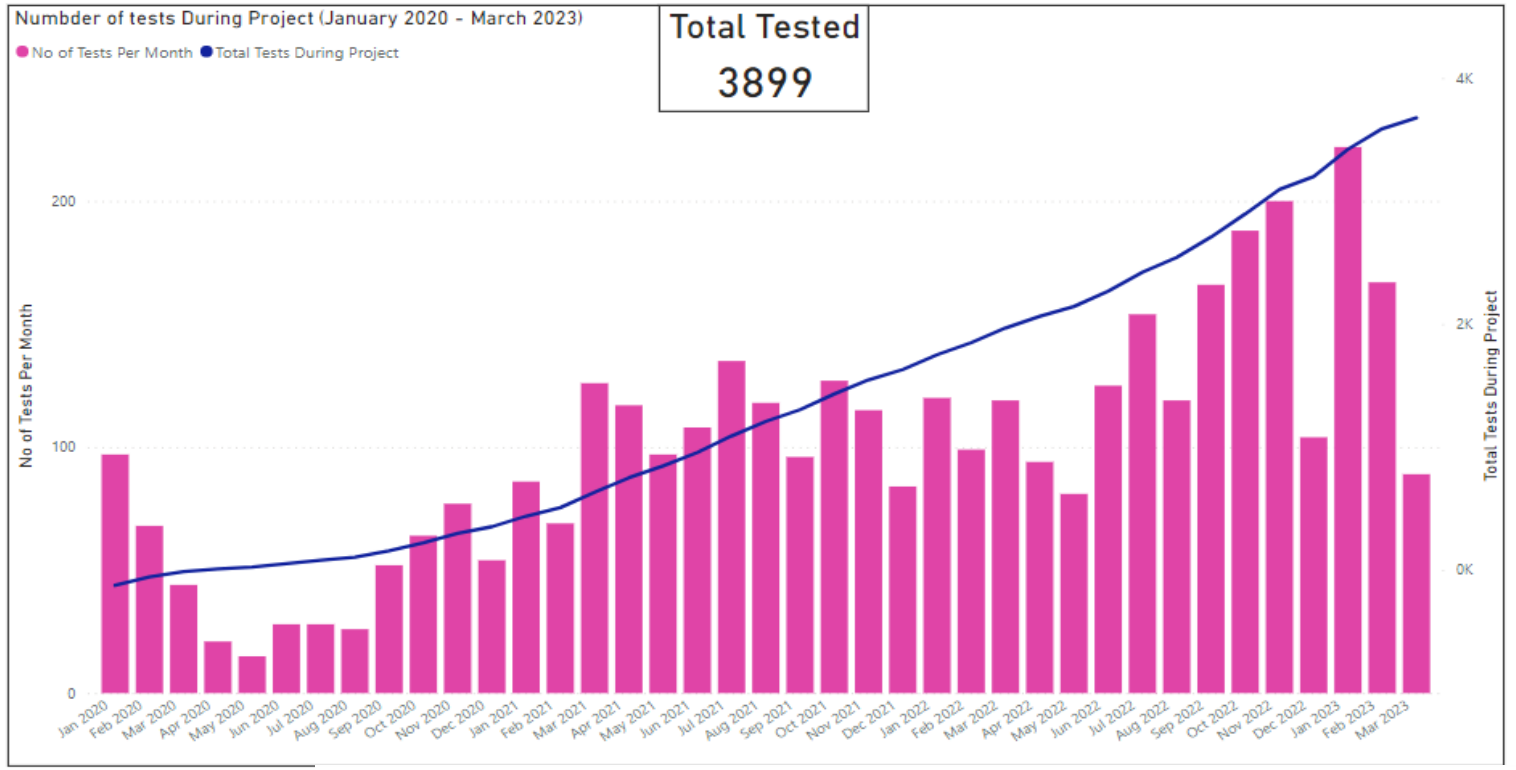
Deanne Burch

Deanne.burch@mpft.nhs.uk

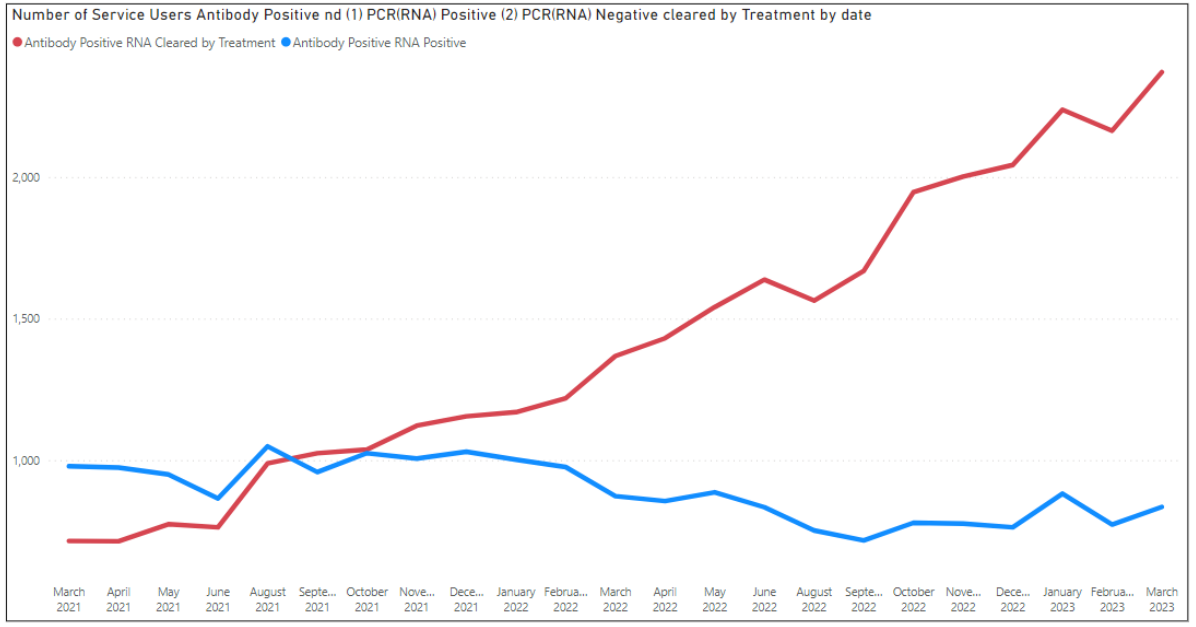
Successes

National:

- Nearly doubling testing year on year
- Unifying data (NDTMS proposal, data sharing)
- Vast increase in treatment across NHS APA
- 5 micro-eliminated sites – more to come…
- Engagement Programme
- Collaborations



Hounslow (CNWL) reached micro-elimination in April



London:

- Testing ↑
- Treatment ↑

References available from HepCULater team on request

But there's more to do…

HEP C u Later

In D&A services:

-Peer led services

-Sustaining micro-elimination

-Improving harm reduction - quantity, quality & access

-Data – quality, recording, developing systems, data sharing

-Health inequalities

Outside of D&A services:

-Engagement with Primary Care, Pharmacies, Antenatal, ED, Mental Health

-Collaborating with ICBs

-Data sharing

Get in touch…

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Social media:

LinkedIn - Hep C U Later

Facebook - Hep CU Later

Twitter - @HepC_U_Later

WHAT WE NEED NOW TO SUSTAIN ELIMINATION…

Conversations about how we:

- Live and breathe the BBV standards and embed micro-elimination in D&A services
- Commission future funding for testing, testing methods, projects that address the gaps
- Quickly improve harm reduction provision and address re-infection
- Improve data sharing without additional burden
- Align with other health care needs and go beyond drug and alcohol services
- Maintain and expand cross-provider collaboration

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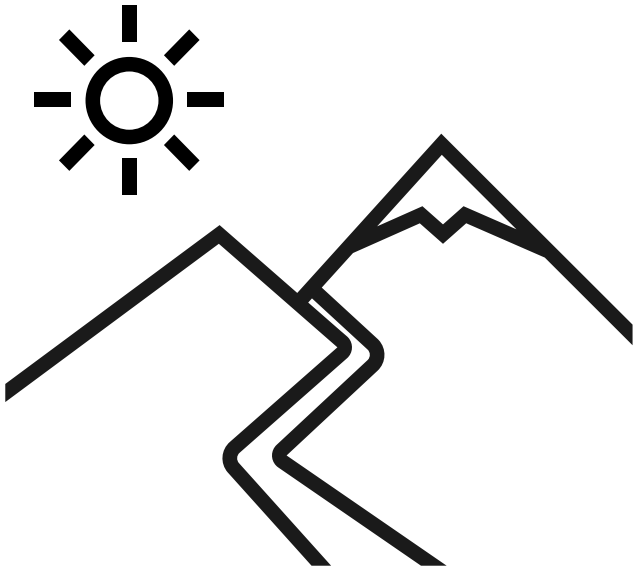
A London overview: Looking back and forward

DR KOSH AGARWAL, CONSULTANT HEPATOLOGIST AT THE INSTITUTE OF LIVER STUDIES, KING'S COLLEGE HOSPITAL

DR BEATRICE EMMANOUIL, ANALYTICAL LEAD FOR HEPATITIS C ELIMINATION, SPECIALISED COMMISSIONING AT NHS ENGLAND



A London overview: Looking back and Looking forward

- Dr Kosh Agarwal
- Consultant Hepatologist at the Institute of Liver Studies, King's College Hospital

- Dr Beatrice Emmanouil
- Analytical Lead- HCV Elimination, NHS England

Hep C elimination:
What are the questions data can answer?

- What have we done so far?
- What is the NEED?
- What is the way forward?
- What is the evidence of our achievement?

Hep C elimination:
What are the questions data can answer?

- What have we done so far?
- What is the NEED?
- What is the way forward?
- What is the evidence of our achievement?

London- highlights

17K treated

185 in ED

65 Women in Antenatal services

>1000 GUM clinics

50% of prisons targeted with HITTs

>700 Prisons

>75% cleared virus

People treated living in the most deprived areas

>50% born outside the UK

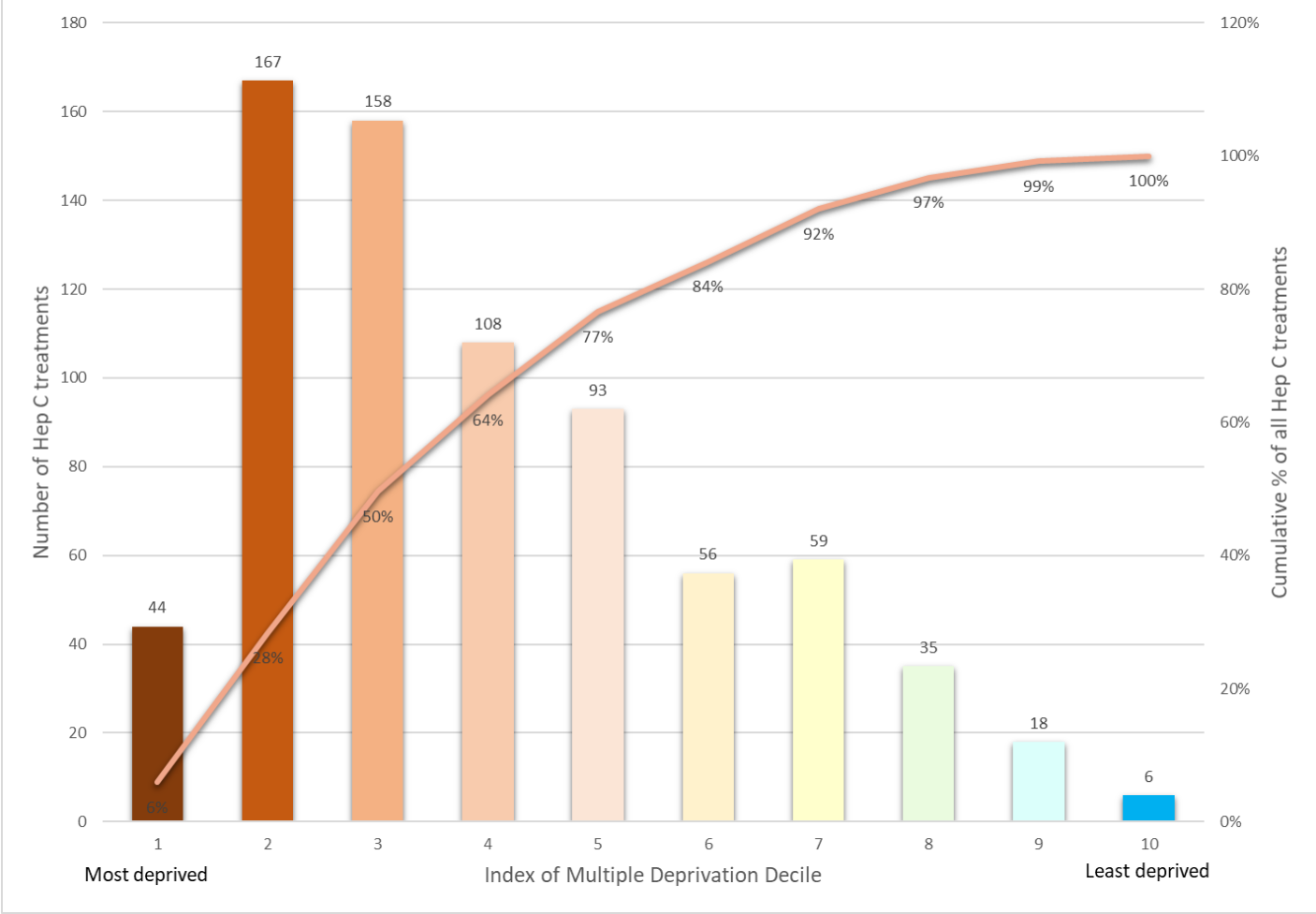
65% of patients with recorded background information have a history of injecting drugs (43% of total)

>4K people tested in using outreach

Almost 400K tested in ED

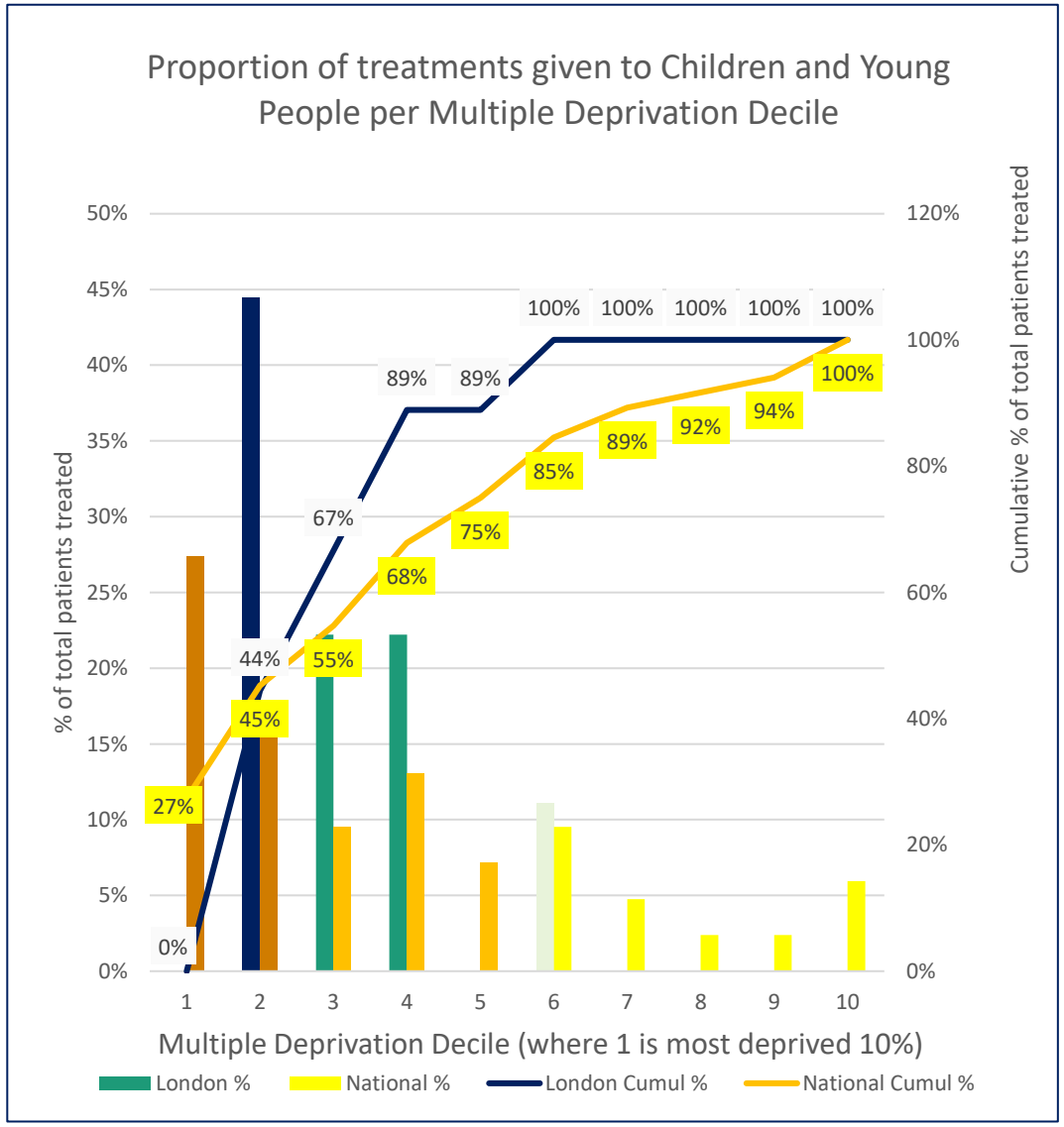
London- what have we done so far

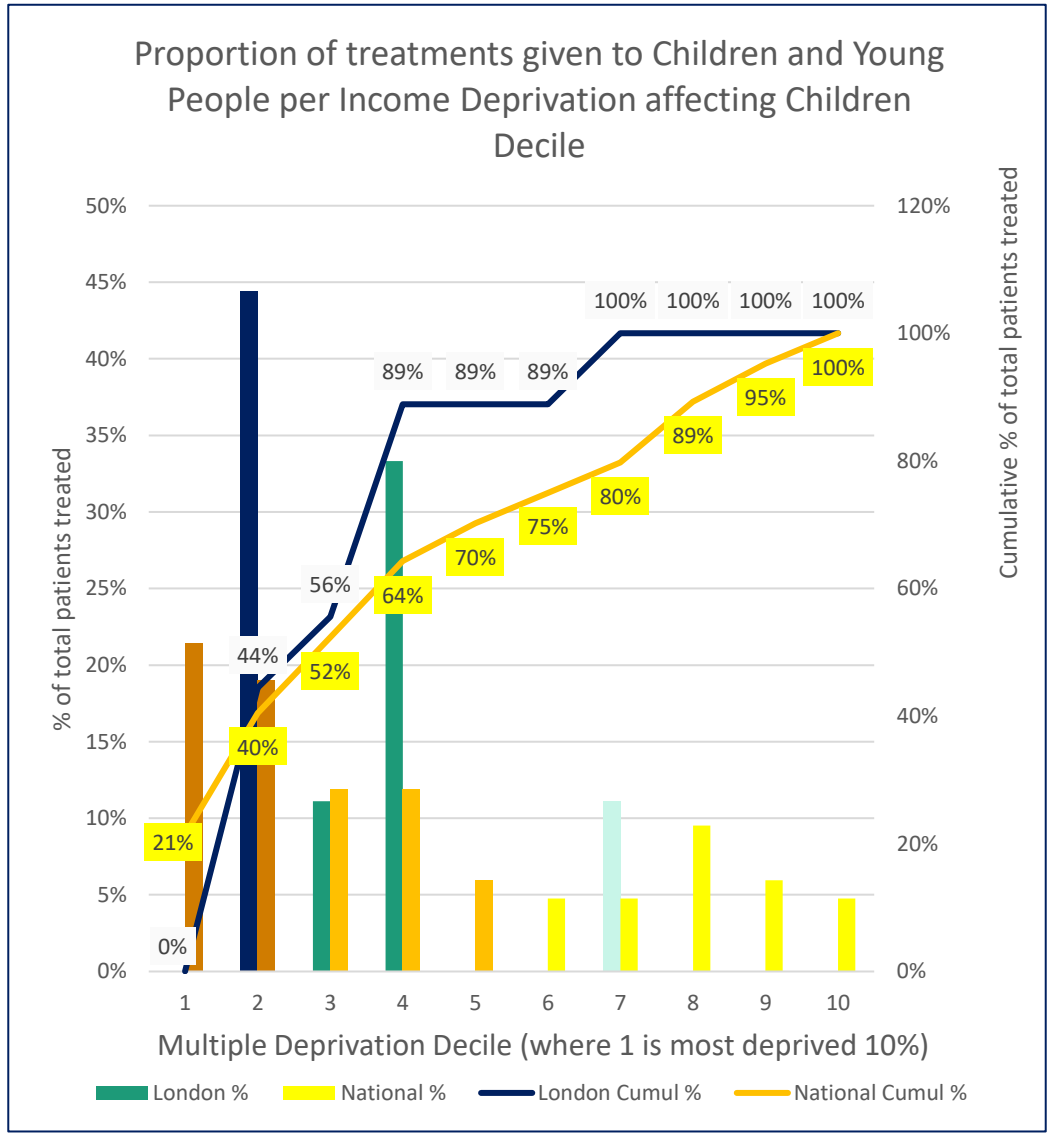
- 50% of Hep C treatments were given to the most deprived 30 per cent.
- C.f. 80% of Hep C treatments were given to the most deprived half of the population.



Treatments per Index of Multiple Deprivation (IMD) Decile (where 1 is most deprived 10%) – all ages

London- what have we done so far: Children and Young people 0-14 years





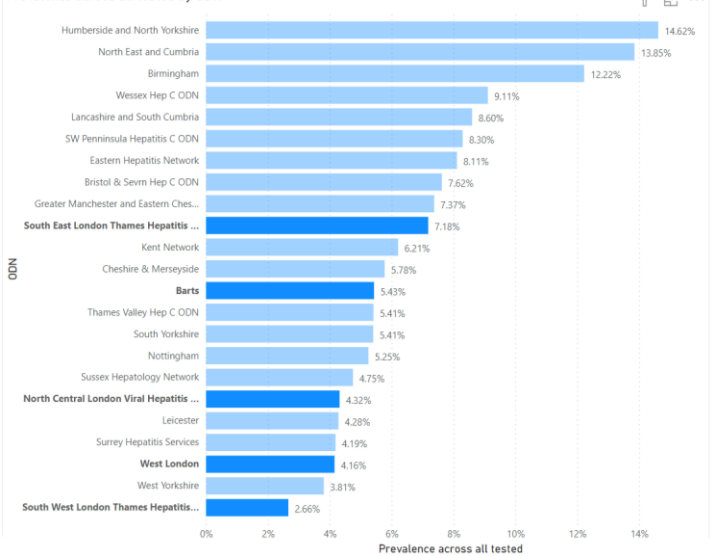
Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families

Hep C elimination:
What are the questions data can answer?

- What have we done so far?
- What is the NEED?
- What is the way forward?
- What is the evidence of our achievement?

London –what is the need?

- Substance users
- Prisons and detention centres
- People experiencing homelessness
- General practice
- Antenatal
- Sexual Health Clinics and outreach
- Children
- People born outside of UK (40.6% in 2021 Census vs 6.8% in NE)
- Re-infection rates



4.75%
Prevalence across all tested

Needs assessment
in Substance Users

- 11K tested in 2022 in England
- Same people re-tested in 2023
- Golden Standard for incidence measurement
- Tested **everyone in addiction services**
- Tested people outside structured treatment
- 80% of people who were AB+ had cleared the virus
- <5% prevalence although higher is certain areas

Hep C elimination:
What are the questions data can answer?

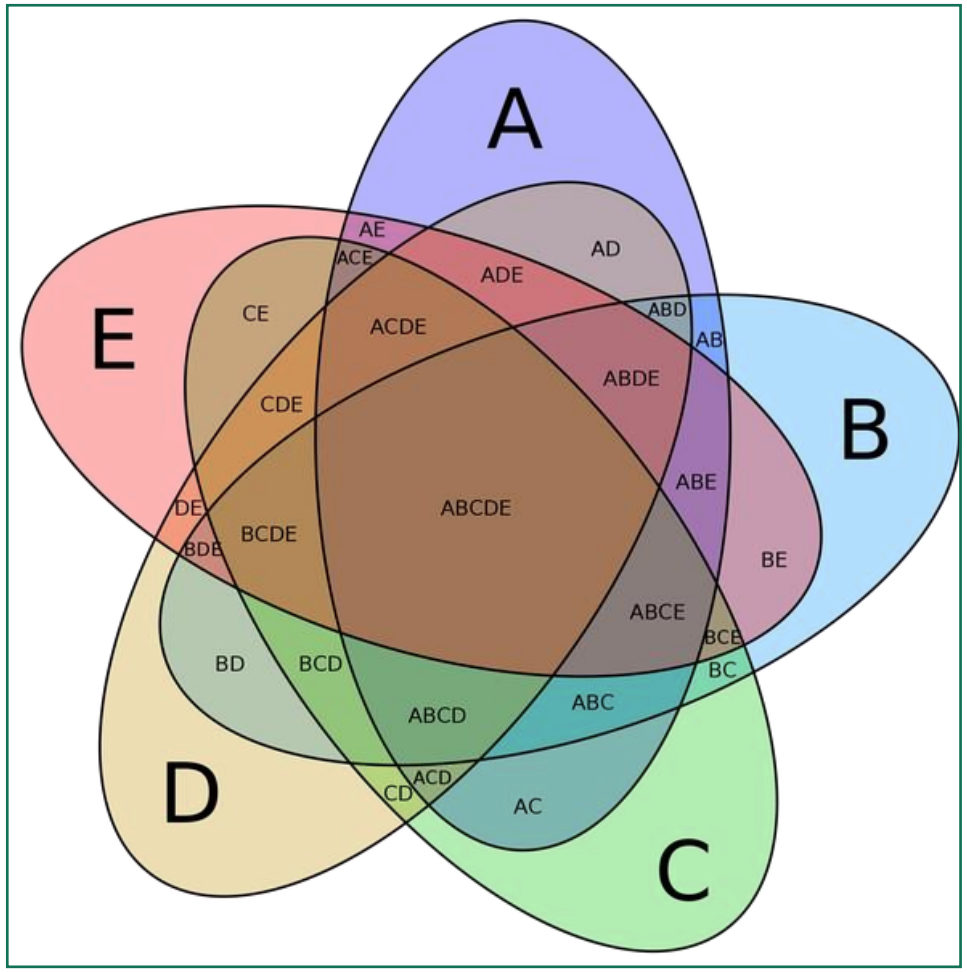
- What have we done so far?
- What is the NEED?
- What is the way forward?
- What is the evidence of our achievement?

How can we evidence across all settings?

We can prove elimination **overall** if we can prove we have micro eliminated in all the various constituents

We need to think of every setting possible and then make sure we have good data for everything.

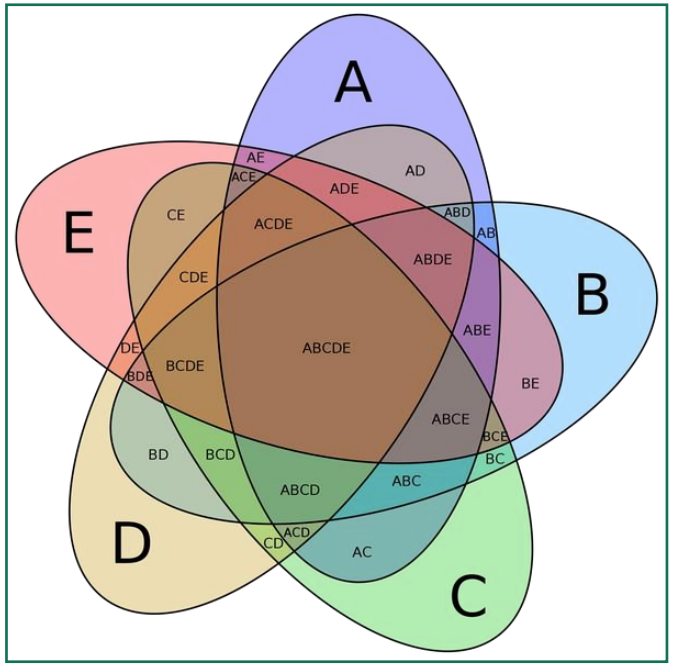
Groups will be overlapping – that is no problem for reporting if we report on groups that cover all underlying need



Report on everything according to indicators required

Addiction services	Homeless	ED	Liver Services
Find and treat	Outreach	Primary care	Prisons
Police custody	Approved services / probation	Forensic units	GRT
South Asian	Eastern European	Sexual Health	Antenatal

Web portal	Liver health vans	Testing in Big employers



100% Injection safety

AT LEAST 300
NEEDLES/SYRINGES/YEAR PER PERSON

WE NEED A MECHANISM FOR
MONITORING AND REPORTING

Hep C elimination:
What are the questions data can answer?

- What have we done so far?
- What is the NEED?
- What is the way forward?
- What is the evidence of our achievement?

Evidence needed for elimination in London

- Annual incidence (HCV):
- ≤5/100 000; ≤2/100 (PWID)
- 90% HCV infected -diagnosed
- 80% diagnosed started on treatment
- **Harm reduction 300 syringes & needles per PWID per year**
- Mortality (apparently, we have already achieved this nationwide)
- Virus clearance?

Path to elimination: HCV		
Gold Tier	N/A	The **gold level** recognizes where a country has implemented: • 100% blood safety • 100% injection safety** • 150 needles/syringes/year in PWID OR a demonstrated coverage increase of NSP of at least 100% within past 2 years*** • 80% of people living with chronic HCV are diagnosed • 70% of people diagnosed with HCV are treated • Establishment of sentinel surveillance programme for hepatitis sequalae ****
Silver Tier	N/A	The **silver level***** recognizes where a country has implemented: • 100% blood safety • 100% injection safety** • NSP and OAT present in country • 70% of people living with chronic HCV are diagnosed • 60% of people diagnosed with HCV are treated
Bronze Tier	N/A	The **Bronze level** recognizes the attainment of the 2025 milestones in the GHSS 2022-2030 • 95 % blood safety. • 95% injection safety** • NSP is present in country • 60% of people living with chronic HBV/HCV diagnosed • 50% of people diagnosed treated for HCV

** Alternative measures for injection safety include evidence of sole procurement of bioengineered (auto disable) devices (see chapter 4) for public and private sector health care

The PTE target focus only on achieving the key programmatic coverage targets

Last words

Keep testing

Keep treating

Keep tabs

Q&A with panelists

GP champions: how can we case find in primary care?

DR ANEESHA NOONAN, GP & ODN PRIMARY CARE LEAD AT NHS ENGLAND AND NHS IMPROVEMENT

DR WERNER LEBER, GP & NIHR CLINICAL LECTURER IN PRIMARY CARE

DR GRACE BOTTONI, GP CHAMPION

DR KATE ROBSON, GP CHAMPION IN BRISTOL

HCV Case Finding in Primary Care

- **Dr Werner Leber** GP & NIHR Lecturer in Primary Care
- **Dr Aneesha Noonan**
  National Clinical Lead for Primary Care, HCV Programme, NHS England
- **Dr Grace Bottoni** GP Champion for HCV Elimination, Lewisham
- **Dr Kate Robson** GP Champion for HCV Elimination, Bristol

What next…

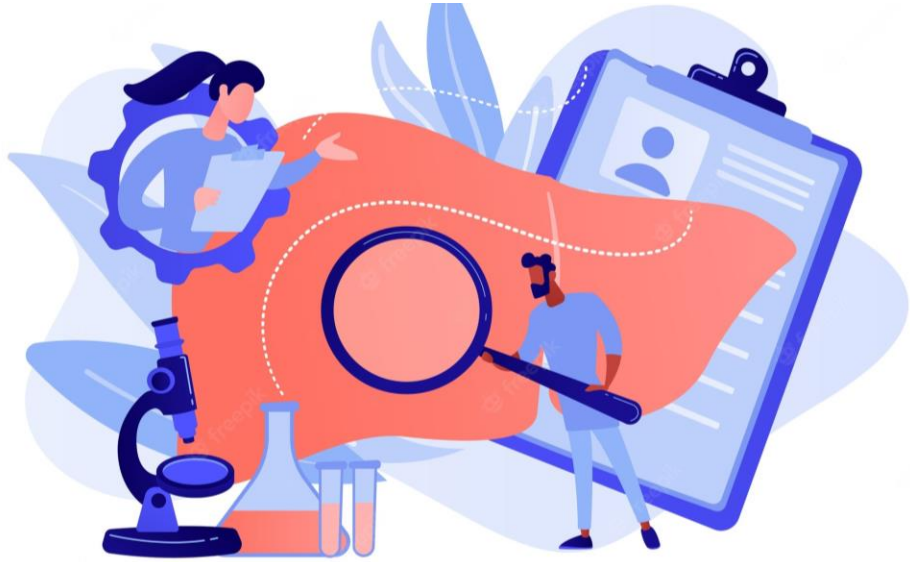
To reach our goal of elimination ahead of 2030 we need to find people who are **unaware of their risk and who may be asymptomatic**

At home testing portal

Pivotal role of primary care

Antenatal screening

Emergency Department testing



Primary Care Potential

- Significant numbers of HCV expected in Primary Care
- Unknown risk in population
- 62.3m people
- Legacy, maintenance
- Managing long-term conditions

Challenges of Primary Care

- Current HCV awareness is low
- General Practice is over-worked and under-resourced
- Competing priorities with more prevalent LTCs
- Low uptake of PSI tool so far

The Challenges of Primary Care

- Current HCV awareness is low
- General Practice is over-worked and under-resourced
- Competing priorities with more prevalent LTCs

We need to increase both interest and activity….

What can we do in Primary care?

- PSI usage as a choice
- EMIS Pathway
- GP Champion model
- ‘Inclusion Practices’
- GP Prescribers
- Directed Enhanced Service (DES)
- Primary Care National Data Set – national search
- Primary Care opt-out testing

GP Champion Model

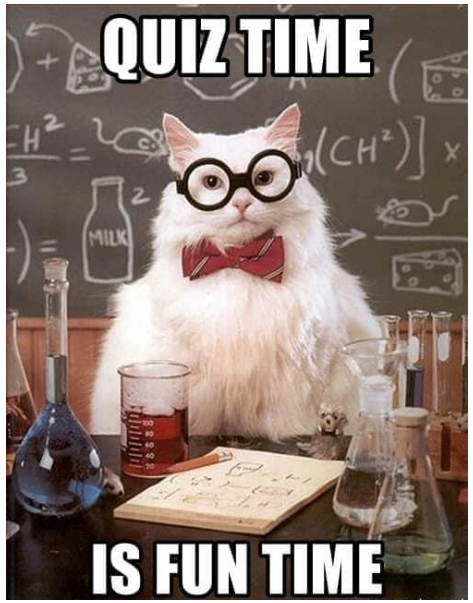
- 16 GPs for London so far

- Running PSI tools and engaging practices with EMIS Pathway
- Reconciling ‘positives’ on patient lists
- Developing referral pathways
- GP Prescribing

GP Champion Lewisham

- Local narrative
  - Is it a problem in my area?
- Education
  - Why should I be thinking about Hep C?
- Referral pathway
  - What do I do with a positive test?

Primary care educational event



Key messages

- Lewisham has a high proportion of ‘at risk groups’ for viral hepatitis
- Hep C is curable and Hep B is treatable
- Earlier detection of Hep C prevents liver cirrhosis
- Use the SEL Hepatitis referral pathway

At risk groups

Experienced Homelessness

Lewisham has the highest number of homeless people in SEL

(1 in every 41 people)

Inject or used to

In 2020 there were 81,000 people in England with chronic HCV infection:

- 27% were currently or recently injecting drugs
- **62% had injected in the past**
- 11% had never injected

In Lewisham, an estimated 8.25 per 1,000 people use opiates.

Country of origin

62% of Lewisham residents are born in England.

The other most common countries of birth are: Nigeria, Jamaica, South America countries, Central and Western Africa.

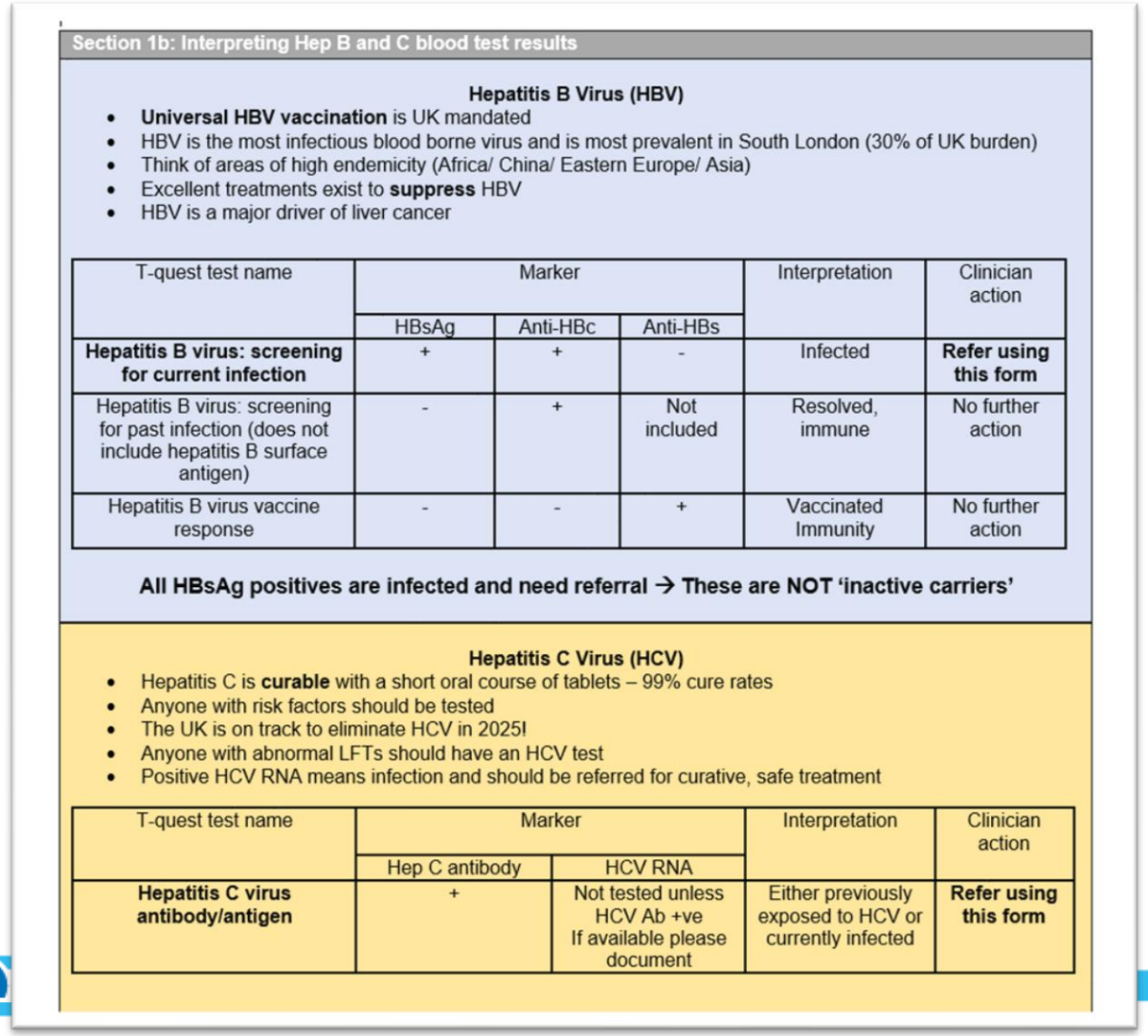
SEL Hepatitis Referral Pathway

SEL Hepatitis referral pathway

You don't have to google how to interpret results → all on the referral

Go to DXS → type '*hepatitis*'

Email it and the SEL ODN will do the rest



Section 1b: Interpreting Hep B and C blood test results

Hepatitis B Virus (HBV)

- **Universal HBV vaccination** is UK mandated
- HBV is the most infectious blood borne virus and is most prevalent in South London (30% of UK burden)
- Think of areas of high endemicity (Africa/ China/ Eastern Europe/ Asia)
- Excellent treatments exist to **suppress** HBV
- HBV is a major driver of liver cancer

T-quest test name	Marker			Interpretation	Clinician action
	HBsAg	Anti-HBc	Anti-HBs		
Hepatitis B virus: screening for current infection	+	+	-	Infected	**Refer using this form**
Hepatitis B virus: screening for past infection (does not include hepatitis B surface antigen)	-	+	Not included	Resolved, immune	No further action
Hepatitis B virus vaccine response	-	-	+	Vaccinated Immunity	No further action

All HBsAg positives are infected and need referral → These are NOT 'inactive carriers'

Hepatitis C Virus (HCV)

- Hepatitis C is **curable** with a short oral course of tablets – 99% cure rates
- Anyone with risk factors should be tested
- The UK is on track to eliminate HCV in 2025!
- Anyone with abnormal LFTs should have an HCV test
- Positive HCV RNA means infection and should be referred for curative, safe treatment

T-quest test name	Marker		Interpretation	Clinician action
	Hep C antibody	HCV RNA		
Hepatitis C virus antibody/antigen	+	Not tested unless HCV Ab +ve If available please document	Either previously exposed to HCV or currently infected	**Refer using this form**

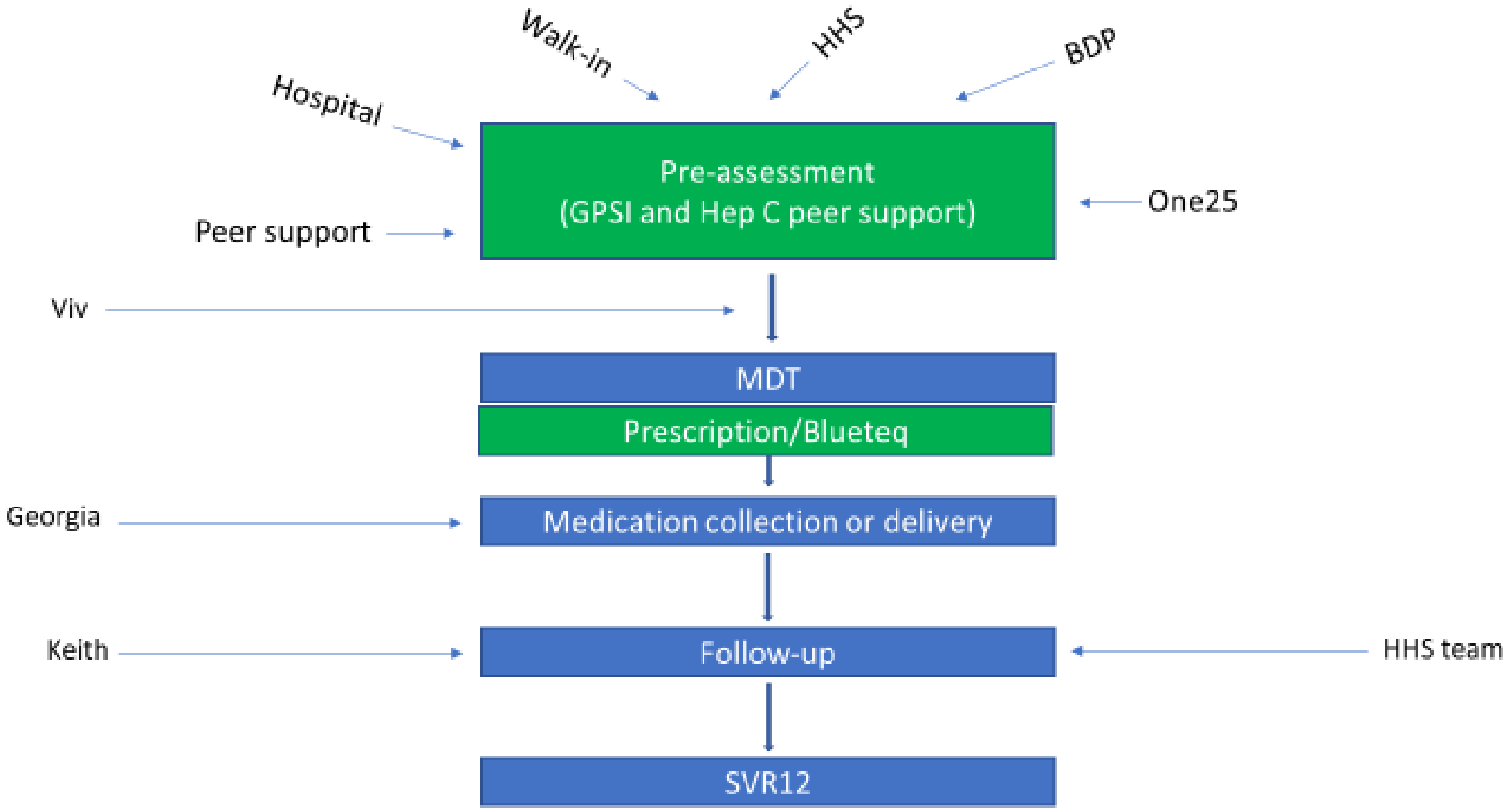
Championing in Bristol

- Homeless Health Service GP-led clinic

The Homeless Health Service

Patient care by people who care

HHS Treatment pathway



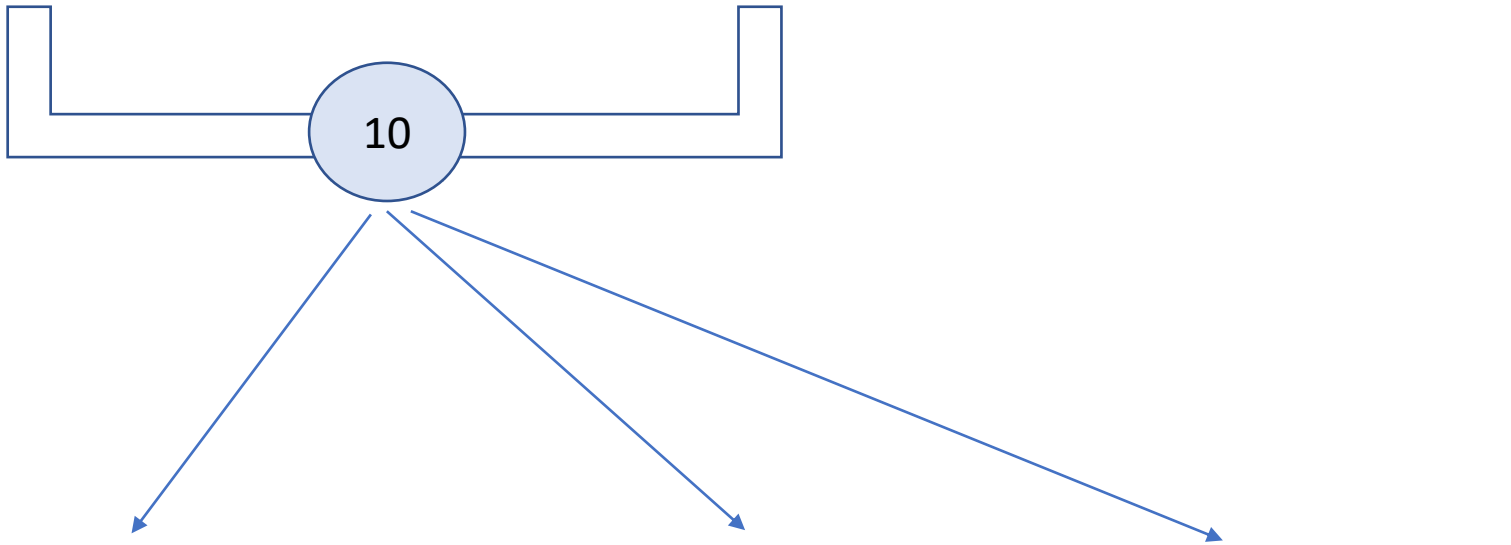
18 patients commenced on treatment

6 fully completed treatment

4 completed <75% of treatment

7 currently on treatment

1 did not start

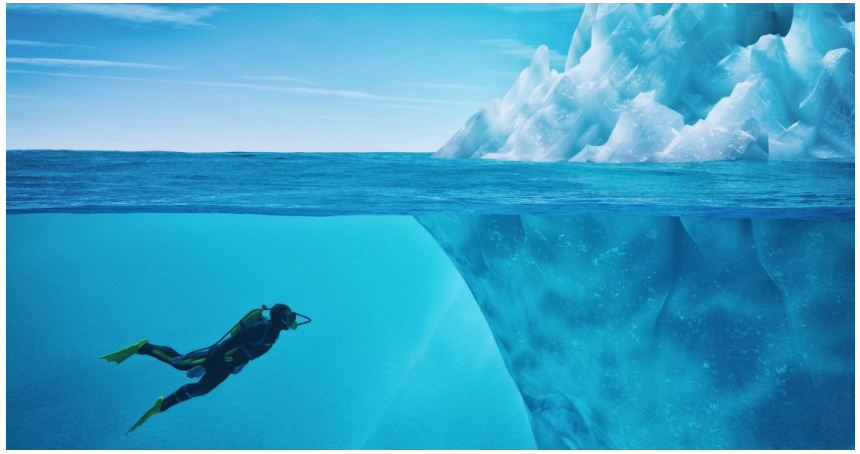


4 sustained virologic response at 12 weeks

1 SVR12 overdue

6 SVR12 not yet due

PSI tool ‘deep dive’



- Bristol Inner City PCN
- 6 practices total population 87,644
- PSI tool known positives 402 (0.46%)
- Which of those are untreated and who are they?

Next steps:

Are results similar in a south Bristol PCN?

PSI tool risk factors for BIC PCN

Lunch

13.20 – 2.05

Session 3:

Preventing new infections: rebuilding harm reduction services

CHAIRED BY DR EMILY FINCH

Introduction

DR EMILY FINCH

Harm reduction services: recent trends and what is needed in the future

STUART SMITH, DIRECTOR OF COMMUNITY SERVICES AT THE HEPATITIS C TRUST

AMANDA MARTIN, LONDON STRATEGY MANAGER AT THE HEPATITIS C TRUST

THE HEPATITIS C TRUST

Harm reduction services: recent trends and what is needed in the future.

NSP London mapping

Amanda Martin London Strategy Manager

Stuart Smith Director of Community services

LJWG , 7th June 2023

Why Harm Reduction?

THE HEPATITIS C TRUST

The next phase toward HCV elimination will look different

- We can not treat our way through the final gate
- Different Testing approaches
- Increased focus on harm reduction
- Understanding reinfection

Prevention

Dame Carol Black's independent review of Drugs states that Harm Reduction services have been significantly reduced. Peer Support Lead discovery of anecdotal reports of risk-taking behaviour during injecting including:

- sharing of water during drug preparation
- a general lack of understanding of risk
- polydrug use
- sharing other injecting paraphernalia
- purchasing pre-prepared syringes
- an increase in overall injecting due to a perceived increase in high purity Cocaine availability

Prevention

The Hepatitis C Trust focus group developed an interactive intervention that visually displays an image of a typical communal drug-using setting

Eight key risks associated with hepatitis C transmission and overdose.

Designed to be used in group or individual sessions

Aim: patient understanding the risks shown and practicing or sharing safer drug using techniques thereafter

A visual tool through spoken intervention was chosen as this is likely to be processed more easily and is suitable for varying levels of literacy.


SPOT THE RISKS
HOW MANY DIFFERENT RISKS FOR BLOOD BORNE VIRUSES OR OVERDOSE CAN YOU SPOT?
SHOPPING LIST
Milk ✓
Bread ✓
NALOXONE !!
GET ENOUGH
injecting equipment
(plus spare)
SPRING WATER
CLOSE UP
CLOSE UP
XANAX
METHADONE mixture
Pregabalin
DIAZEPAM
CHEAPO VODKA
Xtra Strong CIDER

1. **ALWAYS HAVE ENOUGH EQUIPMENT** and take more than enough from the Needle Exchange! This includes **BARRELS** – these can contain infected blood and lead to hepatitis C infection or reinfection.

2. Re-using a pin can cause vein damage so if you want to prolong the life of your veins and have a better hit **USE A NEW ONE EVERY TIME**.

3. Most people who catch hepatitis C, do so when they are new to injecting – if other people have prepared your hit **GET TESTED FOR BLOOD BORNE VIRUSES.**

4. **JUST BECAUSE IT'S A KETTLE DOESN'T MAKE IT SAFE**. Although cooled boiled water is better, it can still be contaminated if used before by others.

5. Cups of water can also be contaminated if used by more than one person – **HAS DIRTY KIT BEEN USED IN THAT WATER BEFORE YOU?**

6. Make sure you dispose of your kit safely to remove temptation for it to be used again. **DIRTY KIT DIRTY HIT!**

7. Benzos, alcohol and other downers mixed with opiates can make you more likely to take risks when you inject and can also lead to overdose. **YOU MAY NOT KNOW HOW STRONG THESE DRUGS ARE.**

8. Make sure you always **CARRY A NALOXONE KIT.**

Mapping Needle & Syringe Provision

Local drug and alcohol (SMS) services - speak to the service manager or harm reduction lead. They should have a list of NSP for service users which should be on local service websites

LA drug and alcohol commissioner provide a list

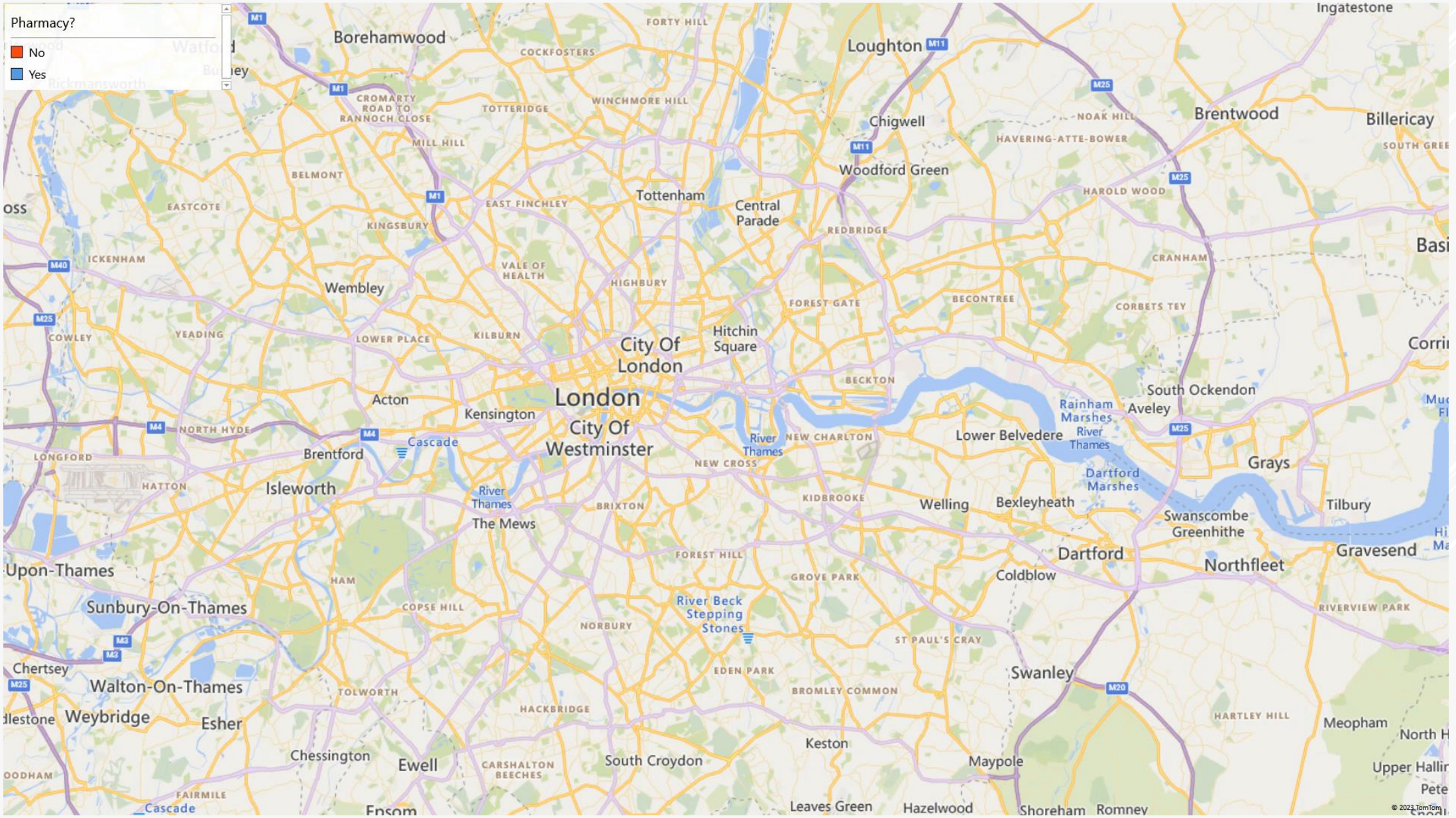
Pharmaceutical Needs Assessment (PNA) Statutory responsibility for each area to undertake a PNA. These are published on local authority websites

Local Pharmaceutical Committee (LPC) Your ODN pharmacist, or friendly community pharmacist will be able to point you in the right direction of LPC leads.

Service users

Last and certainly not least is your service users – this can be particularly useful if you're needing to check if the info you have is up to date.

NSP Mapping


Pharmacy?
No
Yes
Borehamwood
Loughton
Ingatestone
Chigwell
Brentwood
Billericay
Woodford Green
Tottenham
Central Parade
Wembley
Hitchin Square
City Of London
London
City Of Westminster
Acton
Kensington
Brentford
Isleworth
Cascade
River Thames
The Mews
Lower Belvedere
Rainham Marshes
Aveley
South Ockendon
Dartford Marshes
Grays
Tilbury
Swanscombe
Greenhithe
Gravesend
Northfleet
Dartford
Coldblow
Welling
Bexleyheath
Sunbury-On-Thames
Walton-On-Thames
Weybridge
Esher
Chertsey
Chessington
Ewell
Epsom
South Croydon
Keston
Swanley
Maypole
Meopham
Leaves Green
Hazelwood
Shoreham
Romney
River Beck
Stepping Stones
© 2023 TomTom

Thank You

Needle and syringe programmes in England – towards national surveillance

ELLIE CLARKE, SENIOR SCIENTIST - BLOOD SAFETY, HEPATITIS, STI AND HIV DIVISION AT THE UK HEALTH SECURITY AGENCY

UK Health Security Agency

Needle and Syringe Programmes (NSP) In England – Progress Towards National Surveillance

London Joint Working Group 2023 Annual Conference
9th June 2023

Background

- According to 2021 Unlinked Anonymous Monitoring (UAM) survey data, we have seen a decline in chronic HCV prevalence but an increase in the proportion of participants with markers of ever infection. Taken together this indicates better uptake of treatment rather than improved prevention of new infections through harm reduction initiatives
- NSP is an effective way to reduce HCV as well as other blood borne viruses and bacterial infections. It also provides an opportunity for engagement with other services. However 2021 data from the UAM shows:
  - 22% of those who injected in the past month reported direct sharing of needles and syringes
  - A third reported inadequate provision of needles and syringes

Strategic Context

- Dame Carol Black's recommendation that harm reduction is scaled up and increased local funding for drug and alcohol services including NSP
- UK commitment to WHO goal of Hep C elimination by 2030 (including specific NSP metric), and NHSE target to reach elimination before 2030. Increase/improvement in harm reduction is vital to meet these targets
- NSP population level coverage (as opposed to individual coverage as measured in UAM data) among people who inject drugs is a World Health Organization core metric for viral hepatitis C elimination

300 needles per person who injects drugs per year by 2030

? – local estimates only

Modelling estimates ongoing at UKHSA for a national prevalence of people who inject drugs

NSP monitoring in England

- No national-level, high-quality monitoring system for injecting equipment provision in England
- Systems are in place to monitor NSP provision in Scotland, Wales, Northern Ireland and a locally driven initiative in Cheshire and Merseyside (Integrated Monitoring System)

Our Aim

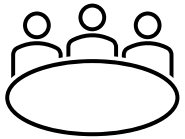
- To pilot the collection of NSP data at a national level, which may inform a national surveillance programme in the future

- This work will allow us to:
  - Understand the distribution and types of NSP services in England
  - Understand the range of NSP equipment provision and service users
  - Understand local NSP data collection in England
  - Provide an evidence base to inform commissioning
  - Assess our progress against elimination targets

- We have established a steering group including representatives from providers, local authority, devolved administrations, academia, OHID, NHS etc

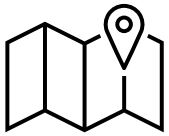
Current workstreams

Stakeholder Engagement



- Vital in creating a fit for purpose system and stakeholders are included in discussions at all stages
- Steering group
- Working group
- Software providers

Mapping

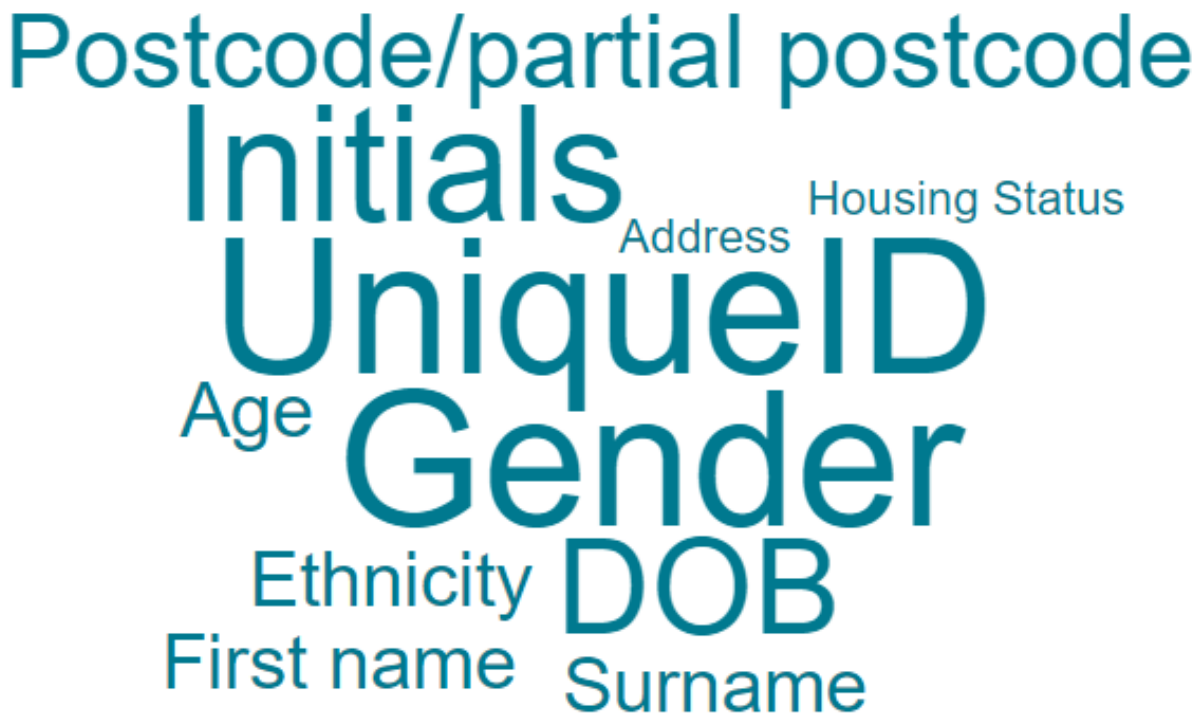


- Working with a range of sources to create a map of NSP services
- Providers, commissioners, equipment suppliers, UAM
- Allows us to both assess landscape and plan for pilot data collection
- Collaborating with the Hep C Trust

Minimum Dataset

- Collating information from providers and devolved administrations to assess what variables are already being collected
- Comparing these datasets to identify the most common variables
- Developing a standardised dataset we can collect during the pilot

Common Core Demographic Variables



Bigger words represent a higher frequency of collection (Maximum = 6, minimum = 1).
Only core/mandatory variables included.

What Could National NSP Monitoring Look Like?

We are currently in the scoping stage of this project, and are looking at multiple options for data collection which we will explore in the pilot to identify the most feasible and acceptable option

Data Type

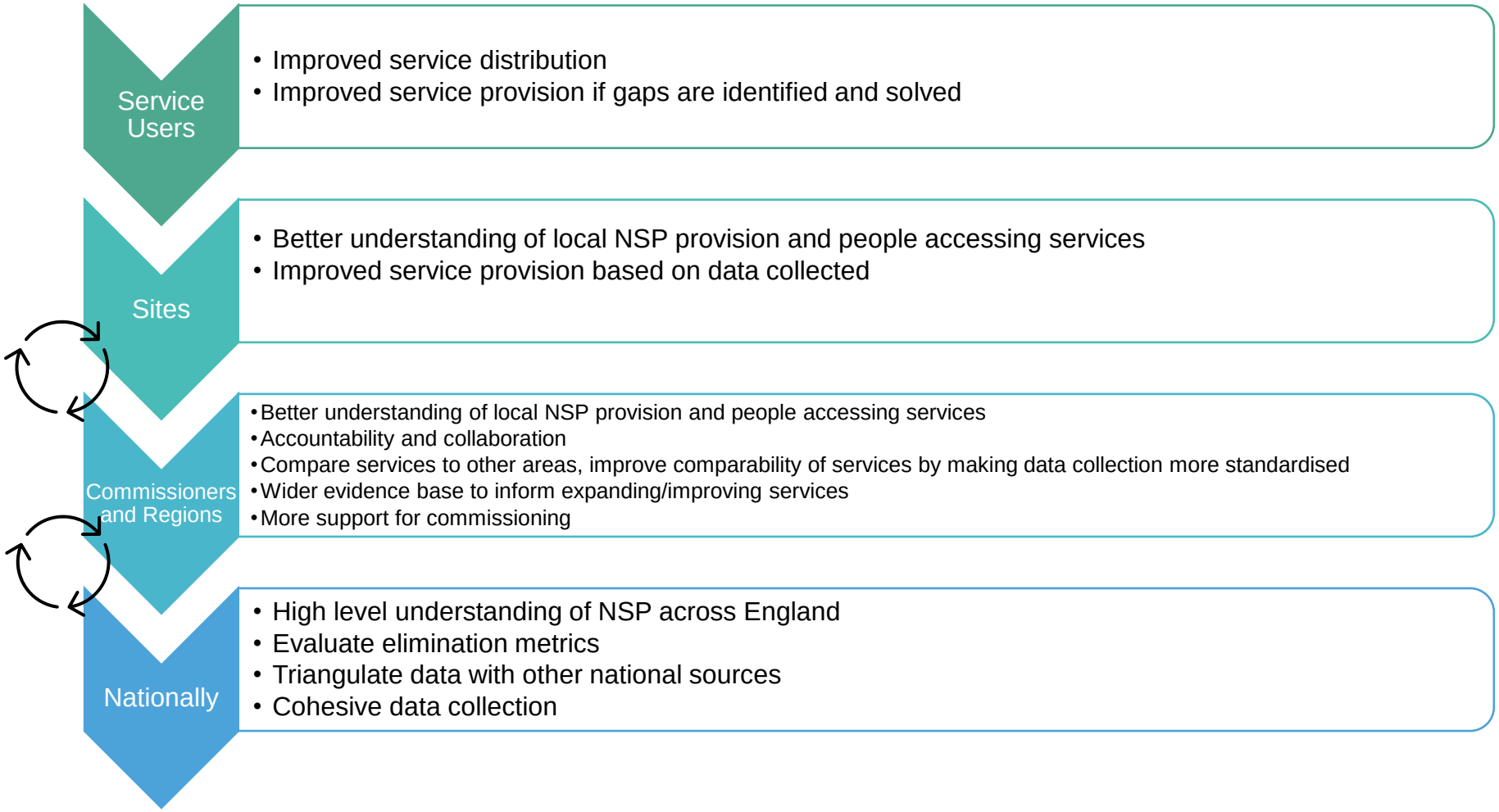
- Individual or aggregate
- Anonymity level
- Data sharing
  - UKHSA has permission to collect and process confidential patient data without patient consent for surveillance purposes*
  - Need to consider the anonymity level, and put DSAs in place where needed

Data Collection

- Ideally avoid site level data submission (e.g. NEXMS)
- Automated or existing routes where possible
- Discussions with software providers to extract data through them
- Likely to be an iterative process, where dataset grows over time with more experience of the sites and systems

*Regulation 3 of The Health Service (Control of Patient Information) Regulations 2002 and Section 251 of the National Health Service Act 2006

Benefits


Service Users
• Improved service distribution
• Improved service provision if gaps are identified and solved
Sites
• Better understanding of local NSP provision and people accessing services
• Improved service provision based on data collected
Commissioners and Regions
• Better understanding of local NSP provision and people accessing services
• Accountability and collaboration
• Compare services to other areas, improve comparability of services by making data collection more standardised
• Wider evidence base to inform expanding/improving services
• More support for commissioning
Nationally
• High level understanding of NSP across England
• Evaluate elimination metrics
• Triangulate data with other national sources
• Cohesive data collection

Acknowledgements and Contact

- We would like to thank LJWG for inviting us to speak, and all our stakeholders who have contributed so far

- We would like to hear your views on this work so please come and talk to us or email with any comments or questions
- Contact: Eleanor.clarke@ukhsa.gov.uk

A new approach to needle exchange: Peer-based harm reduction in Hackney

Simon Young - Principal Public Health Specialist for Substance Misuse at Hackney

Success so far

Phase 1

- ADDER Accelerate research of drug users and peers
- Development of Lived Experience Forum partnering with Hepatitis C Trust and LJWG
- Strategic understanding of the local need
- Partnership working, homeless organisations, Find and Treat, Turning Point, ADDER partners, Hackney van, Pathway.

Build on the bedrock

- Robust research through focus groups
- Drug user and peer engagement from the start
- Different but the same from the 1990s to 2000s experience
- Peer-based service development from day one

Hackney

Hackney Council commitment

- Funding the LJWG research and development work, ADDER and Rough Sleepers and Homeless funding 2021-23
- 10-year drug strategy (SMMTR) funding 2023
- LJWG and Hackney Council market engagement event
- Tender process

Next Steps

Continued roll out of Peer based programmes and Phase 3 of the Peer Based Needle Exchange project. Reaching the undiagnosed with hepatitis C and other BBVs

Develop the Strategic group and a mirror drug user strategic group to co-create the Hackney Harm Reduction Treatment system. Continue to integrate peers and people with lived experience to support decision-making and resource/asset use and allocation

Stay on track for HCV elimination 2025!

LONDON JOINT WORKING GROUP
ON SUBSTANCE USE + HEPATITIS C

Launching a Peer-based harm reduction hub

DEE CUNNIFFE – POLICY LEAD, LONDON JOINT WORKING GROUP

Developing a peer-led harm reduction hub in London

A PARTNERSHIP BETWEEN LONDON JOINT WORKING GROUP ON SUBSTANCE USE AND HEPATITIS C, HACKNEY COUNCIL, THE HEPATITIS C TRUST AND NHS ENGLAND

LONDON JOINT WORKING GROUP ON SUBSTANCE USE + HEPATITIS C

Researching a peer-based harm reduction hub

Phase 1: Scoping report

'Developing a peer-based needle exchange service in London: A scoping study.'

- reduce harm for people who use drugs
- Prevent transmission or reinfection of hepatitis C and other bloodborne viruses (BBVs)
- London will not achieve the goal of eliminating hepatitis C by 2025 unless we stop transmission and re-infection
- 43% of people reported having shared needles prior to the survey
- 2 focus groups of drug users, 1 of peers and 6 interviews HCPs
- Vending machines for needles and drug user support
- Stigma experienced at pharmacies

LONDON JOINT WORKING GROUP ON SUBSTANCE USE + HEPATITIS C

Planning for a peer-based harm reduction hub

Phase 2: Modelling a service 2022-23

- Based on Phase 1 recommendations
- A welcoming place with basic comforts provided fully developed by 2024
- Full range of NSP equipment available
- Close links to healthcare and other relevant services such as nurses for wound care and BBV treatment, counsellors and housing advice
- 'Peer-based' with peer leadership embedded in the development and design of the service, alongside other stakeholders, and in the delivery of services.

LONDON JOINT WORKING GROUP ON SUBSTANCE USE + HEPATITIS C

Planning for a peer-based harm reduction hub

- Designed as a psychologically informed environment
- Peers: past experience of injecting drugs and people who are currently injecting
- Funding application in progress for vending machine pilots
- Strategy group x 3, mirror drug user strategy group x 1, 2 x mirror group engagement in building search and model plan
- Monitoring and evaluation mechanisms should be clearly embedded in the service to enable data collection, and service improvements and to allow learnings for other future similar peer-based services.

LONDON JOINT WORKING GROUP ON SUBSTANCE USE + HEPATITIS C

Launching a peer-based harm reduction hub

Phase 3: Start-up service rollout 2023

- Hackney Council funding confirmed
- Match funding NHS England specialised commissioning will come on-stream later to develop hepatitis C testing, treatment and support component
- Service spec has been drafted and the service is going to tender once funding approved
- Replicable as a pan-London approach
- Sustainable funding over 3-5 years (challenges)
- Built into long-term commissioning plans
- Robust monitoring and evaluation so it can be a blueprint for services across London / UK.

LONDON JOINT WORKING GROUP
ON SUBSTANCE USE + HEPATITIS C

GILEAD
Creating Possible

A new approach to needle exchange: Peer-based harm reduction hub and vending machine options in Hackney

SIMON YOUNG, HEALTH SYSTEMS COORDINATOR FOR SUBSTANCE MISUSE AT HACKNEY PUBLIC HEALTH

DEE CUNNIFFE, POLICY LEAD AT THE LJWG

Q&A with panelists

Session 4:

Inclusion health: Learning from successes in approaches to hepatitis C to reduce health inequalities

CHAIRED BY DR EMILY FINCH

Introduction

DR EMILY FINCH

Nurse perspective on engaging with underserved groups

JANET CARTY, NURSE CONSULTANT AT KING'S COLLEGE HOSPITAL

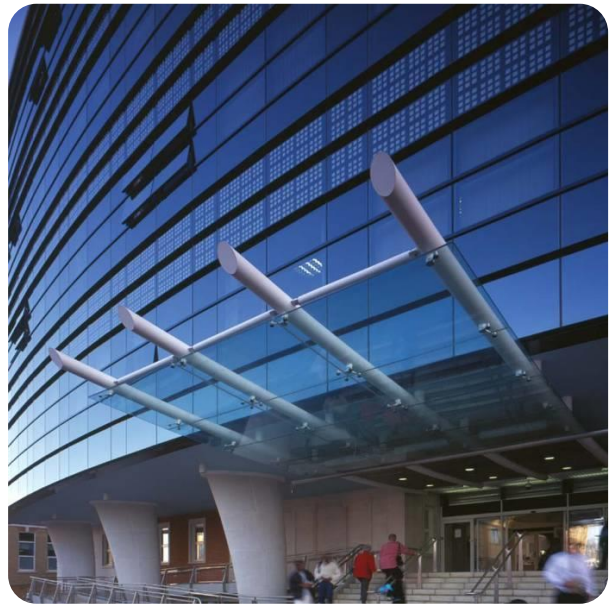
King's

NHS
King's College Hospital
NHS Foundation Trust

Nurse perspective on engaging with underserved groups

Janet Carty
Nurse Consultant
(janet.carty@nhs.net)

King's



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

Yesterdays treatment complexity

+

+

OR

24-48 Weeks

Developing the “Follow me” project
(with thanks to Chris Laker, and Find + Treat Team)

- Kings College Hospital (KCH) and the Hepatitis C Trust developed the “Follow me” project
  - Develop a network of Peers to reach into the community
  - Provide relatable education on benefits of HCV treatment based on their personal experience and facilitate HCV testing
  - Support attendance at appointments
  - Peers will have the ability to make direct referrals to the clinic (phone/text)

- This treatment programme design demonstrates how engagement with this patient group can be very successful with very good treatment outcomes

- Peers are a very effective way to engage patients into treatment and improve equity of care, with a co-ordinated approach it works very well

Nurse led “easy access” clinic, Kings College hospital

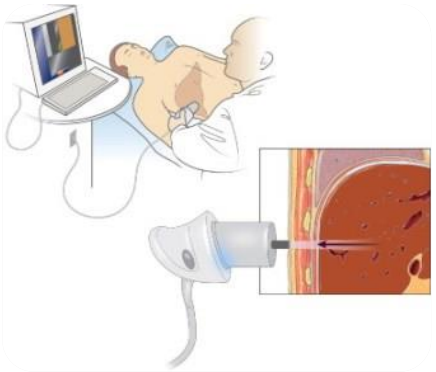
- Friday clinics commenced December 2018 – July 2020 (**recorded visits below**)
- Outreach bus Jan 2018 – Sep 2021: 1190 contacts / 173 treated (x70 SVRs)

Activity

Number of patients who attended clinic	commenced treatment	Male	Female	SVRs	RIP	Lost to Follow up
88 **x 2** refused treatment HCV RNA neg = **6**	**80**	**70**	**18**	**65**	**8 (all male)**	**15**

Hospital clinic

- 15 patients identified as cirrhotic by fibroscan



Fibroscan measurement	Males	Female
11.5-20 kPa	2	2
> 20 kPa	7	4

Endoscopy

- 5 patients attended
- 1 colonoscopy attended

Alcohol as the major factor as a health concern
Males: 19
Females: 9

River Metaphor – to demonstrate challenges in healthcare

- Downstream: focus on individual behaviour and providing interventions to treat or prevent disease

- Upstream: interventions focus on social factors that contribute to health and prevent illness such as housing, employment, education, environment, nutrition ([1])

(1) Adapted from story told by Irving Zola - John B McKinlay (2019): A Case of Re-focusing Upstream: The Political Economy of Illness; IAPHS Occasional Classics, November 19 2019;

Social determinants of health (SDOH)

- Income; Employment
- Housing
- Lifestyle
- Nutrition
- Environment

- *When anyone of these is compromised health is at risk and medical care is required as a support system ([2])*

2) Alderwick H, Gottlieb LM. Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems. Milbank Q. 2019;97(2):407–19

Nurses as Advocates

- Nurses can help to reshape landscape – making health not only better but fairer ([3])
- Develop strategies involving other healthcare team members with health promotion and disease prevention as core principles
- Relationship-based care: building trusting relationships with individuals, families and communities to help engage in ways to create and sustain their own health ([4])
- Developing and co-ordinating pathways to ensure equitable access to healthcare

(3) Mullan F. Social mission in health professions education: Beyond Flexner. Journal of the American Medical Association 2017; 318(2):122-123

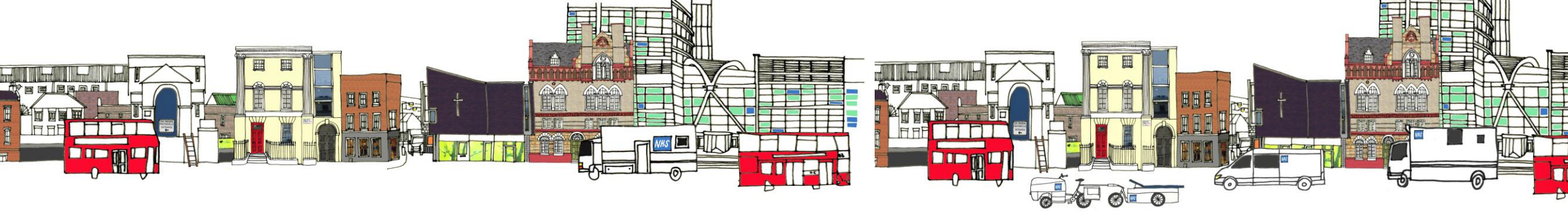
(4) Mason et al; commonalities of nurse-designed models of healthcare. Nursing outlook 2015;63(5):540-553

Conclusion

- Vulnerable groups in our society require equitable access to care – social inequalities are the main cause of harm to health.
- Individuals who are perceived as “difficult to reach” – is it perhaps more truthful to say that we (healthcare organisations) have barriers which ultimately inhibit access to healthcare.
- Engaging with complex patients does have opportunities to co-ordinate other aspects of their health.
- We should challenge stereotypical ideas, which can be a barrier, and redesign our services to “fit the patient group” – involve service users.

E-bike clinic

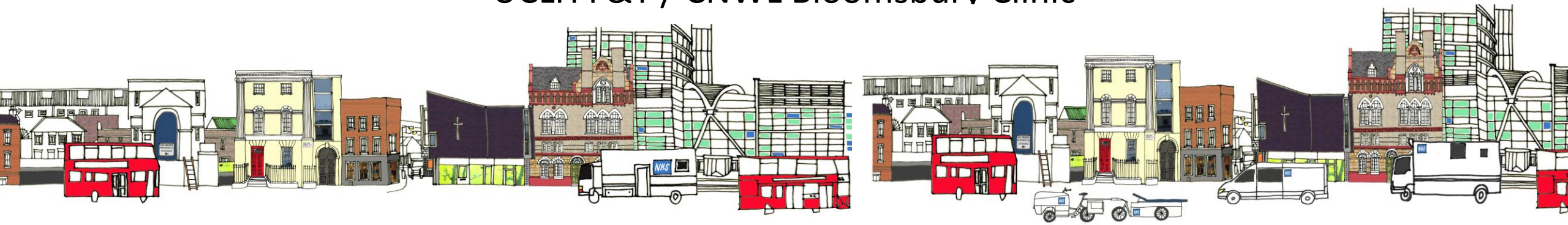
DR BINTA SULTAN, CONSULTANT IN INCLUSION HEALTH, UNIVERSITY COLLEGE LONDON



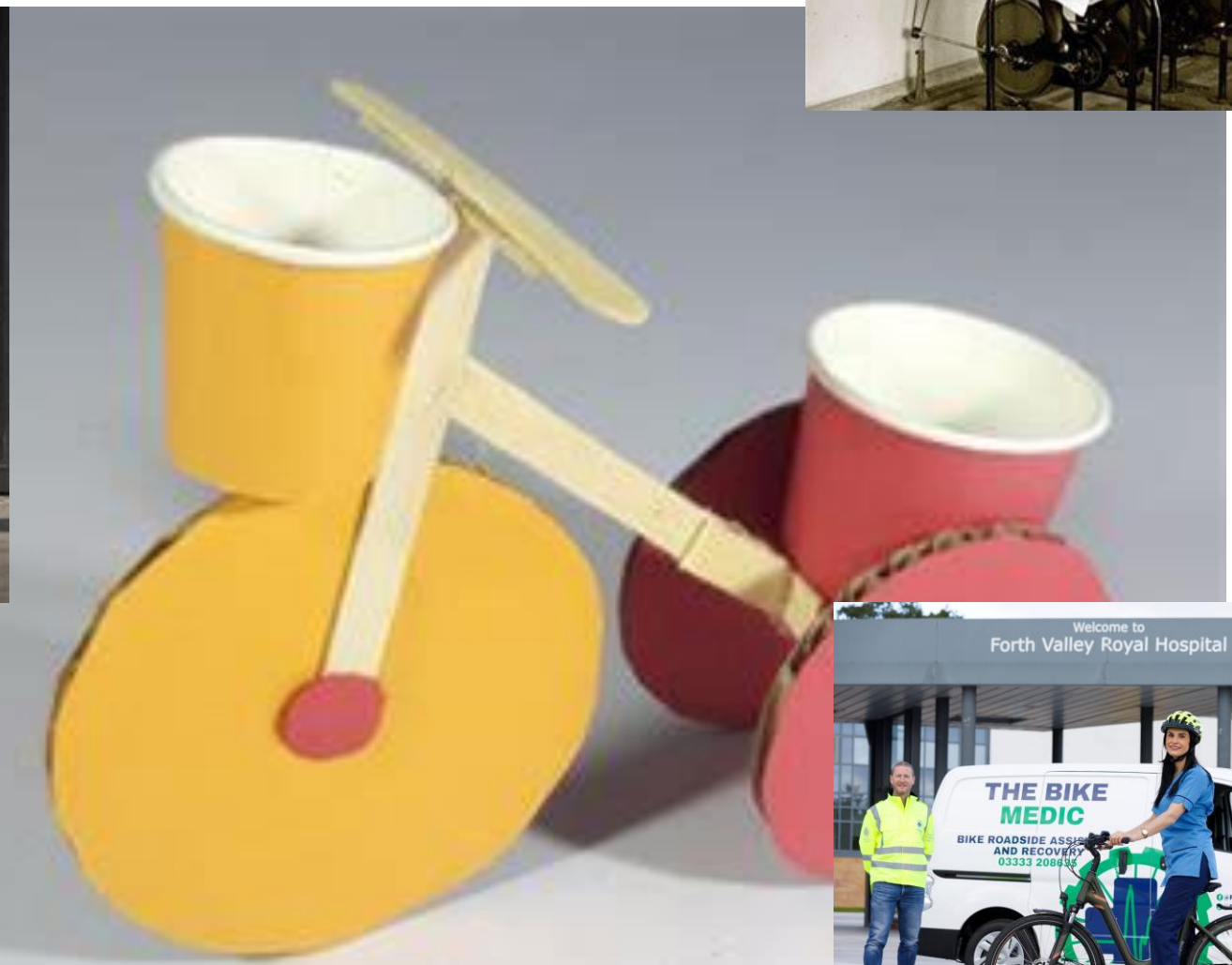
Street Medic e-Tricycle

London Joint Working Group

Brendan Scott, Indrajit Ghosh, Binta Sultan
UCLH F&T / CNWL Bloomsbury Clinic

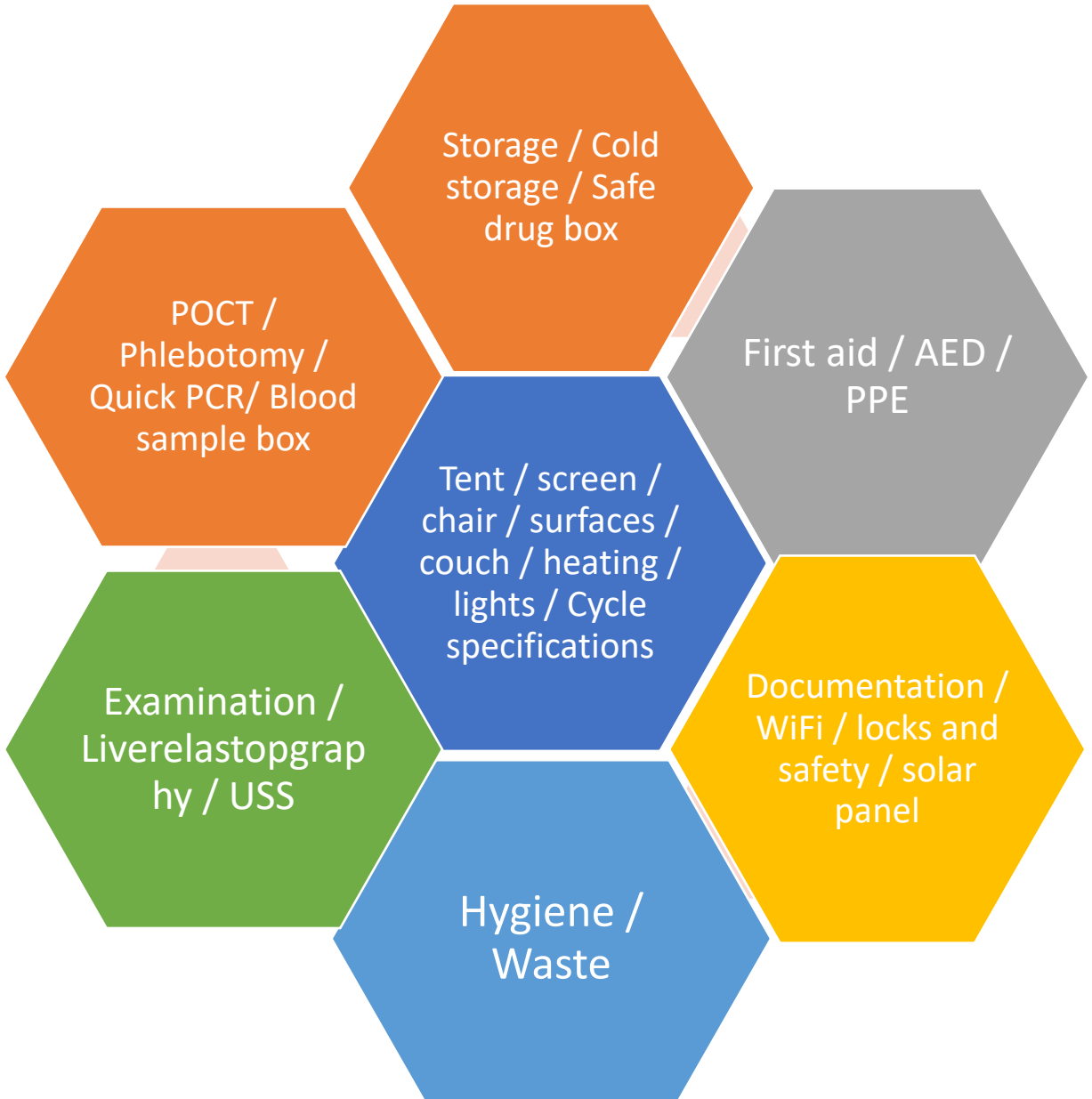


It began with an idea



CYCLE ORGANIZER

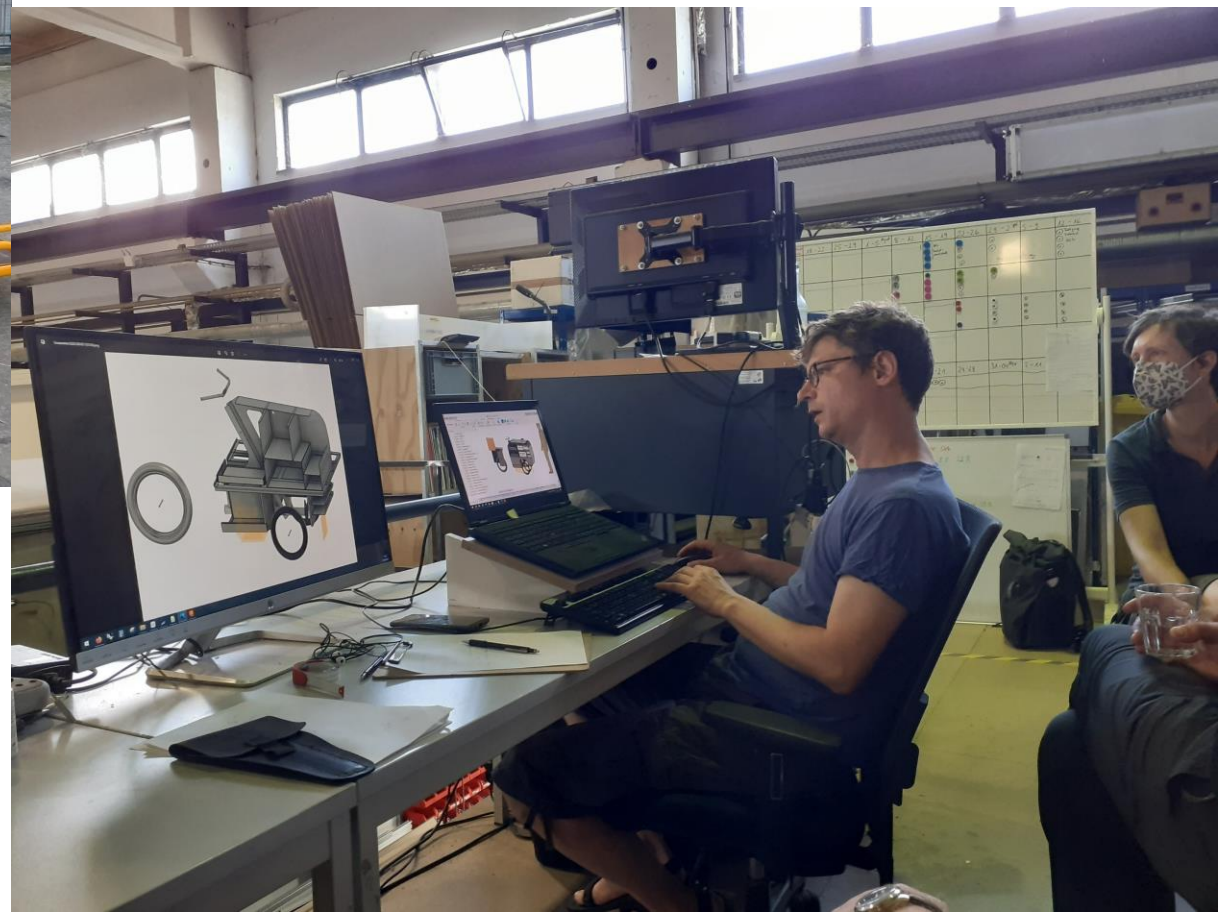
Prototype medic mobile e-trike



Radspannerei Berlin

Rad Spannerei

Velofracht Berlin



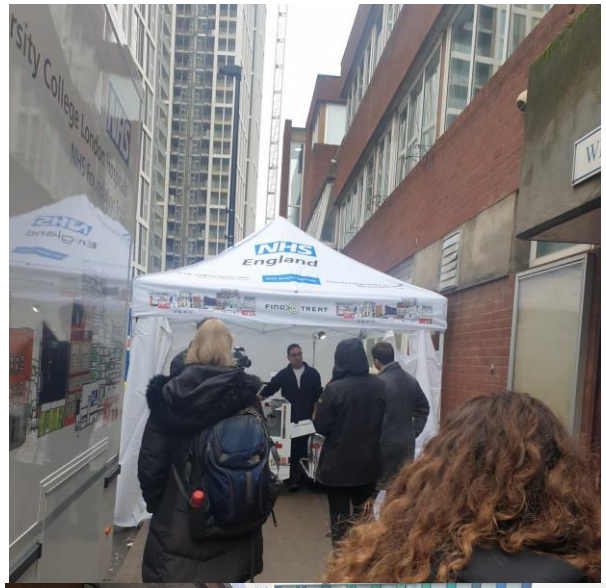
February – August 2022

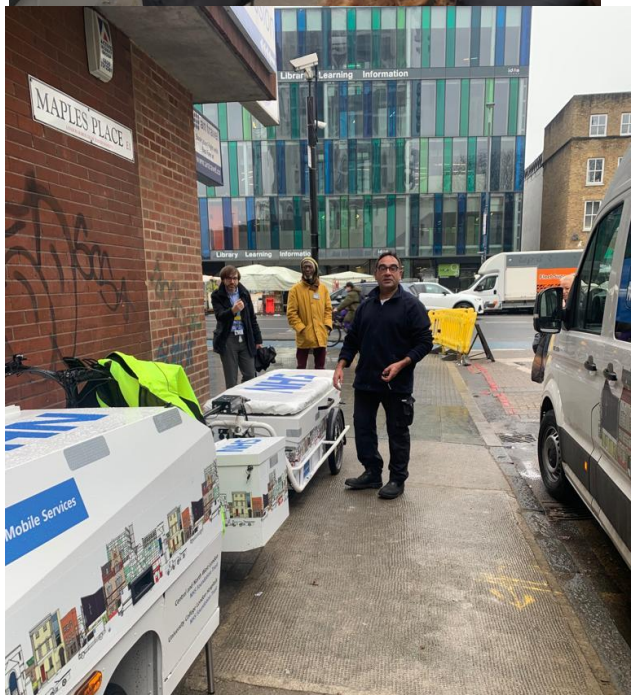
September 2022

October 2022

December 2022

22/02/2023 launched at Whitechapel Mission





CNWL NHS FT
14K Tweets
Following

CNWL NHS FT @CNWLNHS · Feb 22

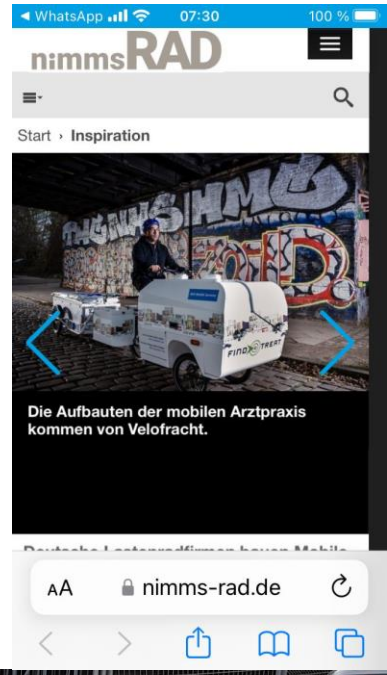
In partnership with @uclh we've launched a new mobile health clinic, an eco-cycle ready to be deployed on the streets of #London

The mobile clinic will screen thousands of vulnerable homeless patients, testing for viruses, #HIV, vaccination and more

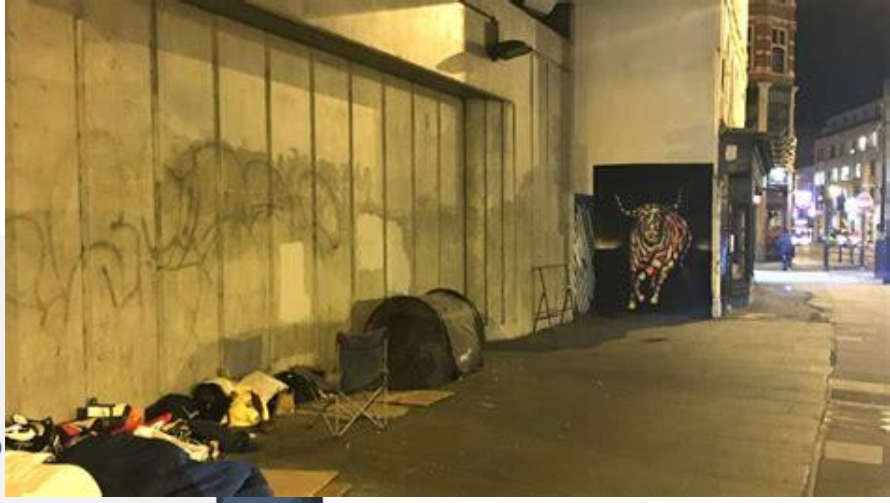
Back
Weibo Content

伦敦大学学院-国际学生办公室
23-2-22 14:31 from 新版微博 weibo.com
发布于 英国

#UCL#附属医院#UCLH#今日举办发布会，宣布我校医院即将使用全球第一辆街头医疗自行车！这辆精心设计并多次试验的医疗车配备各种关键设备和药物，它用将为诊治街头无家可归者带来巨大改变。
你能认出车上描绘的是伦敦的哪些建筑吗？




SOLIDARITY HUB
NOT CHARITY




LONDON CYCLING NETWORK
A journey for everyone
1 CHOOSE THE TYPE OF JOURNEY YOU WANT TO HAVE
2 THREE EASY WAYS TO NAVIGATE: THE APP, THE MAP AND THE SIGNAGE
3
Cromwell Road
THE CORNER SHOP

Find & Treat: inclusion health and collaboration with The Hepatitis C Trust

DR BINTA SULTAN, CONSULTANT IN INCLUSION HEALTH, UNIVERSITY COLLEGE LONDON

ARCHIE CHRISTIAN, NATIONAL TRAINING AND VOLUNTEER MANAGER AT THE HEPATITIS C TRUST

Inclusion Health

Dr Binta Sultan

Consultant in Inclusion Health, UCLH

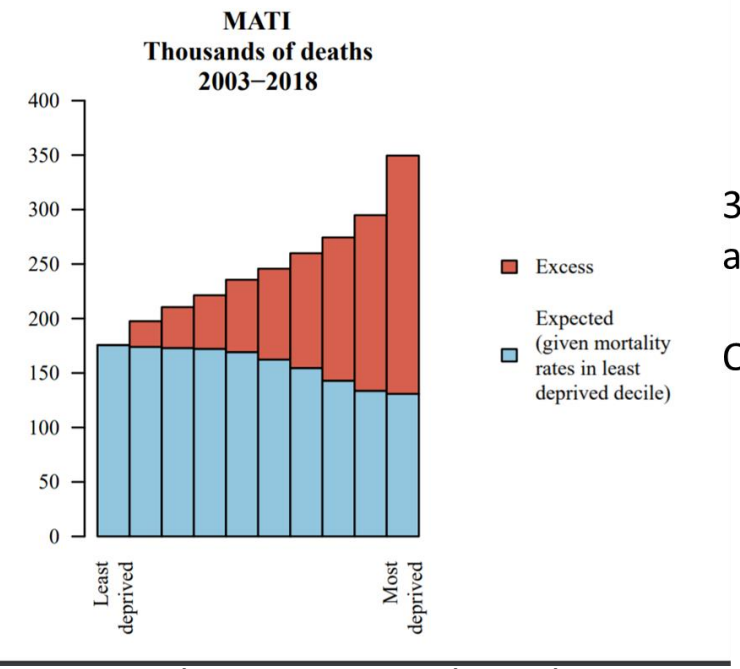
Chair of National Clinical Network of Sexual Assault and Abuse Services, NHS England

NIHR Research Fellow in Inclusion Health, UCL & Mortimer Market Centre

THE LANCET
Public Health

Premature mortality attributable to socioeconomic inequality in England between 2003 and 2018: an observational study

Dan Lewer, Wikum Jayatunga, Robert W Aldridge, Chantal Edge, Michael Marmot, Alistair Story, Andrew Hayward



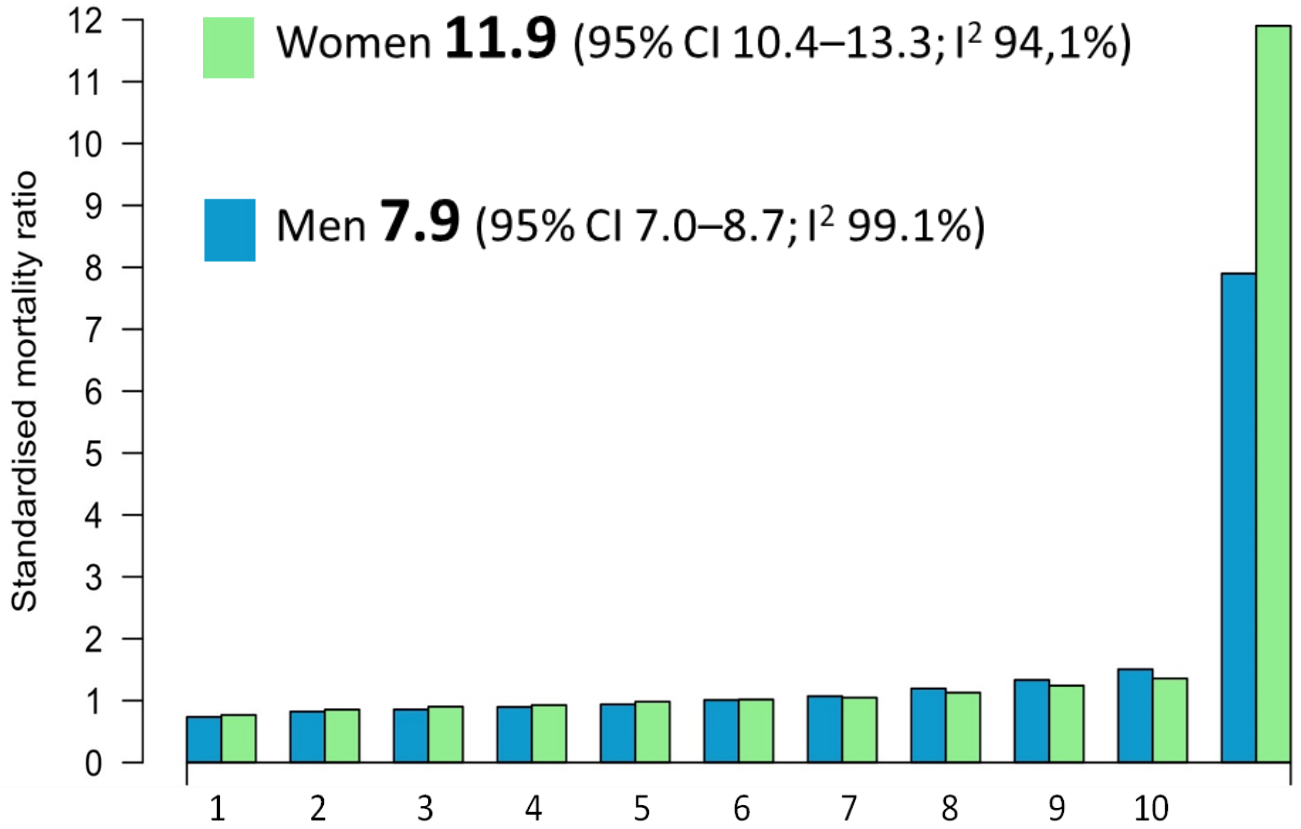
35.6% of premature deaths attributable to inequality

One every ten minutes

People experiencing homelessness
People who use drugs
Sex workers
People who have been incarcerated
Sex workers
Vulnerable migrants
Gypsy, Roma, Travellers

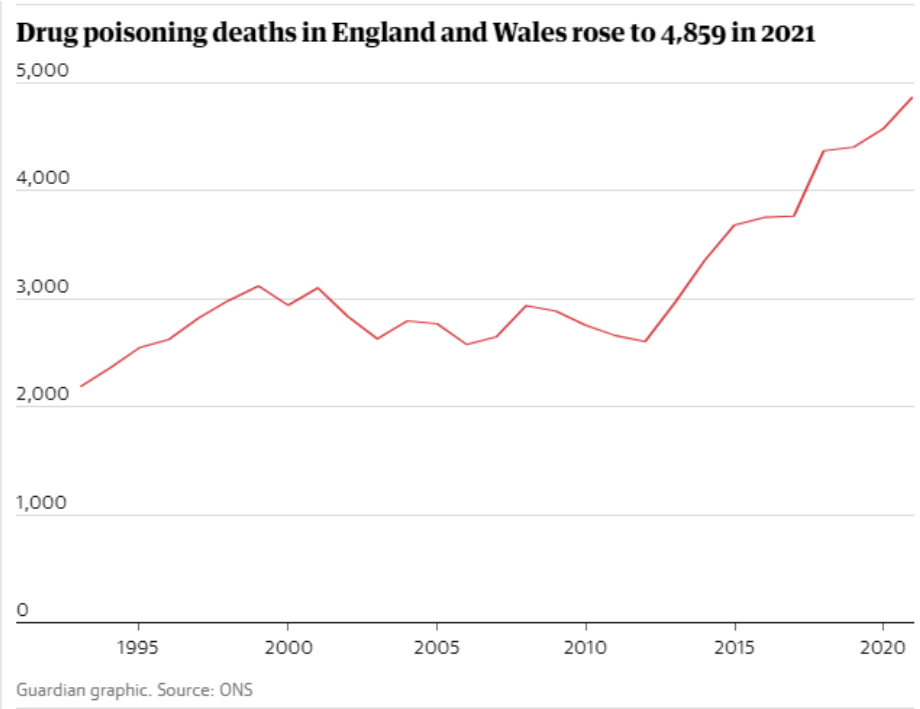
Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis

Robert W Aldridge, Alistair Story, Stephen W Hwang, Merete Nordentoft, Serena A Luchenski, Greg Hartwell, Emily J Tweed, Dan Lewer, Srinivasa Vittal Katikireddi, Andrew C Hayward



Hostile Environment

Opiates drive drug deaths to record level in England and Wales



Hostile Environment

Calls for 195-year-old Vagrancy Act to be scrapped in England and Wales

Law criminalises homeless people for rough sleeping and begging in England and Wales

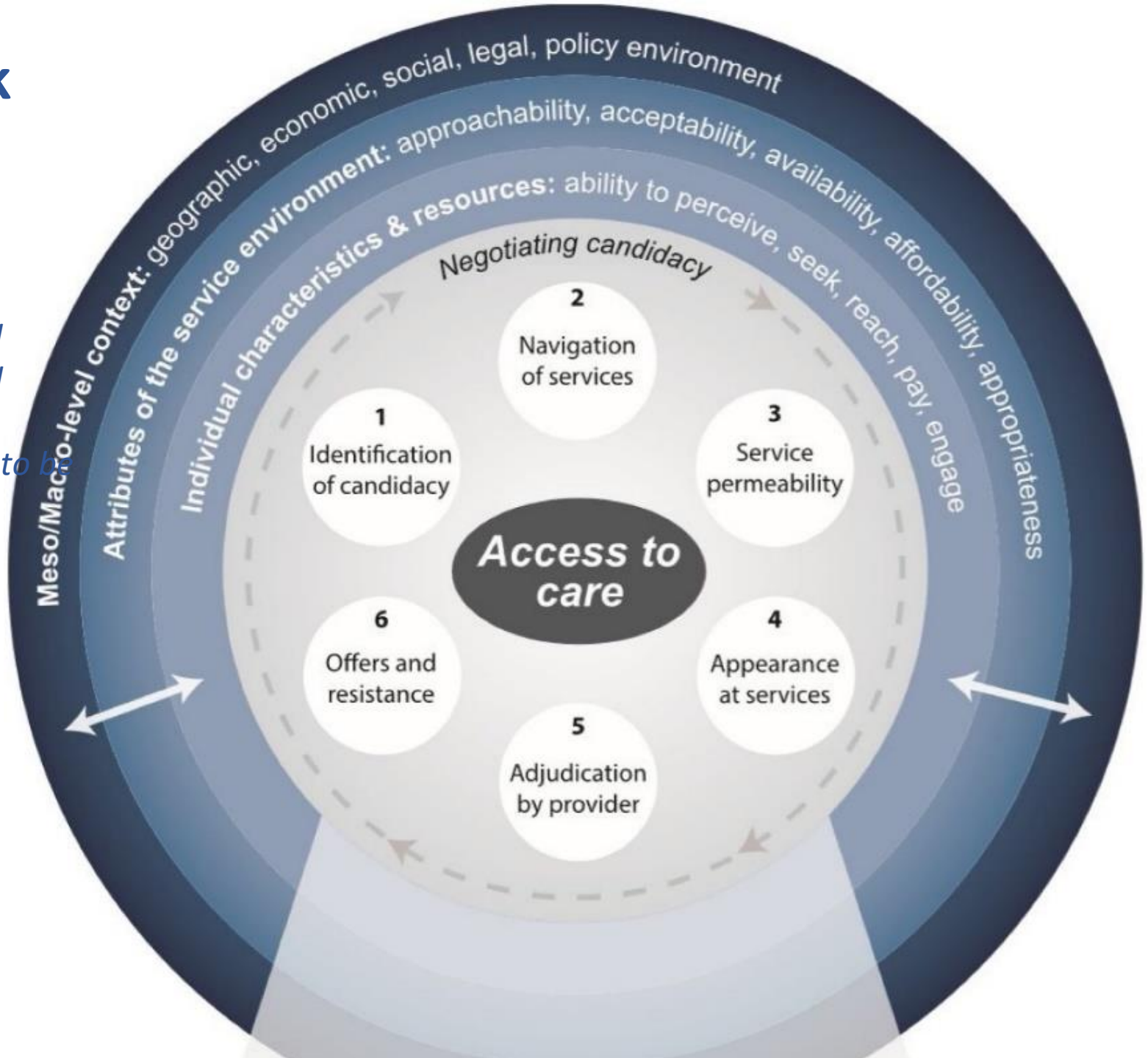
Hundreds of people each year are prosecuted under the Vagrancy Act. Photograph: Dimitris

New inquiry call as DWP deaths mount, despite decade of secret investigations

"So much power & violence works through exhaustion: the exhaustion of people's capacities to resist; the exhaustion of people's capacities to live their lives on their own terms; the exhaustion of having to navigate systems that are designed to make it harder to get what you need."
Sara Ahmed

Candidacy framework (Dixon-Woods 2006)

The challenge is to bring socially excluded populations in from the cold—literally and metaphorically—
and to provide them with the opportunity to be part of a diverse and flourishing society.
Michael Marmot



Hoj et al 2019: HCV and candidacy

What works in inclusion health: overview of effective interventions for marginalised and excluded populations

Serena Luchenski, Nick Maguire, Robert W Aldridge, Andrew Hayward, Alistair Story, Patrick Perri, James Withers, Sharon Clint, Suzanne Fitzpatrick, Nigel Hewett

- **Holistic care: clinicians to address structural determinants: housing/poverty**
- Integrated care
- Outreach
- Time critical interventions: housing first

Observational Study > J Antimicrob Chemother. 2019 Nov 1;74(Suppl 5):v17-v23.
doi: 10.1093/jac/dkz452.

From peer-based to peer-led: redefining the role of peers across the hepatitis C care pathway: HepCare Europe

Julian Surey [1 2 3], Dee Menezes [4], Marie Francis [1 2], John Gibbons [2 5], Binta Sultan [1], Ala Miah [5], Ibrahim Abubakar [1], Alistair Story [2 6]

Affiliations + expand

PMID: 31782500 PMCID: PMC6883389 DOI: 10.1093/jac/dkz452
Free PMC article

Practising critical resilience as an advanced peer support worker in London: A qualitative evaluation of a peer-led hepatitis C intervention amongst people experiencing homelessness who inject drugs

Julian Surey [1], Marie Francis [1], John Gibbons [2], Mark Leonard [1], Ibrahim Abubakar [3], Alistair Story [4], Jennifer MacLellan [5]

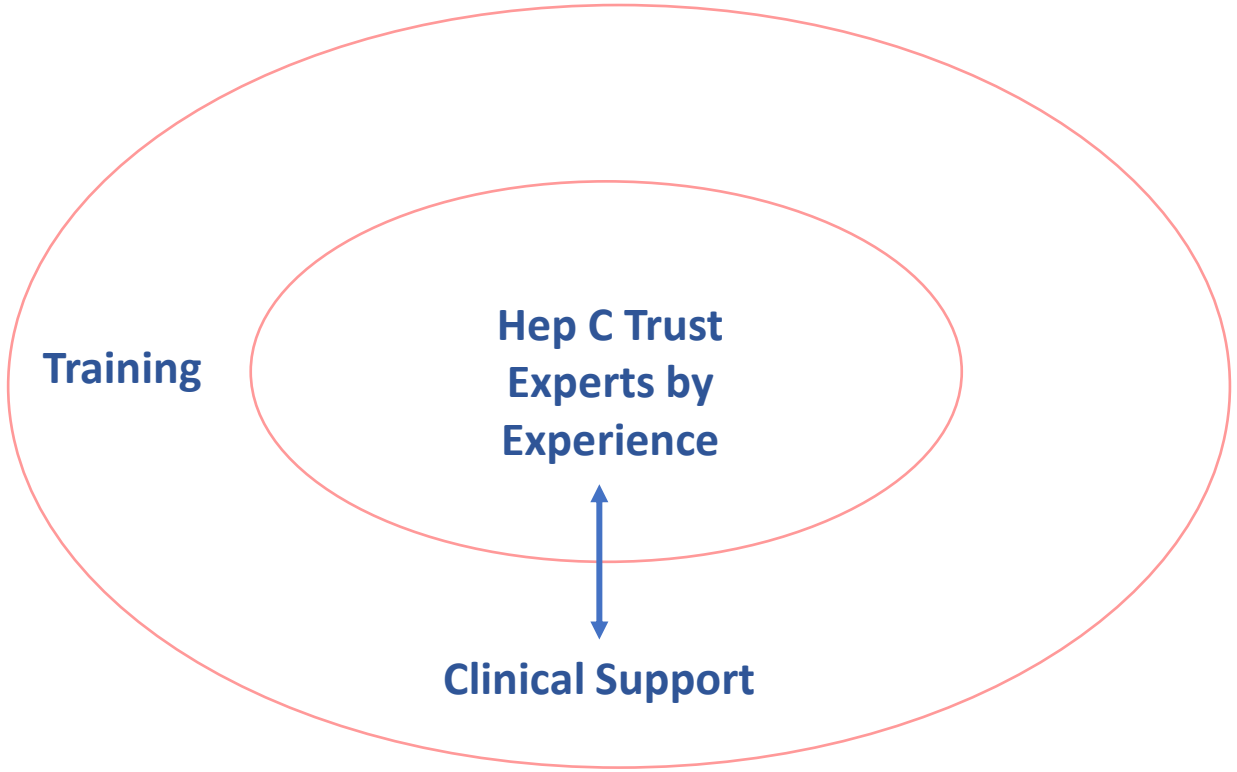
Affiliations + expand

PMID: 33460981 DOI: 10.1016/j.drugpo.2020.103089

Abstract

Background: Peer support has been used as a mechanism to facilitate active engagement with healthcare amongst underserved populations. The HepCare project upskilled experienced peer support workers (PSWs) to become equal members of a service provider team, taking on advanced clinical roles normally carried out by medical or nursing specialists.

Find&Treat-Hep C Trust integrated care: Harm Minimisation



HCV/HIV/HBV/
Syphilis
Fibroscan

Needle Exchange
Naloxone

Vaccination

Linkage to services
Drug/GP

Safeguarding

Respiratory
Cardiovascular

Wound care

Our responsibilities

Advocacy:

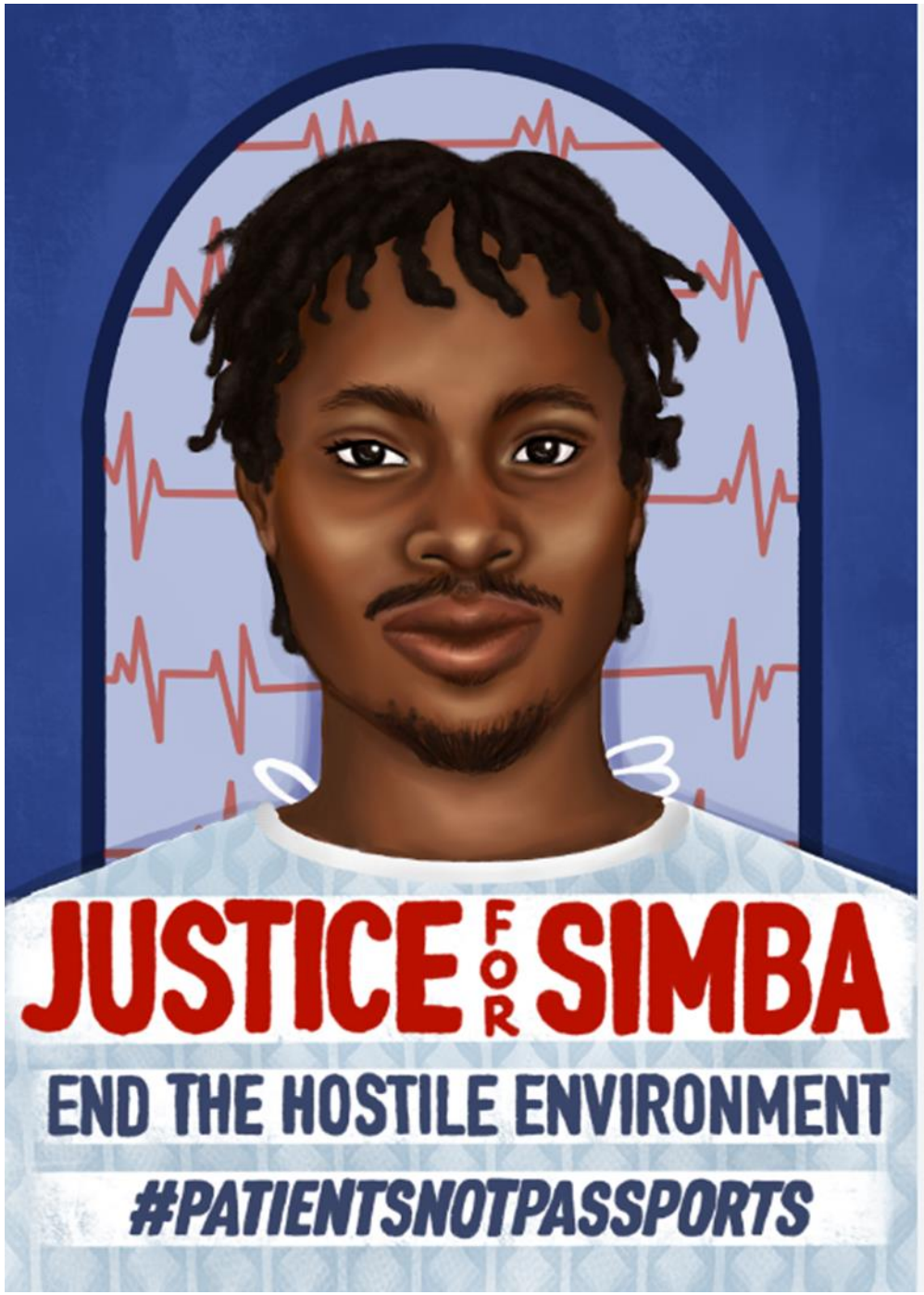
-individual patients

-at systems levels: service co-design/prioritise needs of marginalised populations in policy

-integrated advocacy: HIV, HCV, HBV, STI

Pathways of care:

- co-designed
- trauma informed/accessible



Opportunity

“And in the midst of this terrible despair, it offers us a chance to rethink the doomsday machine we have built for ourselves. Nothing could be worse than a return to normality. Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next.

We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.” Arundhati Roy

Archie Christian
National Training Manager
The Hepatitis C Trust

A Holistic & Consistent Approach to Patient Outcomes

THE HEPATITIS C TRUST

The Issue

This is a simple medical condition
We have a Cure
Why don't 'they' want it?

THE HEPATITIS C TRUST

‘They’ – The Patient – Self Efficacy

“one's belief in one's ability to succeed in specific situations or accomplish a task.”

Bandura, 1977

THE HEPATITIS C TRUST

‘They’ – The Patient

One of the reasons, outside of the social determinates of health that has been mentioned earlier, that impact our Patients capacity to engage in the treatment pathway is Low Self Efficacy.

In some cases a lifetime of being marginalised for a substance use disorder has an extreme impact in a persons belief of being able to achieve a positive outcome following a course of action…..***Like completing a course of treatment!***

‘They’ – The Patient

Put simply there is a lack of belief or faith in themselves.

This often manifests with internal messaging such as:

“What’s the point” “ It won’t work for me”

“it’s too much bother” or “I’ll do it later”

This is understandable with a lifetime of being marginalised and experiencing health inequalities

THE HEPATITIS C TRUST

‘They’ – The Patient

These messages come from low self worth or low self esteem, being conditioned by their environment & lifestyle combined with previous attempts at changes they see as failures

Our understanding of these complexities comes in part from our own lived experiences and that allows us to walk alongside the patient

‘The Solution ‘

These issues can be overcome with very simple interventions based in Holistic & Unconditional Treatment Packages, that are consistent & Client/Patient centred

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‘The Solution ‘

- Holistic approach to health
- Patient Centred / Empowering
- Joined up working
- Accepting resources may bring a lower yield
- Targeted services
- Mobilising Trained Peers

THE HEPATITIS C TRUST

Patient A

Male 65 years of age on OST and was referred to us from clinical team as he had a long history of being not willing to engage.

PSL made contact during COVID lockdown.

PSL provided a food hamper and Topped up his mobile as these needs became apparent during the conversations.

Patient also needed support picking up his OST and the PSL provided that support himself

Offer of support through HCV treatment refused

Comment from Patient " I suppose you won't be able to give me a lift for my script now"

PSL responded " I can still help you" Support carried on for another 2 months & the patient's interest in what was on offer grew.

Patient A

Today: Patient engaged in HCV treatment and successfully cleared the virus. He also addressed his OST dependence and is now abstinent.

He is now been a Peer for the Hep C Trust for nearly 2 years and engaged on our study program to achieve his Social Care Diploma.

Self efficacy was improved greatly by successful HCV treatment and was a catalyst for positive changes in other areas that the patient chose and was supported with.

There is no recovery agenda in our work but is often a by product of what we do

Patient B

Patient B Male late 30's with a long history of rough sleeping. Multiple complex needs. Appearance of multiple layers of clothing heavily ingrained with dirt. Visceral smells of urine and body odour. Inappropriate social outbursts that were aggressive in nature.

On approach and asked his name he just screamed fuck off in PSL's face and moved away.

This was in a day centre for the homeless in Clapham and the Hep C Trust Van with Kings was visiting weekly across the summer.

The nurse had some years earlier managed to test him and knew he was PCR+

Patient B

Approach: Over the coming weeks we made sure to approach the patient gently but consistently and just ask ‘how they were’ Sometimes there was profanity & other times silently moving away without any outburst.

My understanding of some of the reasons for the behaviour and presentations such as the dirty clothing is that these are his protective measures in a hostile world.

Yet in all of this he is still a social being and responds to unconditional love & care. He may have been perturbed by our repeated interventions. Possibly even questioned as to why we cared?
At the same time he was witnessing other clients successfully treating their HCV

Patient B

Today: Patient engaged in HCV treatment and successfully cleared the virus.

On this occasion there wasn't any seemingly miraculous turn around's in the other areas of his life.

However, In terms of health outcomes for this patient regarding HCV it was very successful.

Fractured working

Currently a lot of the services are working separately & duplicating work

In some Local Authorities there may be 3 or 4 different Health vans with little joint working

Very little intelligence shared between organisations

There are a number of different Peer programs running also with little collaboration

Moving Forward

London BBV & Marginalised Health Strategy Group??

Patients/Peers

Local Authority Commissioners

NHS Trust's

Find & Treat

Health Inclusion Services

Hepatitis C Trust

Pathways

Drug Services

Hostel & Outreach Services

London Joint Working Group

Terrence Higgins Trust

NAT

UKHSA

Mayors Office

Groundswell

ICB/ICS

Skilled Peers

HCT Peer Program

Trained in diagnostics & Screening
Antibody Point of care, Fingerprick & Orasure, Capillary,
DBST, Cepheid, Fibroscan, Naloxone, Triage for wound care

Accredited training
First Aid, Health & Safety at Work
Health & Social Care Diplomas

What's needed: consistent offers & messaging

The hepatitis C peer programme: what we've learnt and extending to address other health issues

CHRIS WHITE, PEER AT THE HEPATITIS C TRUST

Q&A with panelists

Thank you

KEEP IN TOUCH!

WWW.LJWG.ORG.UK

Tea, coffee & networking

16.00 – 16.30