

An evidence review - Integrated community based Hepatitis C Virus (HCV) treatment models, enabling people who inject drugs (PWID) to access HCV treatment

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INTRODUCTION



Hepatitis C is a **blood-borne virus** that infects and damages the liver

In 2016, there were approximately **160,000** people living in England with chronic HCV infection¹

Populations with a high prevalence of chronic HCV typically come from **marginalised groups**



In England, people who **inject drugs** are the population most at risk of contracting HCV

Many people with chronic HCV remain **undiagnosed** and therefore fail to gain access to HCV treatment. These individuals are likely to present late with

complications of HCV-related-end-stage-liver disease and hepatocellular carcinoma, which have poor survival rates



The new HCV Direct-Acting Antiviral (DAA) treatments that have recently become available have **simpler regimens** than previous HCV drugs as they are orally administered, have **shorter treatment** duration and fewer **side effects**



Simpler treatment regimens means that HCV management and treatment can be delivered from a variety of **community settings** rather than from specialist secondary care clinics. The new drugs have the potential to significantly **improve survival rates**

METHOD

Research question:

What is known about community based integrated HCV treatment models for PWID in England?



Information identified by the evidence review

Of 1,117 documents identified 95 were selected for inclusion	NUMBER IDENTIFIED	NUMBER RELEVANT FOR INCLUSION	QUALITY
Systematic reviews, meta analyses and randomised controlled trials	788	46	High to moderate quality
Lower quality studies/grey literature	329	37	Moderate to low quality
Further papers were included that were recommended by experts	12	12	Moderate to low quality

DISCLAIMER:
This independent public health research was sponsored by Gilead Sciences Ltd.

REFERENCE:
1. www.gov.uk/government/news/annual-hepatitis-c-in-the-uk-report (2016)

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RESULTS

Key themes include:

HCV POPULATION

BARRIERS

- **Social circumstances** – poverty, homelessness, criminalisation
- **Sensitivities** – patient's feelings of stigma, discrimination and fear
- **Perceptions** – professionals link patients to substance misuse and mental health

GOOD PRACTICE ELEMENTS

- Target at risk populations
- Raise awareness of HCV
- Promote prevention e.g. needle exchange
- Increase screening and referrals

STAFF

BARRIERS

- **Awareness** – poor provider understanding and knowledge
- **Communication** – poor contact between patient-provider and provider-provider

GOOD PRACTICE ELEMENTS

- Raise awareness of new HCV treatments and care-pathways
- Promote integrated multi-disciplinary models of care
- Allow sufficient time and resources for care
- Promote and provide dual training of staff

SUPPORT

BARRIERS

- **Care** – insufficient patient support
- **Advocacy** – lack of representation for people who inject drugs

GOOD PRACTICE ELEMENTS

- Offer practical and social support
- Offer drug and alcohol rehabilitation
- Promote peer to peer mentoring
- Offer support to patients with mental health problems

SERVICES

BARRIERS

- **Access** – poor location and lack of appointment availability and flexibility
- **Capacity** – insufficient time and resources
- **Referral** – gaps in care pathway
- **Screening** – tests not carried out
- **Follow-up** – not completed

GOOD PRACTICE ELEMENTS

- Offer services from patient preferred locations
- Improve availability and flexibility of appointments
- Co-locate care alongside other community services
- Promote outreach targeting high risk groups

TREATMENT

BARRIERS

- **Identification** – lack of diagnosis and referrals
- **Treatment** – lack of provision
- **Effectiveness** – Lack of monitoring, evaluation and re-enrollment for non-attenders

GOOD PRACTICE ELEMENTS

- Promote flexible treatment models
- Improve referral and follow-up pathways
- Follow-up and re-enrol non-attenders
- Offer holistic care using new technologies

COMMISSIONING

BARRIERS

- **Funding** – cost of treatment
- **Planning** – inadequate commissioning and variable policies

GOOD PRACTICE ELEMENTS

- Gather patient feedback to improve care
- Establish an HCV Strategic Development Plan
- Ensure adequate funding is available to deliver HCV care in the community
- Seek innovative HCV treatment funding mechanisms

CONCLUSION

- 1 Current HCV pathways in England are largely failing to meet the needs of people who inject drugs
- 2 While there is moderate evidence regarding access barriers and good practice elements, there are few well evaluated published interventions
- 3 Alongside the focus on therapeutic innovation, the generation of better research evidence on the clinical and cost-effectiveness of integrated community-based HCV treatment models must be prioritised in order to advance HCV elimination in England

