

# Mapping Hepatitis C Services to remove barriers to treatment for people who inject drugs

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## Background

### Access to Direct Acting Antivirals in England

The National Health Service England (NHSE) has committed to eliminate hepatitis C in England by 2025.

- In August 2015, NHSE established 22 Operational Delivery Networks (ODNs) to maximise the uptake and completion of hepatitis C treatment.
- Over 32,000 patients have been treated by NHSE to date but 113,000 people are thought to still be living with hepatitis C in England<sup>1</sup>.
- Injecting drug use remains the most important risk factor for hepatitis C virus (HCV) infection.
  - 52.7% of people injecting psychoactive drugs tested hepatitis C antibody positive in 2017 of which 49.9% of those had evidence of current infection<sup>1</sup>.

### West Midlands Operational Delivery Network

- The West Midlands ODN is the largest in England serving a population of just over 5,500,000 people.
- Overall hepatitis C prevalence is low (0.2%) but rises to 29.2% in people who inject drugs (PWIDs) and 10.6% in people who have a history of injecting drug use.
- The Queen Elizabeth Hospital Birmingham is the regional hub for the West Midlands ODN and is responsible for case finding, prescribing and treatment delivery across 13 spoke National Health Service (NHS) Trusts.
- All treatment delivered throughout the network must be approved by either the hub or a spoke multi-disciplinary team meeting.
- In 2017/18, the West Midlands ODN treated 742 people with antivirals but treatment rates will need to increase if the NHS is to realise its elimination target.

## Aim

A situational analysis of the West Midlands ODN was initiated in 2017 to define the management pathways of services providing hepatitis C care to PWIDs with the eventual aim of addressing barriers to treatment.

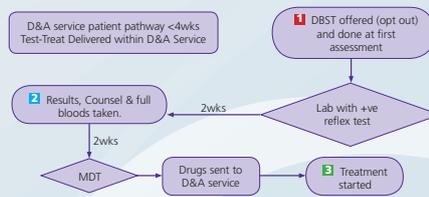
## Methods

- 13 NHS Trusts and 14 partner drug and alcohol addiction services were identified within the West Midlands ODN.
- Informal interviews were performed with staff from each service and a baseline map of the service developed to visually represent the patient journey from testing to treatment.

- Each map was then reviewed in a cyclical process to identify barriers to treatment and recommendations made to redesign or remove steps.
- A 'best practice' map was developed against which each service was compared, Figure 1.
- A case study is presented as an example.

### Figure 1: 'Best practice' hepatitis C service map

Best practice required three patient visits ('dried spot test offered (opt-out)', 'results, counsel and full bloods taken' and 'treatment started') to be performed within a 4 week period.

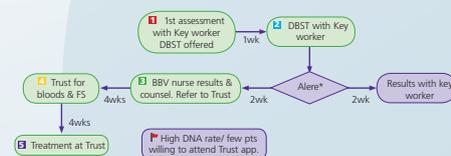


Abbreviations: D&A = drug and alcohol

### Case Study: Baseline service map

#### D&A Service April 2018:

- 1400 OST clients
- 16 new clients per month
- <1 client treated per month



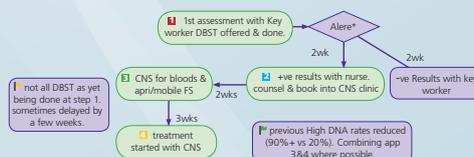
Test-to-treat time >3months

Abbreviations: D&A = drug and alcohol  
OST = opiate substitution therapy  
DBST = dried blood spot test  
FS = FibroScan

### Case Study: First revision of service map

#### D&A Service history:

- 1400 OST clients
- 16 new clients per month
- 3 clients treated per month



Test-to-treat time reduced to 7weeks

Abbreviations: D&A = drug and alcohol  
OST = opiate substitution therapy  
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### Case Study: Summary of improvements

- Reduction in client non-attendance
  - 90% at Trust service, 20% at drug and alcohol service
- Increased number of clients starting treatment per month
  - <1 client per month to 3 clients per month
- Dried blood spot test more commonly offered at first assessment
- Number of appointments per client has reduced
  - 5 client contacts reduced to 4 client contacts
- Test-to-treat time has fallen
  - Time to treatment fallen from >3 months to 7 weeks

### Findings of the regional situational analysis

#### Common barriers to treatment

- Unnecessary clinic appointments
- Perceived requirement for care to be hospital-based
- Perceived requirement for care to be consultant-delivered
- Perceived requirement for pre-treatment transient elastography

## Conclusion

Regional mapping of hepatitis C services has highlighted common challenges in delivering treatment to PWIDs and enabled simplification of care with services across the ODN are working towards three-visit patient pathways.

## References

- Public Health England. Hepatitis C in England 2019: Working to eliminate hepatitis C as a major public health threat. Available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/798270/HCV\\_in-England\\_2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/798270/HCV_in-England_2019.pdf) (last accessed 11th June 2019)

## Acknowledgements

This work was completed by Faith Cullen, Specialised Commissioning Manager, Market Access, AbbVie Ltd.



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