COMBINED DRUG RECOVERY AND HEPATITIS C TREATMENT CLINIC LEADS TO MORE EFFECTIVE ENGAGEMENT THAN TRADITIONAL CARE MODEL.

Authors:
Middleton L[1], Ritchie T[1].

[1]Glasgow Alcohol and Drug Recovery Services

Background:
Individuals on opiate substitute therapy (OST) in Glasgow Alcohol and Drug Recovery Services (ADRS) are offered regular Hepatitis C (HCV) testing. In the South West Care and Treatment (SWCAT) team uptake is over 95%. A third have been found to have active HCV infection but engagement rates with hospital based treatment services are low. In response to this, a new combined community clinic in SWCAT aimed to:

- Offer a one-stop combined drug recovery service and HCV treatment clinic
- Work collaboratively with hospital services, ensuring continuity of care
- Maintain patient engagement with a view to quick assessment and treatment

Description of model of care/intervention:
The combined clinic is staffed by two addiction nurses, a senior HCV addiction nurse, a medical officer and a hospital clinical nurse specialist, with input from a third sector HCV support service. Interventions include:

- Liver assessments
- Fibroscans
- Direct-acting Antiviral (DAA) medication
- OST
- Harm Reduction (needle replacement, foil, naloxone, condoms, HBV immunisation)
- Befriending and 1:1 HCV support

Effectiveness:
35 patients were allocated to the combined clinic and 39 to hospital follow up. 28.6% combined clinic patients completed treatment, compared to 15.4% referred to hospital. 68.4% combined clinic patients remained engaged, compared with 12.8% referred to hospital ($p<0.001$). No combined clinic patients disengaged, compared to 23 (60%) referred to hospital ($p<0.001$). Patients with cirrhosis require a consultant review treatment pathway: the 12 attending the combined clinic all completed treatment /remained engaged, but of the 12 attending hospital, 3 completed treatment, 2 died and 7 disengaged ($p<0.001$).

Conclusion and next steps:
The combined clinic is more effective than hospital based services in engaging problem drug users in HCV assessment and treatment for both nurse led and consultant review care pathways. The next step is to roll out this model of care to all GADRS community teams while continuing to monitor outcomes.

Disclosure of Interest Statement: ***See example below:***
The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

Note: If accepted into the programme you will be requested to include a disclosure of interest slide into your presentation or include such statements in your poster.