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Nurse led Hepatitis C Pathways of Care
Towards HCV elimination in Tayside, Scotland

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Tayside Scotland, HCV Managed Care Network Established in 2004



Staff involved

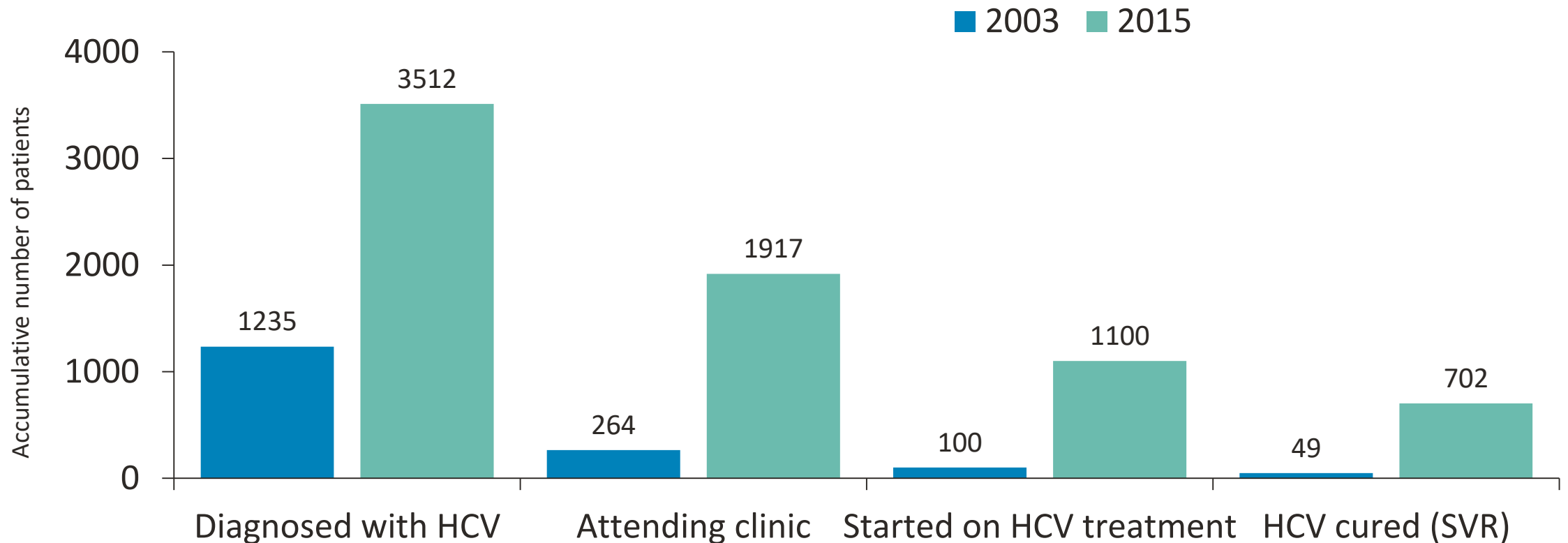
- Consultants and medical staff
- Specialist nurses and prison nurses
- Virologists
- Pharmacists
- General practitioners
- Drug workers and Social workers
- Research nurses and staff

Aims of MCN

- To increase the number of people diagnosed with HCV
- To improve the number of people accessing HCV treatment
- To ensure that those with HCV receive optimal treatment, care and support and increase the numbers achieving SVR
- To prevent spread of HCV, particularly among PWID

Interventions and Outcomes (2004–2014)

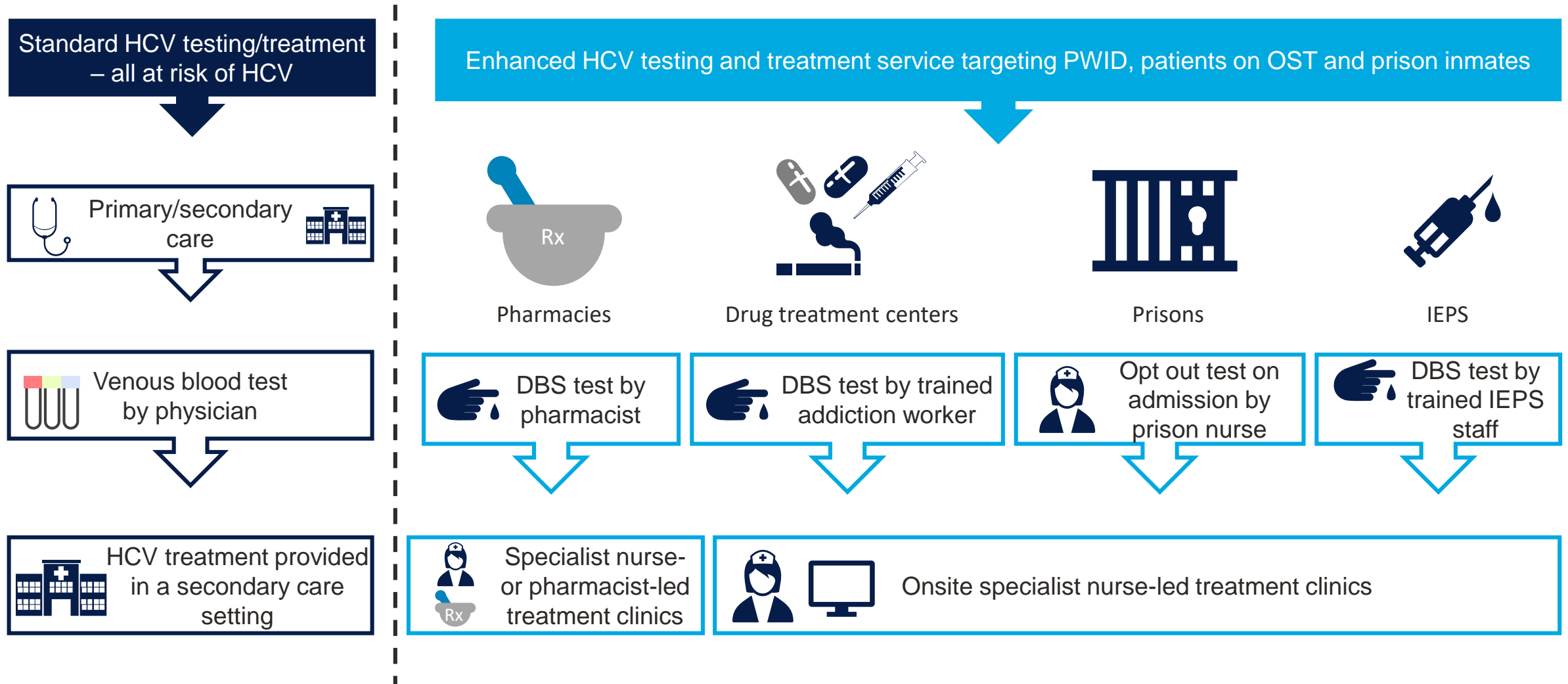
- Open referral pathway (drug workers, prison staff, social workers)
- Nurse-led pathways (introduction of outreach clinics in drug services and prisons across the region)
- Dried blood spot (DBS) testing introduced in 2009



Status in 2014–2015. Why was this model of care established?

- Despite an increase in needle exchange facilities and equipment:
 - New infections are still occurring
 - Reinfection is occurring (after negative PCR and SVR)
 - Significant number of PWID are still not being treated and cured
 - Have not attended clinic
 - Attended but unable to complete assessment (ultrasounds, FibroScan[®], medical follow-up)
 - Constant cycle in and out of care
 - Treatment side effects
 - Little treatment for current PWID

PWID and OST Populations: Testing and Treatment Pathways available in Tayside, Scotland between 1999–2017



What is the new model care: Focus on the Nurse-Led Pathway.

Problem: People cycle in and out of care



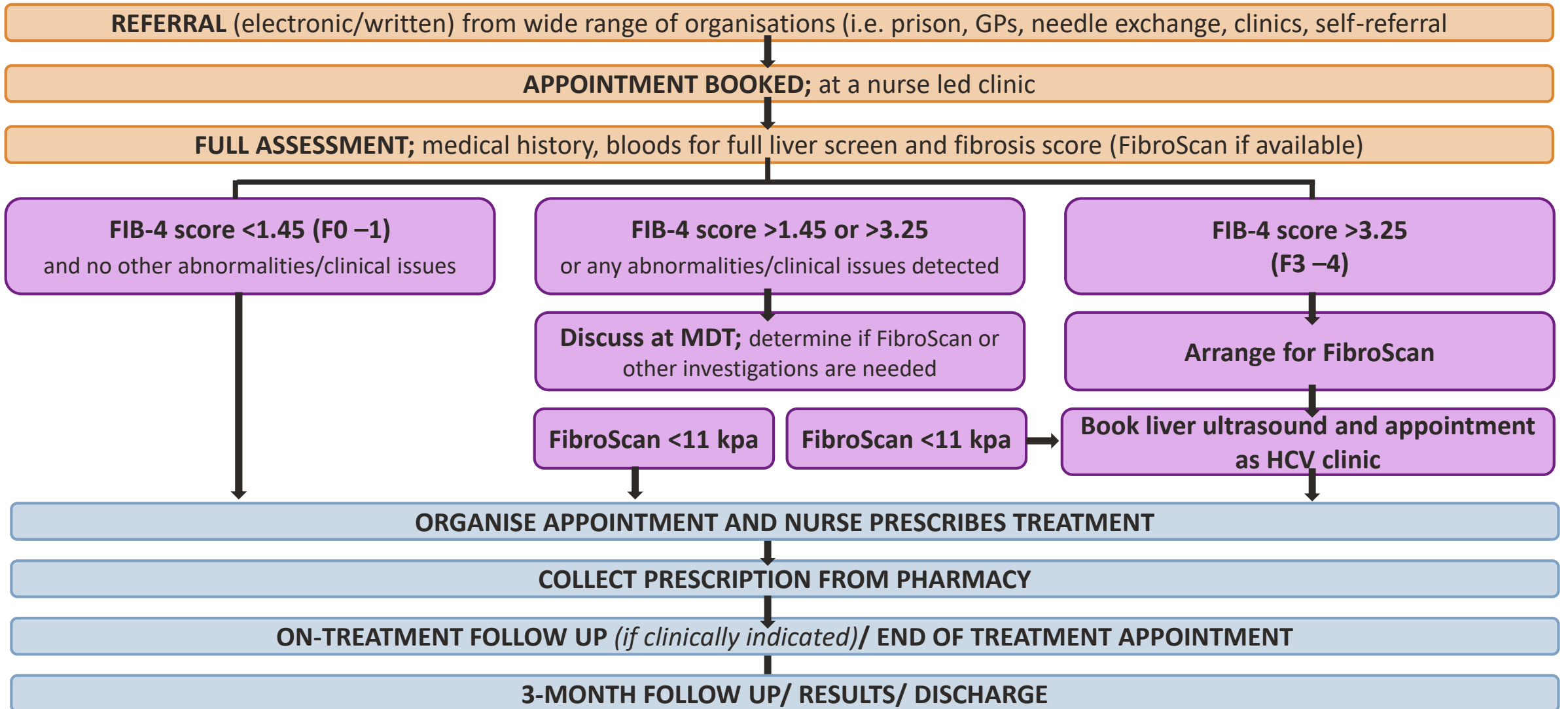
Attend outreach clinic
for assessment and
blood tests

Fail to attend ultrasound
and follow-up medical
appointment

Often then lost to
follow up

Return to outreach clinic; process begins again

Nurse-Led Pathway



Nurse-Led Pathway

New pathway introduced in August 2017



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for assessment and
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Fail to attend ultrasound
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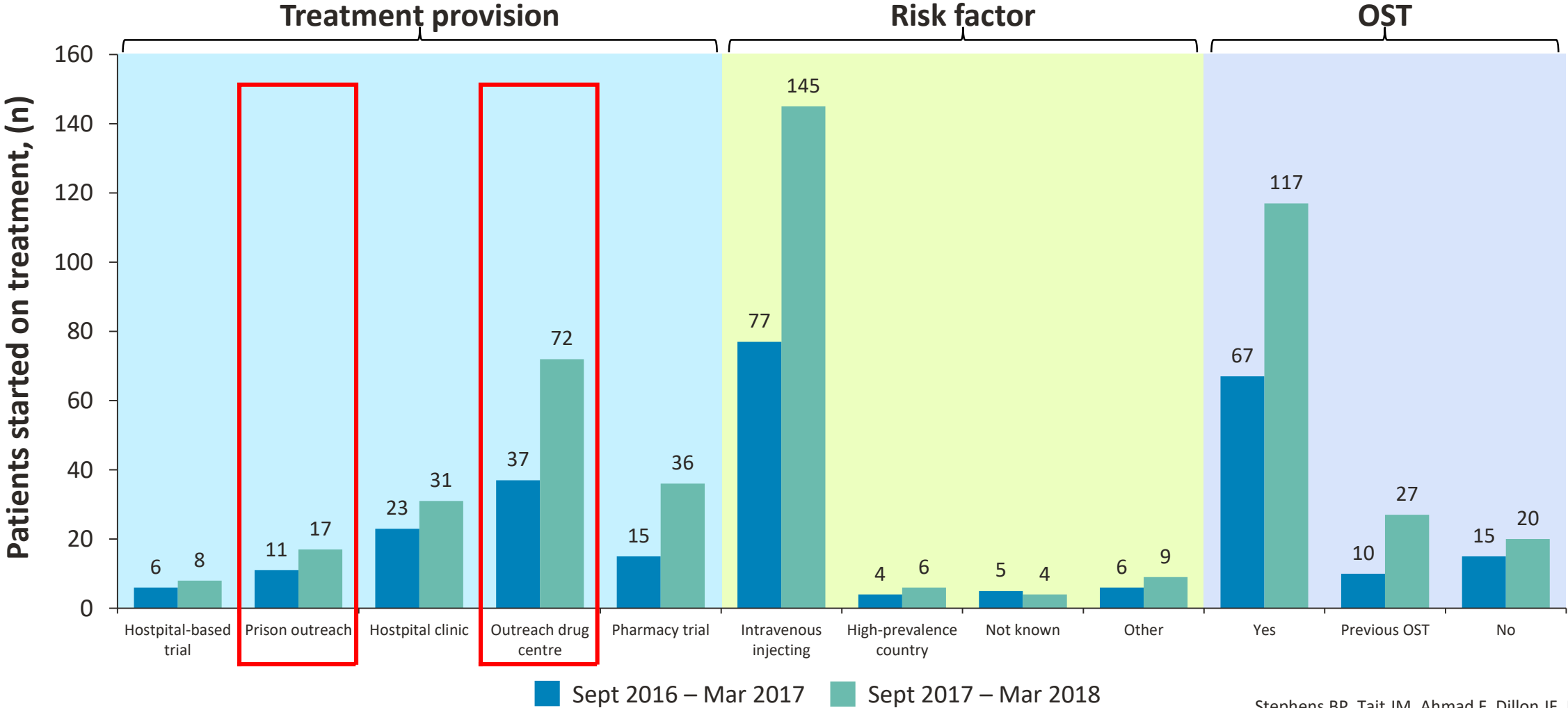
Often then lost to
follow up

NO routine ultrasound
NO FibroScan
NO consultant appointment

Return to outreach clinic; process begins again

Nurse-Led Pathway: Success of the model

- New pathway significantly increased the number of people started on HCV treatment



What were the challenges in establishing this model of care?

- Accepting that routine blood tests and investigations are not always required
- Nursing staff who cannot prescribe
- Relationship between Medical and Nursing staff
- Lack of MDT

What are future plans to alter or expand this work?

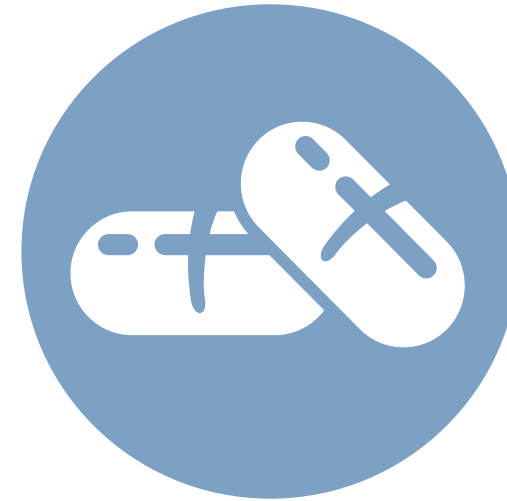
- We are working towards the elimination of HCV within our region
- We will continue to adapt our pathways to diagnose and treat all people with HCV
- To date we have diagnosed over 90% of our estimated population
- To date we have treated 85% of our population

Key take away messages: Pathways of Care for HCV-Infected PWID



Develop easy pathways of care

- Stop doing unnecessary tests and investigations



Make treatment uncomplicated

- Provide treatment daily in pharmacies with OST
- Provide treatment in needle exchange and drug centres
- Provide treatment in prisons
- Treat everyone, including re-infections