EMBEDDING HEPATITIS C LIVED EXPERIENCE WITHIN ENGLAND'S CRIMINAL JUSTICE SYSTEM: LESSONS AND IMPACT OVER FIVE YEARS

THEHERITIS



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Background & Aims

People engaged with criminal justice systems often face barriers to hepatitis C (HCV) services including low awareness, stigma, poor access to health services and distrust in healthcare.

England's prison programme seeks to overcome this by embedding staff with lived experience of the criminal justice system (peers) into prison healthcare teams. We describe preliminary findings of an evaluation of the programme since national implementation in 2019.



Model of care

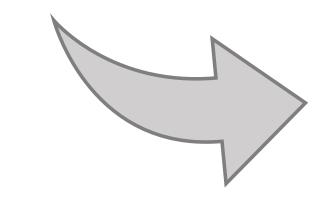


Mass testing

HCT lead 'HITTs', collaborative mass-testing programmes which aim to test all residents in a prison over 3-5 days and to drive-up reception testing.

HITTs are peer led with testing delivered jointly with prison healthcare staff and officers.

Following each HITT, peer teams work with prison staff to develop testing skills and ensure testing at reception remains high, effectively 'micro-eliminating' HCV within the prison.



Security Clearance

Peer staff have security clearance and hold keys. This enables them to work independently and maintain confidentiality with residents as needed.

This is also an important indicator of the standing of the staff member as part of the prison staff team.





Peers recruit, train and line manage teams of residents as HCV champions within the prison. Having people currently in prison support HCV messaging increases reach and trust.

Volunteers gain many skills and often go on to volunteer for HCT in the community after their release

Training and education

Peer staff train prison officers to improve understanding and address HCV stigma

Peer staff and volunteers hold regular education and awareness sessions with residents to ensure people have accurate information and feel confident getting tested and treated

Aims:

Peer teams focus on:

 System change: increasing awareness, addressing stigma,

improving pathways

Individual support:
 encouraging testing,
 supporting treatment





The model is highly collaborative: Peer staff work with prison staff, healthcare and volunteers to improve HCV education, services and pathways.

Peer staff jointly deliver clinics with healthcare, engage people who've opted out of reception testing, and help improve pathways



Where people leave prison on treatment, HCT staff link people with community peer support and ensure they have their medication at release.

At times, this means staff delivering medication to people in the community who have been released at short notice.

Nurses refer patients to the through the gate service, giving

as much information as possible to help staff locate them such as family's phone numbers and begging sites.

Impact

In five years, almost 6,000 prison staff and 12,000 residents have attended HCV education and engagement sessions.

52,543 people have been tested through 80 HITTs with an average uptake of 87%. HITTs have identified 3,835 people (7.3%) with HCV antibodies, 49% of residents in one prison. HITTs have found 632 people with HCV RNA of whom 408 (65%) have started treatment.

National reception testing increased from 10.5% in 2016/17 to 78% in January 2024. Resident feedback highlights the value of lived experience for increasing trust, addressing stigma and raising overall awareness.

Collaboration and close working relationships with national prison and healthcare leadership has been critical to programme success.

18,000 Prison staff and residents have attended HCV peer training

52,543 Ped

People tested through HITT mass testing interventions

of people tested in one prison had had HCV

"There is an ex-prisoner who goes into prisons with Hep C Trust, it's really good cos she knows what she's talking about, but also shows us that you can make something of your life after." (female resident, EP:IC Inclusion Health Report)



Conclusions & Next steps

Peer teams can be highly effective in increasing HCV testing and treatment, and addressing stigma in prisons. This is a largely untapped and under-utilized workforce.

It's likely the programme has impacts far beyond hepatitis C, and the model could be used with a range of health conditions common in criminal justice settings such as HIV, TB, maternal health and respiratory disease.

The programme is continuously developing. Recent work includes resident-delivered testing; integrated BBV/STI screening, and work in community criminal justice settings. We are currently seeking funding for a full evaluation.