

INTEGRATED PEER-LED BLOOD BORNE VIRUS (BBV) SCREENING, RESULTS MANAGEMENT AND TREATMENT ACROSS BIRMINGHAM and the WEST MIDLANDS

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Background

Peer-led models of care are central to England's HCV elimination drive, increasing healthcare workforce capacity and reaching marginalised populations experiencing high rates of hepatitis C (HCV). In 2023, the existing Birmingham Peer HCV Team, commissioned by UHB NHS Trust, increased their capacity to 13 staff and a team of volunteers to provide greater outreach across the region with a view for the entire pathway including testing and results management to be peer led.

Model of care

Engaging people through street outreach, homeless services, drug treatment services, and other community settings, the team delivered testing and results, provided patient support, conducted post-treatment SVR testing and ongoing liver surveillance for cirrhotic patients. A lived experienced peer data manager ensured tests, results and referrals to local hepatology and HIV teams were securely managed through a bespoke digital system.

Effectiveness

From January 2024 to February 2025. 3,122 people were tested (20% Female, 79% male, 1% other / unknown; mean age 43.0). Overall, 413 tests (13%) identified previous HCV infection of which 226 (55%) identified current HCV infection, meaning that a third of all new diagnoses (638) across the region were identified by peers. 65% of people with HCV reported current injecting, and 60.5% of these people were not engaged with drug treatment. 27 tests identified HIV infection, 12 among people reporting current injecting: 25% not in drug treatment. 16 tests identified HBV infection, 3 among people reporting current injecting, one of whom was in drug treatment.

Conclusions and next steps

High volumes of tests across outreach settings can be managed through lived experience teams and where peer led testing and monitoring management systems ensure continuity of care and effective outcomes, reducing the burden on NHS healthcare teams, whilst simultaneously increasing engagement among marginalised populations. Next steps to link all patients to HCV treatment outcomes where this unique model follows the entire pathway.

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