

DRUG TREATMENT SERVICE PROVIDER FORUM

DEVELOPMENT OF HEPATITIS C VIRUS AND OTHER BLOOD BORNE VIRUSES DTS STANDARDS OF CARE

Poster #

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Background

- NHS England (NHSE) are seeking to achieve the elimination of Hepatitis C Virus (HCV) ahead of the WHO target of 2030 and as the virus primarily affects people who inject drugs it is important that there are effective testing, referral, and treatment pathways for those accessing drug treatment services (DTS).
- The HCV DTS Provider Forum was established by Gilead Sciences Ltd under the NHSE HCV Elimination Program and brings together 5 of the largest third sector providers of DTS in England alongside 14 NHS Trusts (the Hep C U Later Programme) and The Hepatitis C Trust to encourage collaboration, innovation and best practice sharing as we work towards a shared ambition of achieving HCV elimination.

Description

- Through a collaboratively established review process, and by consensus agreement, the HCV DTS Provider Forum finalised detailed DTS standards, providing good and consistent practice measures for HCV and other Blood Borne Virus (BBV) service provision across sites which now serves as a checklist for services.

Output

- The Drug and Alcohol Service Standards for Hepatitis C Virus (HCV) and other Blood Borne Viruses (BBVs)¹ have been agreed by 5 of the largest third sector providers of DTS in England alongside 14 NHS Trusts (the Hep C U Later Programme) and The Hepatitis C Trust
- These are based on eight core standards (as shown) for provision of HCV and BBV healthcare and set out Essential, and Exceptional criteria for each standard.

References: 1. Drug Treatment Service (DTS) Hepatitis C Micro Elimination Criteria for the People in Structured Treatment Within the Defined Population Version 1.0, August 2022.

Disclosure of interest statement: Drug and Alcohol Service Standards for Hepatitis C Virus and other Blood Borne Viruses (England) have been developed and funded by Gilead Sciences Ltd in collaboration with representatives from Gilead-partnered DTS providers and The Hepatitis C Trust as part of the NHS England HCV Elimination Program

Information in this poster has been summarised from each Standard. For full details of criteria for the Standards, please refer to the complete document.

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Partner Logos:



Output

Figure 1. Eight Core Standards

Standard	Essential ✓	Aspirational ✓✓ (having met 'Essential')	Exceptional ✓✓✓ (having met 'Aspirational')
1. BBV Leads	BBV Lead	Funded BBV Champion in addition to a BBV Lead	More than one funded BBV Champion as well as a BBV Lead
2. BBV Screening as core business	All individuals offered BBV tests and routinely re-tested; screening is responsibility of service	Dedicates resource to testing activities; promotes testing/HITT events	Programme of testing events; outreach vehicles to further engage people
3. Data and recording (Testing and Treatment)	Minimum monthly reporting, data reviewed monthly, data lead in place	Structure in place to report data against Micro Elimination criteria; data guides BBV actions; data sharing agreements in place	Time is committed on a monthly basis to data cleansing and corrective actions
4. Collaborative working with The Hepatitis C Trust	Well-established pathway to enable working with Hep C Trust which is documented and accessible to all staff	Receives regular support from and attendance at team meetings by Hep C Trust representatives	Works collaboratively with Hep C Trust on testing events/other activities, representation at MDTs
5. Staff and service user knowledge	Standardised training resources about BBVs available which is reviewed annually; information available to service users	A range of training available; service user education available via psychosocial groupwork programme	BBVs training mandatory, advanced learning is encouraged; Hep C Trust peers support service user knowledge
6. Collaborative working with treatment providers	Treatment pathway is clear and understood by all staff; staff regularly liaise with clinical treatment teams	Hep C treatment pathway centres on in-reach model, provision at least monthly; flexible model for medication supply	Hep C treatment provision weekly; caters to in-reach and out-reach models
7. Harm reduction and re-infection prevention	Responsibility of all staff to provide harm reduction/re-infection prevention; NSP available to all service users	Injecting behaviour openly discussed; staff directly trained in providing NSP, safer use of needles & syringes and re-infection; peer-to-peer support	NSP available online/other methods; records NSP activity to support ongoing harm reduction/re-infection education
8. Service user participation in feedback & evaluation	Service users encouraged to provide feedback; Hep C Trust peers advocate presentation of BBVs experiences	Promotes collaborative approach to delivery of BBVs testing and treatment with service users	Encourages proactive sharing of BBVs testing/treatment experiences; develops PREM to assess service user experience

BBVs, blood borne viruses; DAS, drug and alcohol services; HCV, hepatitis C virus; HITT, High Intensity Test and Treat; MDTs, multi disciplinary teams; NSP, needle syringe programmes; PREM, patient-reported experience measures

Effectiveness

- Feedback from Provider Forum members suggests that the core standards have been adopted widely across the English providers of DTS and support allocation of resources to clinical pathways aligned to people’s need and help to ensure that staff and service training needs continue to be met, drive improvements in the use of data, and have had positive impact on external engagement with those responsible for clinical treatment.

Conclusion and Next Steps

Agreeing a core standard of service provision at sector level can support services to be more effective in allocating available resources to HCV and BBV pathways, drive consistency and improve testing and referral rates.

Further engagement with those responsible for commissioning services may be required to support the embedding and longer-term maintenance and sustainability of improved testing, referral, and treatment pathways.