IMPROVING IDENTIFICATION AND REENGAGEMENT OF PATIENTS LOST TO FOLLOW-UP IN HEPATITIS C CARE THROUGH A PEER-LED, MULTI-SYSTEM DATA APPROACH

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Background
<England is committed to hepatitis C virus elimination by 2030, however despite transformation of disease detection and treatment, significant gaps remain especially for people with complex needs. Return2Care is a peer-led NHS service established in response to expansion of opportunistic prison and emergency department blood borne virus testing and better surveillance systems to identify untreated patients. Return2Care has identified healthcare and surveillance system barriers to identifying and reengaging untreated patients.>

Methods
<Return2Care used a pan-London approach to cross-check test results and treatment outcomes for individuals referred as 'lost-to-follow-up' (LTFU) from NHS, allied services and national surveillance data. Peers used batch digital traces across multiple electronic health record systems and direct contact with patients, NHS, allied healthcare and prison services to identify individuals, confirm current disease status and reengage individuals with care.>

Results
<Between July 2022 – June 2026, Return2Care received 2,168 LTFU referrals. Desk-based searches identified 108 duplicates. Of the remaining 2,060, Return2Care identified 1,651 individuals, including 165 deceased at time of referral; 338 referred as treated without SVR12; 1,148 referred as untreated. Searches across multiple health service records identified previous treatment outcomes for 604/1,148, including 335 with SVR12.
536 individuals had no reported treatment outcomes; of these, 76 had spontaneously cleared the virus; Return2Care reengaged 440 with treatment; 20 were deceased or remained LTFU. Geographical analysis found that many LTFU individuals had moved across healthcare delivery 'networks' within (265) or outside London (165) since initial testing.>

Conclusion
<National surveillance data estimates ~50,000 untreated hepatitis C cases in England. Our findings demonstrate effectiveness of peer-led reengagement while highlighting potential overestimation of undertreatment. Patient movement between healthcare services may contribute to barriers in maintaining up-to-date surveillance records. Improved national-level data-sharing between clinical and surveillance systems could reduce

unnecessary efforts to locate patients, refocussing resources on those who truly require follow-up.>