

Clinically Essential, Operationally Difficult: Health worker insights into delivering HCC Surveillance for People Who Inject Drugs

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Background: People who inject drugs are disproportionately affected by hepatitis C and some remain at risk of hepatocellular carcinoma (HCC) after cure, yet sustained engagement in surveillance is challenging. Six-monthly surveillance improves early detection and survival; however, surveillance pathways are typically specialist-led and hospital-based which limits access due to experiences of stigma, multiple comorbidities, and limited transport options. Community-based harm reduction services are increasingly delivering hepatitis C testing and treatment and have an emerging role in supporting/delivering liver disease management and HCC surveillance.

Methods: Between October and December 2025, two focus groups and five semi-structured interviews were conducted with health workers from three harm reduction organisations providing healthcare for people who inject drugs. Interviews explored experiences of delivering hepatitis C and liver disease care, identified barriers, enablers and system improvements to enhance engagement in HCC surveillance. Interviews were analysed using reflexive thematic analysis.

Results: Health workers from New South Wales (n=5), Queensland (n=4) and Western Australia (n=4), described HCC surveillance for people who inject drugs as clinically necessary but difficult to implement. Engagement challenges were consistent with the broader difficulties in healthcare access for this population with low threshold, peer-integrated models described as critical enablers. Peer workers offering case management including navigation support, reminders, transport and accompaniment to appointments facilitated engagement. While co-located, outreach-based services with embedded specialist shared care arrangements improved accessibility of HCC surveillance. However, these labour-intensive models are constrained by funding and the siloed nature of the healthcare system.

Conclusion: HCC surveillance for people who inject drugs is widely recognised as essential but challenging to operationalise. Findings highlight the importance of low-threshold services offering peer-led case management alongside community-based nurses. Partnering with hospital-based services could sustain engagement, alongside clinical guidance for and investment in, community-led, integrated models of HCC surveillance to improve equitable access for people who inject drugs.

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