

A Dynamic Initiative between Mersey Care NHS Trust, Brownlow Health and Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUH)

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Background

The Hepatitis C Virus (HCV) can cause acute and chronic infection. Acute infection is usually asymptomatic. With 130–150 million people globally with chronic hepatitis C infection, a significant number of those will develop liver cirrhosis or liver cancer (WHO, 2015). The Public Health England (PHE) report 'Hepatitis C in the UK' (2014) stated that around 214,000 individuals have chronic hepatitis C and that related end-stage liver disease is continuing to rise. Liver disease is the 5th largest cause of death in the UK.

Injecting drug use is the most important risk factor for infection in the UK. Data from the Unlinked Anonymous Monitoring (UAM) 2013 survey of people who inject drugs (PWID) found 50% tested positive for antibodies to hepatitis C virus (HCV).

In 2012, the North West Public Health Observatory report 'Burden of Liver Disease Inequalities in the North West of England' found that HCV almost doubled between 2000 and 2010; hospital admissions for HCV increased from 2,929 in 2005 to 4,841 in 2010. The prevalence of HCV in injecting drug users in the North West was 65% in 2010, higher than the England average.

Antivirals can cure approximately 90% of persons with the HCV, but access to diagnosis and treatment is low (WHO, 2015).

MerseyCare NHS Trust Addiction Services provide a comprehensive range of clinical and psychological services for people who are addicted to drugs and alcohol across Liverpool. Brownlow Health are an inner city primary care practice with a diverse population of approximately 26,000 patients.

In 2014, two of the authors (JG & JW) started working in partnership across these two services and initiated a hepatitis C antibody mouth swab study.

Aim of Study

In 2012, only 3% of those with HCV long-term infection are starting treatment each year in England (PHE, 2014). The aim for our study was to:

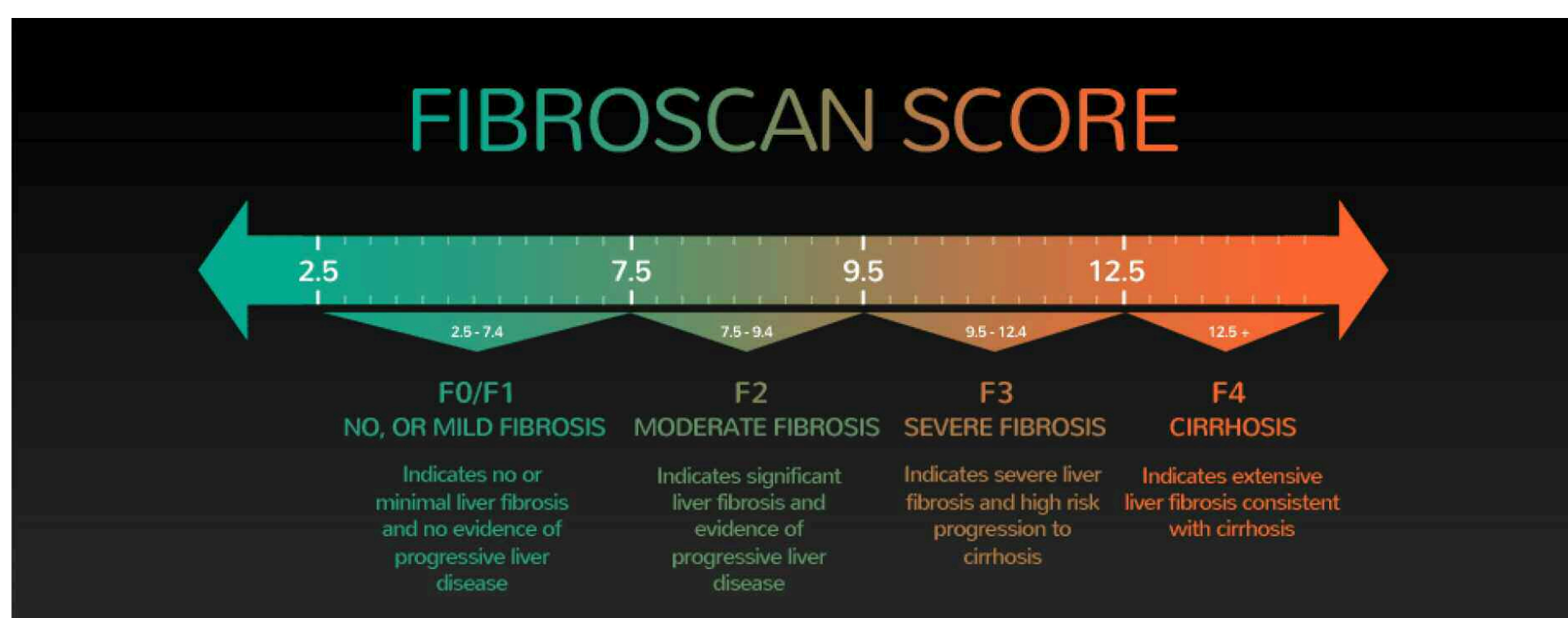
- Increase community BBV screening (early detection)
- Reach more hard-to-reach high risk individuals
- Diagnose the undiagnosed
- Engage the dis-engaged
- Raise awareness
- Educate
- Increase access to secondary care (RLBUH)
- Improve public health (reduce prevalence and transmission of Hepatitis C)
- Secure long-term funding for PCR screening within Liverpool Addiction services

Intervention

A mouth swab and care pathway staff training session was delivered by Jayne Wilkie and Helen Caldwell, Nurse Consultant in Hepatology, RLBUH, in November 2014. Over 3 months, mouth swabs were taken during clinic appointments (results within 20 minutes) at community drug services, Mersey Care NHS Trust.

Conclusion

Due to our significant data results and a successful collaborative working partnership, Jayne and a Brownlow Health GP commenced our first Community BBV Clinics in May 2015. These offer BBV screening, genotype testing, direct referral to secondary care and more recently, fibroscanning; enabling early detection of fibrosis and cirrhosis, preventing invasive liver biopsy.



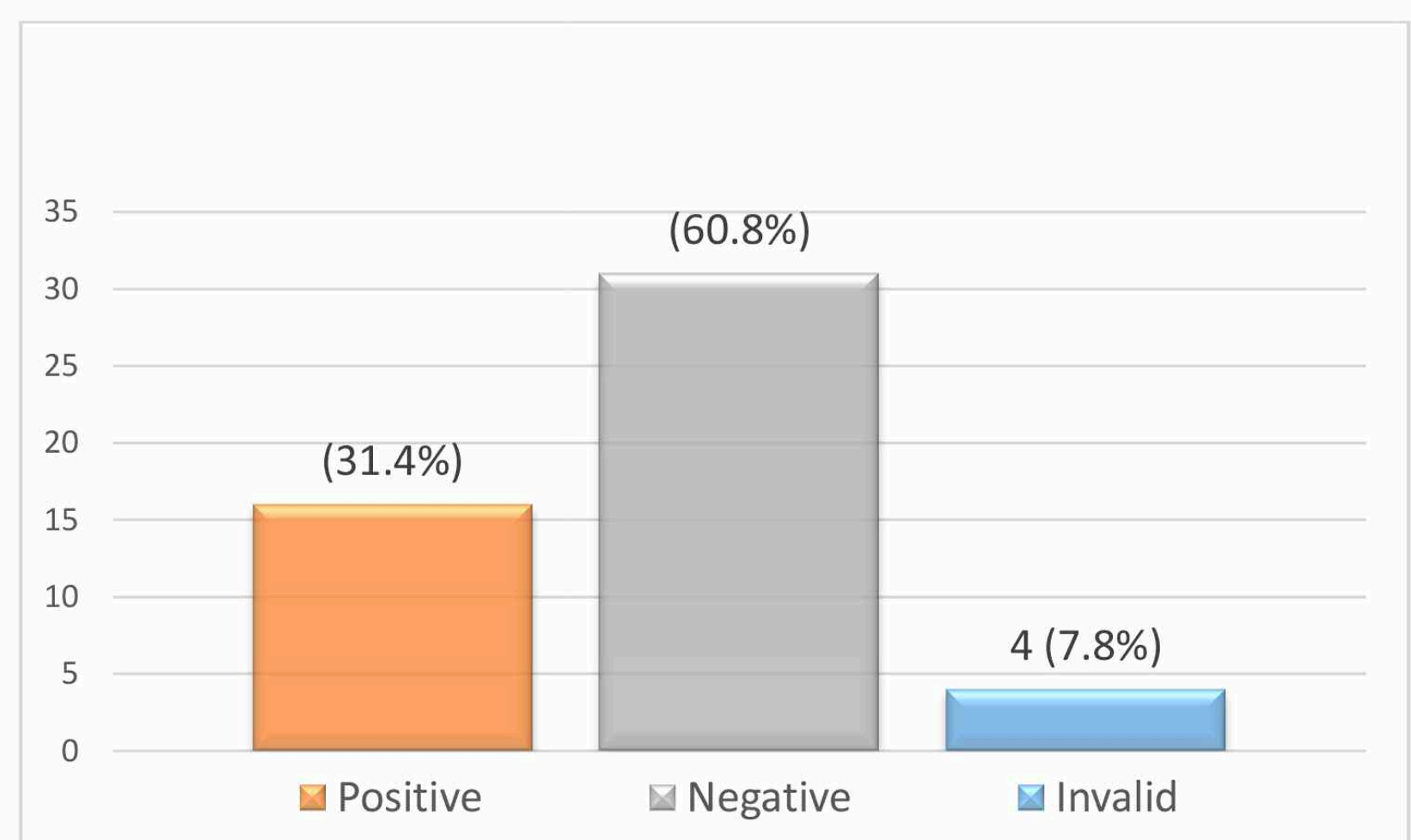
The PHE report 'Hepatitis C in the UK' (2014) highlights evidence that the combination of effective opiate substitution therapy, support for safe injecting and treatment of HCV infection in PWID, can impact on the incidence and prevalence of HCV infection.

NICE Quality Standard QS 23 suggests that all clients attending drugs services should be offered testing for BBV and Hepatitis B vaccination. The PHE Hepatitis Report (2014) stated that UK Commissioners of BBV prevention services for people who inject drugs need to sustain or expand the current broad range of provision to minimise transmission of hepatitis C.

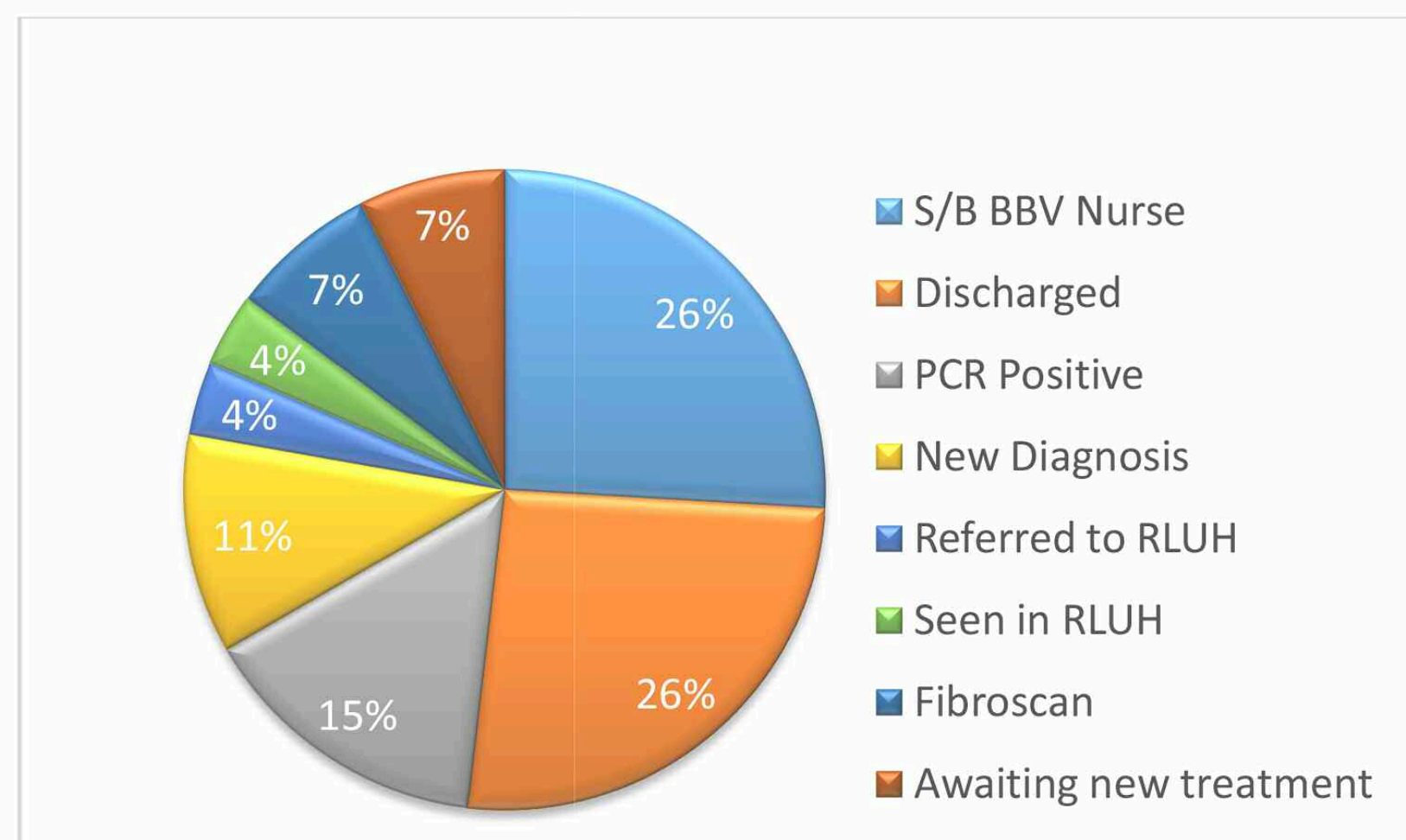
Results

A positive antibody result means the client has been in contact with HCV. A nucleic acid blood test for HCV RNA is then needed; if this is positive, the client is infectious with the HCV.

Hepatitis C Antibody Mouth Swab Results for 51 Tests



Outcome of Antibody Positive Tests



RLUH= Royal Liverpool University Hospital
PCR= Polymerase Chain Reaction

Our study raised awareness, encouraged more clients to be screened and enabled those who tested positive to be referred for specialist intervention. It also provided an opportunity for staff to discuss harm minimisation strategies with clients.

Why it Works

- Community setting; easy access; flexible clinic times
- Holistic Approach from a multi-disciplinary team
- Enhances patient engagement
- Immediate response
- Access to secondary care
- Community monitoring provides treatment compliance
- This service model provides a cost effective approach

Next Steps

- To engage with more vulnerable hard to reach patients
- Dry blood spot screening
- Further community clinics, e.g. in hostels, needle syringe exchanges
- Anti-viral treatment within community drug teams to increase access to treatment in innovative ways and increase patient numbers treated.