

Eastern Region HCV ODN Management Meeting

Wednesday 28 March 2018

The British Racing School, Newmarket

PRESENT: Dr Will Gelson (Chair)
Dr Sambit Sen
Sally Edwards
Emma Bateman
Paula Roberts
Dr Abdul Mohsen
Rachael Bates
Katie Eiloart
Mark Brunning
Claire Watson
Wendy Smeeton
Kirsty McKibben
Paul Selby

APOLOGIES: Tracy Woodall
Tanya Chapman
Chirag Oza
Janeane Hails
Katherine Barry

WG opened the meeting with a brief introduction around the table.

GOVERNANCE

Risk Register

The risk register was circulated with the agenda. KMCK explained there were no red risks currently. No additions were added to the risk register.

Peer Review – KMCK

All hub sites for the ODNs are being peer reviewed. Our peer review takes place on 17th April. The service specification review and other supporting documents were circulated to the ODN before submission on 23/3/18.

AM presented a letter which he'd received at Ipswich informing him of the peer review. KMCK to clarify with Marie Cummins of the peer review team that it is only the hub sites that are being reviewed and not the spoke sites.

WG explained that anyone from the ODN can become a peer reviewer. MB confirmed he is a patient representative peer reviewer. KMCK, PS, WG and WS have also agreed to be peer reviewers.

Run Rate Management/Rate Card – KMCK

KMcK explained how the new rate card has been devised. 65% share to Gilead; 25% share to MSK; 10% share to Abbvie.

WG explained that the pharmaceutical companies have committed to work with ODNs to help achieve the eradication programme. Graham Foster had indicated that the pharmaceutical companies would be investing a significant sum of money towards elimination.

AM said there is a clear business case to support a nurse for out reach at Colchester and in the prisons.

WG confirmed that the ODN hub would compile a 'wish list' including areas that the ODN would like funding from the pharmaceutical companies. This list would be circulated to the ODN so that additions could be made. It was agreed that a central 'wish list' approach would be most appropriate for the ODN.

KMcK explained that the ODN has been allocated 60 runs per month. We can bid for more runs if we think we can use them. The runs have been front loaded during April-June in a bid to ensure that we achieve the runs allocated.

Waiting Times

Discussion took place around treatment waiting times from MDT to treatment start date. The average wait across the MDT was 62 days, 43 days for patients with significant liver disease and 39 days for patients in out reach settings. AM commented that for the prisons in his area the wait was one month from referral to treatment. PR explained that other complicating factors within the prison can lead to delays in some instances. It was felt this was a difficult metric to assess as referral dates to services are not always accurate and other complicating factors can lead to delays in treatment start dates.

Registry

WS explained that Graham Foster had confirmed that all patients on treatment should be entered on the registry, even if they had obtained medications for treatment via a 'buyers club' or overseas. For these patients WS suggested that no MDT date is recorded and that a note is made in the 'notes' field on the treatment page stating that the patient had self funded.

PROJECTS

Prisons

CW introduced herself as the commissioner for prisons in our area. CW explained the types of prisons that we have in our areas and the challenges that are faced. Discussion took place around setting up robust pathways for referral of prisoners. Increasing testing rates amongst prisoners also needs improving. PR commented where patients are found to be HCV RNA positive they are very keen to get access to treatment whilst in prison. Ensuring treatment/follow up continues when a prisoner is released/moved is an area that also needs improving.

CW explained that the second generation of SystmOne is about to be launched in the prisons which should facilitate better tracking of path results and prisoners' medical histories.

WG asked whether it would be feasible to give the entire course of medication to a prisoner who was being released. CW thought this was a sensible option as there is no tradeable value so therefore the medications aren't a commodity. PS agreed that this was a sensible approach but would need to further consider logistics.

CW suggested an education programme for prison staff would be beneficial. Discussion took place regarding arranging some half day CPD education sessions in the region for prison staff on BBV. It was agreed that this is something that should be arranged.

Some thoughts were given about applying for a fellowship grant to set up a study looking at the prevalence of HCV in prisons, testing and treating.

Five Year Plan

KMcK confirmed the five year plan had been submitted today, 28 March. We wait to hear from commissioning.

Partnership Working

KMcK explained that there are now six formalised agreements with DAS in the region and also with 12 prisons.

No agreements to work with sexual health services currently as the prevalence is very small. 0.41% at risk are screened, less than 1% of those have a positive result. WG confirmed HCV is not transmitted through vaginal intercourse.

ANY OTHER BUSINESS

Pan genotypic treatment

There is no universal access to pan genotypic treatment at present.

Treating patients post liver transplant with GT3 virus

WG confirmed he had contacted Adele Torkington. Sof/vel is now first line for naive G3 without cirrhosis anyway.

WG confirmed that Sof/Vel/Vox should be available relatively soon for patients requiring re-treatment.

MB asked about access to re-treatment. WG explained that once NICE has approved the medication the NHS has 90 days to make the medication available. NICE approval was granted on 14/2/18 and therefore the medication should be available towards the end of May however at this stage the criteria for prescribing is not known.

AM asked whether it would be via the central MDT. This is an unknown at this stage.

Discussion took place around when to discharge patients following treatment. WG reiterated the regional guidelines.

Fibroscan Training

Echosense charging for Fibroscan training has increased. WG and Vicky Snowden will be setting up a regional Fibroscan training programme. Any one interested in getting involved in this should contact WG.

19:00 Meeting closed.