



Eastern Region HCV ODN and Pharmaceutical Company Meeting

HCV Elimination Strategy for the Eastern Region

25<sup>th</sup> June 2019

British Racing School, Snailwell Road, Newmarket, CB8 7NU

Attendance: As attached.

Meeting opened by Dr Will Gelson followed by a round the table introduction of delegates present.

Presentation by Jo Brown, Hepatology ODN Manager of strategies for Eastern Region HCV ODN. Slides attached. Comments arising from this presentation included:

Prison Initiatives:

NHSE – intensive test and treat. Two prisons from our region to be included in this initiative. When will this initiative take place? ODN needs a lead time of approximately 12 weeks to allow for planning of resources and staffing.

*Action point: Alex Ridgeon to enquire regarding timing of this initiative and which prisons to be included.*

Abbvie – further decisions and details on this initiative to be available at the end of June.

Gilead – more detailed information about what this initiative involves. More information around the radio campaign.

MSD – allocation of peer to peer support workers.

MSD & NHSE – GP algorithm. Why is this being targeted at <40 years old? The ODN will be able to choose which GP practices to engage with this scheme. The algorithm should run in tandem with their existing software. Payment of £500 to GP practices to take part in the scheme.

*Action point: Alex Ridgeon and MSD to clarify the relationship between the NHSE and MSD GP algorithms*

*Action point: Alex Ridgeon to clarify the age range.*

Anna Athanasopoulou: When are these initiatives likely to be in place? Conscious that the run rate target of 907 is going to be hard to achieve.

Alex Ridgeon: It will be up to the ODN to drive through initiatives. The ODN should start planning how this will happen.

NHSE – Community pharmacy scheme.

Paul Selby – utilisation of community pharmacies would be valuable in eliminating HCV.

Alex Ridgeon and Joe Kerin: negotiations still ongoing with national pharmacy body.

NHSE – Per Patient Treated Payment Scheme

Will Gelson - £500 available per patient treated after the first 25% of run rate.

Alex Ridgeon – There will be a 25% upfront payment (£500 x 227 patients). The ODN can use this for investing in HCV elimination initiatives. Details entered on Blueteq will be the generator for these payments. There will be no payment for prisoners who are treated as other money is being made available via initiatives for this cohort. The money will be released to the ODN via Alex.

*Action point – Alex Ridgeon to confirm the logistics of these payments*

Katherine Barry – How will the HCV service at each site get their money?

Will Gelson - ODN is developing a testing registry for recording case finding activity. A national registry is likely to follow.

Jo Brown – the ODN is concentrating on the initiatives that it has been awarded.

Will Gelson – the ODN can use other funding to develop other initiatives.

Paul Selby took the Chair for discussions around the elimination strategies being offered by our partners.

Alex Ridgeon – representative for NHSE. Central pot of money available on a first come, first served basis.

Patient Pre-Payment Scheme – the central team will be distributing packs with more information in the next two to three weeks.

POCT Prisons – Two prisons within our ODN identified.

Claire Watson – HMP Norwich and Bedford. A start date for this scheme is required.

DAS

Alex Ridgeon - £40,000 for ODN for DAS. ODNs must say how and what they wish to use this for.

GP algorithm

Alex Ridgeon – NHSE developed GP algorithm to identify potential HCV patients. System to be compatible with SystmOne and Emis. GPs will be offered £500 to join this scheme. Pathways into care will need to be established in the event of HCV RNA positive test.

Lidia Woods – what about the special allocation scheme for patients who are barred from GP surgeries. Will this system work for them? They are likely to be high risk for HCV.

Abbvie Initiative – Asim Humayun

POCT Prisons – limited information available today ahead of meeting to be held on 3<sup>rd</sup> July 2019. 18,000 POCT Oraquick tests kits available for the UK. Four ODNs have been awarded this initiative. 850 kits per ODN. General discussion that 850 is inadequate as wouldn't cover even one prison in eastern ODN.

Alex Ridgeon – ODN should lobby at meeting on 3<sup>rd</sup> July for more kits.

Maggie Jager – resources continue to be available for HCV education in prisons.

Paula Roberts – this needs to be a rolling programme of education to ensure all staff in prisons are aware of HCV.

Anna Athanasopoulou – it is important that relationships between the prison services and the ODN are formalised.

Gilead Initiatives: Prisons – Andy Jones

Gilead working with Care UK Prisons and the Hep C Trust to improve testing at reception. Goal is to achieve over 90% testing. Matrix Diagnostics HCV Ab testing kits to be used. Working towards elimination in three years in prison setting. Five care UK prisons in eastern region.

Intensive test and treat scheme will require close work with ODN to ensure this can be delivered.

Hep C Trust has a national prison co-ordinator. Care UK will have a regional HCV co-ordinator; recruitment taking place currently.

Katherine Barry – good access to pharmacy is a difficulty with treating prisoners. How will this be addressed?

Andy Jones – pathways will be agreed and developed with each prison and the ODN. One size won't fit all in this scenario.

Alex Ridgeon – there are reception facilities in five prisons in our ODN. Is there a timescale for the intensive test and treat scheme?

Andy Jones – Care UK have identified HMP Bure and Wayland as being first prisons to take part.

Claire Watson and Jo Brown – not sensible choice of prisons. HMP Highpoint and Wayland had been identified as best prisons to start with in this region. Prevalence will be low in HMP Bure.

DAS – Fiona Taylor

Gilead have partnered with CGL; largest DAS service in the UK. Will continue to employ four CGL regional HCV co-ordinators. CGL will fund data co-ordinators. Local commissioning funds testing in DAS. Training and education for recovery care co-ordinators in DAS. Case finding is not part of this initiative. DBST kits are not being funded by Gilead as part of this initiative.

Peter Hawley – newly appointed regional HCV co-ordinator for CGL to cover all of the eastern region ODN, west Kent, east and west Sussex and Southampton. Prevalence of HCV in eastern region is highest of all CGL areas.

Fiona Taylor – monthly matrix to evidence referral to HCV treatment.

Will Gelson – what are the HCV testing figures for CGL?

General discussion around suboptimal testing and referral by some CGL centres in eastern region ODN particularly in Norfolk and Cambridgeshire.

Tanya Chapman – no referral into services from Norfolk CGL in 12 months.

Sarah Fairclough – testing and referral in Essex is currently working well.

*Action point: Fiona Taylor to provide CGL matrix to Will Gelson*

MSD – Kuldeep Sembhi

GP algorithm – three year rolling programme. Rolling out to 900 GP practices in 19 ODNs in first year. ODNs can prioritise practices. A full time patient search manager is in post to oversee the scheme. Search criteria includes patients who have had a blood transfusion or received a solid organ transplant in the past. Engagement packs will be sent to GPs.

Will Gelson – Iain Roddick of PHE has kindly supplied maps detailing GPs with high prevalence of HCV patients.

Katherine Barry – Is the search criteria married to trigger questions?

Peer to Peer support – funding 12 P2P support workers via the Hep C Trust. The community P2P support workers will liaise with the prison P2P support workers to encourage on going engagement after release. The Hep C Trust will have access to Oraquick mouth swabs.

Meeting break – pharmaceutical companies left the room to allow for ODN meeting.

ODN discussion around how to move forward with HCV elimination in the eastern region. Important areas to focus on:

DAS

GP hot spots

Prisons – targeted sweep of the right prisons

Untapped patients – need to be found

Capacity – nurses in the region are stretched

Patient incentives to attend appointments

DBST kits for SVR12

Self referral – to be available to all patients for all spokes.

No GP – patient not registered with a GP shouldn't be a barrier to care

*Action point: Jo Brown to chase self-referral process*

Full meeting reconvened.

Review of allocated initiatives – Will Gelson

EI 1: Per patient treatment payment scheme (NHSE)

*Action point: Alex Ridgeon to seek clarity around payment*

EI2: Prisons: Intensive test and treat (NHSE)

Action: Make clear to NHSE the prisons we would like to target  
HCV service at CUH will be suspended to support this – approximately 12 week lead time needed  
Rapid treatment of large numbers of prisoners

EI3: Community Pharmacy (NHSE)

Action: Use of community pharmacies still being negotiated at a national level.

EI4: DAS Testing pilots in DAS (NHSE)

Action: Known HCV resource  
Planning around testing and referral into treatment

*Action point: Alex Ridgeon to clarify funding*

EI5: GP Algorithm (NHSE)

Action: Provide list of GPs who have agreed to join the initiative  
Include all GP practices who serve the homeless community  
ODN hub to provide details of hot spot GPs to spokes  
Should GPs be offered both NHSE and MSD algorithm?  
GPs offered £500 payment to use the algorithm

*Action point: Alex Ridgeon to clarify if the MSD and NHSE GP algorithm schemes are the same*

EI6: Testing Registry (NHSE)

Action: Further contact with HCV central team needed to establish timeframe of this.  
Developing internal ODN testing registry

*Action point: Will Gelson to contact central team*

EI8: CGL (Gilead)

Action: Metrics used need to be supplied to ODN  
Testing rate has dipped and this needs to be addressed  
Set up an email forum to include CGL representatives, ODN representatives, DAS commissioners  
Metric needs to include SVR12  
Are incentives available from CGL to clients for testing, referral, treatment and SVR1?  
Ensure CGL are working with the client to encourage engagement with HCV treatment not just pushing to test and refer.  
DAS commissioners to supply NDTMs data to ODN

*Action point: Jo Brown to set up email forum*

*Action point: DAS commissioners to supply NDTMs data to ODN*

EI11: CareUK Prisons (Gilead)

Action: Waiting the appointment of a regional co-ordinator  
Set up a regional steering group to include representation from CareUK prison staff; NHSE Health and Justice staff; ODN staff;

Metrics sent to ODN on a monthly basis  
Gilead have given financial incentive to CareUK to test and refer

*Action point: Jo Brown to set up steering group*

EI14: Peer to Peer Hep C Trust Programme (MSD)

Action: Programme manager to be in touch with ODN via Jo Brown

EI15: GP Patient Search Identification Tool (MSD)

Action: To identify GP practices (need EMIS or SystemOne)  
Engagement pack to be distributed  
Identify role of MSD, GP and ODN.

*Action point: ODN to start pathway process following identification of HCV positive patients*

EI16: Prisons Point of Care Testing Programme (Abbvie)

Action: Further clarity after meeting on 3<sup>rd</sup> July.  
Further clarity needed regarding numbers of Oraquick kits available  
HCV Ab positive – what happens next? Pathway to be established.  
Use of clear established pathways to HCV treatment

*Action point: ODN to establish pathways for HCV Ab positive result working with prison healthcare dept to ensure pathway suitable for each prison*

*Action point: Jo Brown to establish whether ODN can apply to Abbvie Innovation Fund for Cepheid machine for use in prisons*

Final Point

Alex Ridgeon thanked the whole ODN team for working so hard over the past three years to make the eastern region a very successful ODN.

Will Gelson thanked Alex and echoed his sentiments.