

## Eastern Region HCV ODN Meeting

Thursday 12 March 2020  
British Racing School, Newmarket

Present: Dr Will Gelson (Chair)  
Dr Sambit Sen  
Katie Eiloart CNS  
Tillie Bond CNS  
Therese Moore CNS  
Tanya Chapman CNS  
Sarah Fairclough CNS  
Jean CNS  
Claire Watson, Health & Justice Commissioner  
Bridget Langstaff, PHE  
Natasha Gaskin  
Tanina Schillaci, HCV ODN Manager  
Wendy Smeeton, HCV ODN Co-ordinator/analyst  
Sean Cox, Hepatitis C Trust  
Charlotte Brown, Hepatitis C Trust  
Mark Brunning, Patient Representative  
Paul Selby, HCV ODN Pharmacist

Apologies: Naomi Glover  
Dawn Hicks  
Marian Simister  
Judith M  
Katherine Barry

WG welcomed everyone to the meeting. Round the table introductions.

### PHE Missing Millions Check List

BL presented the final printed version of the check list that is being distributed to encourage key workers across all disciplines to have conversations about HCV risk. The check list was well received. Copies are available from PHE.

### HMP Norwich HITT

TC reported on the recent HITT at HMP Norwich.

- HMP Norwich houses approximately 700 cat B/C remand and sentenced prisoners over two sites
- HITT took place over three days
- Successful collaboration between PHE, NHS England, Polarspeed, Hep C Trust, Virgincare, Phoenix Futures and HCV ODN

- Prison was placed into 'lock down' for the HITT. This was helpful as allowed rapid testing between cells
- Oraquick kits used for HCV antibody testing
- Prisoners were offered the incentive of phone credit if they agreed to testing
- Anna Whymark, prison nurse, had made up testing boxes for each team which were helpful
- Cepheid machine available for HCV RNA testing
- Prisoners had been advised about the HITT via letter drop to the cell

#### Results:

- 606 prisoners tested
- 47 refused testing
- 6 prisoners were in court and not tested
- 4 in segregation so not tested
- 10
- 64 HCV Ab positive; of those:
  - 43 patients reviewed by TC in healthcare with access to Fibroscan, Cepheid and venous sampling for chronic liver screen
  - 21 had a recorded SVR
  - 16 HCV RNA negative
  - 27 RNA positive
  - 11 new diagnosis
  - 24 sets of medications ordered

#### Lessons learnt:

- Confidentiality – letters to cells where there is more than one prisoner in a cell
- Spread the HITT across a whole week
- Delivery of results to prisoners; negative results were delayed and positives given more quickly
- Increase in administrative workload – Blueteq; HCV registry
- Telephone credit slow to be uploaded

#### Comments:

SC: more work is needed around the planning of delivery of results to prisoners

PS: all bar one prisoner started treatment within seven days of the HITT

TC: Polarspeed were excellent

TC: prisoners who have been released since the HITT haven't been released with their HCV medications

CW: please forward details of those prisoners and she will investigate. They should be released with their medications

## Community Pharmacy Update

PS gave an update.

- No further news on the pharmacy initiative from the central team
- Community pharmacists have completed an on line Survey Monkey about HCV
- Take up of the survey was low

Comments:

CW: why was take up so poor?

PS: survey was only available on line. It was available via the LPC rather than commercially

BL: suggested that an email is circulated in advance of the survey

WG: would more than 9/150 pharmacies be interested in HCV testing?

PS: yes; more training and breaking down of stigma. Pharmacies in Suffolk, Cambs and Essex all willing to be trained and test. Training will be available on line and in person.

WG: where are we with treating in pharmacies?

PS: struggling to get patients for treatment in pharmacies. Getting pharmacies to hold HCV medication is still contentious.

## Hepatitis C Trust Peer Support

CB introduced herself to the group and explained what she has achieved.

- Shadowed KE in various DAS out reach clinics
- Will now reach out to other CNS in the ODN to shadow them
- Looked at prevalence data for the region
- Recruited peers who will be able to support patients in Peterborough, Cambridgeshire and Colchester
- Peer training is taking place next week
- Making contact with homeless centres and hostels

Comments:

WG: what will a peer be able to do?

CB: peers will work in pairs. Will encourage patients to attend appointments; perform HCV testing; arrange awareness workshops, offer phone support to patients.

WG: are you comfortable that you know where clinics are?

CB: trying to catch up with all the CNS. Will try to find peers to cover areas then move on to find more peers in different areas.

TM: where do you find peers?

CB: at DAS and through attending clinics.

WS: CNS can help identify suitable patients who might like to be peers.

CB: looking for peers to volunteer with the probation service which will tie in with the Hep C Trust Follow Me Scheme.

## Patient Experience Questionnaire 2020

WS asked the group for their thoughts on the patient experience questionnaire for 2020.

- Agreement to stay with the smiley face 12 question format
- To hand out questionnaires as part of the treatment start pack
- Agree a week in May and November when questionnaires will be forwarded to WS for analysis

## Rolling Agenda

### Metrics

WS circulated data. Available in Appendix One.

## Initiatives Update

TS updated the group:

### Prisons

- HMP Highpoint HITT planned for the end of March has been cancelled due to the Covid19 outbreak

***ACTION POINT: To monitor Covid19 outbreak before deciding when to reschedule the HITT***

- The proposed HITT schedule for other prisons in the region will also be affected by Covid19
- Oraquick testing will be used for all other HMP HITT events. TS will budget for these.
- Abbvie Oraquick kits have now been used

Comments:

SC: the budget for the HITT will be ring fenced and will carry over until the HITT happens

WG: there is a clinical lead tele-conference planned with the central HCV team for week commencing 16<sup>th</sup> March.

### **GP Algorithm**

- no further update

### **PPTPS**

TS:

- Quarter two monies are now available for payment to the spokes
- NNUH only spoke to have invoiced so far
- CUH can hold monies and carry them forward into 2020/21 however they must be spent within the first six months of the financial year
- Regional testing /case finding co-ordinator role is out to advert at the moment. Interview will be on the 23<sup>rd</sup> April
- Think of places where this person could be utilised for testing events

Comments:

TM: have L&D and Bedford invoiced?

TS: can the invoice be emailed so that it can be chased at CUH.

### **Cepheid Machine**

TS reported that the ODN now has been awarded a second Cepheid machine.

The MSD funded Cepheid machine can't be used in CareUK prisons.

WG: TC how was the Cepheid machine to use?

TC: Arduous to get blood out of a finger into the tube

### **Case Finding**

TM updated the group on the case finding/testing events from L&D and Bedford.

- Working with two mosques; 70 people tested; one HCV RNA positive patient found
- Biscot pharmacies
- Business case submitted for testing with East London Foundation Trust mental health services

Comments:

WG: what testing kits are used?

TM: DBST or Oraquick

***ACTION POINT: Case finding on agenda for next meeting.***

## **Governance**

- Nothing to add to the risk register.
- No critical incidents or complaints
- Gaps in service - CUH have attended Colchester Stars to perform two HITT clinics. 18 patients have been started on HCV treatment.

## **Data**

WS updated the meeting.

- Patients known to services but not yet receiving treatment 544 across the ODN
- Approximately half of these aren't engaging with services
- SVR12 due for financial year 19/20 was 751 across the ODN; remaining 176 due SVR12 before 31<sup>st</sup> March 2020
- 100% data completeness for trigger 3 of the CQUIN
- Primary care now available as a treatment setting on the registry
- Referral source should be who made the referral into the HCV service – not the consultant who has referred to the CNS for treatment
- HCV registry needs to be updated by the 14<sup>th</sup> April 2020 with all treatment starters and SVR12 1<sup>st</sup> April 2019-31<sup>st</sup> March 2020

## **Pharmacy (percentage of market share)**

PS updated the meeting. Please see Appendix Two.

## **Any Other Business**

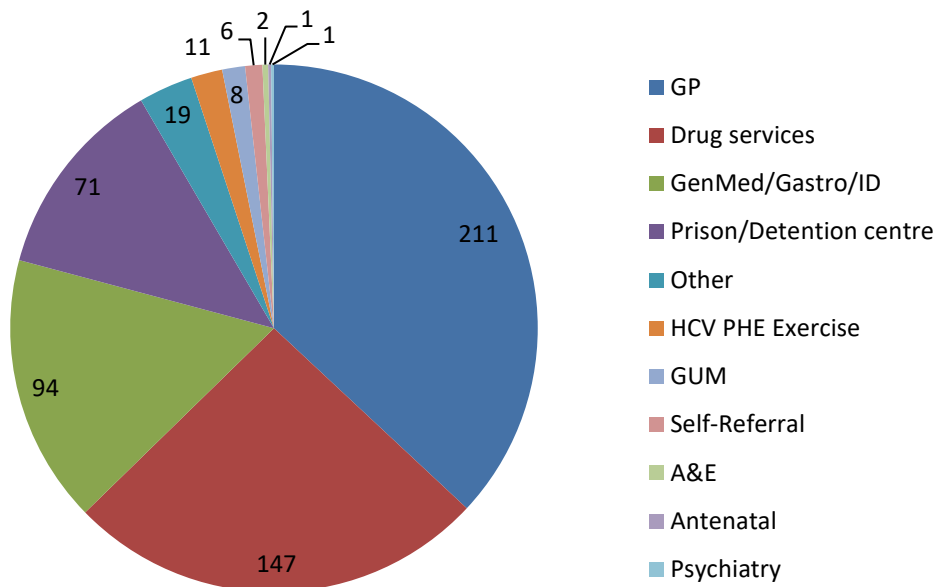
WS is happy to answer data queries for the ODN from pharmaceutical representatives.

## **Date of Next Meeting**

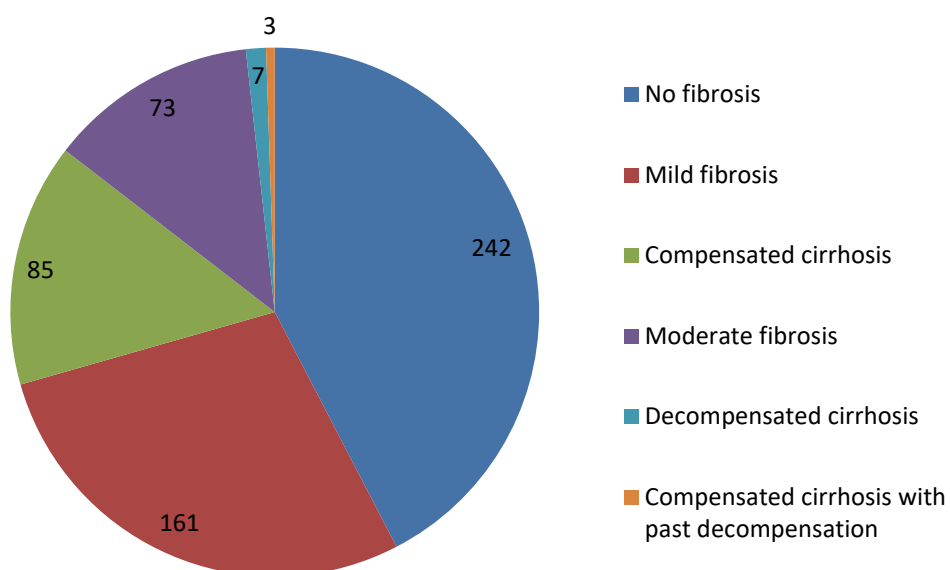
Thursday 25<sup>th</sup> June 2020

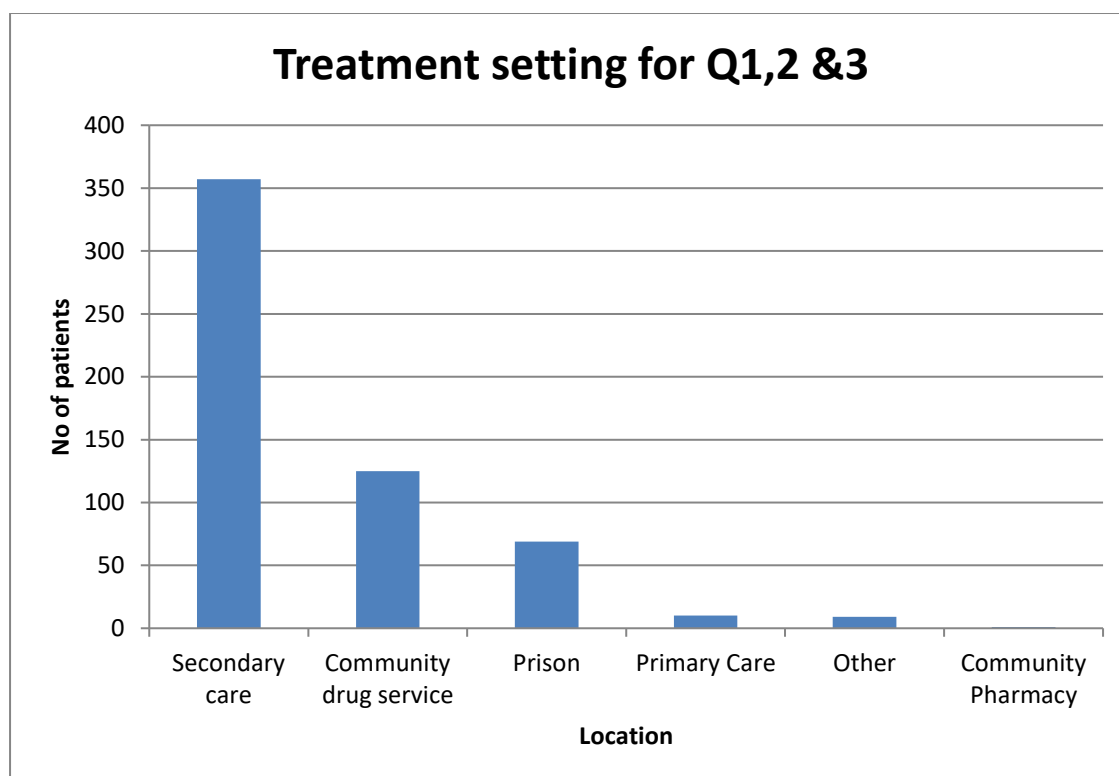
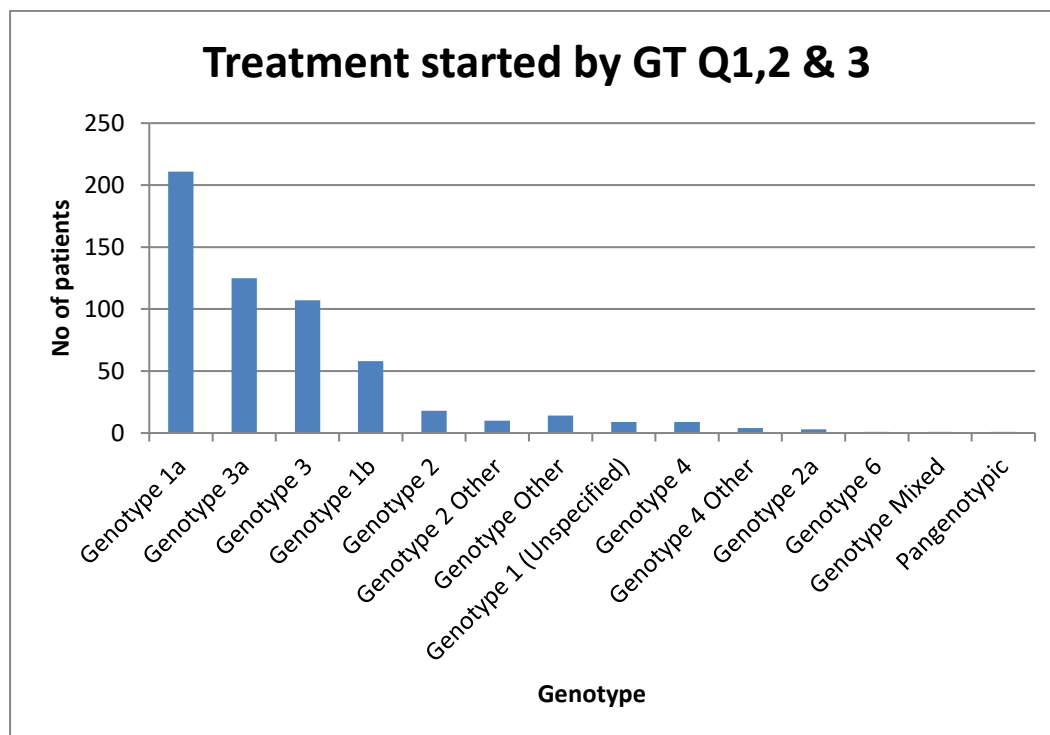
## Appendix One

**Referral source Q1,2 & 3 for patients on treatment**



**Disease stage at treatment start Q1,2 & 3**







Known to services but not yet treated:

ODN 544  
Basildon 24  
Bedford 7  
CUH 224  
Ipswich 97  
Luton 12  
NNUH 85  
Peterborough 88

Approximately half of these are non-engaging patients.

SVR12 due 1<sup>st</sup> April 2019-31<sup>st</sup> March 2020:

ODN 751  
Basildon 74  
Bedford 44  
CUH 195  
Ipswich 96  
Luton 73  
NNUH 162  
Peterborough 88  
Southend 19

SVR12 to complete before 1<sup>st</sup> April 2020

Basildon 17  
Bedford 16  
CUH 41  
Ipswich 16  
Luton 22  
NNUH 39  
Peterborough 24  
Southend 1

## Appendix Two

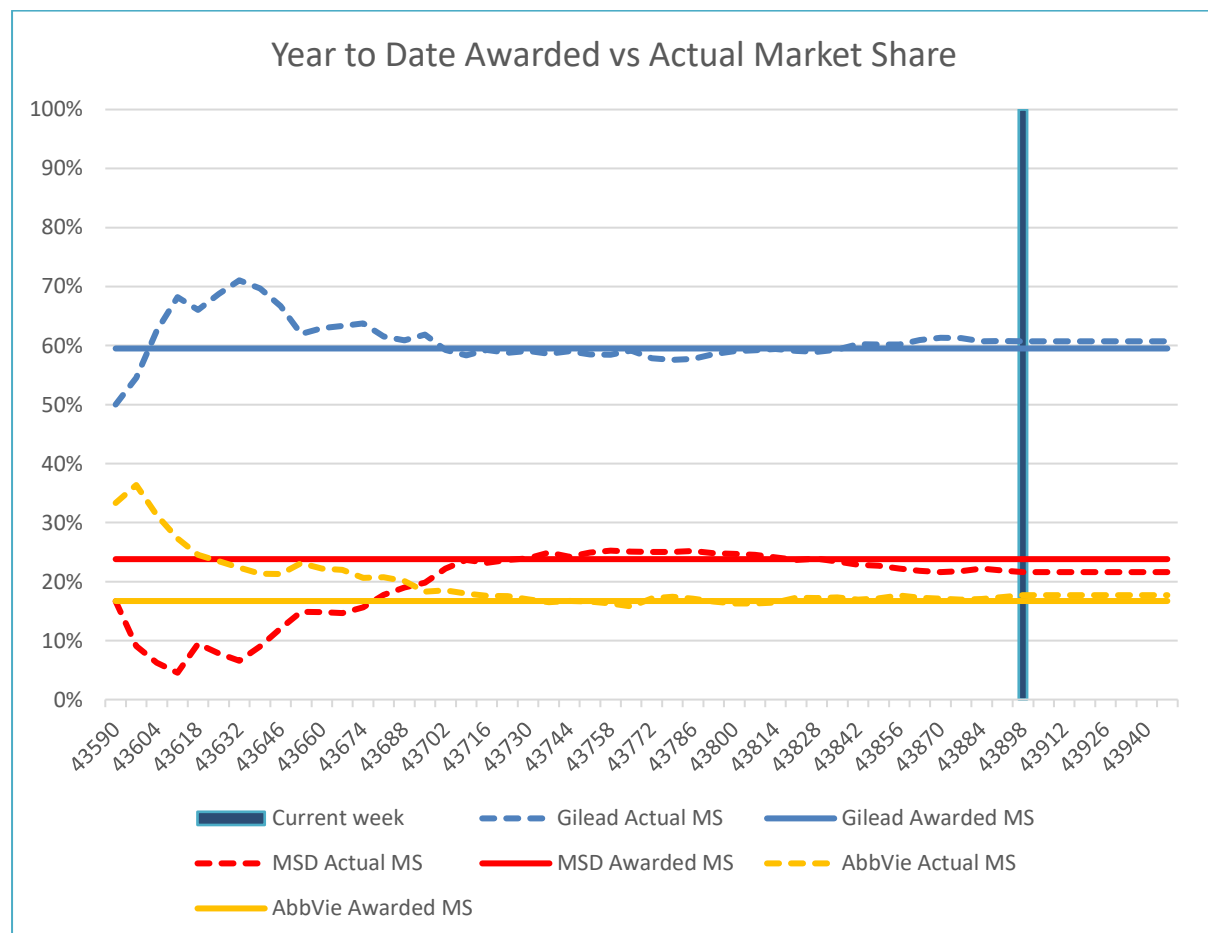
### CQUIN Targets - Market Share:

By Drug Company					
Company	Drug	Awarded Market Share	Target Estimate	Actual Usage	Actual Share %
Abbvie	Omb/par/rit	16.7%	151	149	17.4%
	Omb/par/rit/das				
	Gle/Pib				
Gilead	Sofosbuvir/ledipasvir	59.5%	540	509	59.6%
	Sofosbuvir/velpatasvir				
MSD	Elbasvir/grazoprevir	23.8%	216	196	23.0%

within 1%

within 5%

outside 5%



Genotype unknown (20%)

GT1-6 Non Cirrhotic & Compensated Cirrhotic

	Sof/Vel	Gle/Pib
Actual Usage	20	42
Actual Percentage	32.26%	67.74%
Target usage %	75%	25%

GT1-6 Decompensated Cirrhotic

	Sof/Vel
Actual Usage	0
Actual Percentage	100.00%

**Genotype known (80%)**

GT1&4 Non Cirrhotic & Compensated Cirrhotic

	Elb/Grz	Sof/Led	Gle/Pib
Actual Usage	196	169	27
Actual Percentage	50.0%	43.1%	6.9%
Target usage %	60%	35%	5%

GT2,3,5&6 Non Cirrhotic & Compensated Cirrhotic

	Sof/Vel	Gle/Pib
Actual Usage	308	80
Actual Percentage	79%	21%
Target usage %	75%	25%

GT1 Decompensated Cirrhotic

	Sof/Led
Target usage %	100%
Target estimate	13
Actual usage	9

Other Decompensated Cirrhotic

	Sof/Vel
Target usage %	100%
Target estimate	13
Actual Usage	3

