

HCV ODN Meeting

Thursday 4th July 2024

In person attendance: Dr Lucy Rivett
Dr Sambit Sen
Dr Will Gelson
Helen Sadler, HCV ODN Manager
Wendy Smeeton, ODN Co-ordinator
CNS Therese Moore
CNS Rachael Bates
CNS Tanya Chapman
CNS Katie Eiloart
CNS Arron Drew
Ben Jones, CGL BBV Lead Nurse
Lee Deveraux, Hep C Trust Prison Peer
Daren Claxton, Hep C Trust Prison Peer
Natasha Gaskin, Hep C Trust Prison Peer
Leslie Wong, HCV ODN Pharmacist
Becky Donnelly, HCV ODN Pharmacy Technician
Amanda Jackson, Hep C Trust Peer Support Lead
Charlotte Brown, Hep C Trust Peer Support Lead
Anthony Mead, Hep C Trust Peer
Dawn Foxley, Hep C Trust Peer
Mark Brunning, HCV Patient Representative

Teams attendance: CNS Laurelin Burr
Claire Clark, HCV Case Finder
CNS Dannielle Clarke
Lidia Woods, Essex Stars
Paula Bishop, UKHSA
Petra Szabo, HCV Admin, NNUH
CNS Adele Cull
Elle Pentelow, HCV Case Finder
Enid Nyaumah, Pharmacist
Dr Abdul Mohsen

Apologies: Kevin Wain
Clive Broom
Liz Belham

Agenda

HS opened the meeting and welcomed everyone.



BBV ED Opt out testing

- Monthly regional meetings via Teams
- HCV ODN to help support with HCV business cases

HS: Regular monthly meetings organised by NHSE to plan BBV ED opt out testing across the identified ED sites. Sites chosen by NIHR based on HIV prevalence. In the eastern region these sites are Basildon, Bedford, Luton and Peterborough. Encourage attendance at the monthly meetings by representatives from these sites.

SS: Updated on the progress that is being at L&D. SS is in the process of writing a business case with the assistance of WG for the hepatology elements of the BBV screening. Results will be sent to the relevant clinician (HIV or hepatology). Patients will follow usual referral pathway and be seen in hepatology clinics. Since the merger of the two trusts, the management team would like Bedford and L&D to start at the same time however Bedford are a little further behind with progress at this stage. Will start before the end of March 2025 to qualify for the 12 month funding which is available.

WS: At the recent monthly meeting both the Deputy Director of Operations for ED and the DOM for hepatology at PCH were on the call. They are making progress and finalising pathways into care. DOM hepatology acknowledged the pressures on the hepatology service and concerns about potential impact on HBV service.



Initiatives update: GP PSI Tool

- HCV GP Champion – Dr Liz Belham
- Clarkson Surgery Wisbech:
 - first wave of invitations sent to ~200 patients with ethnicity risk.
 - ~20% take up of appointments
 - Three HCV RNA detected patients started on treatment

WS: Liz Belham has joined the HCV ODN and is working with Clarkson Surgery in Wisbech. Successful start to using the GP PSI tool. Choosing searches to run in order to prioritise patients texted to offer testing. Text links the patients to a specific GP page on Easternliver.net and to the practice appointment system to book an appointment to visit LB for an HCV antibody test. It's a time consuming process. LB is updating the SystemOne records of patients as she tests them.

WS to organise a meeting with the ODN to discuss strategy to approach other GP practices across the region. An HCV GP pack is being created for distribution by the HCT peers with follow up contact from LB and the ODN to encourage use of the GP PSI tool. WS and LB will identify practices/areas to roll out too.

WG: Is anyone else using the GP PSI tool?

TC: Working with a practice in Norwich for some time now. Taken a slightly different approach and have not run targeted searches. Offered a 'HITT' style approach to HCV testing which was well

received; however may not have targeted the right patients. Considering running an 'opt out' scheme for any patients who attending the practice for phlebotomy.

Needs Assessment Progress (data extract 28/06/2024)

CODE	ODN	Total valid Hep C tests in Y1	Patients deceased	Total valid Hep C tests for Y2	Tests to date (lab)	Tests to date (non-lab)	Total tests to date	Remaining tests (95% of last year)	Current tests per week (Average)	% achieved
0100N	Barts	317	9	308	169	33	202	91	4	63%
0200N	Birmingham*	506	12	494	126	86	212	257	3	45%
0300N	Bristol & Severn Hep C ODN*	576	16	560	298	91	389	143	7	73%
0400N	Cheshire & Merseyside	334	5	329	119	119	194	3	3	38%
0500N	Eastern Hepatitis Network*	537	19	518	118	107	225	267	3	46%
0600N	Greater Manchester and Eastern Cheshire*	345	9	336	87	81	168	151	2	53%
0700N	Humber and North Yorkshire*	514	24	490	277	33	310	156	7	67%
0800N	Kent Network*	504	16	488	271	44	315	149	6	68%
0900N	Lancashire and South Cumbria*	374	10	364	226	41	267	79	5	77%
1000N	Leicester	403	11	392	133	95	228	144	3	61%
1100N	North Central London Viral Hepatitis Network*	496	8	488	278		278	186	7	60%
1200N	North East and Cumbria	375	27	348	200	7	207	124	5	63%
1300N	Nottingham	404	12	392	244	22	266	106	6	71%
1400N	South East London Thames Hepatitis Network - Kings	355	7	348	124	89	213	118	3	64%
1600N	South West London Thames Hepatitis Network - St George's	265	8	257	109	37	146	98	3	60%
1500N	South Yorkshire*	414	18	396	198	71	269	107	5	72%
1700N	Surrey Hepatitis Services*	411	9	402	155	6	161	221	4	42%
1800N	Sussex Hepatology Network*	404	21	383	144	79	223	141	3	61%
1900N	SW Peninsula Hepatitis C ODN*	468	6	462	136	54	190	249	3	43%
2000N	Thames Valley Hep C ODN*	362	15	347	230	31	261	69	5	79%
2100N	Wessex Hep C ODN*	434	20	414	271	37	308	85	6	78%
2200N	West London	363	13	350	180	18	198	135	4	60%
2300N	West Yorkshire	300	30	270	189		189	96	4	66%
TOTAL		9461	295	9166	4282	1062	5344	3644	101	61%

Please note that we are no longer counting tests with outcomes such as 'insufficient sample' or 'unlabelled' when calculating the 'Total Tests to Date' column. Some of these tests may have been included in previous data extracts, in which case the 'Total Tests to Date' value may now be slightly lower than it was previously.



NAP update

- Thank you
- 518 people to test in year two
- 267 outstanding tests to be completed
- CGL submitting DBST data 7th July
- Chasing Stars and Turning Point for their data
- DBST results accepted after 1st August 2023
- 19 people RIP

HS: Thanked everyone for their continued hard work on this very difficult project. The project is likely to continue until we reach 77% target. Please continue to offer NAP testing.



National HCV home test scheme

- Eastern region top of the leader board

Orders by Operational Delivery Network

Uptake outcomes

Operation Delivery Network (ODN)	Population Size	Orders	Order Proportion	ODN Rates / 1000	Return Rates
EASTERN HEP. NETWORK	5,245,524	6,232	9.23%	118.0%	71.1%
Wessex HEP. NETWORK	2,442,000	2,442	9.23%	118.0%	71.1%

- 15 HCV RNA detected cases for our ODN – highest nationally
- From NHSE data: between 09.05.24 and 28.06.24 (the big post-IBI surge) is as follows:
- 36 RNA positives with a further 13 unconfirmed results passed to the ODNs
- 42,740 orders
- 49,939 kits dispatched (there have been a few kits re-sent due to users not receiving first kit)
- 31,579 completed tests
- 76.6% return rate for kits dispatched between 9th May and 15th June, which is a lot higher than pre-9 M

HS: Thanked the team for distributing information/posters promoting the use of the home testing scheme. Eastern region are the best performing.

AM (HCT): If someone requests a home test kit to use as an SVR test, do we see the results?

WS: We are only informed of HCV RNA detected results or HCV Antibody positive results with an indeterminate RNA.

TC: The results are sent back to the test requester so would be available to us through that route.

TC: Good use of the home testing kit in Norfolk. Three people from one family have been identified following linkage to the home test kits.

AM(Ipswich): The only person linked to Ipswich is someone who they have been unable to engage. Suggest that people who are requesting the kits may already know that they have HCV and do not engage.

LD: There are still urban myths about interferon treatment which might be a barrier to people coming forward even if a test is HCV RNA detected. Should continue to spread the good news message about current HCV treatment.

WG: Quick check of the HCV home testing portal is not bad; no mention of interferon however no mention that new treatment is via tablets.

Rolling Agenda

Initiatives Update

Case finding



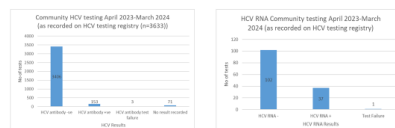
HCV Case Finding Data FY 2023/24

- Total HCV testing
 - people tested = 4076
 - HCV Ab positive = 236
 - HCV Ab negative = 3747
- Breakdown
 - HCV van people tested = 1902
 - Community & prison venues = 2174

HCV RNA detected on Cepheid = 15
HCV RNA negative on Cepheid = 56
DBST sent = 187
HCV RNA detected recorded on HCV testing registry = 37



Initiatives update: Case Finding



Not all people tested consent to information being stored on the HCV testing registry

WS: Reviewed data after concerns re accuracy were made during the meeting. There was an error with the reporting. The data is now correct. 1902 people tested on the HCV van; 2174 tested at other community testing events, including prison testing.

Initiatives Update: DAS/NS/Pharmacy HITTs



Initiatives update: DAS/NX Pharmacy HITTs

- DAS providers working towards micro-elimination
- NX/pharmacies
- Working with needle find teams in Peterborough

HS: Drug and alcohol service providers in the region are working well towards micro-elimination with continued testing and referral to treatment.

RB: Working with police and other community agencies to identify areas with high needle disposal. Generally finding the same cohort of people who are already known to HCV services. No new contacts made. People attend needle exchange pharmacies all day so it's not easy to coincide testing with attendances.

Initiatives Update: Prison/Probation/AP/P2P



Initiatives update: Prison/Probation/AP/P2P/PTPPS

- Planning stages for HMP Whitemoor – cat A
- Probation testing continues in King's Lynn.
- HCT peers testing in probation services in Essex

HS: HMP Bedford HITT was cancelled in February due to staff shortages. Situation at HMP Bedford remains unchanged. HITT to be rescheduled when the new Cepheid is ready to be distributed to the prison. TM to start conversations with HMP Bedford about rescheduling the HITT.

LD: HMP Bedford currently using DBST for screening as no Matrix available.

HS: Early planning stages of a HITT in HMP Whitemoor. NHSE not reviewing business cases at the moment unless they are for ED BBV opt out testing.

NG: Recent HITT in a cat A prison only found three HCV RNA detected prisoners. Likely to be low prevalence.

LD: Most HITTs are only finding three HCV RNA detected prisoners now as testing has improved.

WS: Ipswich nurse team had raised concerns that HMP Chelmsford are not performing reception testing and rely on the Ipswich team for this. Could DC help to encourage reception testing?

AM (Ipswich): Ipswich team have prisons in their area well covered.

DC: Problems at HMP Chelmsford with staff not bringing prisoners to clinic appointments.

LD & DC: To discuss testing and transfer of prisoners to clinics with HMP Chelmsford healthcare when they are next at the prison.

AJ: Probation testing in Essex area going well. Fits in with the new drug and alcohol strategy. Visiting every six weeks to offer testing.

AD: Testing drying up in probation King's Lynn. Moving focus to testing in areas with high prevalence of Eastern European residents.

WS: Has a working relationship with the probation service leads and happy to liaise with the services if support is needed. Less people found at probation as prison testing is now so good. Good opportunity to support SVR12 testing and to offer testing to people on probation who do not get a custodial sentence.

Governance



Governance

- Risk Register
- Gaps in service
- Critical incidents
- Complaints/compliments

TC: Has the cyber-attack on Synnovis been added to the risk register?

HS: Not yet however can be added. Regular contact with Abbott to see when they will be able to start accepting samples again. No time frame yet. Some results have come through for samples processed before the attack.

AM (HCT): Has patient data security been breached?

WG: We are not aware that patient data have been breached with the ransomware attack.

HS: DBST8 kits can be provided by CUH in the interim. The charges for these kits will be taken from spoke PTPPS payments. Results will be received at CUH and forwarded on to the requesting user. DBST8 kits will require lancets, envelopes and stamps for use. Or can be sent via Trust postal rooms. The Birmingham lab address is available from CUH and address labels will be circulated with the kits. The turn round time is approximately three weeks.

WS: DBST8 can provide a genotype. If a genotype only is required, then please tick 'genotype only' on the sample request form.

Gaps in Service

Complaints

None

Compliments

None

Staff

Cliff Murrell HCT peer has now left. Charlotte Brown has returned from maternity leave.

Quarterly Metrics/Data



Data End of year – HCV treatment

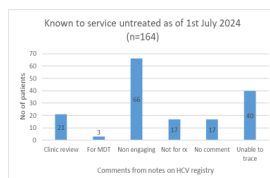
- Known to service (untreated) = 201
- Treatment starts = 568
- SVR12 = 356 (596 due)
- Please complete all treatment starters on the registry by the third Wednesday of the following month (eg. Jan starters on by third Wed in Feb)

WS: Stressed the importance of accurate data recording of all patients on the HCV registry. If refreshers or training on the HCV registry are required please get in touch. Always happy to help with the registry.

Data attached in the slide deck for FY 2023/24.



ODN known to service untreated



WS: Consider focusing on the 66 known to service non engaging patients across the ODN. Some patients have been removed from the known to service list as they are marked as leaving the country on the NHS spine. Ongoing house-keeping of the registry.

Any other business

WS: Reiterated use of 28 day metric. Check records/HCV registry for a genotype. Check with previous treatment centres if patients have been previously treated.



Metrics 2024/25 – PTPPS

PTPPS

The Per Treated Patient Payment Scheme (PTPPS) will continue in 24/25. It will continue terms of the PTPPS being split into Blueteq completion (£350 PTPPS) and Registry completion (£150 PTPPS).

WS: PTPPS money will continue and is linked to Blueteq and registry completion.

Recognition award

HS: The person who receives the most nominations will receive a small gift; all others nominated will receive a certificate.

Ant Meade is the first recipient for outstanding contribution to the NAP project.

HS: New processes in place for ordering of consumables. Clive has taken on ordering.

Please pay attention to stock levels and order with Clive as per his timetable.

Please be mindful that ordering takes time and that we do not have supplies of stock sitting at CUH.

Please allow enough time as limit requests are not guaranteed.

RB: The van has been busy across the region testing at farms employing migrant workers.

AD: Have secured a spot at the University of East Anglia fresher's fayre. Also been testing in gyms under the banner 'liver health'. Nuffield gyms have 'well-being managers' and linkage with healthy living.

RB: Grateful for any offers of help to cover van dates during August due to annual leave.

AM (Ipswich): How can Ipswich ED join this programme?

WG: Sites chosen by NHIR based on HIV prevalence so not an option for Ipswich to join.

WS: World hepatitis day plans include poster displays in bus shelters across the region. This has been a time consuming project and not all towns/cities will have displays however most of the region has got coverage.