

**NHS Greater Glasgow and Clyde****Board Meeting****Board Paper No. 09/63****Report of the Clinical Director, Public Health Protection Unit****HEPATITIS C UPDATE****Recommendation:**

The NHS Board is asked to note progress on local implementation of the *Hepatitis C Action Plan for Scotland Phase II May 2008-March 2011*.

**1: Introduction**

Hepatitis C (HCV) is a major public health issue in Scotland. HPS estimate that 1% of the Scottish Population is infected with HCV, compared with 0.5% prevalence in England and Wales. An estimated 50,000 Scots are HCV antibody positive, the majority of whom remain undiagnosed. Eighty percent of those infected will develop chronic HCV infection. Treatments are available that can clear the virus in 50-60% of those treated. Without treatment, around 15% will develop cirrhosis within 20 years, and 5% will develop liver cancer.

**2: Epidemiology**

As of 30 Jun 2009, there were 26,347 people with diagnosed HCV infection in Scotland. Of these, 10,677 (41%) were resident in NHSGGC. It is estimated that 89% of HCV infections were acquired as a result of injecting drug use (IDU).

**3: Scottish Action Plan for Hepatitis C****Phase I: Sept 2006-Aug 2008**

In 2006, the Scottish Government published Phase I of the national action plan, accompanied by £4M pump-priming funding to Health Boards to initiate developments in service coordination, testing, treatment, care and support, education, training and awareness-raising. NHSGGC received £1.15M for the duration of Phase I. HPS conducted a series of national needs assessments, generating evidence to inform further development of the programme in Phase II.

**Phase II: May 2008-Mar 2011**

The Phase II action plan tasked Health Boards and their partner organisations to further improve services, building on steps taken during Phase I. A multi-disciplinary approach, manifested by the establishment of several local and national networks comprising representatives from all relevant disciplines and organisations, was adopted. A considerable emphasis was placed on co-ordination and monitoring to ensure that organisations, accountable to the Scottish Government, deliver actions effectively, efficiently and to time. Nationally, £43M were made available to support delivery of the Phase II action plan.

**4: Funding**

Phase II funding was arranged to support a stepwise development in local activity; services were to be planned and arranged in year one (2008/09), fully activated in year two (2009/10), and further developed in year three (2010/11). Funds were allocated to Boards according to formulae based

on the local population, prevalence of HCV, and prison population. NHSGGC were allocated £12.1M over Phase II as follows\*:

	2008/09	2009/10	2010/11	Workstream Total
Executive Lead support costs	£ 7,000	£ 7,000	£ 7,000	£ 21,000
Prevention activities	£ 192,420	£ 1,116,684	£ 1,116,684	£ 2,425,788
Testing, treatment, care & support	£ 1,013,020	£ 3,367,003	£ 5,336,158	£ 9,716,181
<b>Annual Total</b>	<b>£ 1,212,440</b>	<b>£ 4,490,687</b>	<b>£ 6,459,842</b>	<b>£ 12,162,969</b>

## 5: Local Progress in Phase II

### 5.1 HCV Prevention

NHS Board Actions	Local Position						
A. Each Board will have a HCV Prevention Network comprising representatives of all stakeholder sectors.	<ul style="list-style-type: none"> <li>HCV Prevention network established and operational (see management structure Appendix A)</li> </ul>						
B. Services providing injecting equipment will be improved in line with national guidelines. Improvements will be made in terms of the quantity, quality, and nature of provision.	<ul style="list-style-type: none"> <li>Number of community pharmacies providing Needle Exchange has been doubled:                             <table style="margin-left: 20px;"> <tr> <td>Pre-action plan</td> <td>32</td> </tr> <tr> <td>Phase I</td> <td>49</td> </tr> <tr> <td>Phase II</td> <td>64</td> </tr> </table> </li> <li>Needle Replacement available from Sandyford central and hubs, Glasgow Drug Court, and Community Addiction Teams.</li> <li>'1-Hit Kits' developed to provide needles, syringes and injecting paraphernalia to encourage single use of all equipment per injecting episode.</li> <li>'Neo' electronic data collection system introduced to improve consistency and timeliness of activity data.</li> <li>Service directory and map developed to promote local availability of sterile injecting equipment and support services.</li> <li>Steroid user clinic piloted at Glasgow Drug Crisis Centre, currently under evaluation.</li> <li>New Injecting Equipment Improvement and Development Manager post created at Glasgow Addiction Services.</li> <li>HCV Prevention messages incorporated into annual overdose prevention campaign.</li> </ul>	Pre-action plan	32	Phase I	49	Phase II	64
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Phase II	64						
C. Educational interventions aimed at vulnerable individuals, IDUs and those at risk of injecting will be designed and implemented.	<ul style="list-style-type: none"> <li>C-Level (voluntary sector service) commissioned to deliver HCV Prevention interventions across NHSGGC.</li> </ul>						

\* In November 2009, the Scottish Government announced that they intend to revise the allocations to the NHS Boards for both 2009/10 and 2010/11. Discussions between the Scottish Government and NHS Boards are currently underway.

**5.2 HCV Testing, treatment, care and support**

<b>NHS Board Actions</b>	<b>Local Position</b>															
<p>D. Each Board will have a Managed Care Network (MCN) for HCV comprising representatives of all stakeholder sectors.</p>	<ul style="list-style-type: none"> <li>• Local HCV MCN established and operational since 2006. MCN oversees strategic development of clinical services and treatment activity.</li> <li>• Local treatment guideline and clinical audit reports made publically available via the MCN website.</li> </ul>															
<p>E. NHS Boards will identify a HCV Workforce Development Lead, review the learning and development needs of the HCV workforce, and implement a coordinated approach to HCV workforce development.</p>	<ul style="list-style-type: none"> <li>• Workforce Development Lead identified.</li> <li>• Training needs assessment conducted and report produced.</li> <li>• BBV Training Development Group established to design HCV workforce development programme (see management structure Appendix A)</li> </ul>															
<p>F. Testing, treatment, care and support services will be developed to increase the number of persons initiated onto antiviral treatment per year in Scotland:</p> <table border="1" data-bbox="263 942 592 1121"> <thead> <tr> <th>Yr</th> <th>Scotland</th> <th>GGC</th> </tr> </thead> <tbody> <tr> <td>08/09</td> <td>500</td> <td>169</td> </tr> <tr> <td>09/10</td> <td>1,000</td> <td>338</td> </tr> <tr> <td>10/11</td> <td>1,500</td> <td>506</td> </tr> <tr> <td>11/12 onwards</td> <td>2,000</td> <td>675</td> </tr> </tbody> </table>	Yr	Scotland	GGC	08/09	500	169	09/10	1,000	338	10/11	1,500	506	11/12 onwards	2,000	675	<ul style="list-style-type: none"> <li>• 7.5 wte Clinical Nurse Specialist post created or made substantive.</li> <li>• 1.5 wte additional consultant posts created in Gastroenterology and Infectious Disease services.</li> <li>• New HCV outpatient services developed at Inverclyde Royal and Royal Alexandra hospitals.</li> <li>• New dedicated, multidisciplinary HCV outpatient ward established at Gartnavel for co-location of Gastroenterology and Infectious Disease teams (Ward 7B).</li> <li>• Additional clinical space secured at Glasgow Royal Infirmary (Clinic 7).</li> <li>• As a result of increased clinical capacity, local treatment targets were exceeded in 2008/09, and are projected to be met in 2009/10.</li> </ul>
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<p>G. SLAs between NHS Boards and Scottish Prison Service Establishments to promote the treatment of HCV infected inmates will be developed.</p>	<p><b>HMP Barlinnie</b></p> <ul style="list-style-type: none"> <li>• SLA developed and signed-off.</li> <li>• Prison nurses promote and deliver diagnostic testing and initial assessment.</li> <li>• Consultant-led HCV treatment clinics delivered in prison following in-reach methodology.</li> <li>• C-Level commissioned to deliver support and information to HCV infected inmates.</li> </ul> <p><b>HMP Greenock</b></p> <ul style="list-style-type: none"> <li>• SLA drafted, awaiting agreement and sign-off.</li> <li>• Prison nurses promote and deliver diagnostic testing and initial assessment.</li> <li>• CNS in-reach sessions delivered.</li> <li>• C-Level commissioned to deliver support and information to HCV infected inmates.</li> </ul>															
<p>H. Each NHS Board will integrate appropriate elements of HCV specialist treatment services into</p>	<ul style="list-style-type: none"> <li>• 1.5 wte Medical Officers and 6 wte Senior Addiction Nurse posts at Glasgow Addiction Services to provide testing and referral of addiction caseload.</li> <li>• Dried Blood Spot testing made available at Addiction and</li> </ul>															

NHS Board Actions	Local Position
<p>those for social care, mental health, and addiction.</p> <p>I. NHS Boards will work with CH(C)Ps to improve HCV testing and referral services by GPs and other community setting practitioners.</p>	<p>Harm Reduction services and prisons.</p> <ul style="list-style-type: none"> <li>• Care pathways developed between Addiction and Harm Reduction services, Primary Care, and specialist HCV treatment centres.</li> <li>• Six Local Planning Groups established to lead on operational development of community-based testing and referral activity.</li> <li>• Primary Care case finding exercise being piloted in Inverclyde and Renfrewshire CHPs.</li> <li>• Community-based case finding and prevalence study (in partnership with HPS) with South Asian populations in Glasgow City</li> </ul>

**Appendix A: HCV Management Structure**

