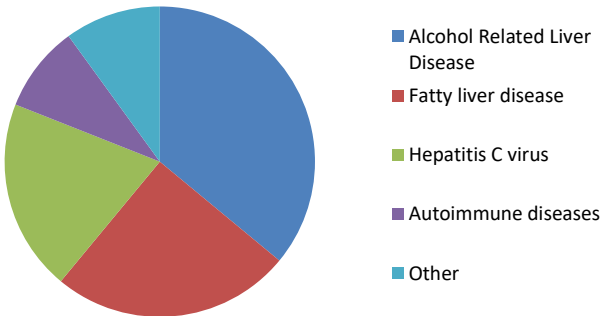


Charter 12.6 Improve treatment of Blood Borne Viruses

Improvement Project Title Love Your Liver												
Executive Sponsor Supt. Richard Craig, Police Scotland, ADP Chair												
Project Lead Name: Lisa Allerton / Simon Rayner Job Role & Organisation: MCN for Sexual Health and BBVs / Alcohol and Drug Partnership Lead Email Address: lisa.allerton@nhs.net / simon.rayner@nhs.net												
Aim statement Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.												
Link to Local Outcome Improvement Plan 12.3 Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol												
Why this is important Liver disease is the 5 th largest cause of death in the United Kingdom and the 3 rd main cause of premature death. Liver disease is exacerbated by excess use of alcohol, viral hepatitis and obesity. Many people will be unaware of liver disease until the signs and symptoms of poor liver disease occur; liver disease is often thought of as a “silent killer”. However, it can be prevented by simple lifestyle changes – early conversations and interventions can make the difference. Alcohol: The Alcohol Framework for Scotland (2018) ¹ recognises that the nation needs to change its relationship with alcohol focusing on reducing consumption, creating positive attitudes and positive choices and supporting families and communities affected by harm. We can view the harm from increased alcohol consumption when it translates into alcohol-related hospital admissions and alcohol-related deaths. During 2018/2019 there were 38,370 alcohol-related admissions to hospital in 23,751 individuals with around 94% of these emergency admissions. In Grampian, around 90% of the admissions (N=2,844) were emergency admissions. ² In Scotland 1,170 people died in 2017 from alcohol-specific deaths. ¹ However, it’s the sustained and consistent consumption of alcohol that can be harmful to the liver and be a causative factor in other health conditions such as heart disease, stroke and cancer. In Grampian among those who have been diagnosed as cirrhotic (N=759) alcohol-related liver disease is the largest cause of their cirrhosis.												
Cause of cirrhosis (%)  <table border="1"><thead><tr><th>Cause</th><th>Percentage</th></tr></thead><tbody><tr><td>Alcohol Related Liver Disease</td><td>~35%</td></tr><tr><td>Fatty liver disease</td><td>~25%</td></tr><tr><td>Hepatitis C virus</td><td>~15%</td></tr><tr><td>Autoimmune diseases</td><td>~10%</td></tr><tr><td>Other</td><td>~15%</td></tr></tbody></table>	Cause	Percentage	Alcohol Related Liver Disease	~35%	Fatty liver disease	~25%	Hepatitis C virus	~15%	Autoimmune diseases	~10%	Other	~15%
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Obesity: Obesity itself is the largest and single cause of disease and premature death in Scotland; being overweight and obese has become the norm and is getting worse. The latest Director of Public Health Report for NHS Grampian (2019)³ had been dedicated to the topic of obesity suggesting we need to talk more openly about weight and weight gain. Two-thirds of adults in the North East of Scotland are overweight or obese, equally distributed across Aberdeen, Aberdeenshire and Moray. Almost a quarter of five year old children are overweight and one in ten are obese. With increasing numbers of people being overweight or obese it is likely in the future that we will also see an increasing number of people diagnosed with non-alcohol related fatty liver disease (NAFLD). In terms of liver health, non-alcohol related fatty liver disease (NAFLD) is the second most common cause of cirrhosis

Viral Hepatitis: The Scottish Government is committed to the elimination of hepatitis C and aims to reduce the prevalence of hepatitis C to under 5,000 persons infected by 2024.⁴ Hepatitis C (HCV) shows no signs or symptoms and gradually causes fibrosis then cirrhosis of the liver. The first symptoms can be those of liver failure or liver cancer. The earlier someone can be tested and treated the greater the chance of preventing long term liver damage. Recent developments in treatment, with minimal side effects and high success rates, present a valuable opportunity to cure more people. The main risk factor for hepatitis C is injecting drug use, accounting for about 90% of infections, and because of this it is recommended that people who inject drugs (PWID) are tested annually. Other risk factors include infected blood products, sexual contact, tattoo/body piercing, needle stick injuries and human bites. In Grampian there are 3,752 people who have been diagnosed as HCV antibody positive, and of these 3,424 have been diagnosed with active (chronic) HCV infection.⁵ At the end of 2017 a total of 2,912 had been referred to the Hepatology service for specialist care. Of those referred, approximately 1,400 (48%) had been treated for chronic infection and 1,112 (79% of those treated with both old and new therapies) have cleared the virus.

Summary: In isolation excess alcohol consumption, obesity and viral hepatitis can lead to problems with liver health; in combination the speed at which symptoms develop can be faster. Viewing and tackling these issues in isolation can be done but it may be better and more acceptable to talk about risk factors as part of overall liver health.

Charter aims:

The aim of this charter is to “Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021”.

By undertaking a holistic approach to liver health we can reduce the stigma that may put people at risk of Blood Borne Viruses coming forward for help.

Currently the majority of BBV testing is undertaken in drug / alcohol services and sexual health services. The evidence suggests that many people who have experienced risk factors: infected blood products, sexual contact, tattoo/body piercing, needle stick injuries and human bites injected drugs in the past will either not be aware of the risk, or reluctant to come into a drug / alcohol service / sexual health service for testing.

We also want to raise awareness amongst professionals to increase more routine testing and treatment within the context of overall liver health.

Advances in treatment for Hepatitis C testing and treatment mean that testing can be undertaken through a simple pin-prick test and treatment can be undertaken over 12 weeks with minimal side effects and not always the need to attend specialist outpatient clinics.

There is a need to promote new testing and treatment advances. Historic testing and treatments required taking a number of blood samples, strict medication regimes that had significant side

effects and were less effective in clearing the virus. These historic factors are thought to be factors that put many people off seeking testing and treatment.

These advances mean that liver screening, testing can be taken out into the community rather than being hospital based.

Therefore the charter seeks:

- To raise the concept of “liver health” with the public through direct opportunities and engagement
- Raise the concept of “liver health” with primary care, secondary care, pharmacy, allied health professionals and promote the resources available to support improvement: to raise ‘liver health’ as an area for improvement. Helping health professionals raise risk factors for poor liver health with a view to consistently delivering:
 - Alcohol consumption scoring
 - Action to help reduce hazardous drinking
 - Alcohol-brief interventions
 - Referring for alcohol support and liaison
 - Promoting healthy weight / referral to appropriate support
 - Actions to help people to achieve a healthy weight
 - Blood borne virus testing
 - Referral for viral hepatitis treatment

References:

1. Scottish Government (2018) *Alcohol framework 2018: Preventing harm – the next steps on changing our relationship with alcohol*. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/11/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/documents/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/govscot%3Adocument/00543214.pdf>
2. Information Services Division (2019) *Alcohol related hospital statistics 2018/2019*. Available at: <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-11-19/2019-11-19-ARHS-Report.pdf>
3. Directorate of Public Health (2019), NHS Grampian. *Obesity – It’s time to talk. Creating a culture that supports eating well, staying active and being healthy*.
4. Scottish Health Protection Network (2019) Recommendations on hepatitis C virus case-finding and access to care: Report of the national short-life working group. Available at: November 2018 <https://www.hps.scot.nhs.uk/web-resources-container/recommendations-on-hepatitis-c-virus-case-finding-and-access-to-care/>
5. Health Protection Scotland (2018) HPS Surveillance Report: Surveillance of known hepatitis C antibody positive cases in Scotland: results to 31 December 2017. Available at: <https://www.hps.scot.nhs.uk/resourcedocument.aspx?id=6605>

Measures

- **Outcome measures**
 - Number of BBV Tests undertaken at the promotion events
 - Number of BBV tests undertaken by professionals by location
 - Number of Referral for viral hepatitis treatment

- **Process measures**
 - Number of Love Your Liver events undertaken
 - Number of members of public engaging in Love Your Liver event
 - Number of professionals undertaking CPD on Liver Health
 - Number of “Love Your Liver” champions recruited
 - Number of professionals trained to undertake BBV testing
 - Referral for viral hepatitis treatment

Change ideas

To raise awareness with the public there are two change ideas:

1) To hold multi-agency / multi-disciplinary awareness raising sessions in key locality areas, specifically to identify those requiring tests and to arrange to have the tests completed

2 To hold “Love Your Liver” events in GP practice waiting areas with interactive materials, opportunities for BBV testing, Fibroscan and other brief interventions. Events will be undertaken in conjunction with partners targeting people not known to substance misuse services and engaging with wider population who would benefit from having these tests due to risks identified.

To raise awareness with the professionals

1) To hold CPD events for professionals to coincide with “Love Your Liver” events in community / practices. Recruit “Love Your Liver” Champions working in the community. Champions to raise awareness in locality areas of new testing and treatments for HEP C through using local forums and media.

Potential risks and/or barriers to success & actions to address these

Access to GP practices and professionals for training

Project Team

Lisa Allerton, Manager, MCN for Sexual Health and BBVs
Simon Rayner, Alcohol and Drug Partnership Lead
Gillian Robertson, Alcohol and Drug Partnership Support Officer
Penny Gillies, Public Health Practitioner - Sexual Health and Blood Borne Viruses
Whilst we have consulted with various professionals re this charter we are urgently working to identify a Locality Lead and Lead GP.

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	Identifying GP Practices willing to run a “LYL” event Identify community locations to run “LYL” event Agree format and logistics of CPD event Agree event dates and publicise through community channels Data capture process established	March 2020

Designing and Testing Changes (Project Score 4-7)	Agree format and staffing for a LYL event; consumables Agree format for CPD event Establish data monitoring Awareness raising events testing in locality Testing of Training with group of appropriate professionals	March 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	Model for LYL established and working through the City practices and other wider settings	Sept 2020
Spreading Changes (Project Score 9-10)	City Wide CPD event held	Oct 2020