



Community Planning Aberdeen

Progress Report	Project End 12.7 Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2023.
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Purpose of the Report

This report presents the results of the Local Outcome Improvement Project (LOIP) 12.7 which aimed to ‘increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2023’ and seeks to close the project.

Summary of Key Information

1. BACKGROUND

1.1 Hepatitis C Virus (HCV) is a Blood Borne Virus (BBV) that can be cleared using Direct Acting Viral Drugs. Left untreated, overtime, it can cause fibrosis and cirrhosis of the liver and in some cases cancer. Major progress has been made in Scotland working towards elimination of the virus. The prevalence of chronic HCV infection among people who inject drugs in Scotland has nearly halved, from 37% in 2015–16 to 19% in 2019–20 and in some areas, including people who use drugs, there has been as much as a 60–70% reduction, with the greatest scale up of HCV treatment in this population group. By 2021, 80% of individuals diagnosed with chronic HCV infection in Scotland had been initiated on HCV treatment which has resulted in a reduction of both HCV-related mortality and severe disease.¹

2. IMPROVEMENT PROJECT AIM

2.1 Against this background, the Community Planning Aberdeen (CPA) Board approved the project charter for the initiation of an improvement project which aimed to ‘increase opportunities for individuals who have been at risk of BBVs, to be tested and access treatment by 2023.’

3. WHAT CHANGES DID WE MAKE?

3.1 Aberdeen Alcohol and Drug Partnership (ADP) and the NHS Grampian Managed Care Network (MCN) for Sexual Health and BBVs, Public Health, saw a joint opportunity to build on the good work already being carried out across Scotland.

3.2 The following actions were identified for making improvements in Aberdeen City via the Local Outcomes Improvement Plan (LOIP):

1. Review current BBV testing, diagnosis, treatment, and care pathways in *established services.

2. Review of staff training in services to provide BBV training on site.
3. Capitalise on new methods of testing introduced as part of the pandemic response i.e. postal testing kits.
4. Trial new ways of testing – introduction of a Cepheid Machine.
5. Raise awareness of Hepatitis C risk in the community/primary care.
6. Complete Needs assessment for those who use (or could potentially use) IEP services.

* The Grampian Managed Care Network for Sexual Health and Blood Borne Virus refers to established services to include: Injecting Equipment Providers (IEPs) both enhanced (Alcohol and Drugs Action) and (core) community pharmacy providers; Integrated drug services (Timmermarket); and Substance Use Clinics (Fulton Clinic).

Changes 1/2: *Review current BBV testing, diagnosis, treatment, and care pathways in established services / Review of staff training in services to provide BBV training on site.*

- 3.3 With the introduction of Medical Assisted Treatment (MAT) Standards², all those accessing drug treatment and support services should have access to BBV testing as part of harm reduction. Whilst MAT was being embedded across services, there was an opportunity to work with services to ensure that delivery of BBV testing was well established, and clear processes were in place for routine offering of testing. Services were asked to submit current protocols for testing whilst colleagues in the NHS reviewed and updated existing clinical guidelines. Service were also sent a short survey around training needs.

Change 3: *Capitalise on new methods of testing introduced as part of the pandemic response i.e. postal testing kits.*

- 3.4 During the pandemic there was a pilot of postal testing kits. The kits were given out by colleagues working in Aberdeen Alcohol and Drugs Action as a part of their Sharp Response outreach work. A postal kit includes a dry blood spot (DBS) sample which can be completed at home and sent back to the NHS for processing; results communicated by the Hepatology Team. Learning from the adaptation during the pandemic, the premise was to scale up the postal services into a more sustainable and permanent engagement method. Progress under this action has been limited, a further explanation is given below.

Change 4: *Trial new ways of testing – introduction of a Cepheid Machine.*

- 3.5 The ADP funded and helped to implement, via our Hepatology Team the use of a Cepheid machine. This technology offers HCV testing (alongside testing for Hepatitis B and HIV) in communities and locations where people were already attending, removing the need for people to seek testing in other settings i.e. primary care.
- 3.6 With traditional venous (blood sampling methods) people are required to wait for a positive diagnosis and onward referral. With these methods, there is greater opportunity for lost to follow-up. Cepheid is different, in that it completes a quick finger prick test, producing a result within an hour. If a person is reactive, treatment can be arranged to start within the same appointment. It is a mobile unit, meaning testing could be offered in community venues, giving people flexibility in choose where to come for a test. Testing for Hepatitis B and HIV is also offered via a DBS sample, which has slightly longer result turnaround times (generally within a week).
- 3.7 Initial testing of the Cepheid Machine started in May 2022. Testing was completed in specific locations including - Timmermarket, Fulton Clinic and within Aberdeen City community pharmacies.

Change 5: *Raise awareness of Hepatitis C risk in the community/primary care.*

- 3.8 To coincide with the introduction of the Cepheid machine we re-ran public awareness campaigns to highlight the opportunity to cure people of Hepatitis C and tackling the stigma associated with HIV. This also included a new HIV quiz to check your knowledge of HIV and find out where you can get tested, treated and supported if necessary.



Change 6: *Complete Needs assessment for those who use (or could potentially use) IEP services.*

- 3.9 As a part of the LOIP a key change was to consider a needs assessment for those attending injecting equipment provision services (IEP). For reasons below, this has been paused.

4. HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

- 4.1 The aim of this project was to *'increase opportunities for individuals who have been at risk of BBVs, to be tested and access treatment by 2023.'* Increased opportunities have been achieved by introducing a new method of testing in a range of community settings (Timmermarket; Fulton Clinic; Community Pharmacy and other) where otherwise rapid testing was not available. This is in addition to a review of existing processes which are improving the governance around BBV testing. Staff training needs have been identified with a view to improving competency and confidence. Further, the CPA are asked to note evidence of improvement for each change as per below:

Changes 1/2: *Review current BBV testing, diagnosis, treatment, and care pathways in *established services / Review of staff training in services to provide BBV training on site.*

- 4.2 Services have submitted their processes/protocols to the Managed Care Network, Public Health and have identified training needs. Work will now focus increasing the governance around testing in the community and seeking assurances from services that BBV testing is being offered in line with the updated clinical guidelines (in draft/being reviewed by laboratory colleagues) and in line with MAT standards.²

Change 3: *Capitalise on new methods of testing introduced as part of the pandemic response i.e. postal testing kits.*

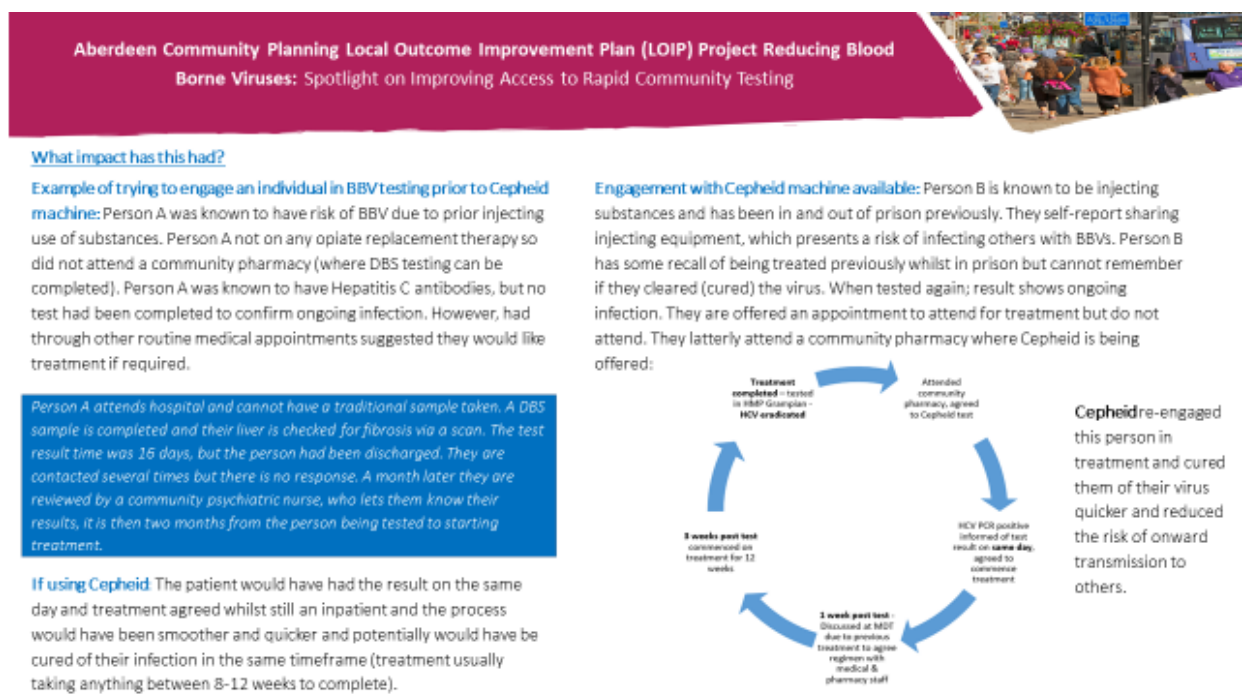
- 4.3 The upscaling of postal testing kits has been challenging largely due to logistics. The process of sending samples back to the NHS during the pandemic relied on the use of paid self-addressed envelopes (direct to the Hepatology Service). Wishing to formalise

the arrangement and to sustainably cover the costs of paid self-addressed envelopes, we embarked on a procurement process. However, this has resulted in some challenge with the provider who are making a case for using protective boxes for samples (due to this being a blood sample). This has caused a delay to this action. We are continuing to work with NHS procurement colleagues to look at alternative solutions and hope to go ahead with scaling up postal testing by the close of this financial year.

Change 4: Trial new ways of testing – introduction of a Cepheid Machine.

4.4 Between May 2022 and 26th September 2023, 126 samples have been collected using Cepheid, of which 14 (11%) were reactive. Eleven people (79%) have either completed treatment or are in treatment. Although numbers are relatively small, the case study included in this report (Figure 1) shows the added value that this project has had, offering testing in this way appears to engage people that would otherwise not have come forward for testing.

Figure 1: Case study of using Cepheid in community settings in Aberdeen.



4.5 The test is seen as accessible and by nature, increases the uptake of DBST for Hepatitis B and HIV (which are offered alongside). Learning points are that even with a turnaround time of an hour, some people do not want to wait and prefer to be called with results. This misses the opportunity for prompt treatment on the same day; there was also a number of people who moved/disengaged which is reflective of transient populations. Despite this, offering testing and results on the same day does appear to motivate people into discussing treatment – it would be hoped that from a peer to peer perspective this could help to reduce stigma and encourage others into testing and treatment.

Change 5: Raise awareness of Hepatitis C risk in the community/primary care.

4.6 Re-running the Hepatitis C campaign resulted in 222 new clicks through to our website; 180 people engaged in the HIV quiz.

Change 6: Complete Needs assessment for those who use (or could potentially use) IEP services.

- 4.7 As mentioned the implementation of MAT standards has been ongoing. As a part of this, experiential data including interviews with those accessing services, family members and others has been collected as a part of ADP reporting. A draft commission was drawn up for an IEP needs assessment, but it was decided that a more holistic approach to needs assessment would be beneficial, looking at the needs of those accessing substance use services in a more holistic way which would pick those who use, or potentially use IEP services. This has now been picked up within Public Health (NHS Grampian) delivery plans for 2023/24 and will be led by a Consultant in Public Health with a specialist role around substance use. This also compliments work across all three areas in Grampian under then auspice of the North East Population Health Alliance around the creation of a Charter of Rights for those affected by substance use. Further information on this work can be provided if helpful to the CPA.

5. HOW WILL WE MONITOR AND SUSTAIN THESE IMPROVEMENTS?

- 5.1 Testing for BBVs is monitored both at a local and national level. Locally, we are in the process of reconciling our data and will be happy to share general BBV figures in due course. The CPP are however asked to acknowledge the increase to testing as a result of the Cepheid machine and more importantly, the opportunities that it has created to engage people in therapy who may have otherwise would have not. Cepheid is now a method of testing which is embedded into our routine practice – guidance is been updated to reflect this.
- 5.2 Once guidance is signed off, this will be sent to all services (including primary care) where there is BBV testing so that protocols/processes can be updated. The MCN (NHS Public Health) and ADP will be seeking assurances around offering testing in line with both the guidance and MAT standards.

6 OPPORTUNITIES FOR SCALE UP AND SPREAD

- 6.1 The Hepatology Service Continues to seek opportunities and settings where Cepheid can be deployed. Possible future settings might include custodial settings. There are further opportunities for joint working as the ADP and other partners work collaboratively as part of the '*Ending Homelessness Partnership*' and the new Community Nurse Outreach Team work across the City.
- 6.2 As described, some changes (3 & 6) are being delivered through Public Health and will form part of business as usual.
- 6.3 We will shortly be running our awareness campaigns again in the run up to World Aids Day (1st December) which is an important calendar event not just for HIV but awareness of all BBVs.

Recommendations for Action

It is recommended that the CPA Board:

1. Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been achieved, with changes being picked up as business as usual.

2. Note that the use of Cepheid has become embedded into routine testing guidance and pathways for HCV and that will use learning from people's experiences (demonstrated by the case study) to shape future roll out and improvement pathways of care.

Opportunities and Risks

The opportunities from this project include:

- Learning how to improve engagement and uptake (of testing or other interventions) in population groups who are less likely to attend 'routine' services.
- Embracing new technology; offering interventions in community settings and evaluating for acceptability.
- Mindful of not resolving all 'non-engagement.' Even with the most rapid turnaround times for testing, we must be mindful of people and how the prioritise their needs and time and apply this into pathway planning.

Consultation

Consultation has included colleagues from the Alcohol and Drugs Partnership (ADP) and the project team.
CPA Management Group

Background Papers

1. Public Health Scotland (2022) *Surveillance of Hepatitis C in Scotland*. Available at: [Surveillance of hepatitis C in Scotland \(publichealthscotland.scot\)](https://www.publichealthscotland.scot/publications/surveillance-of-hepatitis-c-in-scotland-2022/) Data accessed: 26/09/2023.
2. Scottish Government (2022) *Medical Assisted Treatment Standards for Scotland*. Available at: [medication-assisted-treatment-mat-standards-scotland-access-choice-support.pdf \(www.gov.scot\)](https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/pdf/pages/1-100.aspx)

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