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| **NHSSMPA BID PROPOSAL FORM 2019/2020**  **Hepatitis C Elimination Initiative**  **Please complete all relevant fields** | | | |
| **Title of Proposal:** | Increase access to Hepatitis C Virus (HCV) screening across Dorset using point of care testing, ‘Pop-Up’ community testing clinics and offer a new HCV screening pathway into services not already carrying out testing. | | |
| **Description of Initiative:**  Describe the work what it aims to achieve | The initiative is a joint venture between the Dorset Hepatitis C Treatment Service delivered by the Dorset Liver Nursing Team (LNT) (this service represents one of the three hub hospitals that make up the Wessex Hepatitis C Treatment Operational Delivery Network), Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) locality Blood Borne Virus (BBV) nurses (NHS SMPA Members) and Bournemouth Poole and Christchurch (BCP) Council Drug and Alcohol Commissioning Team (DACT). It will link with other initiatives coming forward in our area including the Peer Support programme led by the Hepatitis C Trust and the regional coordination / support roles within SMPA and Addaction once they are appointed.  We will pool resources to enable monthly community Pop-Up hepatitis C testing clinics across Dorset to target people who have been put at risk of infection, or those who are living with hepatitis C and have not yet taken up treatment. In addition, we will roll-out a new HCV screening and treatment pathway that enables services (other than the drug and alcohol treatment provision) who are in contact with clients at risk of HCV to offer point of care screening with oral swab testing.  The aim of the initiative will be to test 400 people and treat 52 people who are not engaging with local drug and alcohol treatment services where testing and treatment pathways are already in place (e.g. people in recovery and no longer accessing services, people who may struggle to engage due to the complexity of their needs, and people at risk but who do need to access drug and alcohol treatment).  These figures are based on the current population we screen for HCV within drug and alcohol services and the percentage of these who would require Genotyping by DBST pre-treatment and the number we anticipate being able to screen within a single Pop-Up clinic.  We will achieve this by: Increasing awareness of hepatitis C, testing and new treatments to the pan-Dorset community through the local press, posters at community locations, leaflets and local social media sites already in place. This information will advertise the community Pop-Up clinic venues, the advancements in treatment and the criteria for getting a test. We will also raise awareness through meeting with key stakeholders who can support people to access the Pop-Up clinic venues (e.g. homelessness staff, floating support staff, CMHT staff).  1. Through local intelligence we will target locations for the Pop-Up clinics based on need. Clinics will not run in isolation but from community locations that people would ordinarily access (e.g. community shop, food bank, library, Drs surgeries/health centers, probation settings, buildings where NA meetings take place). To encourage footfall, we will work with health and social care colleagues to encourage additional support at the Pop-Up clinics such as Health Checks and Smoking Cessation. As well as people walking in to a Pop-Up clinic through advertising, we will work with partners in health and social care to identify and assertively support people most at risk but who would not ordinarily access services to attend. Offering a range of support and assertive targeting has already proved a successful method of engagement locally (Ref: PHE Case Study: New approach to engaging rough sleeping and homeless community <https://www.gov.uk/government/case-studies/new-approach-to-engaging-rough-sleeping-and-homeless-community> )  The DACT will lead on points 1 and 2 with support from partners, utilising links with BCP Council, Dorset Council, Public Health Dorset, Clinical Commissioning Group and Local Pharmaceutical Committee colleagues, the Hepatitis C Trust and Gilead South West Coordinator etc.  1. AWP BBV nurses will be available to offer advice on hepatitis C and test people at the community Pop-Up clinics using oral swab tests. They will carry out a dried blood spot test (DBST) there and then for people who are antibody positive, this will be sent off to the Public Health England laboratory in Birmingham to determine the genotype. Dorset LNT nurses will be available to offer information on treatment and carryout a fibroscan to assess the liver where needed. Necessary patient details will be taken by staff on site for treatment follow up. Appointments to start treatment can be made with nursing staff at the Pop-Up clinic. Where tests come back negative on the genotype, a PCR test will be taken from the same DBST kit and individuals will be contacted by the nursing team with the results.   The DACT will lead on purchasing agreements of the oral swabs with Invitech and the DBST with the PHE Birmingham Laboratory.  AWP and Dorset LNT will lead on the testing and treatment process including recording keeping, consent, data collection and information sharing in line with GDPR.   1. Being able to test for genotype using a DBST after a swab test will speed up the point at which a person can start treatment. Often this part of the process can be delayed as a further appointment needs to be made in a clinical setting to remove blood venously, and this can be difficult in people with vein damage. Any barriers to delaying treatment start can affect motivation to engage. Therefore, by having ‘Pop-Up’ clinics that offer testing and promote ease of access into treatment will be a good motivator to encourage engagement and efficient use of nursing staff.   AWP and Dorset nursing staff will lead on service delivery and the Hepatology Consultant Nurse for Dorset will lead on project management.   1. Support workers and health care professionals within partnership services (homeless health, mental health, out-reach services and local residential rehabilitation providers) will be trained by the AWP BBV nurses to undertake point of care oral swab testing for people under their care who are at risk of HCV. If the swab is positive for Hepatitis C antibodies, they will either then undertake a DBST (if already trained and commissioned to do so) and/or support people to access the self-referral, drop-in community hepatitis C treatment clinics already in place across Dorset so testing can take place to determine genotype pre treatment, if not already performed. 2. Delivering HCV in large rural area such as Dorset is a significant challenge and resource intensive. As part of this project we plan to offer Pop-Up clinic’s in a more rural location, which will target smaller cohorts. This is only effective if treatment is readily available and accessible in conjunction with the Pop-Up service. In these locations we would plan to deliver a micro-elimination programme of treatment clinics to offer treatment to the cohort of patients identified through this screening. We have piloted this approach in an area of the New Forrest successfully, treating 10 patients over an intensive three 3 month period. All of these patient are now within follow-up and results show that they will all secured an sustained virological response (SVR). At present there are no new patients within this location who have been identified as requiring treatment. | | |
| **NHSSMPA Member(s) who form part of this initiative proposal:** | The NHS SMPA member will be Avon and Wiltshire Mental Health Partnership NHS Trust. | | |
| **Location of community drug and alcohol services involved in initiative** | Bournemouth, Christchurch, Poole and Dorset. | | |
| **Total value requested (£):**  *Grand total requested.* | £15, 000 | | |
| **Breakdown of Costs** Detail how much, for what; people, equipment, materials e.g. testing kits, patient incentives, staff incentives, etc. etc. | The detailed funding request:   |  |  | | --- | --- | | Description | Cost(£) | | *400 HCV oral swab tests (excl vat) @ £375 a box of 25* | *6,000* | | *Carriage for swabs* | *19* | | Box of 200 blood lancets | 20 | | 52 dried blood spot test kits | 353.6 | | 52 genotype identification tests | 6,180.72 | | 8 PCR tests | 460.72 | | Poster and leaflet design and printing | 1965.96 | |  |  | |  |  | | Sub Total | £15,000 | | Management Overhead | 0 | | Total | £15,000 | | | |
| **What/Who are the key dependencies for this initiative?** | Clerical support and staff time to arrange the Pop-Up clinics.  Nursing staff time to deliver the clinics  Collaboration from services across Dorset to host the Pop-Up clinics.  Oral swab and DBST testing kits and access to testing laboratory with single point for results of DBST to be delivered to.  Appropriate Training.  Access to a portable, mini fibroscanner | | |
| **What are the key actions associated to these dependencies to ensure the success of the initiative?** | Clerical support and staff time to arrange the Pop-Up clinics will be provided by the whole team.  Nursing staff time to deliver the clinics will be provided by Dorset BBV and LNT teams with support from the DACT.  Collaboration will be sort with all partner agencies across Dorset when identifying suitable locations to host the Pop-Up clinics.  The DACT will coordinate the purchase and distribution of the testing kits.  For the genotype results of the DBST, the testing laboratory will send results to a secure single point (e.g. NHS drop box), which will be accessed by the LNT based at the Royal Bournemouth Hospital, Castle Lane East, Bournemouth, BH7 7DW and the community BBV team under AWP. The LNT will be the lead service to contact people with genotype results and arrange treatment commencement.  Training: all staff who will be delivering the Pop-Up clinics are already trained to undertake oral swabs, DBST and fibro scanning.  Training for support workers and health care professionals within other suitable services will be delivered by the Dorset BBV and LNT teams.  This training will instruct workers in the undertaking of an oral swab test and how to deliver pre and post test information and signpost to treatment services. Where agreed with some services, their staff will also be trained to carry out a DBST for genotyping.  Access to a fibroscan which will be provided by the LNT. | | |
| **Operational Plan**  Either embed a document or describe it | **Insert the operational plan here** Project Planning: An appropriate number of project planning meetings will take place with all stakeholders prior to launch. These meetings will focus on strategy, identify key partners and suitable locations for Pop-up and programme of clinics that cover the whole of Dorset.At these meetings a communication plan will be outlined to promote an increasing awareness of hepatitis C, testing and new treatments to the pan-Dorset community the local press, posters at community locations, leaflets and local social media sites already in place. The information required to advertise the community Pop-Up clinic venues, the advancements in treatment and the criteria for getting a test. This will be complimented by some stakeholder awareness / educational meetings within the areas we are targeting. Testing and treatment process including recording keeping, consent, data collection and information sharing will be in line with GDPR.  Auditing arrangements will be agreed with standardised forms to audit outcomes and to aid project management throughout the period of the project.  **Purchasing agreements:** Purchasing agreements will be secured with with Invitech and the PHE Birmingham Laboratory and arrangements made for single point of delivery for testing kits.  DBST and oral swab kits will be purchased with reference to required stock levels and expiry dates. Testing kits will be stored in a suitable location which is easily accessible to all stakeholders.  **Pop-Up clinic programme:** After collaboration with key partners across Dorset, a monthly Pop-Up clinic programme will be drawn up for the duration of the 12-month project with the first three months of clinics agreed and scheduled before commencement. There will be a single point of contact for planning and scheduling of clinics.  **Project Commencement:** The project will commence no later than 12 weeks after securing funding and will run for 12 months. If found to be an effective model of delivery, the project will be considered for adoption as standard for care in Dorset as part of the Hepatitis C elimination strategy for the area.  **Evaluation and review:** Audited evaluation of the project and testing/treatment pathway will take place through quarterly review meetings to ensure the aims and outcomes of the projects are being met and resources are being correctly utilised.  Final project outcome will be reviewed, written up and published.  The agreement already in place for testing and treatment for people engaged in local drug and alcohol services will continue to run throughout the project. | | |
| **Key Milestones**  Who’s doing what, when and where?  Key Bullet Points | The Project Team is made up of key individuals from the:   * Dorset Liver Nursing Team (LNT) * Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) * Bournemouth Poole and Christchurch (BCP) Council Drug and Alcohol Commissioning Team (DACT).   Project Team meetings will take place at Bournemouth Town Hall with dial in options.   * Project Planning 0-12 weeks (Project Team) * Project Launch (Project Team) * Quarter 1 figures and outcome of review (Project Team) * Quarter 2 figures and outcome of review (Project Team) * Quarter 3 figures and outcome of review (Project Team) * Quarter 4 figures and outcome of review (Project Team) * Final Project Outcomes reviewed and published and if found to be an effective model of delivery adoption as standard of care in Dorset as part of the Hepatitis C elimination strategy for the area. (Project Team) | | |
|  | **Describe the risks, issues and mitigations of this initiative**   * Need for buy-in and collaboration within services, which has been demonstrated with great success and excellent outcomes with similar projects in the past. * Flexibility within services to free up staff time to plan and deliver this project. We are confident that all partners are committed to this project and to elimination of hepatitis C in England and by 2025, will pledge to commit staff time to its delivery. * Commitment to audit progress and undertake periodic review of outcomes. We have a good record of auditing outcomes from similar projects and of sharing our findings locally and nationally.   (Ref: PHE Case Study: New approach to engaging rough sleeping and homeless community <https://www.gov.uk/government/case-studies/new-approach-to-engaging-rough-sleeping-and-homeless-community>) | | |
| **KPI’s and Outcomes: describe how success will be measured?**  Specific, Measurable, Achievable, Realistic and Time Driven or SMART.  Detail the key performance indicators that will be used to measure the success of the project & achievement of the KPI’s and how these will be recorded. | **KPI’s and outcomes:**   * Increased awareness of HCV and the easy access availability of curative short courses of treatment * Point of care testing taking place at numerous locations and within many different services and settings * Increase in testing and identification of people with HCV in Dorset * Increased numbers of people accessing drop-in HCV treatment clinics across Dorset * Increase in numbers treated for HCV by at least 52 people over the next 12 months. Currently the Dorset Hepatitis C Treatment Service are starting 15 new patients on HCV treatment per month. The aim is to at least increase this number to 20 per month.   We will audit testing taking place, location of testing, numbers identified through point of care testing and within the Pop-Up clinics, numbers accessing treatment clinics and most importantly numbers treated and cured. | | |
| **Monitoring – describe how performance will be monitored and assured**  E.g. which group will govern the workstream, etc. | Auditing will take place throughout the project.  We will audit the number of people:   * attending the Pop-Up clinics. * attending found to be HCV antibody positive on oral swab testing. * tested and found to be HCV antibody positive on oral swab testing within partner services (mental health, homeless health etc). * tested through Genotyping DBST at Pop-Up clinics and at other locations * found to be HCV PCR positive with an identifiable Genotype * found to be HCV antibody negative on oral swab testing * found to be HCV antibody positive but PCR negative and require additional PCR testing (on original DBST) to confirm spontaneous natural clearance of virus * engaged through all these testing methods / locations that go onto access self-referral drop-in HCV treatment clinics * that commence treatment * that complete treatment * that gain an SVR   Quality outcomes will also be assessed by gaining feedback from care workers, partner agencies, organisations and key stakeholders to evaluate the project.  Feedback from people who have used the service will be sought through surveys to ascertain if they feel this model of working meets their needs and breaks down barriers to accessing HCV treatment.  All these indicators will be reviewed quarterly (as described above) and at the end of the project when a full evaluation will take place. | | |
| **Any other information** | The main aim of this project is to:   * Raise awareness of HCV and the availability of direct access treatment across Dorset. * Break down the barriers to care and speed up processes. We can offer a person treatment for hepatitis C in Dorset within 2-3 weeks of them attending the community treatment clinics for initial assessment. * Find effective ways to increase the numbers accessing these services. * Take away the need for a blood draw. This is essential as the need for a blood testing is proving a significant barrier to people staring treatment even if they do attend treatment services.   The team proposing this project have worked well together on similar projects in the past and have a proven track record in delivering positive outcomes and meeting aims and objective through excellent collaboration and communication. | | |
| **Key contact:**  *The main person responsible for submitting the request and who can answer any queries on it.* | Hazel Allen | | |
| Telephone: 07964 032323 | | |
| Email: [Hazel.Allen@rbch.nhs.uk](mailto:Hazel.Allen@rbch.nhs.uk) | | |
| **SELECTION AND APPROVALS** | | | |
| **Approver** | | **Confirmed received a copy of this form.**  **(please tick ✓)** | **Name and Date**  **(Completed electronically, physical signatures not required)** |
| **Approved NHSSMPA Representative** | |  |  |
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|  | |  | **Name and Date**  **(Completed electronically, physical signatures not required) of approved authoriser** |
| **Bid Approved/Not Approved** | | **Approved/Not Approved \*delete as applicable** |  |

**Other resources**

**Published or soon to be reports**

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Web links

<https://www.rbch.nhs.uk/index.php?id=3028>

<https://www.bournemouthecho.co.uk/news/18547832.bournemouth-nurse-leads-initiative-eradicate-hepititis-c-dorset/>

<https://www.nhsapa.org/hepc-conf-2020>

<https://www.nhsapa.org/post/hep-c-dorset-pandemic>

Patient Feedback

“I’ve had hep c for over 10 years and was scared to do treatment. Thank you for reassuring me and making it easy”

“I cannot believe the support I have had, everything in one place for first time ever, I came to you to get treated and I’ve got my abscess, housing and script sorted, wicked thank you”

“I thought I had hepatitis for many years little did I know I only had antibodies!”

“Thanks for bringing treatment to me, I would never have come to the hospital”

The peer support and kind nurses have been excellent”

