

# **Eliminating Hepatitis (B and C) as a Public Health Threat**

## **Hywel Dda University Health Board – Joint Recovery Plan 2023-2024**

**DRAFT for Submission to Welsh Government - August 2023**

Leads:  
Executive Director for Public Health

Chair of Area Planning Board

## **CONTENTS:**

**1. PURPOSE**

**2. BACKGROUND**

**3. SITUATION & ASSESSMENT**

**4. PRIORITIES & RECOMMENDATIONS**

**5. PROPOSED DELIVERY STRUCTURE**

**6. DRAFT ACTION PLAN**

**7. REFERENCES**

## **APPENDICES:**

- **Appendix 1: WHC Eliminating Hepatitis B and C as a Public Health Concern in Wales**
- **Appendix 2: HDUHB Eliminating Hepatitis B and C Steering Group Terms of Reference**
- **Appendix 3: HDUHB Local Data Mapping & Dashboard**
- **Appendix 4: Current Investment**

- **Appendix 5 : Authors & Contributors**

## **1.Purpose**

The Welsh Government remains committed to eliminating Hepatitis B and C as a public health threat by 2030 at the latest.

This paper sets out the background context and provides a draft action plan for elimination of Hepatitis C and B within HDUHB area in line with the requirements outlined in the Welsh Health Circular WHC/2023/001.

## **2.Background**

The Welsh Government remains committed to eliminating Hepatitis B and C as a public health threat by 2030 at the latest. Elimination of Hepatitis B and C has significant benefits for the individual, population health and wider society.

The benefits of prevention and treatment to individuals are clear in terms of their longer term physical and mental health. Preventing onward transmission of the virus to other individuals results in wider societal benefits. Elimination is highly cost effective as it prevents development of hepatitis related liver disease and all of its complications: endstage liver disease (cirrhosis) and hepatocellular carcinoma which are extremely costly to manage, and require utilisation of scarce resource. As well as the cost savings that are realised, prevention and treatment of hepatitis B and C frees up hospital beds and liver transplants for people with other conditions.

This summer, the Seventy-Fifth World Health Assembly approved the new Global Health Sector Strategies including new actions and targets to eliminate viral hepatitis: Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030 (who.int). The World Health Organisation has also this year published updated guidance on

Hepatitis C infection, with new recommendations on treatment of adolescents and children, simplified service delivery and diagnostics. The key strategic and operational tasks identified to eliminate hepatitis B and C are not new: increasing awareness, increasing funding, improving access to vaccination, testing and treatment. A key challenge for Wales will be reaching those currently not engaged with traditionally delivered healthcare services.

### 3. SITUATION & ASSESSMENT

#### Prevalence and Elimination Response

In 2015 it was estimated there were between 12,000 and 14,000 people in Wales with hepatitis C. Since then 4,000 people have been successfully treated. This has resulted in fewer individuals requiring treatment for hepatocellular carcinoma because of hepatitis C, when overall numbers requiring treatment for hepatocellular carcinoma have been increasing.

Despite many successes to date, and the dedication that continues to be shown by staff providing key services, the elimination of Hepatitis B and C remains challenging, exacerbated by the impact of the pandemic. Updated modelling for Hepatitis C alone suggests there could be another 8,000 people in Wales who we need to reach. Without further action, elimination may not be achieved until at least 2040. There is therefore an urgent need to reinvigorate the drive to eliminate Hepatitis B and C.

Hepatitis B and C interventions have traditionally been delivered through hospital-based services and by specialists. While there will always be a role for specialised services, to eliminate Hepatitis B and C we must simplify service delivery, including testing and treating, at the most appropriate setting for the individual, whether that be in primary care, harm reduction services or settings such as prisons. Identifying individuals for testing and supporting linkage to treatment is crucial. Delivery of care and treatment needs to be increasingly undertaken by non-specialists, which could include primary care professionals. It will not only require the rapid recovery of services to pre-pandemic levels but also a significant increase in individuals being tested and treated, with a particular focus on populations at risk of Hepatitis B and C including those from high prevalence countries and people who have ever, or currently inject drugs.

Routine screening for Hepatitis B has been part of the antenatal screening programme since the early 2000s. In 2017, Hepatitis B vaccination became part of the routine childhood vaccination programme. As a consequence of these interventions, acute hepatitis B in Wales is now rare in children, but it remains a problem among unvaccinated adults. Further work is required to understand the prevalence in Wales but similar adult groups to those described above will need to be reached.

There is no vaccination to prevent hepatitis C infection. As such, harm reduction interventions including needle and syringe programmes (NSP) and regular routine opt-out testing for blood borne virus (BBV) infection are essential for prevention.



#### **4. RECOMMENDATIONS: HDUHB PRIORITIES & KEY ACTIONS**

Our priorities for action are based on an assessment of our position against the recommendations for elimination contained within the Welsh Health Circular WHC / 2023 / 001, as follows:

- **WHC/ HDUHB Priority Area 1 & 2 - Strategic Planning, Service Investment & Leadership**
- **WHC/ HDUHB Priority Area 3 & 4 - Prevent Infection and Increase Case Finding**
- **WHC/HDUHB Priority Area 5, 6, 7, 8 & 9 – Improving Testing & Referral**
- **WHC / HDUHB Priority Area 10, 11 & 12 – Improve Treatment Times and Treatment Completion**
- **WHC / HDUHB Priority Area 13 – Intelligence and Performance Management**




## **5. Delivery Structure**

Welsh Government has established a Hepatitis B and C Elimination Programme Oversight Group to provide a renewed strategic focus on elimination. Chaired by the Welsh Government, membership includes relevant policy leads within Welsh Government, representatives from Public Health Wales, clinical services within NHS Wales (including existing groups/networks, such as the Liver Disease Implementation Group), key services outside the NHS, such as specialist substance misuse services and third sector organisations.

Locally, a Hywel Dda University Health Board Eliminating Hepatitis B and C Steering Group has been established which will have dual reporting into the Area Planning Board (APB) via the Harm Reduction Group and into the Health Board via the Executive Director for Public Health. The APB structure is below. Terms of reference for the steering group are attached as Appendix 2.

## **6. DRAFT HEPATITIS B AND C ELIMINATION PLAN FOR DISCUSSION**

Welsh Health Circular WHC/2023/001 states that the joint recovery plans must cover the following actions:

- 
- A named corporate lead for Hepatitis B and C elimination in the Health Board.
  - A list of posts which are resourced to deliver Hepatitis B and C elimination and provide evidence of new or planned investment in services to support the elimination agenda (Action 2 below).
  - Actions that will be taken to improve access to Needle and Syringe Programmes (Action 3 below).
  - Actions that will be taken to improve outreach services including peer support services (Action 4 below).
  - Actions that will be taken to improve testing in pharmacies, substance misuse services and prisons. Testing by GPs and testing in sexual health services should also be considered (Actions 5-9 below).
  - Actions that will be taken to ensure those referred for treatment are seen in an appropriate time frame and receive treatment in a setting suitable to their needs. In many instances this will mean that patients need to be seen in the community within a few days of their diagnosis and started on treatment in a community setting. Health boards need to ensure that teams are appropriately resourced for this and set up to provide care in line with national rapid treatment guidelines. Achieving this will require reassurance that clinical teams will be adequately resourced to both treat individuals that need to be treated in clinical settings and support treatment in the community (Action 10 below).
  - Acknowledgement that the hepatitis C treatment targets set for 2023-24 are minimum targets to be exceeded wherever possible (Action 11 below).
  - Assurance on resource to support the national re-engagement programme (Action 12 below).
  - Assurance that the e-form will be used for data recording (Action 13 below).





Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
<b>Action 1 – Develop Joint Recovery Plans</b>					
Health boards must lead the development of Joint Recovery Plans for their respective areas, working with the Area Planning Boards and Public Health Wales. These joint recovery plans must be submitted to HealthProtectionProjects@gov.wales for assessment by the Hepatitis B and C Elimination Programme Oversight Group.	<b>Identify Executive Lead</b>	<redaction s40(2)>	Complete	The Executive Director for Public Health will be the Executive lead for the agenda.	
	<b>Identify Health Improvement &amp; Area Planning Board lead – Public Health</b>	<redaction s40(2)>	Complete	<redaction s40(2)>– Head of Population Health Improvement & Wellbeing to lead on APB and health improvement aspects of the plan development and implementation	
	<b>Identify Lead Clinician</b>	<redaction s40(2)>	Complete	<redaction s40(2)>, HDUHB Lead Nurse Hepatology & BBV Lead	
	<b>Identify Health Protection Lead – Public Health</b>	<redaction s40(2)>	Complete	<redaction s40(2)>, Consultant in Public Health	

	<b>Agree plan delivery and performance monitoring mechanisms</b>	<redaction s40(2)>/<redaction s40(2)> (Prevention & Population Health Improvement Manager)	Complete	Delivery and performance monitoring arrangements agreed. Eliminating Hepatitis B and C Steering Group established. First meeting held in July 2023. TOR attached as Appendix 2.	
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Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
<b>Action 2 – Provide Sufficient Funding to Meet Elimination Targets</b>					
Welsh Government will seek to secure ongoing funding for key national coordination posts to assist and enable key delivery partners to deliver against the elimination agenda. Health Boards, Area Planning Boards and Public Health Wales must provide evidence of new investment in services to support the elimination agenda	Mapping exercise to be undertaken to identify local service provision and funding source against recommended English model of service delivery	<redaction s40(2)>, <redaction s40(2)> and <redaction s40(2)>	September 2023	Initial mapping of service provision and current investment completed (Appendix 3 & 4).  New investment identified for some elements of provision from APB funding (Appendix 3 & 4).	

	<p>Summary of key service and funding gaps and areas for development to be provided</p>	<p>&lt;redaction s40(2)&gt;, &lt;redaction s40(2)&gt; and &lt;redaction s40(2)&gt;</p>	<p>September 2023</p>	<p>Initial breakdown of investment produced (Appendix 3 &amp; 4 )</p> <p>Summary of service gaps identified. (Appendix 3 &amp; 4)</p>	
	<p>Exploration of feasibility of re – distribution / reutilisation of some of the Test, Trace &amp; Protect (TTP) funding and / or staff to address the gaps in service delivery identified</p>	<p>&lt;redaction s40(2)&gt;/ &lt;redaction s40(2)&gt; / &lt;redaction s40(2)&gt;</p>	<p>October 2023</p>	<p>Recognition that there needs to be consideration of creative and innovative ways of using existing funding / resources to tackle the agenda. Agenda item for</p>	

<b>Priority Area</b>	<b>Action</b>	<b>Lead By</b>	<b>Target Date</b>	<b>Progress and Comments</b>	<b>Overall Progress (RAG)</b>
	<p>as part of the mapping exercise in order to progress with elimination agenda in line with WG requirements.</p>			<p>discussion at the next Hepatitis Steering group meeting in September.</p>	

**Action 3 – Prevent Infection**

Health Boards and Area Planning Boards must ensure substance misuse service and community pharmacy harm reduction services increase the provision and uptake of needle and syringe programmes (NSPs) across Wales to ensure 100% availability of sterile injecting equipment for every injecting event in line with NICE guidance in order to prevent ongoing transmission.	Baseline data on current Pharmacy based NSP location and usage to be produced and reported quarterly	<redaction s40(2)> & <redaction s40(2)>	Quarterly reports via APB Harm Reduction Group & Hepatitis Steering Group	Data on current Service Provision as Appendix 3.	
	Set HDUHB targets for increased provision and uptake of Pharmacy based NSP in order to ensure equitable coverage geographically.	APB Harm Reduction Group, APB leads and HDUHB Primary Care	December 2023	Discuss at next Hepatitis Steering Group meeting in September.	
	Pharmacy engagement – Develop a plan for further engagement and support to Pharmacies to encourage NSP provision and uptake of the new	<redaction s40(2)>/ <redaction s40(2)>/ <redaction s40(2)>/ <redaction s40(2)>/	Quarter 4 22/23 & Ongoing	Discussion item at next Hepatitis Steering Group meeting. Invite <redaction s40(2)>, <redaction s40(2)>, Medicine’s Management	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
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	pharmacy contract. Engagement to include pharmacy champions, resources, training, consultation and support.	<redaction s40(2)>/ Primary Care Manager		& Primary Care representatives	
	Baseline data on substance misuse service based NSP and activity to be reported quarterly	<redaction s40(2)> & <redaction s40(2)>	Quarterly	DDAS currently provides fixed site Needle Syringe Provision as part of their core contract in each of the three localities across Hywel Dda. The geography of Hywel Dda and its rurality requires creative and innovative ways of engaging with the target population (see Spike on a Bike initiative below) and provides increased importance in ensuring Pharmacy based syringe provision	
	Spike on a Bike Initiative - Further develop access to NSP for a range of client groups / geographically remote drug users via the Spike on a Bike initiative and report on access and engagement quarterly	<redaction s40(2)>/ <redaction s40(2)>	Quarterly reports via the APB Harm Reduction Group and Hepatitis	The DDAS Spike on a Bike initiative delivers NSP to users homes. The project is a new and innovative approach to engagement and we have linked with Swansea University.	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
			Steering Group		
	Settings – Explore and develop a plan for the provision of NSP in a range of other settings to ensure access for priority target groups e.g. Homeless, Supported accommodation, traveller communities, Polish and Ukrainian population.	APB Harm Reduction Group / <redaction s40(2)>	December 2023	Discuss priority groups & settings at next Harm Reduction Group & Complex Needs Board, develop plan and bring back to Hepatitis Steering Group	
	Develop Hepatitis B and C awareness campaign for target populations to include awareness raising to steroid / PIEDs injectors and other vulnerable groups.  Consider separate promotional material for families of injecting drug users to minimise transmission.	APB Harm Reduction Group / <redaction s40(2)>	Q4 23/ 24	Agree priority groups for awareness raising campaigns at next Hepatitis Steering Group and plan campaigns via the HRG .	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	Review and update where necessary the HDUHB three county discarded needle protocols to ensure appropriate arrangements in place to minimise community harm	APB HRG	Q4 23/24		
<b>Action 4 – Increase Case Finding</b>					
Health Boards and Area Planning Boards must invest in effective and sustained outreach services to engage with individuals not currently in contact with services, including homeless and unstably housed, young people, those at risk of injecting initiation and sex workers.	Ensure Hepatitis elimination agenda is built in to the pathways for the APB Complex Needs Project service delivery across Mental Health, Housing / Homelessness and substance misuse. This will include formal pathways for NSP, Dry Blood Spot Testing (DBST) and access to treatment for these client groups.	Complex Needs Board – Chair (<redaction s40(2)>) & Project Manager (To be appointed)		APBs have received additional funding to establish multi – disciplinary teams to improve interventions for those with complex needs across substance misuse, mental health and housing /homelessness. The requirement to consider Hepatitis elimination measures to be added to the Project PID.	



Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	Ensure Hepatitis elimination agenda is built into the Blue Light Project Steering Group, Alcohol Outreach worker protocols and Alcohol Pathways work where there are change resistant alcohol users who may also have injecting behaviour	Blue Light Project Group	December 23		

	Develop a clear plan and pathways to identify and have robust DBST arrangements in place for other key target groups including explore the feasibility of expanding the range of professionals who may be able to deliver opportunistic DBST during engagement with at risk community members not in contact with other services e.g. Fire Service, Community Midwives, Health Visitors, HDUHB Outreach Team	APB Harm Reduction Group / <redaction s40(2)> / <redaction s40(2)>	Q1 2024	To be discussed via HRG.	
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Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	Wallich Outreach Service Project - Explore options for preventing infection and increasing case findings through NSP and DBST at the Wallich project.with	<redaction s40(2)>/ <redaction s40(2)>/ <redaction s40(2)>	Q1 2024		

	rough sleepers not in contact with services				
	Sexual Health Services – Explore and develop options for prevention, case finding with sexual health services	<redaction s40(2)>/<redaction s40(2)>	Q3 23/24	Invite representatives from sexual health services to next Hepatitis steering group meeting.	
	Hepatitis B vaccination – Include local data on current vaccination levels and settings and identify opportunities and settings for further vaccination for at risk groups.		Q3 / Q4 23 / 24		
<b>Action 5 – Improve Testing Models</b>					
BBV testing should be available in a variety of settings including community pharmacy, community settings, NSPs, drug and alcohol services and prisons. The model of	Baseline data on current DDAS DBST (location, volume) to be produced	<redaction s40(2)>, Health Improvement Team & APB	Quarterly report via APB Harm	DDAS, the commissioned single point of contact drug and alcohol service for Hywel Dda provides	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
<p>testing will vary by setting and health boards and Area Planning Boards must support the roll out of testing strategies that have proven to be effective including venepuncture, dried blood spot testing and point-of-care tests.</p>	<p>and reported quarterly and targets set</p>	<p>Performance Manager</p>	<p>Reduction Group</p>	<p>opt out DBST for all referrals into the service.</p>	
	<p>Baseline data on current CDAT DBST provision (location, volume) to be produced and reported quarterly</p>	<p>&lt;redaction s40(2)&gt; Health Improvement Team &amp; APB Performance Manager</p>	<p>Quarterly report via APB Harm Reduction Group</p>		
	<p>Maternity Services – Current pathways for screening, testing and referral into treatment to be reflected in a written local document. Explore options for improvement, for instance, Hepatitis C testing and testing / screening of partners at 12 week scan and keep up to date on arrangements at a national level for HIV testing.</p>	<p>&lt;redaction s40(2)&gt;</p>	<p>Q3 23 &amp; Ongoing</p>	<p>Antenatal Screening Wales screen all antenatal women across Wales but not their partners – need to explore feasibility around offering testing for partners at 12 week scan. Antenatal HIV screening is being explored at a national level but currently waiting to see more results from England before deciding if it is something Wales can introduce.</p>	

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	Review local testing models and scale of use and produce data on testing by type locally – include information on PHW Test & Post where individuals can request sexual health and BBV online. Explore potential for Naloxone peers o undertake DBST. Promote access locally for testing as part of promotion campaigns.	Hepatitis Steering Group	Q3 / Q4 23/24		

	Primary Care – Review arrangements for testing and referral to treatment within primary care and explore feasibility of English approach to scanning GP records for potential risk factors. Ensure local promotional materials on Hepatitis B and C are distributed within primary care.	Hepatitis Steering Group / <redaction s40(2)> / <redaction s40(2)>/ <redaction s40(2)>n /<redaction s40(2)>/ Primary Care	Q4 23 / 24	Primary Care have the “All Wales Abnormal Liver Blood Test Pathway” which GPs follow and include details on BBV testing. Focused discussion at a future Hepatitis Steering Group meeting.	
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Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
<b>Action 6 – Improve Testing In Community Pharmacies</b>					

<p>Testing is currently being delivered in a small number of community pharmacies nationally. Introducing new point-of-care tests is a key way of improving testing in this community setting.</p>	<p>Review local implementation of new national BBV Pharmacy specification with primary care, Hepatology, Pharmacy, Medicines Management and CPW colleagues</p>	<p>&lt;redaction s40(2)&gt;/ &lt;redaction s40(2)&gt;/ &lt;redaction s40(2)&gt;/ &lt;redaction s40(2)&gt;and Primary Care Manager</p>	<p>September / October 23</p>	<p>Agenda item for next Hepatitis steering group meeting.</p> <p>&lt;redaction s40(2)&gt;, &lt;redaction s40(2)&gt; &amp; &lt;redaction s40(2)&gt; to meet with pharmacies that have already shown an interest in Harm Reduction through Naloxone provision to see if any of these pharmacies are interested in enhanced service provision.</p>	
<p>Health boards must ensure point-of-care tests are available in at least 100 community pharmacies from those with the highest numbers of needle and syringe exchange and opioid substitution therapy service users by April 2024.</p>	<p>Develop a plan for the roll out of point-of-care tests to the highest volume NSP services and pharmacy OST supervised consumption services in HDUHB.</p>	<p>APB Harm Reduction Group</p>	<p>Q3 23</p>		

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
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<p>Welsh Government will work with health boards to agree the priority pharmacies in each health board area.</p>	<p>Agree consistent WG point of contact to report back HDUHB pharmacy engagement.</p>	<p>Welsh Government</p>		<p>The Welsh Government Substance Misuse Branch has established a national APB Hepatitis Group. Confirmation needed that this is the appropriate route. Ensure attendance at meetings by Health Improvement and Health Protection Public Health Leads.</p>	
<p><b>Action 7 – Improve Testing In Substance Misuse Services</b></p>					
<p>The key performance indicator (KPI) for Area Planning Boards is being reintroduced.</p> <p>For 2023/24, a minimum of 50% of service users should be tested, with the longer term aim of 100% of service users tested routinely (in line with micro-elimination targets).</p>	<p>Baseline data report on KPI target to be produced and monitored via APB Harm Reduction Group.</p>	<p>&lt;redaction s40(2)&gt;/ &lt;redaction s40(2)&gt;</p>	<p>Quarterly</p>	<p>The Performance Manager for the Health Improvement Team has produced a performance dashboard which includes</p>	
	<p>KPIs reported nationally to Welsh Government, APB Executive and HDUHB</p>	<p>&lt;redaction s40(2)&gt;/ &lt;redaction s40(2)&gt;</p>	<p>Quarterly</p>	<p>Report quarterly to APB Executive. Frequency via</p>	



Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
	SDODC – quarterly to six monthly			HB structure to be agreed.	
<b>Action 8 – Improve Referral Rates From Substance Misuse Services</b>					
For 2023/24, 100% of those who have tested positive on the initial screen should be referred for further investigation with a minimum of 80% of those successfully attending an assessment by clinical treatment services.	Produce written pathways that reflect the good practice in place currently locally and build on these pathways as new organisations become involved to ensure robust governance.	<redaction s40(2)>/<redaction s40(2)>	Q3 23/24	There are good relationships and pathways in place between local substance misuse services and BBV services. All service users are offered DBST and all referrals that test positive are being seen within timescales by the BBV teams.	
	Baseline data report on referrals from SM services and timescales to treatment to be produced as part of data dashboard.	<redaction s40(2)>/<redaction s40(2)>/<redaction s40(2)>n	Q3 23/ 24		
<b>Action 9 – Prison Link</b>					

Micro-elimination of Hepatitis C must be achieved and sustained in all Welsh prisons by March 2024. Micro-elimination is defined as: • 100% of the prison population being offered a hepatitis C test.	There is no prison in our Health Board Area. However, we have good arrangements in place for prison discharge and will continue to ensure	<redaction s40(2)>/ <redaction s40(2)>/ <redaction s40(2)>	Q4 23/ 24		
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Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
<ul style="list-style-type: none"> <li>90% of those having then been tested.</li> <li>90% of those who been diagnosed with hepatitis C having started treatment.</li> </ul>	arrangements in place for prison release for those receiving treatment. Baseline data to be captured as part of performance dashboard.				
	Link with National Probation to ensure maximising opportunities for NSP and testing within other Probation and criminal justice settings.	<redaction s40(2)>/ <redaction s40(2)>	Q4 23/24		

**Action 10 – Improve Treatment Times**

<p>Health boards must ensure that individuals referred for further investigation and care should be seen expediently, preferably within days and in a setting suitable to their needs with provision being made for rapid access to therapy where required.</p>	<p>Improve medication dispensing to increase treatment commencement times and treatment completion lengths.</p>	<p>&lt;redaction s40(2)&gt;/ Medicines Management / Hepatitis Steering Group</p>	<p>September 2023</p>	<p>Priority agenda item for next Hepatitis Steering Group meeting. Medication is currently unable to be dispensed by hospital pharmacies and instead issued via a contract with Homecare which means patients have to wait up to 3 weeks to receive medication. Priority exploration of a PGD to dispense in clinical settings / on site to</p>	<p></p>
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Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
				<p>increase patient engagement and treatment times.</p>	
	<p>Explore models and feasibility of treatment commencement and dispensing from other settings.</p>		<p>2024</p>		

All clinical staff are required to use the eform on the clinical portal for recording patient care pathways for this and other aspects of care to be monitored.	Being done – mandatory CNS	<redaction s40(2)>/<redaction s40(2)>	Complete	Complete. HDUHB	
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**Action 11 – Increase the Number of Patients Successfully Treated for Hepatitis C**

The table below sets health boards annual minimum treatment targets for hepatitis C for 2023/24:	Baseline data and treatment numbers to be part of local performance dashboard and monitor treatment data quarterly.	<redaction s40(2)>/<redaction s40(2)>/<redaction s40(2)>/<redaction s40(2)>	Quarterly	Hepatitis steering group acknowledged the work ongoing nationally to establish robust prevalence estimates via the national group and	
Health Board	Minimum number				

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
Aneurin Bevan UHB	treated per year			recognised these local treatment targets may be high but will continue to	
Betsi Cadwaladr UHB	80				
Cardiff and Vale UHB	205				

<p>Cwm Taf Morgannwg UHB 135  Hywel Dda UHB 60  Powys Teaching Health Board 10  Swansea Bay UHB 205  TOTAL 900</p>				<p>work to increase treatment completion.</p>	
	<p>The success of peer support workers has been demonstrated. The benefits of a peer support network include increased reach and increased credibility, which has resulted in an increase in individuals initiating and completing therapy in certain settings. Explore peer support options locally, including use of Naloxone peers to support local treatment concordance.</p>			<p>Information on the Cardiff Hepatitis Peer Support Service delivered via Hepatitis Trust has been obtained. Discussion held at the local steering group at the cost and feasibility of this model for HDUHB. Alternative options utilising existing resources to be explored.</p>	
<p><b>Action 12 – Deliver the National Re-Engagement Programme</b></p>					
<p>Health boards to ensure that the remaining 3,000 individuals who may have current infection with hepatitis C are communicated with and are encouraged to come forward</p>	<p>Initial look back exercise was undertaken where those not known were all contacted - list of 200, of</p>	<p>&lt;redaction s40(2)&gt; / &lt;redaction s40(2)&gt;</p>	<p>Completed</p>		

Priority Area	Action	Lead By	Target Date	Progress and Comments	Overall Progress (RAG)
for testing. The expectation is that this exercise will be completed by late 2023.	these 80 who were still positive all contacted and sent appointments. Data to be included within the local performance dashboard.				
	National guidance to be issued shortly. Hepatitis Steering Group to review any actions for local implementation.	Hepatitis Steering Group	September 2023	Health Protection cell to be added to the agenda for the next Hepatitis Steering group meeting to assess options to support this agenda.	
<b>Action 13 – Improve Our Data</b>					
From 1 April 2023, all data on treated patients will be gathered via the e-form, and any not entered via this system will not be counted.	E form is being used locally.	<redaction s40(2)>/<redaction s40(2)>	Complete	APB has provided additional investment into Band 3 posts for fibroscanning and they will also support data capture.	

	Performance Manager and Partnership Support Officer within the Health Improvement Team – Public Health to establish a data dashboard to support the Hepatitis elimination agenda and produce reports quarterly.	<redaction s40(2)>/<redaction s40(2)>	Quarterly reports to be produced	Health Board will utilise the Performance Manager and Partnership Support Officer within Public Health - Health Improvement Team to report consistently on data to support the Hepatitis B and C	
<b>Priority Area</b>	<b>Action</b>	<b>Lead By</b>	<b>Target Date</b>	<b>Progress and Comments</b>	<b>Overall Progress (RAG)</b>
				elimination agenda. This will include NSP, DBST, testing, treatment and KPI information locally in one dashboard.	
WG are aware that there remains considerable uncertainty around the prevalence of both hepatitis C and HIV in Wales. Further evidence is required in this area so that we can truly understand the scale of the task, better understand who to target for testing and know when we have achieved our elimination aims.	National action. National data to be considered via the Hepatitis steering group meeting.	Welsh Government and PHW	Quarterly	Initial report produced by <redaction s40(2)>, lead at PHW.	

<p>Public Health Wales will undertake a seroprevalence survey that aims to estimate the overall prevalence in the general population; and the prevalence in all relevant sub-populations to inform targeted testing and clinical services going forwards. The results from this survey will inform future Welsh Health Circulars.</p>	<p>Continue to link in with the National Hepatitis Group that has been established to consider epidemiology</p>	<p>Health Improvement Lead and Health Protection lead consultant within Public Health</p>		<p>Dates for future national meetings to be shared with &lt;redaction s40(2)&gt;and &lt;redaction s40(2)&gt;.</p>	
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**REFERENCES:**



**Contributors:**

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<redaction s40(2)> Public Health Midwife, HDUHB  
<redaction s40(2)> Head of Population Health Improvement & Wellbeing – Public Health, HDUHB  
<redaction s40(2)> Executive Director Public Health, Hywel Dda University Health Board  
<redaction s40(2)> Performance Manager, Health Improvement Team – Public Health - HDUHB  
<redaction s40(2)> Consultant in Public Health, HDUHB  
<redaction s40(2)> Business Manager, Health Improvement Team – Public Health, HDUHB  
<redaction s40(2)> Service Manager, Community Drug and Alcohol Team, HDUHB  
<redaction s40(2)> Prevention & Population Health Improvement Manager – Public Health, HDUHB

<redaction s40(2)>

Microbiologist, PHW

<redaction s40(2)>

Lead Nurse, Hepatology & BBV, HDUHB

<redaction s40(2)>

Service Manager, Wallich Housing & Homelessness Team

<redaction s40(2)>

Service Manager, Dyfed Drug and Alcohol Service

<redaction s40(2)>

Corporate Manager, Lead for Housing, Social Care, Drug and Alcohol Misuse, Ceredigion Local Authority