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University Health Board

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

## **BCUHB Joint Recovery Plan – Actions for 2022-23 and 2023-24**

**Title:** Eliminating Hepatitis (B and C) as a Public Health Threat in Wales  
BCUHB Joint Recovery Plan – Actions for 2022-23 and 2023-24

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**Purpose and Summary of Document:**

The Welsh Health Circular (WHC/2023/001) for hepatitis B and C elimination requires Health Boards to lead the development of Joint Recovery Plans for their respective areas, working with the Area Planning Boards and Public Health Wales. The joint recovery plans must cover the actions outlined in WHC/2023/001.

This document is Betsi Cadwaladr Health Board's response to this request.

**Equality and Socio-economic Duty:**

The Recovery Plan will be reviewed during quarter 2 (July- September 2023) of the implementation phase to determine if the Equality and/or Socio-Economic Duty is applicable and what actions may need to be taken forward.

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## Background

Welsh Government have set the ambition for Wales to achieve the World Health Organisation's target to eliminate hepatitis B and C as a public health threat by 2030. Elimination of hepatitis B and C has significant benefits for the individual, population health and wider society. The Betsi Cadwaladr University Health Board, together with the Area Planning Board (APB), Public Health Wales (PHW) and partner organisations, support this collective ambition.

The Welsh Health Circular (WHC/2023/001) reinforces this commitment to eliminate hepatitis B (HBV) and C (HCV). Welsh Government have established a Hepatitis B and C Elimination Programme Oversight Group who have agreed a refreshed roadmap for elimination. This identifies 13 action points that the Oversight Group will be monitoring. Each Health Board area is required to develop and implement a Joint Recovery Plan detailing actions against this roadmap to achieve elimination targets.

To deliver success against the 13 action points multi-agency and multi-disciplinary working by community, primary and secondary healthcare, substance misuse services and prison healthcare is required. A key challenge will be reaching those currently not engaged with traditionally delivered healthcare services therefore joint working with third sector partners is essential. Particularly those working with people from high prevalence countries and people who have ever, or currently inject drugs.

A collaborative high level strategic plan has been submitted to Welsh Government by BCUHB (in partnership with other Health Boards across Wales) in March 2023 which set the foundations to develop, monitor and implement the more detailed recovery plan in a structured and phased way. A 'Hepatitis B & C Elimination Recovery Plan' task group, consisting of representatives from BCUHB Pharmacy, Hepatology, BBV/Harm Reduction team, Health Protection and the BCUHB Public Health Team, have been working with the Area Planning Board, Public Health Wales and other partners on the hepatitis B and C elimination agenda and subsequently formed a wider steering group to develop, monitor and implement the detailed recovery plan. The Hepatitis B and C Elimination Steering group have met on 19<sup>th</sup> May, 7<sup>th</sup> June and 21<sup>st</sup> June 2023 to develop a draft joint recovery plan. The Terms of Reference of this group are given in [appendix 1](#). The corporate lead for the hepatitis B and C elimination agenda in BCUHB is Teresa Owen, Executive Director of Public Health.

## A – Prevent infection

### A1 – Access to Needle and Syringe Programmes

Health Boards (HBs) and APBs must ensure substance misuse service (SMS) 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 Position

There is an existing and well-established NSP Syringe Programme (NSP) across North Wales, through community pharmacies, SMS and specialist outreach provision including a mobile van.

Baseline for all Wales is 22% availability of sterile injecting equipment (taken from the PHW annual report). For community pharmacy currently there are a total of 61 NSP sites (see [appendix 2](#) for mapping).

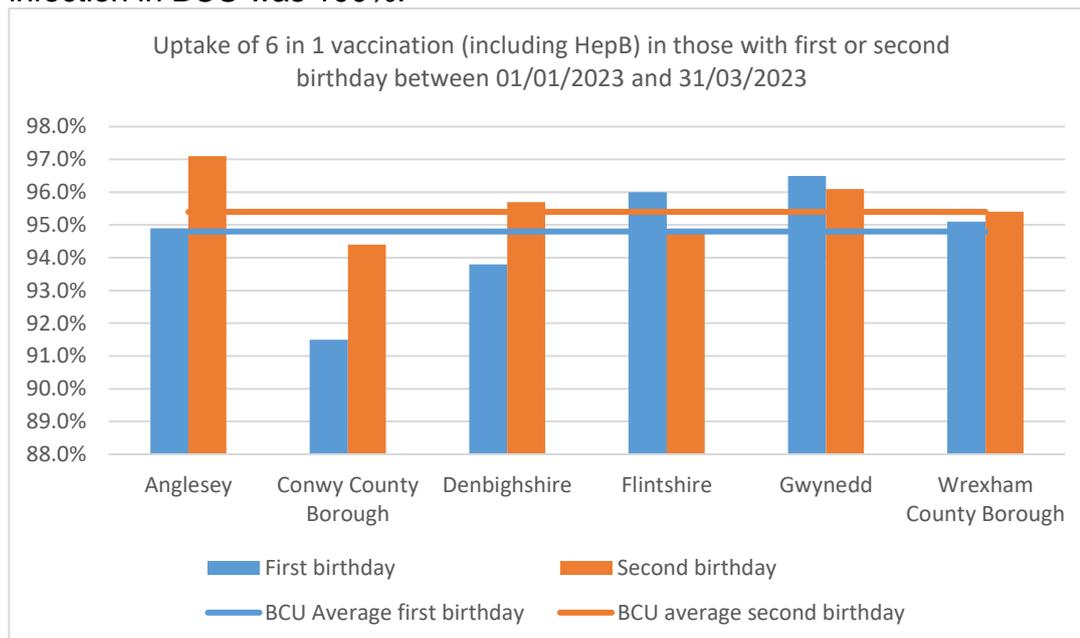
#### Actions

A1.1	Roll out of new national service specification for community pharmacy NSP to all existing sites across the Health Board (complete).
A1.2	Complete full review of NSP provision via community pharmacies, non-pharmacy and specialist sites including identification of areas for delivery close to areas where injecting drug use is prevalent to improve accessibility and consideration of sites with longer opening hours to help reduce mismatch between availability and demand. Review will include engagement where possible with people who use NSPs to support with identifying any locations/hot spots where pharmacy NSP is felt to be required.
A1.3	Commission additional community pharmacy sites by end of Q1 23/24.
A1.4	Identify sites for more pro-active level 2 community pharmacy NSP service and move to level 2 by end of Q2 23/24.
A1.5	Review training within pharmacy sites to ensure that pharmacy staff are adequately trained and confident in the provision of NSP to the level at which the service is commissioned to.
A1.6	Engage and communicate with all NSP pharmacies with regards to the importance of not restricting equipment and where possible providing additional equipment to what has been requested in order to increase the chances of sterile injecting equipment being to hand at the point of injecting.
A1.7	Identify and liaise with potential additional static NSP sites across North Wales that are likely to be accessed by people who use drugs, e.g. homelessness services, with a view to those services joining the North Wales NSP.
A1.8	Identify and liaise with other services that conduct outreach work and are likely to come in to contact with people who use drugs, e.g. homeless outreach teams, with a view to increasing outreach NSP availability across North Wales.
A1.9	Identify and liaise with other services that may be a point of contact for people who use drugs and could provide NSP at that point of contact, e.g. custody suites, with a view to developing the option for people to be provided with NSP.
A1.10	Further develop peer2peer work across North Wales in relation to NSP.
A1.11	Work with the APB to consider building NSP requirements in to commissioning contracts in additional relevant services across North Wales.

Baseline Position

**Childhood Hep B immunisation<sup>1</sup>**

The percentage of children in BCUHB area who had received all three doses of the 6 in 1 vaccination (which includes cover against hepatitis B) who had their first or second birthday between 01/01/2023 and 31/03/2023 is 94.8% and 95.4% respectively. Rates by the first birthday ranged from 91.5% in Conwy to 96.5% in Gwynedd, and by the second birthday ranged from 94.4% in Conwy and 97.1% in Anglesey. The rate of vaccination of children at risk of perinatal infection in BCU was 100%.



Hepatitis B is included in the immunisation training for nurses and raises awareness of the 4 Hepatitis B PGDs and is a reminder about eligibility. There is a payment scheme in place for GPs to claim for pre and post exposure Hepatitis B vaccination.

**Adult Hep B immunisation**

Hepatitis B immunisation is carried out routinely for all HIV patients and high risk patients attending sexual health clinics.

Hepatitis B vaccination status of, and vaccination provision to, those engaged with specialist substance misuse services indicate low levels of completion and coverage within services<sup>2</sup>.

Data from 2017 indicated vaccination coverage rates of 55.1% (95% CI 53.5–56.8) for first dose and 39.6% (95% CI 38.0–41.2) for full course across all prisons in Wales<sup>3</sup> However, due to substantial disruption due to the COVID-19 pandemic, routine data collection has not yet been re-established.<sup>3</sup>

<sup>1</sup> [Vaccine Uptake in Children in Wales January to March 2023 COVER 146: Wales May 2023](#)

<sup>2</sup> [Source: Harm Reduction Database Wales, 2023](#)

<sup>3</sup> [Perrett SE, Cottrell S & Shankar AG. Hepatitis B vaccine coverage in short and long stay prisons in Wales, UK 2013–2017 and the impact of the global vaccine shortage. Vaccine, 2019. 37\(35\) 4872-4876](#)

<b>Actions</b>	
A 2.1	BCUHB's Strategic Immunisations Plan – Leaving nobody behind. 2023-2026 sets out BCU's commitment to maximise the uptake of vaccinations, and in particular to reduce the inequality in uptake of vaccinations.
A 2.2	Continue with actions to monitor and increase the uptake of childhood vaccination: <ul style="list-style-type: none"> <li>• Data cleansing of immunisation records of unvaccinated children via 'Active Patient Management' process for 1, 2, 4 and 5 year olds. If unvaccinated, vaccinations are offered at home or support to try to get them to their GP surgery.</li> <li>• Health Visitors to chase up children who have missed 2 immunisation appointments to see if the child is still living at the recorded address, if they require any more information and if there are any access issues.</li> </ul>
A 2.3	Continue to ensure vaccination is encouraged, uptake is optimised and data recording is improved for all high risk groups e.g. men who have sex with men, prisoners and infants born to hepatitis B infected mothers.
A 2.4	As part of the SMS HITT (high intensity test and treat) events (see action B4.1) the BBV team will be offering hepatitis B vaccination which will also help raise awareness with SMS staff and service users
A2.5	Implement education and awareness raising initiatives e.g. education events in HMPB/SMS, communication campaigns, social media and insight work to encourage uptake of vaccination
A2.6	Deliver actions/recommendations from the national task and finish group that is being established to look at hepatitis B vaccination.

## B – Case Finding and Testing

### B1 – Outreach services including peer support services

Increase Case Finding: Health Boards and APBs 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 & sex workers. The success of peer support workers has been demonstrated.

#### Baseline position

North Wales has developed outreach services into the community which are testing and treating individuals not currently in contact with services, including people experiencing homelessness/ unstable housing. Initially through a pharmaceutical industry grant from Gilead Europe in 2019 BCUIHB introduced a rapid test and treat model with new point of care testing for hepatitis C which enabled diagnosis in < 1hour. A team of Specialist Pharmacists and Harm Reduction staff provided testing and treatment at a homeless hub in Wrexham which then was expanded to other groups in Wrexham and Flintshire. In 2021 the successful rapid test and treat community project expanded to central area and following a business case the Health Board have funded the service enabling it to expand into West area so it is now operating across North Wales. In addition, the North Wales Harm Reduction Outreach and Enhancing Lives teams work to an assertive outreach model. The teams work in the community providing low-threshold, easy access to a range of harm reduction interventions and support, including undertaking dried blood spot testing (DBST) for blood borne viruses.

#### Actions

B1.1	See page 6 for Plans for community testing 2023/24 - Sites identified for testing with an emphasis on rural areas with limited access to testing facilities.
B1.2	Improve understanding of high-risk populations in North Wales, in terms of numbers, demographic details and point prevalence surveys, building on the high-risk populations mapping work undertaken to date see <a href="#">appendix 2</a> and linking with relevant teams and partner organisations.
B1.3	Work with BCU communications team and Hepatitis C Trust to develop a social media awareness campaign which would also ideally support access to services and the ability to book tests.
B1.4	Further develop the work the Harm Reduction team in the East area has been doing with peers on a peer2peer Naloxone initiative, to include training the Harm Reduction Peers in undertaking DBSTs.
B1.5	Set up additional Harm Reduction Peer projects across North Wales that would further aim to increase the reach of BBV testing. The Harm Reduction Peers are a valuable asset to the North Wales Harm Reduction agenda. The peers have privileged access to the drug scene, being able to enter and interact in drug using venues and having an awareness of the local drug supply system, they can draw on their trusted status with those they are engaging with to offer and undertake BBV testing, education and signposting.
B1.6	The North Wales Harm Reduction Teams to continue taking part in supporting the yearly 'Unlinked Anonymous Monitoring' (UAM) survey of people who inject drugs. In undertaking a survey people who inject drugs complete an anonymous DBST, as part of this process the person is also encouraged to undertake a DBST whereby the results will be available to them. The UAM survey utilises a contingency management approach and can be a valuable tool for improving case finding by increasing testing.

B1.7	Community BBV team and midwives working in partnership with Sexual Health Team to develop outreach testing for sex workers.
B1.8	Dechrau Newydd received training are now able to complete DBST for men released from prison. Testing to be rolled out to other partner organisations e.g. Wallich and criminal justice service
B1.9	Members of the BCU health protection team will support the community BBV team with a high intensity test and treat (HITT) outreach project at the Methodist Church in Wrexham in August 2023. There are a group of approximately 50 patients who are currently being seen at the church by health visitors and are thought to include key groups of patients for testing. Testing will be carried out over a number of days and any patients testing positive will be linked to treatment.
B1.10	Hep C Trust peers with 'lived experience' needed to support engagement of individuals not in contact with services. Explore with hepatitis C Trust possibility of them supporting a pilot project with a view to submitting a business case for additional funding for Hep C Trust peers.
B1.11	North Wales region is applying to join the Fast Track Cities initiative and is exploring possibilities for having a combined strategy to drive elimination for HIV and viral hepatitis in terms of testing, reducing stigma ,etc.
B1.12	Explore future potential involvement of Pan Cluster Planning Groups/Pan Clusters in North Wales

### Plans for community testing 2023/24

Sites identified for testing with an emphasis on rural areas with limited access to testing facilities.

Area	Location	Details
<b>West</b>	Ty Newydd	24 bed approved premises facility.
	Lighthouse	Community testing to serve Holyhead community. Weekly clinic, drop-in basis.
	Abbey Rd community Centre, Bangor	Weekly clinic - drop-in basis.
<b>Central</b>	Rhyl Community food bank and drop in	Once weekly clinic, drop-in basis. Commencing September 2023. Estimated twenty people attending centre every day to access services.
	Rhyl Salvation Army drop-in centre	Fortnightly clinic, drop-in basis, approx. 20 attendees. Commenced 01 June 2023. Approximately ten persons accessing clinic since commencement.
<b>East</b>	Wrexham Salvation Army drop in	Weekly clinics, drop-in basis. Well attended by local homeless population. Already set up and ongoing.
	Plas Madoc food bank and community drop in	Fortnightly clinic, drop-in basis, well attended. Commencing September 2023.
	Plas Y Wern	24 bed approved premises facility. Monthly clinic, commenced October 2022, ongoing.
	Glanrafon night shelter	20 bed facility. Quarterly clinic, commenced May 2022. Ongoing.
	Connahs Quay Salvation Army drops-in	Once weekly clinic, drop-in basis, commenced May 2023.

## B2 – Testing models

BBV testing should be available in a variety of settings including community pharmacy, community settings, Needle and Syringe Programmes, drug and alcohol services and prisons. The model of testing will vary by setting and HBs and APBs 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.

### Baseline

BCUHB has supported the rollout of different testing models which are delivered by the community and prison rapid test and treat teams. Currently in the community and prison a range of testing models are utilised which include venepuncture, dried-blood spot tests and point of care tests (POCT):

-Oral mouth swabs (results in 20 minutes)

-Cepheid GeneXpert point of care testing (results in <1 hour).

There are two POCT HCV Cepheid machines (4 modules each) in BCUHB funded by a Welsh Government capital bid that are used to provide POCT in the community and there is also a Cepheid POCT machine in HMP Berwyn. Love to shop voucher incentives are used to support outreach BBV testing, with voucher incentives given for initial tests, attending for results (when needed) and Sustained Virological Response (SVR) tests in the community. Opt out testing is operational in HMPB Berwyn.

### Actions

B2.1	Scope the feasibility of opt-out BBV testing of routine bloods on patients admitted to ED across BCUHB following successful initial pilot work done in England. In order to understand the potential utility of this service development across the three acute hospital sites in BCUHB the following estimates will be required: <ul style="list-style-type: none"><li>• the testing costs (based on estimated number of blood samples tested) that would be incurred by microbiology department if this was rolled out; to be estimated under different scenarios of age strata tested and likely opt out proportion</li><li>• the likely number of positive HCV and HBV cases identified requiring referral to specialist treatment services</li><li>• acceptability to ED services (e.g. use of posters to inform patients of opt-out BBV testing with no requirement for written informed consent)</li></ul>
B2.2	Continue with current testing models in HMPB <ul style="list-style-type: none"><li>- Opt-out reception testing with DBST</li><li>- POCT oral mouth swabs for those who don't want DBST</li><li>- Follow up by Hep C Trust peer for any reception testing declines</li><li>- Positive hep C antibody tests followed up with Cepheid POCT.</li></ul>
B2.3	Continue with current mixed approach for outreach community testing using DBST, venepuncture, oral mouth swabs and Cepheid POCT depending on the setting, individual and the need for rapid testing. Voucher incentives to continue.
B2.4	Community pharmacy testing will use a mixed model approach with oral mouth swabs and DBST as options for community pharmacists/technicians carrying out testing and if delivered/supported by community BBV team venepuncture and Cepheid POCT will also be able to be utilised. Voucher incentives will also be used.
B2.5	Capital bid to be submitted for a mobile testing van which will support community testing particularly in rural areas

### B3 – Community pharmacies

Health Boards must ensure point-of-care tests are available in at least 100 community pharmacies (across Wales) from those with the highest number of needle and syringe exchange and opioid substitution therapy service users by April 2024.

#### Baseline

A small pilot has taken place in a community pharmacy in Rhyl in Central Area in 2022. DBST by the BBV community nurse at the pharmacy tested 11 patients, 4 of whom tested positive for Hepatitis C and were referred for treatment.

#### Actions

B3.1	A national specification for the service to be agreed (likely to be available by end of July 23).
B3.2	Target sites have been identified to carry out testing ( <a href="#">appendix 2</a> ), for 2023/2024 including: <ul style="list-style-type: none"><li>• 10 providers of high levels of NSP</li><li>• 9 further locations where rurality means that access would be limited</li></ul>
B3.3	Aim to get target sites commissioned (where the pharmacy team are willing to engage) within the financial year. Commissioning will be led by the Community Pharmacy Lead and their team.
B3.4	A mixed model of delivery will be adopted dependent on the particular pharmacy which may include <ul style="list-style-type: none"><li>• Pharmacy teams carrying out tests with DBS and/or oral swabs</li><li>• Testing by harm-reduction/BBV nurses</li><li>• Peers from Hep C Trust working with service users to boost engagement, and potentially to carry out testing</li><li>• Engagement within the pharmacy, with testing being carried out in a nearby community testing vehicle</li></ul>
B3.5	PHW colleagues/ national BBV team will engage with the point of care testing team regarding the kit that is intended to be used and support training, site setup, and the ongoing engagement will be led by the BBV community team (BBV/Harm Reduction nurses and specialist pharmacists).
B3.6	Plan to approach target sites once the national specification is finalised (anticipate this will be September-October 23)
B3.7	Aim to begin service delivery in November 2023

## B4 – Substance misuse services

The key performance indicator (KPI) for Area Planning Boards is being re-introduced. 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).

### Baseline

17.25% of service users were tested in 2022/23. SMS testing needs to increase significantly to meet KPI.

Regular training sessions are carried out for key workers by BBV community services.

### Actions

B4.1	High intensity test and treat (HITT) events are to commence in SMS offices across BCU between June and September 2023, starting on 12/06/2023. Each event will be for a period of 3-4 weeks at each of the six offices.
B4.2	Aim of HITTs will be to test a minimum of 50% of registered service users. The HITT events will be promoted and will aim to improve testing rates and awareness amongst staff and service users of the importance of testing.
B4.3	Members of the health protection team will be trained to carry out testing to support the BBV team at SMS HITT events (complete)
B4.4	BBV community nurses supported by members of the BCU health protection team will carry out the HITT events, and will work alongside SMS key workers to increase their confidence so that they can continue testing when the HITT event has finished.
B4.5	Voucher incentives with 'Love to Shop' vouchers will be used to help with uptake of testing at HITT events.

## B5 – Prisons

Micro-elimination of hepatitis C must be achieved and sustained in all Welsh prisons by March 2024. Micro-elimination is defined as:

- 100% of prison population being offered a hepatitis C test
- 90% of those being tested
- 90% of those testing positive for Hep C having started treatment

### Baseline

A 12-month pilot has taken place in HMP Berwyn in 2022/23 to provide a rapid test and treat service, similar to that provided in the community.

Hepatitis C POCT has been introduced by PHW in HMPB and there has been short term funding provided by the prison for a team of pharmacists, BBV nurses plus 2 hepatitis C Trust Wellbeing posts (1 co-ordinator and 1 Lead post) to increase testing and treatment with the aim of achieving micro-elimination.

Baseline 100% of new arrivals to prison are being offered a blood borne virus test and reception staff have received training to ensure that this is done and recorded. Anyone missed or refusing at reception is being followed up the next day.

Baseline figure for percentage of prisoners who had received a hepatitis C test in the previous 12 months was 73% at the start of April 2023. This figure was being lowered by those who had been in prison since before the pilot and had not been tested when they arrived. Work is being done to ensure that those who have been in prison for some time and may have been missed previously are being tested. In mid-June 2023 over 96% of prisoners had been offered a test and 92% have had a hepatitis C test in the previous 12 months.

Since April 2022 51 men have been started on treatment for hepatitis C in HMPB. 16 men have been trained as hepatitis C trust peers.

### Actions

B5.1	BBV nurse and Hep C Trust staff carrying out mobile testing in the gym, places of work, workshops, DHL offices etc. and within the houses to target those who have been in prison for a long period who have not been tested previously
B5.2	Reception staff have been trained and are now receiving encouragement and being monitored to ensure that all new prisoners are offered a test at reception and that this is recorded in their notes.
B5.3	Men who decline Hep C test are followed up by Hep C Trust wellbeing lead and the trained peers to encourage testing.
B5.4	The Hep C Trust staff are funded until October 2023, and the team is funded until March 2024. A business case for long-term funding will be submitted to HMPB in September 2023.

## C – Treatment

### C1 – Referral from substance misuse services

For 2023/24, 100% of those who have tested positive on the initial screen should be referred for further investigation with  $\geq 80\%$  of those successfully attending an assessment with clinical treatment services.

#### Baseline

For 2022/23, 100% of those who tested positive on initial screen were referred for further investigation. 94% successfully attended for assessment with the clinical team. The majority of testing has been carried out by the BBV nurses in the community who also support the assessment of hepatitis C treatment for patients by specialist pharmacists which is carried out in locations convenient for patients e.g. SMS, hostels, home visits, etc. Specialist pharmacists conduct either face to face consultations (e.g. during HITTS) or consultations are carried out virtually via Teams.

#### Actions

C1.1	BBV nurses to work with/train key workers and support workers to carry out testing in SMS. This will be supported by the planned SMS HITT initiatives (see action B4.1). The aim being to boost confidence levels amongst staff to enable them to carry out tests independently and to refer into BBV Nurses.
C1.2	Continue with current successful flexible model for treatment assessment in settings convenient for patients with support, when needed, from key workers, peers and harm reduction team for attending assessments.
C1.3	Regular monitoring of referrals to ensure current referral rates are maintained when testing rates increase and the testing shifts to being carried out by SMS key workers and support workers.

## C2 – Treatment times

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. All clinical staff are required to use the e-form on the clinical portal for recording patient care pathways for this and other aspects of care to be monitored. 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.

### Baseline

The successful BCUHB hepatitis C community rapid test and treat service has reduced the treatment pathway from over 6 months to just 2 weeks and since winning the Advancing Healthcare award for Improving Public Health Outcomes at the end of 2021 the service has been expanded from the east area across the whole of North Wales. Over 100 patients have now been started on treatment via the community rapid test and treat service in BCUHB. Currently there isn't sufficient dedicated resource to provide a rapid hepatitis C treatment service in the hospital setting in all areas in BCUHB, particularly in East, due to constraints with Hepatology staffing and current waiting lists. The e-form via Welsh Clinical Portal is being used by clinical teams in BCUHB to record patient treatment for hepatitis C.

### Actions

C2.1	Continue with successful rapid community treatment pathway and scope potential for expanding service to include treating hepatitis C referrals from GPs where appropriate. This would help to reduce demand on secondary care Hepatology services and improve treatment times.
C2.2	Clinical teams to continue using e-form to record patient treatment and to ensure e-form is used going forward to record DNAs for treatment appointments.
C2.3	Develop, with other Health Boards, a national PGD (patient group direction) for use of the direct acting antiviral agents for hepatitis C treatment to facilitate rapid treatment initiation.
C2.4	Scope the potential for introducing over-labelled treatment pre-packs to support rapid treatment initiation.
C2.5	Rapid access to treatment is available in community settings and the national rapid treatment guidelines are utilised in the BCUHB community treatment service. Support from peer workers and support workers is needed to ensure that treatment can be provided efficiently across the whole range of community settings.

### C3 – Number of patients successfully treated for hepatitis C

Treatment targets of 205 patients for 2023/24 are minimum targets

#### Baseline

105 patients were initiated on hepatitis C treatment in BCUHB in 2022/23. It is estimated that current testing rates would need to increase approximately ten-fold to be able to identify patients needing treatment.

Patients are currently able to be started on treatment rapidly (within 2 weeks) when needed in the community. They are supported to adhere to treatment and finish the full course through:

- Support from the harm reduction team
- Provision of a mobile phone when needed to support communication between patient and team whilst they are on treatment
- Patients are encouraged to set daily alarm on mobile phone to remind them to take their tablets
- Tablets can be dispensed in weekly, monthly or full treatment course to support the needs of the individual patient and weekly compliance aids are supplied as needed
- On treatment HCV viral load POCT carried out using Cepheid POCT at week 3-4 (early response to treatment is indicative of achieving SVR).

#### Actions

C3.1	Actions B1-5 of plan will support the increase of testing in BCUHB which will identify more patients for treatment. Once identified patients will be able to be referred to community/prison treatment team for rapid treatment initiation.
C3.2	Increased adherence support for patients who fail first-line therapies will continue to be used including BBV/Harm reduction team daily contact with patient (either phone call, text message, etc.) Use of Video observed therapy (VOT) will be also be considered.
C3.3	Utilisation of peer support services to support treatment adherence.

## D – Re-engagement

### D1 – Deliver the national re-engagement programme

Health Boards must ensure that the remaining 3,000 individuals who may have current infection with hepatitis C are communicated with and are encouraged to come forward for testing. The expectation is that this exercise will be completed by late 2023.

#### Baseline position

BCUHB is participating in the re-engagement exercise but the Hepatology team is not currently adequately resourced to be able to fully support the programme and meet the current proposed timescales. BCUHB was not able to complete the cross referencing and data cleansing exercise for the last round of patient data circulated by PHW, so this work still needs to be completed before patients can be contacted for re-engagement.

#### Actions

D1.1	Set up a task and finish group for delivery of the hepatitis C re-engagement programme in BCUHB.
D1.2	BCUHB is due to receive data for approximately 700 patients from PHW. The Health Board is currently exploring possibilities for additional staff to support cross-referencing and cleansing of this data e.g. clinical and administrative staff who previously worked for Hepatology services being released from current roles for half a day a week for a fixed period of time.
D1.3	Data sharing agreement (DPIA) needs to be put in place for BCUHB and then data can be shared with other partner organisations to support re-engagement exercise.
D1.4	A clear step process is needed for making contact with individuals on the re-engagement list; to include identification of support needed (staff, identification pathway, communication and promotion and any joint sharing of information protocols).
D1.5	Utilisation of peer support to improve re-engagement.
D1.6	Regular monitoring and evaluation of the re-engagement list.

## E – Data

### E1 – Improve our data

Assurance that the e-form will be used for data recording 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

### Baseline position

The e-form is already being used in BCUHB for all patients to capture hepatitis C treatment data.

### Actions

E1.1	Improve data availability and accessibility, working collaboratively with other Health Boards in Wales and Public Health Wales Communicable Disease Surveillance Centre (CDSC) to develop indicators, and scope out an information tool to monitor this going forwards
E1.2	Ensure continued recording of data on the e-form and Harm Reduction database, including quality assurance measures for completeness of data inputs.
E1.3	Continue to utilise ‘Love to Shop’ vouchers to encourage attendance for SVR testing in outreach services to support treatment outcome data being available.

## F – Resources and Funding

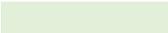
### F1 – Current resources and funding to meet elimination targets

Provide sufficient funding to meet elimination targets -Health Boards (HBs), Area Planning Boards (APBs) and Public Health Wales (PHW) must provide evidence of new investment in services to support the elimination agenda. Health Boards to provide a list of posts which are resourced to deliver hepatitis B and C elimination.

#### Baseline position

List of posts involved in delivery of hepatitis B and C elimination agenda. N.B. Although the table below details specific posts there is also significant investments in projects and services that contribute more broadly to this agenda such as Enhancing Lives and Harm Reduction which includes new funding via Area Planning Boards for 23/24 and 24/25.

Posts	Comments
Hepatology team 5 x Clinical nurse specialists (3 in East, 1 in central and 1 in West) 3 x consultants (1 in each IHC)	Not funded specifically for viral hepatitis and only forms a very small part of the their Hepatology duties
3 x Community Blood Borne Virus (BBV) Nurses SMS/Harm Reduction	One in each Integrated Health Community (IHC)
1 x Community Lead BBV Nurse	Works across the three IHCs
1 x Lead BBV Pharmacist	Post is split between HIV and viral hepatitis and works across the three IHCs
3 x part-time Specialist Pharmacists and 1 pharmacy technician for rapid test and treat service	Successful business case -posts funded by the Health Board from July 22 onwards
1 x HMPB BBV Nurse	Two year funding by prison 2022-24 whilst awaiting longer term needs to be assessed for business case
HMPB –part-time funding for BBV nurses from community to support HMP Berwyn	
HMPB - part-time funding for Specialist Pharmacist to support HMP Berwyn	
2 x HMPB -Hepatitis C Trust funded peer workers (Well-being Co-ordinator and Well-being Lead)	Funded for 1 year initially from Oct 22 with view to extend for 2nd year whilst awaiting longer term needs to be assessed for business case

 New funding in last financial year

#### Actions

F1.1	The BCU Health Protection Service is a newly formed team following the end of the Test Trace and Protection service on the 31 March 2023. The team consists of both clinical and non-clinical staff whose remit is to support any emerging threats and support the Health Protection agenda Pan North Wales. The team have been trained in BBV testing (June 23) by BBV Specialist Nurses and will work alongside the community BBV team to support HITTs and other targeted interventions to increase the opportunity for citizens to access BBV testing.
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## F2 – Potential future resources and funding needed to meet elimination targets

Below is an assessment of the potential investment needed in BCUHB in order to drive elimination. At this stage of elimination the biggest hurdle is scaling up testing to ensure diagnosis of all those with hepatitis C to ensure the drive towards elimination but also to identify accurately the scale of the challenge. It is clear that the BBV teams are under resourced and that elimination will not be possible without investment, and any funding requests will need to go through the usual business case processes.

### Roles required

1) Elimination co-ordinator / data manager. Role is to map out the entire service, collate data on testing and treatment on a monthly basis and provide regular feedback to teams on performance including league tables where appropriate, set up meetings and coordinate educational / motivational events for community teams as required.

2) Full time PA. Administrative support to the BBV team to aid with completion of e-forms, book appointments, book meetings, facilitate data collection etc.

3) Band 4 specialists. At least 3 -one for each IHC. Required to carry out fibro scanning, testing, training and high intensity test and treat sessions in the community.

4) Peer workers. At least 3 - one for each IHC to increase testing, improve linkage to care, improve treatment completion, reunite medication with patients (e.g. when released from prison).

5) POCT staff- Band 6 biomedical scientists. At least 2- employed to support processing of results, education, training, etc. and to support delivery of point of care testing in the community including HITT projects as appropriate.

6) Prison administrative support – Administrative support for the testing team to ensure all results are receipted, actioned and entered onto the relevant recording platforms. (Business case being submitted Sept 23)

7) Community pharmacy liaison – WTE Band 4/5 with responsibility for driving up testing in community pharmacy through regular engagement, education, training and feedback on performance.

8) Clinical nurse specialists – Hepatology CNS 0.5WTE for each IHC dedicated time for BBV activities. To deliver secondary care pathway, re-engagement exercise, ICNET and support community team.

### Actions

F1.2	Funding for potential additional posts to drive the elimination agenda in BCUHB (detailed above) will need to go through usual business case processes for consideration.
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## Appendix 1 - Terms of Reference: Hepatitis B&C Elimination Recovery Plan Steering Group

### Document Review

Version Number	Date of Review	Reviewer Name	Approved by
V0.01	06.04.2023	Initial Draft by [REDACTED]	
V0.02	05.05.2023	Second draft with comments from [REDACTED]	
V 0.03	09.05.2023	Comments from [REDACTED]	
V0.04	6.6.2023	Amendments considering other ToRs across Wales	
V0.05	21.6.2023	More members added	
V0.06	29.6.2023	Advice received from [REDACTED], Associate Director of Governance & Communications	

## **Background**

Welsh Government have set the ambition for Wales to achieve the World Health Organisation's target to eliminate hepatitis B and C as a public health threat by 2030. Elimination of hepatitis B and C has significant benefits for the individual, population health and wider society. The Betsi Cadwaladr University Health Board with the Area Planning Board, Public Health Wales and partner organisations support this collective ambition.

The Welsh Health Circular (WHC/2023/001) reinforces this commitment to eliminate hepatitis B and C. Welsh Government have established a Hepatitis B and C Elimination Programme Oversight Group who have agreed a refreshed roadmap for elimination. This identifies 13 action points that the Oversight Group will be monitoring. Each Health Board area is required to develop and implement a Joint Recovery Plan detailing actions against this roadmap to achieve elimination targets.

To deliver success against the 13 action points multi-agency and multi-disciplinary working by community, primary and secondary healthcare, substance misuse services and prison healthcare is required. A key challenge will be reaching those currently not engaged with traditionally delivered healthcare services therefore joint working with third sector partners is essential. Particularly those working with people from high prevalence countries and people who have ever, or currently inject drugs.

## **Purpose**

The overall purpose of the Hepatitis B&C Elimination Recovery Plan Steering Group is to:

### **Phase 1:**

- Ensure that a Recovery Plan is produced and submitted to Welsh Government by the 14<sup>th</sup> July 2023

### **Phase 2:**

- Oversee the further development and implementation of the BCU Hepatitis B&C Elimination Recovery Plan

## **Authority**

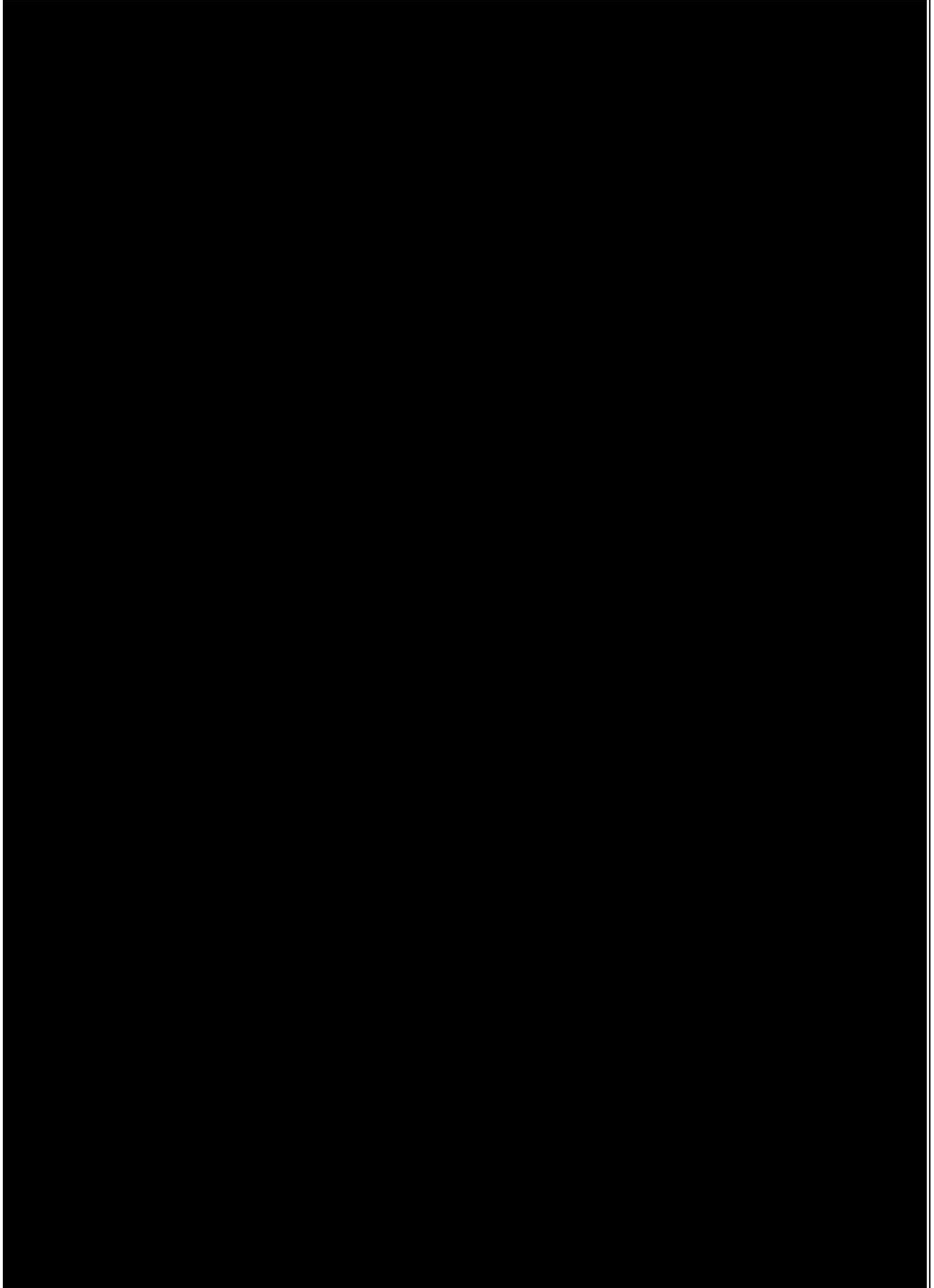
The Health Board Leadership Team (HBLT) has established the Hep B&C Elimination Recovery Plan Steering Group under the leadership of the Executive Director of Public Health. The group is a formal sub-group of the Executive Delivery group for Population Health (PH EDG) and will also report to the BCU Infection Prevention Control Group. It will also receive and provide reports to board committees, the Exec team, HBLT and other groups as required.

## **Scope**

The scope of this Steering Group is to:

- Provide advice and oversight, ensure delivery of the project outputs and the achievement of project outcomes

**Membership will include (or nominated deputy):**



The Hepatitis B&C Elimination Recovery Plan Steering Group will co-opt into the group individuals with the necessary knowledge or skills, as and when required.

### **Quorum**

The meeting will be quorate if at least 9 members (or their nominated deputy – to be agreed with the chair) are present

### **Administrative arrangements**

- Meetings of the work stream will be held monthly as a minimum and more frequently as required e.g. when the recovery plan is in production (prior to 14<sup>th</sup> July)
- Meetings will be via MS Teams
- Admin support will be provided by the BCU Public Health Team
- Action logs of the meetings will be kept which identify the lead officer and the date by which the agreed action will be complete.
- Phase 1 will be chaired by the consultants in public health. Phase 2 will be chaired by alternating group members as directed by the Executive Director of Public Health.

### **Summary of Accountability and Mode of Working**

- The Multi-Agency Steering Group will report to the Executive Lead for the Health Board, the Executive Director of Public Health, through the Population Health Executive Delivery Group (PH EDG)
- Dual reporting through to the Infection Prevention and Control Group to ensure adequate oversight of arrangements.
- The ToR will be reviewed once phase 1 is completed

### **Reporting from the group**

- In order to minimise duplication, a single chairs report will be produced that will serve both the PH EDG and the Infection Prevention and Control Group. This will include any matters for information/escalation and risks to the delivery of this programme.

## **Appendix 2 - Mapping of services and high risk populations**

2.1 BBV testing sites in North Wales

2.2 High risk populations

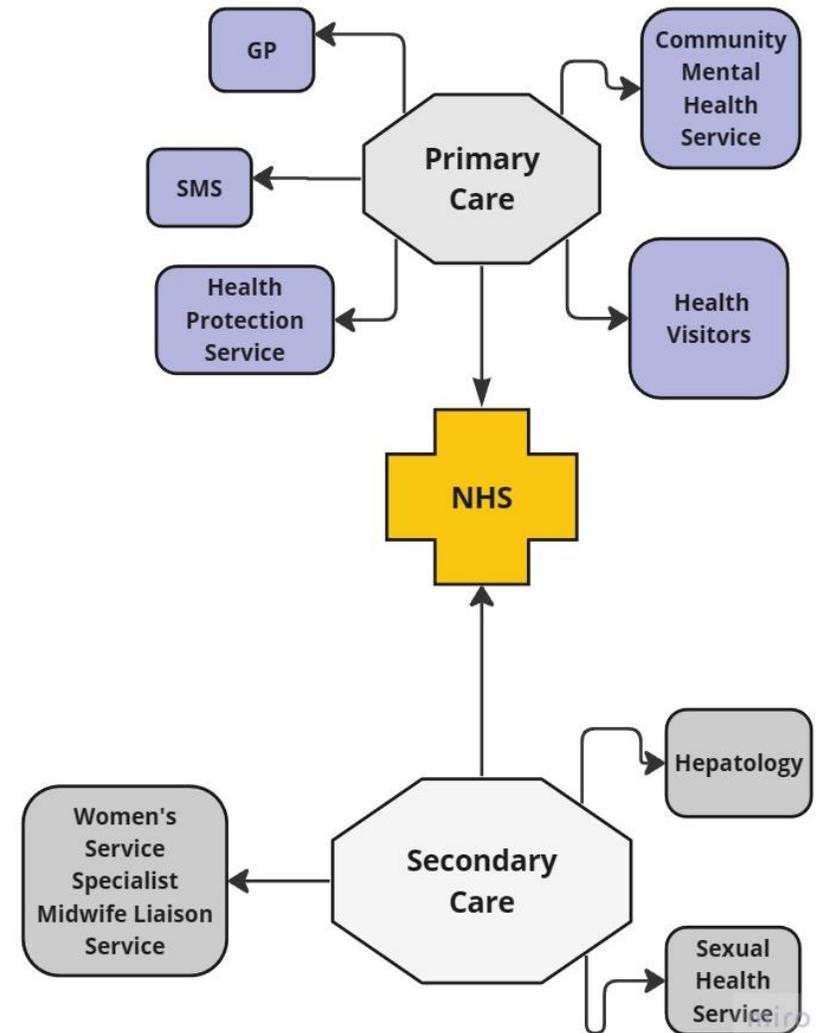
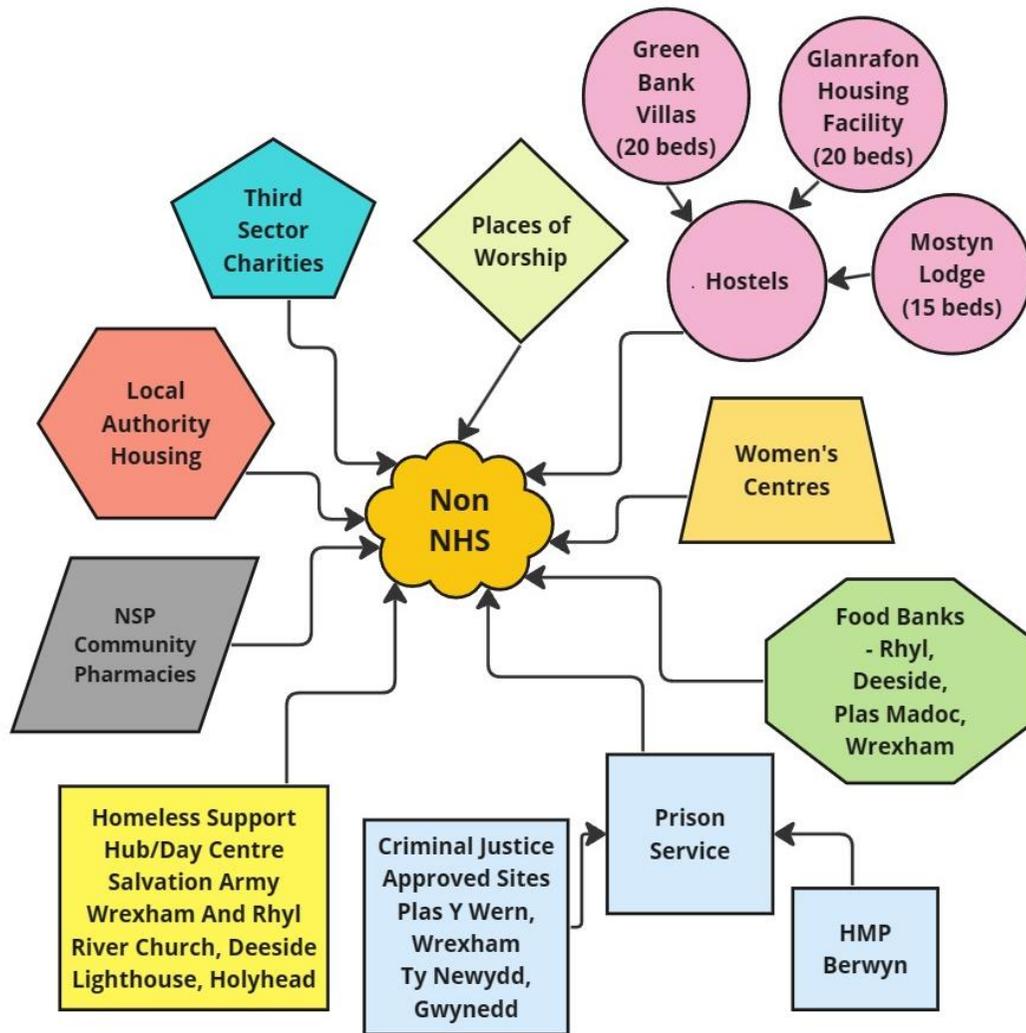
2.3 NSP target sites for 2023/24

2.4 NSP Pharmacies in West Area

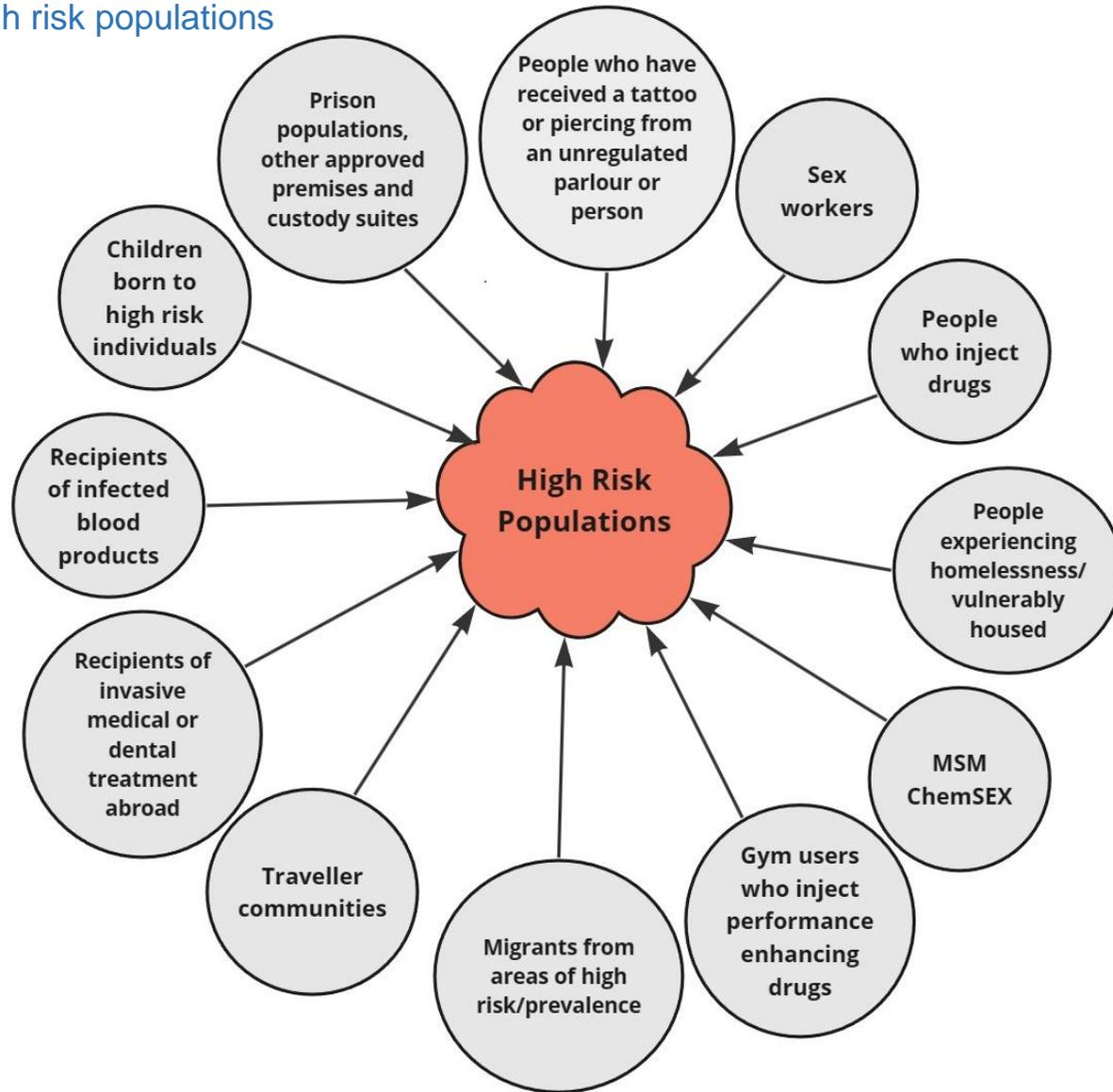
2.5 NSP Pharmacies in Central Area

2.6 NSP Pharmacies in East Area

## 2.1 - BBV testing sites in North Wales

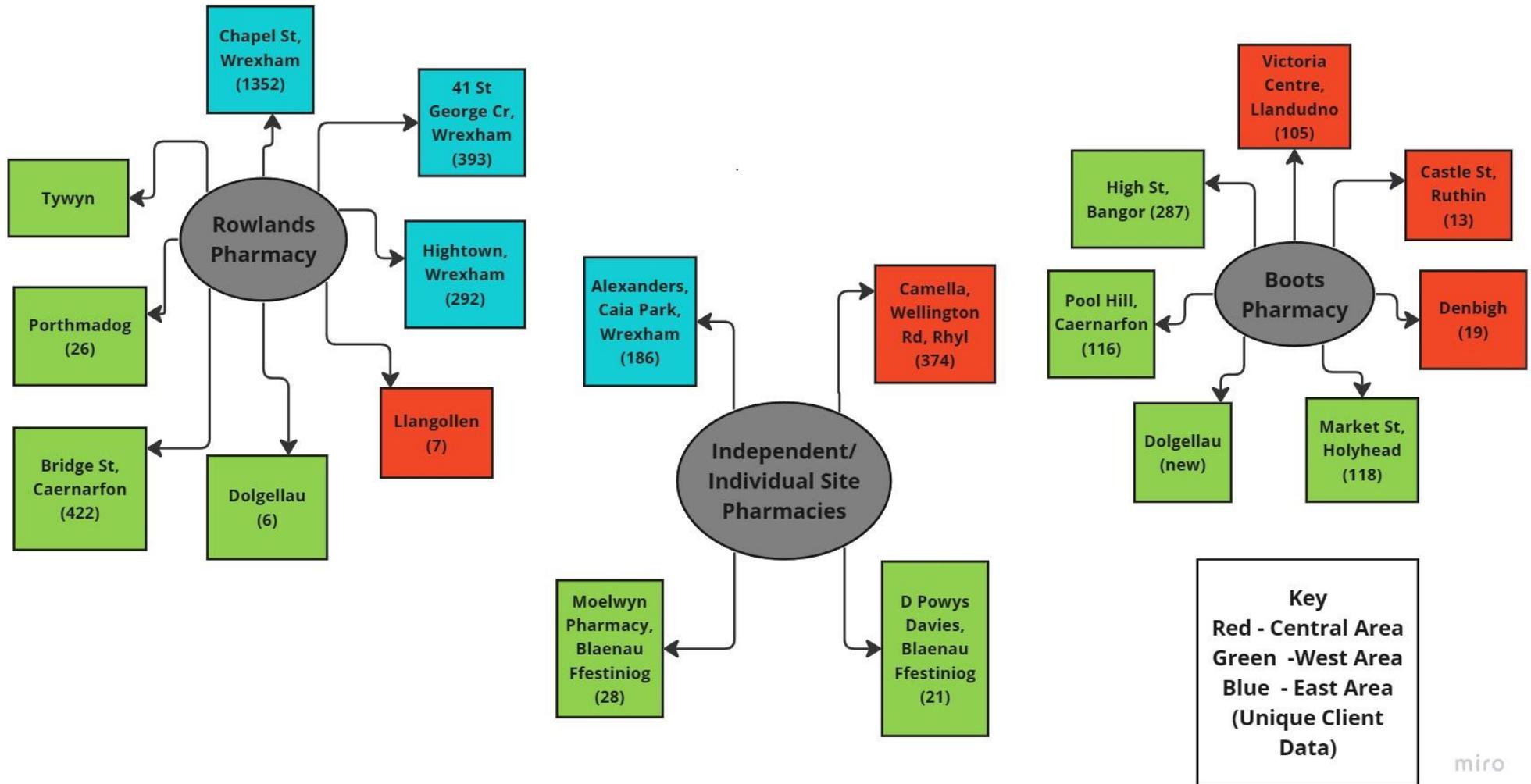


## 2.2 - High risk populations



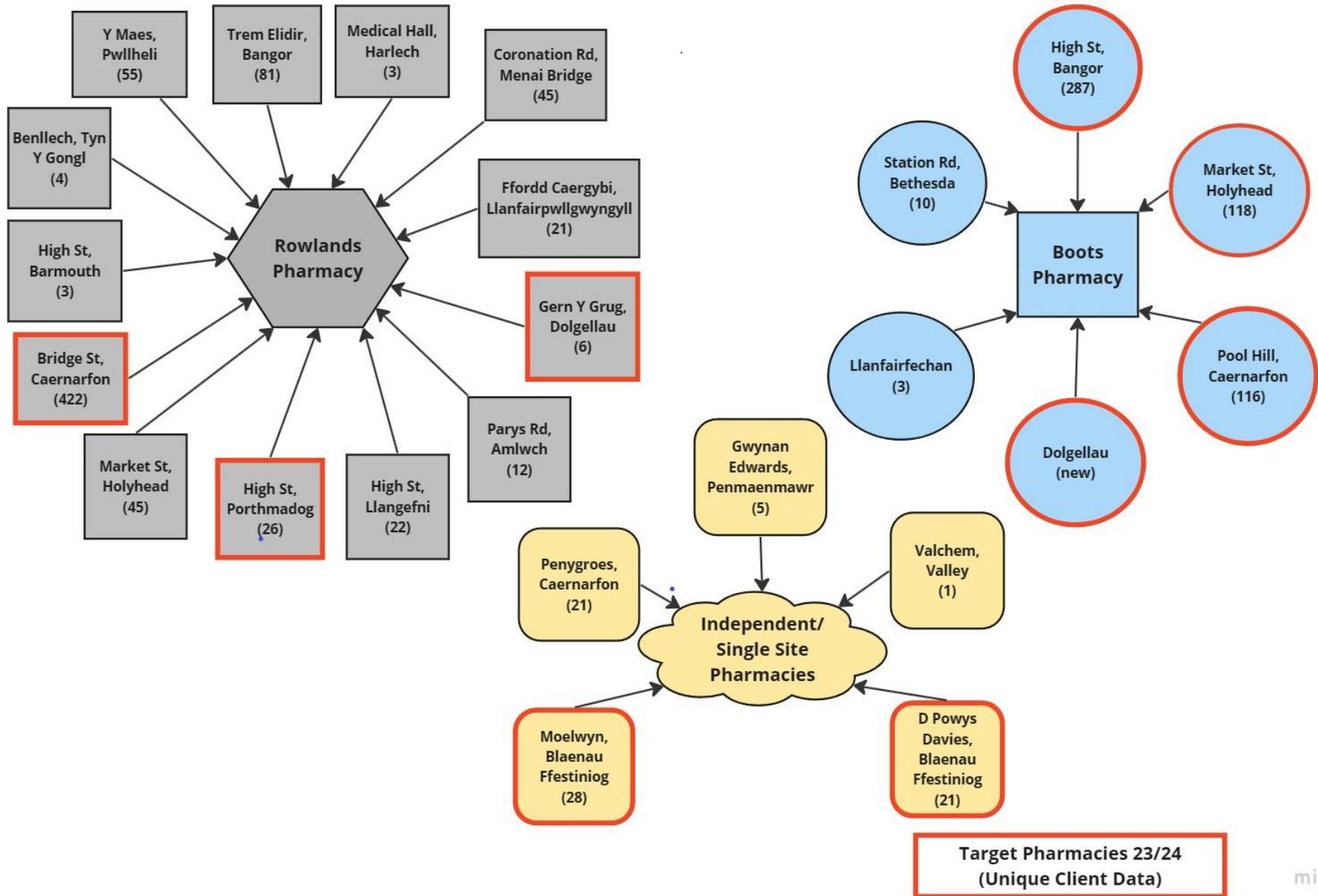
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### 2.3 - NSP target sites for 2023/24

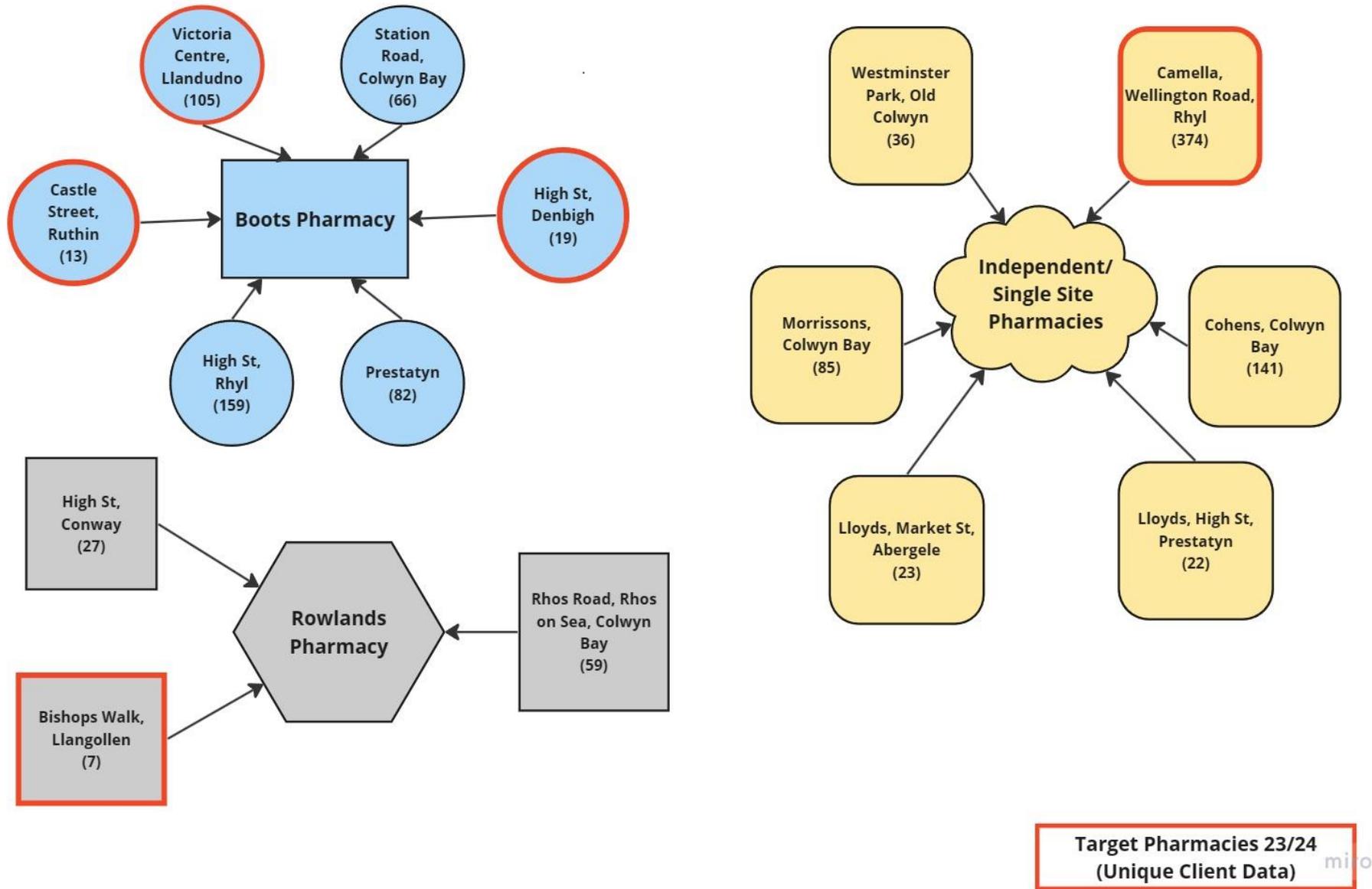


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## 2.4 - NSP Pharmacies in West Area



## 2.5 - NSP Pharmacies in Central Area



## 2.6 - NSP Pharmacies in East Area

