

# HepFriend: Peer Support and Community Engagement in Underserved Populations with Hepatitis C in the UK, Ireland, Romania and Spain as Part of the HepCare Programme

**Authors:** Surey J<sup>1</sup>, Gibbons, J<sup>2,9</sup>, Francis M<sup>1</sup>, Menezes, D<sup>1</sup>, Story A<sup>2</sup>, Macias J<sup>3</sup>, Oprea C<sup>4,5</sup>, Vickerman P<sup>6</sup>, Cullen W<sup>7</sup>, Lambert JS<sup>8</sup>, Aubakar, I<sup>1,12</sup> *Institute of Global Health, University College London, UK, <sup>2</sup>Find and Treat, UCLH NHS Trust, London, UK, <sup>3</sup>Infectious Diseases and Microbiology Unit, Hospital Universitario de Valme, Seville, Spain, <sup>4</sup>Victor Babes Clinical Hospital for Infectious and Tropical Diseases, Bucharest, Romania, <sup>5</sup>Carol Davila University of Medicine and Pharmacy, Bucharest, Romania, <sup>6</sup>School of Social and Community Medicine, Oakfield House, University of Bristol, Bristol, UK, <sup>7</sup>School of Medicine, University College Dublin, Belfield, Dublin 4, Ireland <sup>8</sup>Infectious Diseases Department, Mater Misericordiae University Hospital, Dublin 7, Ireland, <sup>9</sup>Groundswell, London, UK*

## Background and aims:

- The four EU HepCare sites (Ireland, UK, Spain, Romania) aim to improve identification and treatment of HCV, especially focusing on vulnerable populations and community interventions
- In London a package of specialist outreach interventions utilised peer support to improve testing and treatment outcomes
- Peer Advocacy is strategy which can enable active engagement with healthcare services and increase the likelihood of favourable treatment outcomes.

## Method:

The Find&Treat service is a pan-London team that provides healthcare interventions via a mobile health unit to the homeless population. In collaboration with Groundswell and their Homeless Health Peer Advocacy Service, peers worked as part of the clinical team and were trained to:

- Test for HCV (POCT HCV Ab or DBS)
- Fibroscan
- Accompany patients to appointments & provide treatment support

Information was gathered on risk factors, follow-up and treatment outcomes.

The peer model was adapted to each HepCare site for them to develop their own service

London - UK	n	%
Total screened	461	-
Total HCV Ab in screened population	266	57.7
RNA positive	197	42.7
Approved for treatment	104	52.8
Started treatment	89	85.6
Favourable outcome	76	85.6
Poor outcome	13	14.6

EU Partners	Dublin	Bucharest	Sevilla
Number of peers trained:	12	3	6
Number patients with peer support:			
Contacted	150	37	22
Tested	70	37	22
Engaged with services	63	4	22
Numbers started treatment	27	4	22
Completed treatment (with SVR)	15	4	22

## Results (UK site)

- **461** individuals were screened across 63 sites such as drug and alcohol services, homeless day centres and homeless hostels, over 109 sessions.
- **197 (42.7%)** were identified as HCV RNA positive and referred to specialist care.
- All received varying degrees of peer support with 104 (**52.8%**) individuals engaged with treatment centres sufficiently to be approved for treatment.
- **89** of the 104 with peer support started treatment (85.6%)
- **76 (85.4%)** of those starting had a favourable outcome (treatment completion with/unknown SVR)
- **13 (14.6%)** had a poor outcome: 3 (3.4%) died (1 HCV related), 5 (5.6%) treatment paused (4 social reasons, 1 medical), 3 (3.4%) abandoned treatment, 2 (1.9%) treatment failures.

## Conclusion and further work:

- Highly trained peer support workers as part of a specialist outreach clinical team helped to identify a high proportion of individuals exposed to HCV, achieved high rates of engagement with treatment services and maintained high rates of treatment success amongst a population with complex needs
- The next step is to scale up the number of trained peers who can share their best practice to other peer networks of the HepCare consortium across the EU
- We also aim to integrate with other healthcare needs and services of the homeless population

HepCare is and EU co-funded project: 3<sup>rd</sup> Health programme, CHAFEA. If you would like to know more or perhaps collaborate in future work, please contact:

EIRE (co-ordinators): [j Lambert@mater.ie](mailto:j Lambert@mater.ie) / UK: [j.surey@ucl.ac.uk](mailto:j.surey@ucl.ac.uk)

Esp: [jmacias@cica.es](mailto:jmacias@cica.es) / Rom: [Cristiana.opera@spitalbabes.ro](mailto:Cristiana.opera@spitalbabes.ro)



Co-funded by the Health Programme of the European Union