PRISON | SWANSEA, WALES

HCV TREATMENT IN A SHORT-STAY PRISON

HM Prison Swansea is a remand prison with a high rate of occupancy of people who inject drugs (PWID) with a known prevalence of HCV infection. With an average length of stay of just 12 weeks, it was difficult to diagnose, order therapy, and commence and complete treatment in this patient group. We needed to streamline the process so that HCV treatment could be completed during the period of custody.

WHY DID WE ESTABLISH THIS MODEL?



There is a HCV prevelance of 10% in prisons in England and Wales



Many people in prison may experience challenging or transient housing situations, so incarceration provides an opportunity to reach them with supported treatment

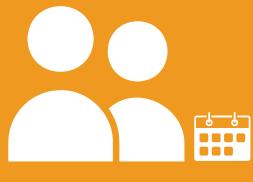


However, as a remand prison, people often stay only 12 weeks and clients are lost to follow-up once they leave



We needed to streamline the care cascade so we could test and treat in this short timeframe

WHO ACCESSES OUR SERVICE?



UP TO 50 CLIENTS PER WEEK

People who are incarcerated, including:

- People who use drugs
- People receiving OAT/OST*
- People living with HIV
- People who are homeless
- People paying for or being paid for sex

WHAT IS THE MODEL?

POINT-OF-CARE TESTING



Everyone arriving to prison is included in opt-out HCV antibody screening on the first full day in custody. Samples are taken via mouth swab.



REFLEX RNA TESTING



If a positive HCV antibody test is detected, it triggers additional HCV RNA Fingerstick point-of-care testing on same day.



HEPATOLOGY CLINIC



If the person returns a positive RNA result, they're referred to hepatology specialist nurses in the weekly prison outreach clinic, who will provide counselling.



TREATMENT BEGINS



Pangenotypic HCV DAA therapy is kept in stock in the prison pharmacy, allowing for fast access to therapy without having to order supplies for each patient.

TREATMENT MONITORING



Outreach specialists collaborate with prison nurses to enable monitored drug administration to ensure people complete the course of therapy.

WHO DELIVERS OUR SERVICES?



1 BBV SPECIALIST NURSE



3 DEDICATED PRISON NURSES



2 PHARMACISTS



1 SENIOR BIOMEDICAL SCIENTIST



HEPATOLOGY CONSULTANT



1 INFECTIOUS DISEASE CONSULTANT

HOW IS IT FUNDED?



• LIVER DISEASE
IMPLEMENTATION GROUP,
WELSH GOVERNMENT,
PUBLIC HEALTH WALES

"THE SUCCESS OF THIS PILOT
PROJECT HAS LED TO
ADDITIONAL FUNDING
PROVISION FROM WELSH
GOVERNMENT TO IMPLEMENT
THE SAME PATHWAY IN OTHER
WELSH PRISONS"

LOUISE DAVIES - SENIOR BIOMEDICAL SCIENTIST

Multidisciplinary collaboration has shared the burden of HCV within the prison setting and allows for rapid access to therapy.

WHAT HCV SERVICES DO WE PROVIDE?



HCV education and information



HCV testing



HCV diagnosis



HCV treatment



Liver disease assessment

WHAT INTERVENTIONS DO WE USE?



Opt-out screening



On-site testing



Point-of-care HCV anti-body testing



Point-of-care HCV RNA testing



Dried blood spot testing



Reflex HCV RNA testing



Fibroscan



Pre-test counselling and education



Peer support



 Coordinated health, substance use and hepatitis treatment services

COMPLEMENTARY SERVICES WE PROVIDE



Access to a primary care provider



Access to a liver disease specialist



Access to HIV testing and treatment



Access to alcohol and other drug treatment



Links to social support

Point-of-care testing removes the need for venepuncture and provides a result in 60 minutes.

We have reduced the lead time for access to HCV therapy from around 12 weeks to as little as 48 hours, improving the efficiency of the care cascade.

WHAT WERE THE OUTCOMES?

Comparing the 6 month periods before and during the trial

BEFORE THE TRIAL

DURING THE TRIAL

PEOPLE SCREENED





 \rightarrow 835

REFERRED **FOR RNA TESTING**



18



93

TREATMENT





32

TIME TO **TREATMENT**



12-15 weeks

<1 week</p>

In September 2019, HMP Swansea was able to declare micro-elimination of HCV, a first for a remand prison in the UK.

WHAT WERE THE BARRIERS?

BARRIERS

SOLUTIONS



Initial stigma of HCV association in prison setting.



Blanket screening of all arrivals at the prison meant nobody felt targeted based on their personal risk history.



Needed to manage ongoing funding to provide POCT analysis and consumables.



We took a conservative approach to testing e.g. not offering HCV antibody POCT to those with a previous HCV infection.



Key members of prison staff required training to ensure compliance.



We engaged with Public Health microbiologists to provide training and support.



Availability of medication and delays in delivery.



We maintained stock of DAA medication on-site to allow immediate access at the point of prescribing.



Needed access to specialist nurse services for referral for treatment.



We established a regular specialist clinic, afforded by subsequent reduction in community HCV burden.

LOOKING TO IMPLEMENT A SIMILAR MODEL?

OUR TOP 5 KEY CONSIDERATIONS

1

ACCESS TO ONGOING FUNDING

To cover the cost of funding your service - including analysis and consumables - you may need to look at multiple sources. We relied on input from equipment manufacturers, local health initiatives and existing staff resources.

2

ENGAGE AND TRAIN STAFF

Efficiency of access to testing requires broad range of staff trained to conduct interventions. To run large-scale testing operations, ensure that you can engage and train sufficient staff so that tests are not missed when staff are absent or work pressures are increased.

3

ENGAGE WITH PHARMACIES

For an accessible supply of medication, work with local pharmacies who can order and store and provide appropriate DAA therapies.

4

RECORD-KEEPING

Establish good record-keeping processes from the very beginning of your service, to ensure you can follow up with people you test and treat, and conduct analysis of your data to inform future activities.

5

PEER SUPPORT

We found that people who had been through this new model of care were keen to encourage others to engage with the service. We seen an opportunity to formalise this peer support approach to enhance service provision.





