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

*OAT/OST: Opioid agonist therapy/Opioid substitution therapy

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

1 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.

JAMES PLANT -
BLOOD-BORNE VIRUS CLINICAL NURSE SPECIALIST

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.

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BLOOD-BORNE VIRUS CLINICAL NURSE SPECIALIST

WHAT WERE THE OUTCOMES?

Comparing the 6 month periods before and during the trial

	BEFORE THE TRIAL	DURING THE TRIAL
PEOPLE SCREENED	110	835
REFERRED FOR RNA TESTING	18	93
STARTED TREATMENT	4	32
TIME TO TREATMENT	12-15 weeks	<1 week

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

JAMES PLANT -
BLOOD-BORNE VIRUS CLINICAL NURSE SPECIALIST

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.

INHSU
International Network on Health and Hepatitis in Substance Users

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

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