Renfrewshire Health & Social Care Partnership

NHS Greater Glasgow and Clyde

Filling the Gap - Dried Blood Spot Testing (DBST) at home as a mitigation for reduced face to face contact during COVID

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Background

Blood Borne Virus testing to identify cases and facilitating individuals into care is key to achieving elimination of Hepatitis C and elimination of HIV transmission. It is recommended that blood borne virus testing be a core part of alcohol and drug service delivery with annualised testing for those in the care of these services.[1] In NHS Greater Glasgow and Clyde this is routinely done during face to face appointments through the provision of dried blood spot testing.

As a consequence of COVID control measures and reduced in person service delivery models, opportunities to routinely offer blood borne virus testing were impacted.

Due to the ongoing outbreak of HIV among people who inject drugs in NHS Greater Glasgow and Clyde, and the target to eliminate hepatitis C in Scotland by 2024, possible alternative models for testing provision were sought to reach those in the care of alcohol and drug recovery services who were not routinely being seen in person during that time.

Description of model of care/intervention

Two out of the eight Alcohol and Drug Recovery teams in NHSGGC were selected to pilot offering those in their care the opportunity to undertake dried blood spot testing at home. These services were put forward on the basis of Public Health Intelligence relating to the outbreak of HIV among people who inject drugs in NHS Greater Glasgow and Clyde.

For the purpose of the pilot, it was decided to provide this offer to those service users who had, for their care during COVID been categorised as lower risk (RAG Green) and therefore all planned contact with alcohol and drug recovery services would be by telephone. It was also considered that due to their relative stability they may be in a better position to engage with the pilot and were likely to have had a dried blood spot test before. At the time of establishing the pilot, it was estimated there were approximately 250 individuals who could be approached. It was agreed that no more than 50 individuals a month would be approached, as laboratory capacity had to be prioritised for COVID-19 testing.

During their routine phone appointment with their care manager/prescriber, individuals were offered the opportunity to receive a testing kit containing:

- 2 test cards (1 spare); lancets; Cotton wool; Plaster
- Pre-Completed laboratory request form
- Plastic sample bag
- Envelope to return the dried blood spot sample to the laboratory

Contents of testing kit

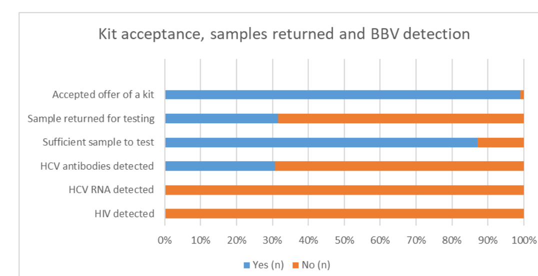
Individuals were offered telephone support to take their sample and online instructions were also available.

Care managers/prescribers carried out follow-up with service users at the next routine phone appointment (approximately 4 weeks after the first) to establish whether they had completed and returned the test and to gather feedback on the process. Results could also be given if they were available by then.

Staff feedback was also sought at the end of the pilot period.

Effectiveness

Across the two participating services, 99 individuals were approached about home testing over a 6 month period. This was less than half the number planned and may reflect the pressures staff and service teams were under during that time.



21 staff were originally approached to take part across the two services. In the end, 14 were involved. This was due to a number of factors including service pressures and leave.

Unfortunately, only four members of staff completed the feedback questionnaire at the end of the pilot which again likely reflected service pressures.

Those who responded indicated that they had some reservations ahead of the pilot relating to their time and the ability of service users to complete. However, all reported being well informed about the pilot in advance and that the materials provided to brief staff were helpful.

However, it was felt that the process was onerous and it would be simpler to do face to face. It was also queried as to the utility of the method to wider cohort of service users.

"The patients selected were stable, ... I think this (engagement) would significantly reduce, if this was rolled out to patients who were less stable."

"I feel that given the time to send and the labs receiving the pilot kit, it's quicker and easier to do the test face to face and although clients were initially eager to carry out the testing themselves, once they received them I felt that I was constantly phoning to ask if they had done the test, which I felt was giving the wrong message to my clients."

Conclusion and Next Steps

It is recommended that all those in the care of alcohol and drug recovery services are tested at least annually. In the face of reduced in person service delivery, this model of self-sampling at home appeared to be acceptable to those offered it. However, this did not necessarily translate into equal numbers of samples being returned to the laboratory and no new infections were identified through this pilot work. Given the cohort chosen were those considered the most stable, it is perhaps not entirely unexpected and reassuring that no new infections were identified. While the model had potential as a means of support testing recovery, staff in the two services reported finding the model onerous compared to in person delivery. Refinements to the model may be explored to lessen the burden on staff, incorporating learning from other NHS Boards in Scotland and third sector services utilising similar approaches. It was however concluded that the primary focus should be on finding ways to support resumption of in person testing where possible.

Reference

1. Scottish Health Protection Network Hepatitis C Clinical Leads Group. Recommendations on Hepatitis C Virus Case Finding and Access two Care Report of the National Short Life Working Group (SLWG)
HPS Website - Recommendations on Hepatitis C Virus Case-finding and Access to Care (scot.nhs.uk)

Disclosure of Interest Statement

Stephen Barclay has received speakers fees and advisory board fees from Gilead, Abbvie and Intercept.

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