

PRISON TO COMMUNITY PEER SUPPORT

Background

WHO's Global Strategy aims to eliminate hepatitis C (HCV) by 2030. England's approach to elimination includes work across the whole criminal justice pathway, with a significant programme of work in prisons, as well as a strong focus on peer-led and peer-delivered services.

The Hepatitis C Trust (HCT) delivers peer education and support as part of every community HCV healthcare team in England and across the prison estate. In partnership with healthcare services, HCT deliver whole-prison testing interventions, training and awareness for prison staff and prisoners, and support to people diagnosed with HCV in prisons to access and complete HCV treatment.

People in prison in England are offered testing in reception and as part of whole-prison testing interventions. More than 13,000 people were tested as part of whole-prison testing interventions in 2021/22, an average of 92% of prisoners in each participating prison (1). Testing in prisons increased more than six-fold (626.6%) between 2015 and 2019 (2).

Prisoners testing positive for HCV are offered treatment through prison healthcare, as well as peer support where needed. Many, however, leave before they are able to access treatment or before treatment is completed, and some who leave prison during treatment will do so without their medication; this is particularly common for people serving short sentences.

Intervention: Prison to Community Treatment Model

HCT developed its Prison to Community Follow Me Programme to address the loss to follow up and treatment discontinuation observed among people diagnosed in prisons. The programme combines HCT's existing prison and community peer services, using peers' personal experience of HCV and HCV treatment to build a trusting relationship with clients, ensuring they feel confident to 'Follow' peers through hepatitis C treatment. Each patient is an individual and we use our expertise to build tailor-made support packages ranging from peer testing to one-to-one support and direct access into treatment clinics.

Building joint working protocols between its prisons and community staff, HCT then worked with prison nurses to incorporate consent for peer support in both prison and the community when prisoners receive a positive hepatitis C test result. The nurse discusses the role of the hepatitis C peer, the key to the success of this model is the link between community and prison peer.

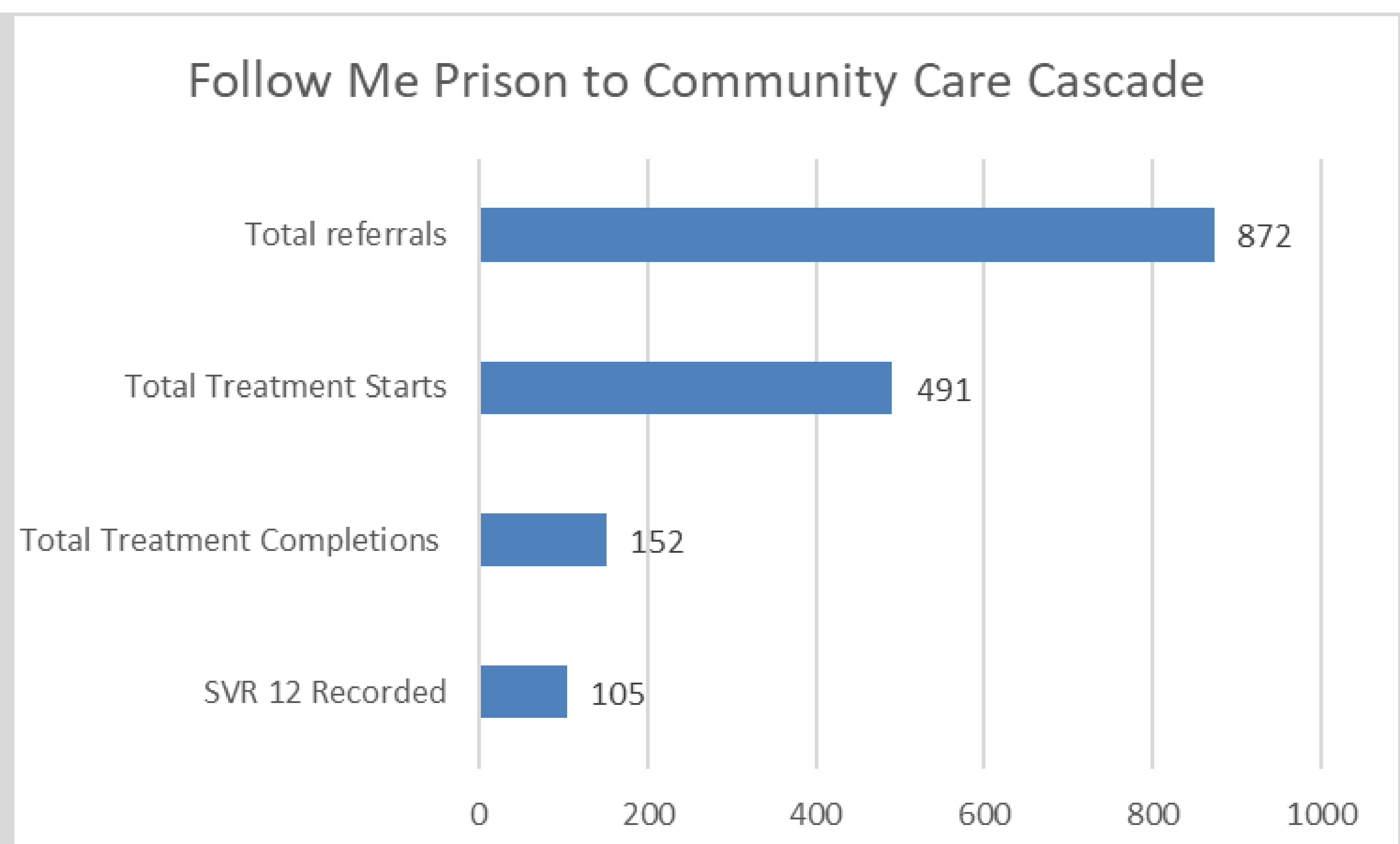
Nurses obtain as much information as possible to enable community peers to find prisoners after release. This includes information about the person's likely release date, housing when they leave prison, any services they may access, and any additional contact details which would enable the peer to find them and support them with their hepatitis C treatment. This is then passed to HCT's Prisons Team as part of a referral, and a member of HCT's peer team within their local community will contact the person to ensure they're able to start and/or complete their treatment.

Results

From April to October 2022, HCT received 872 Prison to Community referrals from nurses working in 70 English prisons. Referrals are received from both the Male and Female prison estates. Each prison referred between 1 and 62 clients, with 25 prisons regularly using the Follow Me service. The majority of referrals are received from reception prisons; the prison closest to the sentencing court where people will spend their first few nights in prison.

Of the 872 referrals to October 2022, of whom more than 80% were subsequently engaged after release. 491 people (56%) had started hepatitis C treatment. To date, 152 of these people had confirmation of treatment completion and for 105 treatment success had been confirmed through an SVR test. This is likely an underestimate of the total: HCT will not always be notified of treatment completion and SVR, and in many cases treatment is still underway.

Integration and joint working between healthcare staff and HCT peer teams is critical to the success of the programme. Peer teams have developed a range of strategies to engage clients, including attending the prison in person to collect medication and deliver it to people released whilst on treatment.



Conclusions and next steps

Clients get a full wrap around service with the Follow Me model. This has reduced the likelihood of client disengagement, loss to follow up and in breaks in treatment when a client leaves prison. HCT continue to role this out to prisons in England and are developing plans to take the model to Scotland, Wales and Northern Ireland.

References:

1. Hepatitis C trust reporting data, unpublished.
2. Harris HE, Costella A, Mandal S, Desai M, and contributors. Hepatitis C in England, 2022: Working to eliminate hepatitis C as a public health problem. Full report. March, 2022. UK Health Security Agency, London.

Sean Cox Director of Prison Services, The Hepatitis C Trust
Lee Christensen, National HITT Manager, The Hepatitis C Trust
Contact: Sean.Cox@hepctrust.org.uk

Disclosure of Interest Statement:

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