

RETURN TO CARE: AN EVALUATION OF A PEER-LED INTERVENTION TO LOCATE KNOWN HCV RNA PATIENTS WITH NO HISTORY OF TREATMENT AND RE-ENGAGE WITH CARE IN LONDON

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Background:

HCV pathology and surveillance systems include RNA-positive cases with no recorded treatment episode, but no protocolised service response to find and treat these cases has been tested. This pilot aims to demonstrate the feasibility of a peer-led return-to-care model using a cohort of HCV patients tested in London 2015-2022.

Description of model of care/intervention:

The cohort were referred to Find&Treat, a pan-London inclusion health outreach service from other NHS, drug and alcohol treatment services (DATS). Peers located patients through secure electronic record searches and "home" visits. Those located were contacted by a peer or through allied professionals. Peers explained reason for contact, allayed any concerns and arranged re-testing and onward care.

Effectiveness:

234 patients referred Jun-Dec 2022. Mean age 46; 165 (70%) male. To date, 189 have been contacted/identified: 101 directly by a peer, 73 through DATS, prisons, hostel keyworkers, and 15 through allied NHS providers. 18 patients had died. At retesting, 75 remained chronically infected, 64 had been treated with/without SVR, 4 had self-cleared. 28 are pending retest.

Of the 75 untreated: 36 are pending treatment approval, 24 have been approved or are on treatment and 15 have completed. Mean Fibroscan score was 12.6 kpa (IQR, 6.3-13.1); 30/75 were in emergency homeless accommodation, 11 rough sleeping, 6 prison, 3 sofa-surfing, and 15 rented accommodation; 52 were using heroin and/or crack-cocaine and a high proportion were alcohol dependent.

Conclusion and next steps:

40% of people known to pathology and surveillance registers in London as HCV-RNA positive with no documented treatment remain chronically infected and untreated. This peer-led return-to-care model can successfully locate and re-engage a high proportion of such cases. Our data demonstrates that this cohort are extremely vulnerable, at high-risk of death and severe liver injury. This peer-led return-to-care model is an essential service component in achieving HCV elimination.

Disclosure of Interest Statement: