WORKING TOGETHER TO ELIMINATE HCV

PRISONS | ENGLAND

England's Department of Health requires that all people are tested for BBVs on arrival at prison. This national policy has been in place since 2014, and over time, has developed to become a comprehensive program of testing and treatment for HCV.

The program is administered by independent healthcare providers, who offer testing on reception, treatment, weekly liver clinics, peer support and linkage to care, including peer follow-up when people return to the community. The comprehensive program uses a broad range of interventions and demonstrates effective collaboration across a number of providers, programs and agencies.

WHY DID WE ESTABLISH THIS MODEL?

The HCV elimination program facilitates HCV testing and treating activities across all English prisons delivered through a multi stakeholder approach with peers at the centre supporting linkage to care and support in and out of prison

Collaboration between all prison healthcare providers, pharmaceutical and not-for-profit organisations enables innovative models of care that can be adapted for each prison.

The program has evolved to use a wide range of interventions to build comprehensive services, with lived experience at the centre, less stigma and faster treatment times.

WHO ACCESSES OUR SERVICE EACH MONTH?

13,000 PEOPLE ENTER PRISON

110 START TREATMENT

7,000 OUTREACH SESSIONS DELIVERED BY THE HEPATITIS C TRUST

77% OF NEW ENTRANTS UNDERTAKE TESTING

50 REFERRED TO PEER SUPPORT PROGRAM

50 HCV EDUCATION SESSIONS DELIVERED BY THE HEPATITIS C TRUST

WHAT HCV SERVICES DO WE PROVIDE?

- HCV testing
- HCV diagnosis
- Peer support
- HCV treatment
- Liver disease assessment
- HCV education & information delivered by the Hepatitis C Trust (HCT) Peers
- Linkage to ongoing HCV care delivered by HCT peers

WHAT INTERVENTIONS DO WE USE?

- **Opt-out screening**
- **On-site testing**
- **Point-of-care HCV testing**
- **Dried blood spot testing**
- **Reflex HCV RNA testing**
- **Fibroscan**
- **Pre-test counselling and education delivered by peers**
- **Peer support**
- **Coordinated health, substance use and hepatitis treatment services**
- **Patient navigation**

HOW IS IT FUNDED?

The national hepatitis C prison program is funded by NHS England, while the intensive aspects of the intervention are funded by pharmaceutical investment.

WHO DELIVERS SERVICES?

NHS England leads the Elimination Program, coordinating and funding an inclusive group of stakeholders to deliver services, including...

Department of Health
Provides funding and policy guidance for the program

UK Health Security Agency
Provides public health guidance and support

HM Prison & Probation Service
Provides health and justice oversight, facilitating care in prisons

Regional Operational Development Networks
Part of hospital trust, providing clinical support and services in prisons

The Hepatitis C Trust
A not-for-profit agency that recruits, trains and coordinates HCV peers

Three pharmaceutical companies
Provide investment in case finding and support to procure testing and treatment supplies

WHAT IS THE MODEL?

RECEPTION TESTING

On entering prison, each person is offered a rapid HCV antibody test

If HCV AB+, rapid or venepuncture testing is used to confirm HCV RNA

If a person refuses a rapid test, HCT peers follow up to educate and re-offer testing

WEEKLY LIVER CLINIC

When a person is diagnosed with HCV, they attend the prison clinic where they are connected with care.

The clinic is led by a specialist liver nurse and supported by a HCT peer. All care and treatment takes place in the prison under the guidance of a network of hospitals.

HCV PEER SUPPORT

Paid and volunteer peers at the HCT provide support to people with HCV. There are around two peers per prison. They share stories, educate others, and perform rapid tests. They are trusted to move around the prison and their work reduces stigma and increases testing uptake.

HIGH-INTENSITY TEST & TREAT (HITT)

Led by the HCT, in collaboration with healthcare providers and industry funders, HITT events aim to test a whole prison population for HCV over a few days or weeks. If reception testing is over 95%, there's an opportunity to identify the HCV status of every person and eliminate HCV within the prison.

Delivered in partnership, HITTs offer rapid testing, faster referral pathways, treatment within days, and HCV awareness across the prison. Incentives are used, with an average HITT securing 93% test uptake.

FOLLOW ME THROUGH THE GATE

Evidence identified that people with HCV were being lost to follow-up if they were released after a short stay in prison. To bridge the transition into the community, the HCT peer programs requests consent from anyone with HCV being released due to a short sentence or remand. This allows HCT peers to support and provide linkage to care in the community.

This has been very successful in linking patients into community care pathways and tracking patients to ensure they complete treatment outside prison.

WHAT WERE THE BARRIERS?

BARRIERS	SOLUTIONS
Although policy allows it, it was difficult to get prison-level permission to allow staff (Peers) with lived experience into the prisons to deliver the service.	We worked with the National Prison Lead to negotiate and advocate locally about the value of lived experience and the rigor of the vetting system for peers.
The scale of the program – all English prisons – was a challenge, especially embedding reception testing at each site.	A team effort made it all possible, involving healthcare providers, having peer support on reception, and developing innovative initiatives such as testing by volunteer peers.
Prison staff had little or no awareness of hepatitis C and were resistant, so we had to change their mindset.	The Hepatitis C Trust Peers worked with the national prison training team to update training on BBVs, including HCV, and offered training to all staff within each prison.
There are competing healthcare priorities and challenges in prisons, including dispensing medication, self-harm, and lack of staff.	By working in partnership with not-for-profit agencies and involving peers, we were able to provide more staff to support the program.

Lived experience is at the centre of our model and that has been critical to the care pathways. Having the voice of the patient at forefront has supported many residents to come forward and be tested and treated.

We have seen a significant reduction in stigma in some of the prisons... our prison peers proudly wear hepatitis C T-shirts and have open conversations around hepatitis C in prisons.

RACHEL HALFORD - CEO, THE HEPATITIS C TRUST

LOOKING TO IMPLEMENT A SIMILAR MODEL?

OUR TOP 5 KEY CONSIDERATIONS

1

CENTRALISED FUNDING

Central government funding for prison health is essential to ensure all people in prison have access to complete health services including hepatitis C care.

2

AIM TO ELIMINATE

Use the opportunity of people being in prison and invest in the goal of elimination.

3

VALUE LIVED EXPERIENCE

Believe in rehabilitation through prison, and use this lived experience to help achieve elimination. Engage lived experience Peers to deliver services, raise awareness and deliver education to reduce stigma

4

TAKE IT TO THE PEOPLE

As much as possible, take the service to people in prison so no-one needs to leave prison to access HCV treatment.

5

ENGAGE EVERYONE

Take a whole-prison approach and engage all stakeholders in the prison, getting them educated and enthusiastic for the goal of elimination.

INHSU PRISONS

INHSU
International Network on Health and Hepatitis in Substance Users

THE HEPATITIS C TRUST

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