

Hepatitis B & C Joint Strategic Needs Assessment (JSNA)

Committee: Health and Wellbeing Board Date: 11th September 2013

Author: Acting Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The aim of this report is to inform the Health and Wellbeing Board of the findings of the Hepatitis B & C Joint Strategic Needs Assessment (JSNA), seek support for its recommendations, and raise awareness of the health care related needs of those infected with Hepatitis B and C in Swindon
- 1.2 Hepatitis B & C are important public health problems. Both are blood borne viruses which can cause liver disease. They are known to affect vulnerable population groups who tend to have less contact with health services than the general population.
- 1.3 The Hepatitis B and C JSNA provides an objective analysis of the current and future needs of people with Hepatitis B and C in Swindon. It uses available local and national data to estimate current and future numbers of people affected by the infections, describe current care pathways in Swindon and identify gaps in and barriers to treatment, and points on the pathway where patients 'drop off'. It combines the views of service providers and service users with current evidence and best practice to make recommendations as to how prevention, screening, diagnosis and treatment in Swindon could be improved.

2. Recommendations

Recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group that they:

- 2.1 Note and agree the recommendations from the Hepatitis B & C JSNA Bulletin (Appendix one).
- 2.2 Support the development of an action plan for the implementation of the recommendations.
- 2.3 Identify how the Board would like to be kept up to date on progress on work to prevent Hepatitis B & C in Swindon and improve access to treatment.

3. Detail

3.1 What is Hepatitis?

- 3.1.1 Hepatitis is a term used to describe inflammation of the liver. Whilst some hepatitis infections will pass without causing permanent damage to the

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liver others can persist for many years and cause liver disease, which can be fatal. Treatments are available for those diagnosed with Hepatitis B and C, however, the number of people treated is low both nationally and locally.

- 3.1.2 Whilst the Hepatitis B and C viruses are different, there are parallels between the two, and routes in to treatment are similar. Both infections are known to affect vulnerable population groups who tend to have less contact with health services than the general population. Paired with the fact that both Hepatitis B and C infections are largely symptom free this means that many individuals remain undiagnosed and only a small proportion of those infected come into contact with treatment services. People with an untreated infection are not only at high risk of developing liver disease but remain infectious and are therefore a risk to others.

Hepatitis B High Risk Groups

- People born or brought up in Africa, Asia, the Caribbean, Central and South America, Eastern and Southern Europe, the Middle East and the Pacific islands.
- Babies born to mothers infected with hepatitis B.
- People who have ever injected drugs.
- Men who have sex with men.

Hepatitis C High Risk Groups

- People who have ever injected drugs.
- People who received a blood transfusion before 1991 or blood products before 1986, when screening of blood donors for hepatitis C infection, or heat treatment for inactivation of viruses were introduced.
- People born or brought up in a Africa, Asia, the Caribbean, Central and South America, Eastern and Southern Europe, the Middle East and the Pacific islands.
- Babies born to mothers infected with Hepatitis C.
- Prisoners, including young offenders.

3.2 Policy Context

- 3.2.1 The incidence and burden of liver disease in the UK is increasing and has become one of the major causes of death. Liver disease is associated with substantial costs to the NHS related to hospital inpatient admissions and liver transplants and these costs are expected to increase.

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- 3.2.2 A striking 90% of people who die from liver disease are under 70 years old. When measured as 'years of life lost', liver disease is therefore much more prominent than many other causes of death and reducing deaths is a government priority in the UK.
- 3.2.3 Improving prevention, screening and access to treatment for those with chronic Hepatitis C infection have been the focus of work in Swindon for a number of years. With the abolition of Primary Care Trusts on 31st March 2013 and the move of Public Health to Local Authorities and much of local NHS commissioning to GP led Clinical Commissioning Groups the need to draw together the learning from previous work in to one document, and to clarify the need for service improvements was identified. Because of the parallels between Hepatitis B and C in terms of risk groups and pathways in to treatment it was felt that the opportunity should be taken to include both infections in this needs assessment.

3.3 Key Findings

- 3.3.1 Understanding how many people in Swindon are affected by Hepatitis B and C is difficult. Many infections are undiagnosed and there are limitations associated with the way laboratory data are collected. It is estimated that 627 people in Swindon have an ongoing Hepatitis B infection, and between 519 and 836 people are living with Hepatitis C.
- 3.3.2 There is currently no formal pathway for Hepatitis B or C in Swindon that covers the whole patient journey from testing through to specialist treatment, although specific pathways for antenatal screening and vaccination of babies born to Hepatitis B positive mothers are in place.
- 3.3.3 There are some very good services to support people affected by Hepatitis B and C in Swindon, but testing and diagnosis needs to expand, and access to treatment improve, in order to prevent further infections and unnecessary liver disease and deaths.
- 3.3.4 Limited data was available about the numbers of patients being treated for their infection in Swindon. Nationally the number of patients being treated is low; it is estimated that only 26% of those with chronic Hepatitis B have had their infection diagnosed and of these 5% receive antiviral treatment each year, whilst approximately 3% of those chronically infected with Hepatitis C are currently treated each year.
- 3.3.5 Specialist Hepatitis C care for patients in Swindon is provided by the John Radcliffe Hospital in Oxford. Patients find travel there difficult.
- 3.3.6 There are strong arguments for investing in prevention and treatment for hepatitis.
 - To prevent further infections

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- To reduce under-75 mortality from liver disease
- To reduce costs to the NHS
- To reduce health inequalities

3.4 Recommendations

The JSNA Bulletin sets out evidence based recommendations as to how prevention, screening, diagnosis and treatment could be improved in Swindon. It should be noted that a whole system approach to implementing these recommendations is required, with collaboration between commissioners and service providers at all stages of the care pathway.

3.4.1 Local service providers and community and voluntary groups including the Blood Borne Virus Co-ordinator should work together with support from Swindon Borough Council Public Health leads to develop and deliver evidence based campaigns, materials and resources to raise awareness about Hepatitis B and C among the general population and those at increased risk of infection. This should build on existing nationally produced materials wherever possible and include up-to-date information on:

- The main routes of infection and transmission
- Local services providing testing and Hepatitis B vaccination
- The potential for infection to be asymptomatic
- The benefits of early testing and treatment
- Overcoming social and cultural barriers and improve access to testing and treatment

3.4.2 Swindon Borough Council Public Health leads should work with local commissioners and service providers to develop and deliver education programmes to improve the knowledge and skills of healthcare professionals and others providing services for people at increased risk of Hepatitis B or C infection. This should build on existing nationally produced materials wherever possible and include up-to-date information on:

- Epidemiology of Hepatitis B and C – local prevalence, at risk groups
- Testing and diagnosis
- Treatment
- National guidance on testing and delivery of care
- Skills to overcome social and cultural barriers and improve access to testing and treatment

3.4.3 Commissioners in the Local Authority, Clinical Commissioning Group and NHS Commissioning Board should ensure testing for Hepatitis B and C

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(venous and/or dried blood spot as appropriate) and Hepatitis B vaccination is available in-line with NICE Guidance in:

- Primary Care
- Drug and Alcohol Services
- Sexual Health Services

- 3.4.4 Swindon Borough Council Drug and Alcohol Treatment Commissioners should work with the new Swindon drug service provider, CRI, to ensure that all service users entering drug treatment are routinely offered Hepatitis B and C testing and Hepatitis B vaccination at their initial assessment, and that annual testing for Hepatitis C is offered to people who test negative but remain at risk of infection. Commissioners should routinely audit data collected.
- 3.4.5 Services providing testing should ensure that all those who undertake testing are trained and competent to provide appropriate pre- and post-test discussions and that testing is accompanied by appropriate information resources and support while waiting for test results and following diagnosis.
- 3.4.6 A named commissioning lead for viral hepatitis should be identified in the Swindon Clinical Commissioning Group, NHS Commissioning Board Local Area Team and Swindon Borough Council who should agree ways to work together to ensure effective commissioning of a fully integrated care pathway for those who test positive for Hepatitis B or C infection from the point of diagnosis. This should take account of the patient's psychosocial and support needs as well as treatment for their infection and include mechanisms for following up patients who defer treatment.
- 3.4.7 Swindon Borough Council Public Health leads should work with Commissioners and Service Providers to develop clear data recording and sharing protocols which support those receiving positive results for Hepatitis B or C to access support and move along the treatment care pathway as appropriate, and which enable the number and source of referrals for Hepatitis B and C; appointment attendance; treatment and discharge or onward referral to specialist services to be monitored.
- 3.4.8 Swindon Clinical Commissioning Group Commissioners should audit services available for the management and treatment of Hepatitis B and C in Swindon and ensure compliance with NICE Guidelines when they are published.
- 3.4.9 Swindon Borough Council Public Health leads should work with Antenatal Screening Commissioners in the NHS England Local Area Team to

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undertake regular audit of the Hepatitis B vaccination programme for babies in Swindon and pathways for mothers identified as Hepatitis B positive, and take action if standards are not being met.

3.4.10 Findings of this needs assessment should be used by the Clinical Commissioning Group to consider redesign of current treatment pathways. This should include development of an options appraisal outlining models of care which would support and improve access to specialist Hepatitis B & C treatment services for patients in Swindon. Options might include:

- a. A nurse led in-reach service from the John Radcliffe Hospital in Oxford for Hepatitis C treatment.
- b. A nurse led service providing co-ordinated care and support hosted by the Great Western Hospital (Gastroenterology or Sexual Health Department).
- c. A community based Blood Borne Virus or Hepatitis Nurse (possible hosting organisations suggested by stakeholders in this needs assessment include Carfax Medical Centre or CRI).
- d. Development of the Blood Borne Virus Co-ordinator pilot and the Hepatitis C Positive group to provide non-clinical community based support for all those diagnosed with Hepatitis B and C.
- e. Development of a GP with a Special Interest role in Swindon.

3.4.11 Swindon Borough Council Public Health and Drug and Alcohol Commissioners should work together to evaluate the role of the Blood Borne Virus Co-ordinator (and Hepatitis C Positive group) and secure ongoing funding for the projects.

4. Alternative Options

4.1 Not to support the recommendations identified in the JSNA bulletin.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial implications from this report.
- 5.2 The needs assessment makes evidence based recommendations as to how prevention, screening, diagnosis and treatment could be improved in Swindon. These recommendations are based on National Institute for Health and Care Excellence (NICE) Guidelines Improving uptake of testing in those at increased risk of Hepatitis B and C and are considered to be cost effective by NICE.
- 5.3 If additional resources are needed to implement these recommendations a detailed business case will be developed.

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Legal and Human Rights Implications

- 5.4 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.
- 5.5 In consideration of any future guidance and an understanding of best practice from elsewhere, the council will work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the development of the Swindon JSNA and that everyone in Swindon has fair access to services and are free from discrimination.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.6 The Hepatitis B & C JSNA highlights a number of key areas of focus that will improve health outcomes for people with Hepatitis B & C, and prevent others becoming infected.

Links to One Swindon, Strategic Objectives, Plans and Policies

- 5.7 Improving health outcomes for those with Hepatitis B and C and preventing infections links directly to the Swindon's strategic priority to find new ways to reduce vulnerability and improve health for all. The recommendations made in the JSNA Bulletin also highlight areas where changes to current resources and services could be made in order to make best use of them.
- 5.8 There are strong links to Swindon's Health and Wellbeing Strategy; if fully implemented the recommendations would contribute to ensuring that every child and young person in Swindon has a healthy start in life; supporting adults with Hepatitis B or C to live healthier and more independent lives, and improving health outcomes for disadvantaged and vulnerable communities (including those from some black and minority ethnic groups, offenders, people who have ever injected drugs and men who have sex with men).
- 5.9 Reducing the under 75 mortality rate for liver disease is also a national priority and is an indicator in the national Public Health Outcomes Framework.

Diversity Impact Assessment

- 5.10 A Diversity Impact Assessment has not been completed at this stage.
- 5.11 Hepatitis B & C are known to particularly affect vulnerable groups who tend to have less contact with health services. The Hepatitis B & C JSNA considers the needs of these different communities. Any future actions or service redesign will reflect the needs and diversity of Swindon communities.

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Risk Management

5.12 No specific risks identified at this stage for this report

6. Consultees

6.1 The Board Director Finance, Revenues, Benefits and Property (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix one. Hepatitis B & C JSNA Bulletin