



Public Health
England

IMS Session

Blood-Borne Viruses Minimum Standards

The development of Minimum standards in
Greater Manchester - process and content

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Process (1)

Greater Manchester Viral Hepatitis Strategy

People who inject drugs (PWID) task and finish:

- Work towards a consistent delivery model for Hepatitis B vaccination in CDAS and NSP
- Produce a consensus statement on best practice in screening, diagnosis and treatment engagement and completion for Hepatitis B and C
- Work with services to move towards consistency in best practice across Greater Manchester



Process (2)

Collaboration with all key stakeholders

- Invited all 6 alcohol and drug treatment providers/ODN/Health Innovation Manchester to a task and finish group
- Ensure we had the right clinical leads who could make decisions and experts in the field
- Drafts of the standards and consensus shared and signed off by clinical governance by each provider
- Presented to all Greater Manchester commissioners for sign off
- Presented to Greater Manchester DPH's for final sign off and governance/accountability responsibility and review
- Now in the system to aid quality improvement/service specifications/contract monitoring and pathways sessions



Minimum Standards for Adult Drug and Alcohol Services across Greater Manchester for Hepatitis B and C screening, testing, treatment and vaccination

These minimum standards should be read in conjunction with the agreed Greater Manchester Consensus Statement on improving the screening, testing, delivery of treatment and vaccination for viral hepatitis and blood borne viruses in people who inject psychoactive and non-psychoactive drugs.

These standards apply to service users including those in structured care for alcohol and drug use and those accessing low-threshold (needle exchange and harm minimisation services) and outreach services.

These standards will support the Greater Manchester Hepatitis C elimination strategy by raising awareness of blood-borne viruses (BBVs).

Under 18 Years

There is a separate pathway for those clients aged 18 and under diagnosed with Hepatitis B or C (*Dr Paddy McMaster Consultant in Paediatric Infectious Diseases, North Manchester General Hospital, Women and Children's, The Pennine Acute Hospitals NHS Trust*).

Access to testing and treatment

Testing for Hepatitis B, C and HIV will be offered to all service users accessing alcohol and drug services. Services should be proactive in using all opportunities to offer testing for BBVs and as a minimum through care plan reviews, health reviews and where risk is indicated. Re-testing will be offered on an annual basis.

Data Recording

Where service users are open to structured treatment all BBV testing, results and referrals into treatment will be recorded on the National Drug Treatment and Monitoring System (NDTMS).

All services will utilise a reliable and valid method for BBV testing which gives access to both Hepatitis C antibody and Polymerase Chain Reaction (PCR which checks for active virus) results.

All services will have an established treatment pathway for access to BBV treatment (Hepatitis B, C and HIV). For Hepatitis C this should include an onsite clinic co-ordinated by the drug and alcohol service to improve access to treatment.

Leadership

Each service will have a designated BBV lead or co-ordinator who will:

- Promote BBV awareness across the service
- Co-ordinate the system for the delivery of testing and results giving
- Co-ordinate staff training, annual updates and ensure staff are competent to deliver testing and give results
- Co-ordinate the onsite Hepatitis C treatment clinic and be the key link for Hepatitis C treatment service provision
- Utilise data to monitor the uptake of testing, vaccination and treatment of BBVs



Consensus Statement on improving the screening, testing and delivery of treatment for Viral Hepatitis and Blood-Borne Viruses (BBVs) in people who inject psychoactive and non-psychoactive drugs between Greater Manchester Combined Authority (GMCA), Greater Manchester Health and Social Care Partnership (GMHSC), Change, Grow, Live (CGL), Greater Manchester Mental Health Trust (GMMH), Addiction Dependency Solutions (ADS), Turning Point, Addaction, Pennine Care NHS Foundation Trust, and the Greater Manchester and East Cheshire Operational Delivery Network (ODN).

This consensus statement describes our intent to work towards a consistent delivery model for Viral Hepatitis and Blood-Borne Viruses in all Greater Manchester Community Drug and Alcohol Treatment Services and Needle and Syringe Programmes. Ensuring that people over the age of 18 years who are at risk of contracting blood borne viruses get the personalised, integrated care and support they require to live healthy and fulfilling lives within alcohol and drug services.

Headline consensus statement

We will work together to use our collective capabilities and resources more effectively to enhance the lives of the people we work by the use of a consistent delivery model for preventing and diagnosing BBVs and we will support and encourage our local services and networks to do the same in their communities.

Introduction

People who have or are currently injecting drugs are a group at particular risk of acquiring viral hepatitis and injecting drugs is the most common risk factor in the UK for HCV infection. The 2015 Shooting Up report outlines that the types of psychoactive drugs being injected in the UK are changing. Heroin remains the most commonly injected psychoactive drug; however the injection of other psychoactive drugs, particularly stimulants such as amphetamines and amphetamine-type drugs (e.g. mephedrone), has become more common in recent years. The use of stimulants has been associated with higher levels of risk behaviours and lower levels of intervention uptake. Overall, the level of needle and syringe sharing among those currently injecting psychoactive drugs has fallen across the UK. The sharing of filters and mixing containers, and cleaning and reusing injecting equipment is more common among those injecting mephedrone than other drugs. UK-wide data (see GMVHS 2016-2019) indicate that around half of those who inject psychoactive drugs have been infected with hepatitis C.

Traditionally people who have or are currently injecting drugs are treated in structured drug treatment programmes and these programmes are expected to offer:

- preventative services such as contact tracing, infection control advice and needle exchange;
- diagnostic services, offering testing for blood-borne viruses including HBV and HCV;
- referral to treatment, where appropriate



Standards Elements (1)

Clients in scope

- Service users in structured care for alcohol and drug use and those accessing low-threshold (needle exchange and harm minimisation services) and outreach services.

Testing and Retesting

- Testing for Hepatitis B, C and HIV will be offered to **all** service users accessing alcohol and drug services.
- Services should be proactive in using all opportunities to offer testing for BBVs and as a minimum through care plan reviews, health reviews and where risk is indicated.
- Re-testing will be offered on an annual basis.
- All services will utilise a reliable and valid method for BBV testing which gives access to both Hepatitis C antibody and Polymerase Chain Reaction (PCR which checks for active virus) results.



Standards Elements (2)

Data Recording

- Where service users are open to structured treatment all BBV testing, results and referrals into treatment will be recorded on the National Drug Treatment and Monitoring System (NDTMS).

Treatment

- All services will have an established treatment pathway for access to BBV treatment (Hepatitis B, C and HIV). For Hepatitis C this should include an onsite clinic co-ordinated by the drug and alcohol service to improve access to treatment.

Leadership

- Each service will have a designated BBV lead or co-ordinator



Standards Elements (3)

Operational Standards

- Each service will have a standard operating procedure for BBV screening, testing, treatment and vaccination
- Where services have an onsite BBV treatment clinic there will be a standard operating procedure
- Each service will have a Patient Group Direction (PGD) to enable the provision of Hepatitis B vaccinations and a Patient Specific Direction where necessary.



Standards Elements (4)

Giving Results

- At point of testing there will be an agreement with the service user of how results will be given.
- Services will have an agreed procedure to ensure results are given in a timely manner and have a robust procedure to follow up those service users who do not attend for results.
- Services will refer and proactively facilitate access to treatment for those service users that struggle to attend or decline treatment.



Standards Elements (5)

Supporting Engagement

- Peer led support should be available to raising awareness, myth busting, target clients not in treatment, supporting service users to access appointments, co-facilitating welcome groups or support groups
- Alcohol and drug service providers should consider methods of contingency management to incentivise clients to participate in BBV testing, vaccination and treatment.