

## **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

## **Operational Standards**

Each service will have a standard operating procedure for BBV screening, testing, treatment and vaccination which covers:

- Pre and post-test discussions (*see Appendix 1 for example Guidelines for pre and post-test discussion for Hepatitis B, C and HIV testing*)
- Consent – for testing/vaccination, communication with GP's and referral to treatment services
- How the test will be undertaken
- Giving results
- Treatment options including access and referral

Where services have an onsite BBV treatment clinic there will be a standard operating procedure which includes:

- Responsibility for the operation and co-ordination of the clinic
- Agreed information sharing and communication
- Agreement on mechanisms to keep service users engaged in treatment, appointment reminders and follow up for those that default appointments
- Where service users fail to attend their test of cure at the end of treatment the alcohol and drug service will follow up and attempt this testing via dry blood spot testing (DBS) and communicate the results to the Hepatitis C treatment service

Each service will have a Patient Group Direction (PGD) to enable the provision of Hepatitis B vaccinations and PSD (*A patient specific direction - an internal service direction/prescription to give a medicine, these can be used when a client falls outside of the inclusion criteria for a PGD*) where necessary.

## **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.

As a model of good practice, buddying and peer support should be available and include:

- Raising awareness and myth busting
- Network connections – targeting those not in treatment but accessing needle and syringe programs, homeless centres etc.
- Peer to peer training and testing
- Accompanying and supporting service users to first 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.

**(Appendix 1) DRUG & ALCOHOL SERVICES**  
**Guidelines for pre and post-test discussion for Hepatitis B, C and HIV testing**

PRE-TEST DISCUSSIONS					
Name		DOB		Service User ID No	
Service user Tel/Mob No		NHS No		Address	
Pre-test discussion date		Blood test date			
Post-test discussion date		Result given date		Venous or Dry	

Service User Knowledge & Awareness Checklist	Discussed	
	Yes	No
Client's knowledge – Hep B, C and HIV – are they aware that Hep C is 95% curable		
Expectations: <b>1)</b> of treatment <b>2)</b> of no treatment <b>3)</b> of not knowing <b>4)</b> for connected others.		
Reality: Natural history & disease progression		
What vaccinations are available		
Transmissions routes (incl. use of crack pipes / other equipment used for snorting)		
What is the initial test & What it can tell us		
When might results arrive		
Antibodies take 3 months (HIV) and 6 months for HCV & HBV to develop - repeat test required?		
What further tests may be needed if reactive test		
Monitoring & treatment – tablets and frequency/staying on course		
<b>Harm reduction:</b>		
- Safer drug use (including injecting)		
- Safer sex		
- Advising family/connected others		
<i>Consider lifestyle choices &amp; if/when to raise this</i>		
- Service users understanding of risk factors – Living with HBV/HCV/HIV		
Risk of vertical transmission in pregnancy – female only		
Providing results – the best way to communicate and follow up		
Alcohol intake		
Support: What is on offer – groups/buddying/peers		
Written Information given with explanation if required		

**Confidentiality & Consent****STATEMENT OF CONSENT**

"I \_\_\_\_\_, agree to be tested for the following (Y or )

- 1) I have received pre-test information about my chosen tests and have been given the opportunity to discuss any concerns during the session. Depending upon the result, there will be a referral to a local clinic (where appropriate) for test-result confirmation and treatment.
- 2) I do / do not\* wish for my GP to be informed of my test results (\* Delete as appropriate)
- 3) I do / do not\* wish for a referral to be made to my Local Hepatitis Clinic and to inform them of my test results (\* Delete as appropriate)
- 4) I do / do not\* wish for my Local HIV treatment services to be informed of my test result (\* Delete as appropriate)

HEPATITIS B (IMMUNITY)		HEPATITIS C (ANTIBODIES)	
HEPATITIS B (ANTIBODIES)		H.I.V (ANTIBODIES)	
HEPATITIS B (SURFACE ANTIGEN)		OTHER (PLEASE STATE)	
PCR /RNA TEST		OTHER (PLEASE STATE)	

<b>GP Name &amp; Practice address:</b>	<b>Date:</b>
<b>Client Signature:</b>	<b>Alcohol and Drug Worker Signature:</b>

**Support & Coping Considerations**

If your results were returned as positive, how would your life be different?

What would be your greatest worry or fear?

Who would you tell/talk to?

What do you feel we could do to help & support you?

Provide information for support groups: Venues/dates/times or where to find out
What is the best way to stay in touch? Mobile – calling or texting, letter, face to face etc.
<i>Consider lifestyle choices &amp; if/when to raise this</i>

History	Discussed	
	Yes	No
Medical history / blood transfusions (incl. treatment abroad)		
Drug/Alcohol Misuse History		
Sexual Health History		
Tattoos & body piercing		

Taking the tests	Discussed	
	Yes	No
GP information & consent discussed		
Window period / risks		
Advised to repeat any test?		
Appointment for result made – Date:        /        /		
Support available/offered whilst awaiting result		

Treatment Hepatitis B									
Immunisation & Treatment Dates									
Hepatitis B		1st		2nd		3rd		Booster	
If client DNAs after vaccine 1 or 2, a referral is made to their GP to contact them and complete the remaining vaccinations – please place date here when completed								Date GP informed	

### POST-TEST DISCUSSIONS

Date of interview:		Results given by:	
		Name	
		Role	
Presumptive test result:			
Hepatitis C antibodies		Hepatitis antigens/PCR	
Hepatitis B		HIV	

Future Prevention	Discussed	
	Yes	No
Re-testing annually in service		
Transmission preventions		
Harm reduction (including safer injecting)		
Safer sex advice		

<b>Referral for confirmatory test</b>	<b>N/A</b>	<b>Yes</b>	<b>No</b>
<b>Please refer directly to GUM Clinic if HIV+ presumptive test result). Please refer to Hepatology if Hep C PCR or Hep B Surface Antigen positive. These all require a confirmatory test.</b>			
Referral Letter Sent			
Escort Arranged			
<b>Please inform GP if Hepatitis B, hepatitis C or HIV positive</b>			
GP informed			
Referral Letter Sent			
Initial Support:			
Action plan: Key workers support Service User to identify lifestyle changes to improve treatment outcomes.			
<b>Diet and wellbeing</b>			
Alcohol use and influence on treatment outcomes			
Attendance of appointments/Staying on course			
Support during treatment			
Action plan:			

<b>Referral for treatment</b>	<b>N/A</b>	<b>Yes</b>	<b>No</b>
Hepatitis C			
HIV			
Hepatitis B (if not on site)			
<b>Treatment availability:</b> Local Clinic Information: (Address/Tel) Date/Times Peer attending – Y/N	<b>1<sup>st</sup> Appt. date if given:</b>		