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Lancashire & South Cumbria mobile hepatitis C pathway *Development of an all-encompassing mobile HCV pathway utilising a clinical van*

Key points

- Amid service closures and disruption due to the Covid-19 pandemic, the Lancashire & South Cumbria ODN, CGL and The Hepatitis C Trust developed and delivered a clinical van-based hepatitis C care pathway.
- The project involved clinical vans attending hostels and hotels accommodating the homeless population during the pandemic and making appointments for the van to be taken to individual patients at locations convenient to them.
- The project also involved patients already known to CGL, the ODN and The Hepatitis C Trust
- A 'whole system' approach was adopted, meaning those accessing the clinical van could access testing, liver health assessments, treatment initiation, medication delivery and confirmation of treatment completion (SVR12).
- A hepatitis C care appointment attendance rate of less than 40% in CGL services pre-pandemic was increased to a 79% attendance rate for appointments with the clinical van. The outreach increased engagement with treatment among a group traditionally less likely to access services.

Why and how the service was established

Following the outbreak of the Covid-19 pandemic in the early months of 2020, disruption to healthcare services and drug and alcohol services presented significant challenges to the continuing provision of hepatitis C care. In response to these challenges, the Lancashire & South Cumbria ODN worked in partnership with Change Grow Live and The Hepatitis C Trust to develop a project to provide an all-encompassing hepatitis C care pathway which could be delivered completely remotely, meaning hepatitis C care could continue to be provided despite service closures.

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This mobile pathway negated the need for patients to attend face-to-face appointments within drug treatment or secondary care services, thereby enabling access to care for patients who often face challenges engaging with services within an area significantly impacted by sustained Covid-19 lockdown restrictions.

In preparation for the roll-out of the pathway, a proforma was developed documenting key steps to follow during 'huddle' (session planning) meetings, along with a Standard Operating Procedure and pathway document, and a risk assessment.

Arrangements were put in place for at least one representative from the partner organisations in the project to attend each Multi-Agency Local Council housing meeting, which featured updates on hostels/hotels in use as part of the Everyone In scheme.



How the service works

The outreach involved a clinical team from the Lancashire & South Cumbria ODN and representatives from CGL and The Hepatitis C Trust taking the clinical van directly to the patient group. Between June and September 2020, this involved attending hotels and hostels housing the homeless community as part of the 'Everyone In' policy to provide accommodation during Covid-19. From October 2020, the scope was developed so that outreach also took place directly to individual patients' homes or a meeting point convenient to them, utilising CGL, the ODN and The Hepatitis C Trust's existing client lists.

A 'whole system' approach was adopted, meaning those accessing the clinical van could access testing, liver health assessments, treatment initiation, medication delivery and confirmation of treatment completion (SVR12). When arranging to meet with an individual patient, the project team engaged with them each day from three working days prior to a clinic taking place to ensure good attendance.

The Hepatitis C Trust's peer team used their lived experience to engage with patients to encourage testing and provide support to those receiving treatment.

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Once a month, an area planning meeting was held to establish which area within the ODN's boundaries the clinical van would target. Weekly huddle meetings took place, where the local clinical teams and CGL would plan activity for the following week, including which patients to target and where. Proformas were completed on a weekly basis, ensuring greater communication around the logistics required to run the weekly activity effectively. These proformas included information on date and time of the clinic, the personnel attending, the area/settings to be covered and the names of patients due to be engaged. A copy of the proforma can be seen here.

Outcomes



Between June and September 2020, 17 outreach clinics took place at hostels and hotels housing the homeless community. A total of 151 individuals were tested for hepatitis C, with 49 found to be PCR positive. Twenty-four patients were then engaged into treatment, with 25 lost to follow-up or not attending further appointments.

Between October 2020 and February 2021, 27 outreach clinics took place, at hotels and hostels and also locations arranged directly with individual patients known to be PCR positive. A total of 165 people were booked in for an appointment with the van, with 130 attending their appointment. This 79% attendance rate represented a significant increase on an attendance rate of less than 40% at hepatitis C care appointments in CGL services prior to the pandemic, demonstrating the effectiveness of the clinical van and the huddle meeting in removing barriers to engagement for patients.

Of the 130 who attended their appointment, 120 were found or confirmed to be PCR positive for hepatitis C. Fifty-eight patients have been engaged in treatment, with a further 41 pending treatment start at the time the data was captured. Nine declined to engage with treatment and 12 were lost to follow-up.

Anecdotal patient responses also confirmed the effectiveness of the clinical van outreach in facilitating patient-centred engagement with hepatitis C care. For example, one patient commented: "I can't believe that someone would take the effort to come out to me, I feel

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cared for. I would never have come into drug services for treatment as I limit going there for fear of who I may run into. This is a life-changer for me.”

Challenges

The outreach partnership team found that planning too far ahead was futile, due to the situation often changing at short notice. As such, an approach was adopted whereby planning began four working days prior to an outreach mobile clinic.

Future plans

During the period covered by this case study, the clinical van outreach was led by the Lancashire & South Cumbria ODN ‘hub’, East Lancashire Hospitals NHS Trust. The model will now be rolled out to the ‘spoke’ NHS Trusts within the ODN.



Following the success of the outreach covered in this case study, investment has been delivered for the clinical van outreach team to continue operating for a further year, supporting the entire ODN while hepatology teams maintain services when allowed to access drug and alcohol services.

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