

# Edinburgh Access Practice Hepatitis C Clinic

Jessie Anderson, Kim  
McBeth, John Budd and  
Rebecca Martin

# Content

- What is hepatitis C and why is it important?
- Brief overview of how the clinic works
- Have a look at the numbers – how are we doing?
- What do the patients think?
- What we do well and what the are the challenges

# What is Hepatitis C

- Hepatitis C is a virus (HCV) affecting the liver and can cause both acute and chronic infection
- Worldwide 130-150 million people have chronic HCV infection
- Largely it does not cause any symptoms and therefore relies on testing at risk populations for diagnosis

# What happens in HCV infection

- About 15-25% of those infected spontaneously clear the virus without any treatment within 6 months of infection
- The remaining patients will develop chronic HCV infection
- The risk of liver cirrhosis is between 15-30% within 20 years of chronic HCV infection

# Transmission

- HCV is a bloodborne virus most commonly transmitted via injecting drugs using shared equipment.
- Other modes include:
  - Reuse/inadequate sterilisation of medical equipment
  - Transfusion of unscreened blood products
  - Sexual transmission
  - Vertical – mother to baby

# Some Terminology

- Chronic active HCV infection
  - Antibody and antigen positive
  - These patients require treatment
- HCV infection without evidence of active infection
  - Antibody positive, antigen negative
  - These patients have been successfully treated or cleared the virus spontaneously

# Treatment

- The main aims of HCV treatment
  - To achieve sustained eradication of Hep C infection
  - To prevent progression to cirrhosis, HCC and decompensated liver disease
  - ? Eradicate the epidemic

# Treatment

- Previously treatment was with interferon injections. It was 6-12 months with significant side effects, particularly mental health and weight loss.
- Cure rates were also poorer <50% with genotype 1
- Now treatment is simpler, only 8-12 weeks and with far fewer side effects.
- NO INJECTIONS.
- It now has cure rates >95%



# In Scotland

- Approximately 0.8% of the Scottish Population is thought to be chronically infected with HCV
- Since testing started in the late 1980s there have been a total of 38,577 people identified as antibody positive.
- 58% of those who inject drugs (NESI survey)

# In Lothian

- Since testing started 5371 persons have been identified as Hep C positive
- 48% HCV antibody positive prevalence in those attending needle exchanges (NESI 2015-16)
- 7% rise in prevalence since 2013-2014

# EAP Population

- March 2017:
  - 740 registered patients total
  - 342 (46%) had been tested for HCV
  - Of these 181 (53%) were HCV antibody positive
  - 65 % prevalence amongst those with a history of drug use
  - About 70% chronic infection

# Other Data of Interest

- Of the 181 HCV antibody positive patients
  - 2 report never having injected drugs
  - None are co-infected with HIV
  - 2 are co-infected with hepatitis B

# Aims of Clinic

- Provide the opportunity for HCV treatment to a vulnerable population who can struggle to engage with healthcare
- To do everything in-house
- 4 weeks from attending drop-in clinic to treatment

# How the EAP Clinic Works

- Drop-in clinic
- See patients identified as HCV antigen positive
- Nurse assistant, Hep C nurse + GP working alongside each other - to assess suitability for and then initiating treatment
- Bloods – to confirm diagnosis/genotype and identify any potential liver damage
- A selection of patients may benefit from ultrasound/fibroscan – but not essential

# How the EAP Clinic Works

- Treatment is arranged and patients pick up their tablets from community pharmacy (often alongside methadone daily supervised)
- Aim to follow up during treatment
- Bloods repeated 3 months after treatment to test for clearance of the virus (SVR).

# Additional Support

- Wider practice clinical team – including mental health + admin
- Specialist hospital pharmacist – to check drug interactions
- Support worker– can facilitate taking patients to appointments if required
- Hepatology consultant
- Access to dietician



# HOW ARE WE DOING?

2014 - 9 treated (Peg + riba) 8 SVR, 1 relapse

2015 – 5 treated (4 Peg, 1 DAA), 3 SVR, 1 stopped Rx, 1 lost to follow up

2016 – 6 treated (3 Peg + riba, 3 DAA), 5 SVR, 1 non-responder

2017 – Feb'18 - 33 treated (all DAA), 15 SVR, 16 awaiting 12 week test, 2 PCR +ve (1 ?re-infection, 1 ? poor concordance)

Total – 53 completed treatment (Feb'18)

# What Do the Patients Think?

- As part of the evaluation Rebecca interviewed a selection of patients ranging from those who are just beginning the assessment to those who have completed treatment

# Patient Perspective – Why did they Attend?

- The staff (Jessie)
- Felt 'dirty' having Hep C
- To be healthier
- Children
- 'Just wanted to get it done'

# Patient Perspectives - Positives

- Familiarity (with place and people)
- Made to feel more 'at ease than in hospital'
- Open door – can come in or call out with appointments for help/advice
- Get onto treatment quickly
- Easier when you don't have an address, don't miss letters etc

# Patient Perspectives - Positives

- Getting tablets along with methadone (x2)
- Private
- Good for people who are scared of hospital
- Can see nurse/doctor/CPN in the same place as hep C treatment
- Clinic worker (basically everyone)
  - Encouragement
  - Chasing up for appointments
  - Delivering medication (unable to get out)

# Patient Perspective – Room for Improvement?

- Only one person could think of any improvements:
  - Support group for those with Hep C getting treatment
  - Somehow get rid of the stigma

# Some Quotes

- ‘Made to feel relaxed and at ease’
- ‘They wanted me to succeed’
- ‘Totally works for me’
- ‘her dogging me and phoning me and telling me to get my arse down here now!!’
- ‘she’s brilliant. She’ll kick you up the bum if you miss an appointment’
- ‘Really good to work with’

# Challenges

- For a long period (2015/2016) we were unable to initiate treatment and patients went on a waiting list
- Chaotic lifestyles: we need to be opportunistic + responsive ('strike when the iron is hot')
-



# Challenges

- Other issues more important than Hep C:
  - Mental health
  - Medical co-morbidities
- High patient turnover
- Stigma and ‘word on the street’ - previous significant medication side effects

# Positives

- Already have an established relationship with patients
- Familiar location and staff
- Can opportunistically catch patients for reminders and follow up
- Linking of prescription with other medication
- Many patients never have to go to hospital
- Link with other support at EAP (CPNs, doctors,

# Positives

- We are successfully treating and clearing HCV in lots of patients
- Now word on the street is positive regarding HCV treatment
- Likely treating this group of patients has a greater effect on the infection pool and spread of HCV

# Moving Forward

- Currently 8 patients ready to go onto treatment and 6 more starting assessment
- Treatment is now shorter, easier to take, more effective and with almost no side effects
- We aim to start one new patient on treatment per week

# Conclusion

- Although clearly not without its challenges, the clinic is successfully reaching those patients who would likely otherwise slip through the cracks.
- HEP C TREATMENT WORKS AND IS EASY TO TAKE
- We need to get it out there