

Report on the 'Love Yourself Get Tested' Hepatitis C Roadshow

10th-14th February 2014

Hampshire P2P & The Hepatitis C Trust

Louise Hansford
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Love yourself Get Tested Roadshow

After compiling an in-depth analysis of the Hepatitis C data, P2P decided to put on their own roadshow modelled on the Hepatitis C Trust one. We approached Janssen Pharmaceuticals who kindly provided us with 500 oral swab testing kits. These tests identify if someone has got Hepatitis C antibodies present in their saliva and therefore they have come into contact with Hepatitis C.

We decided on the theme, love yourself get tested and ran the roadshow from 10th — 14th February 2014. Those most at risk from the virus were tested. Each hub put on a variety of events, including a healthy eating and tasting session, a tea party and buffet lunches. The Hepatitis C Trust's testing van along with Jim Connelly, Outreach Officer for the Trust attended the Roadshow to provide mouth swab testing all

Charles Gore, Chief Executive of the Hepatitis C Trust said, "We need to make testing as easy and convenient as possible for people to access which is why partnerships with drug services are so important. Roadshows such as this mean we can get to the heart of the hepatitis problem in the UK."

Results show that 182 service users were tested, of which 31 were identified as having come into contact with Hepatitis C. All those who had come into contact have been invited to have the PCR test done to establish whether they have contracted the hepatitis C virus, along with this they have all been offered ongoing support from the P2P mentoring team.

Number of clients screened for risk	220
Tested for Hepatitis C antibodies	182
Hepatitis C Antibody Reactive	31 (17% of those tested) 2 antibody reactive only 17 chronic Hepatitis C 4 undergoing diagnostic tests
Followed up by P2P Team	31
Actively engaged with care pathways and/or P2P	23

The National average for diagnosing hepatitis C antibodies from oral swab test is between 7-9%; our figures illustrate 17% of those tested were antibody reactive. Havant data showed that this figure was extremely high at 33%. It also came to the team's attention that in the New Forest there are pockets of service users who are actively sharing drug paraphernalia with people who have hepatitis C. When asked why they were sharing equipment one service users cited transport issues and another lack of availability of needle exchanges. This will be discussed in future working agreements with Lloyds Pharmacy who have secured the Pharmacy Based Drug Treatment contract.

We have attributed our high rates of antibody findings to the client group we targeted. The P2P team worked tirelessly to invite all 552 people identified as at risk of contracting hepatitis C through past or current IV drug use. Cross referencing shows that we managed to test 27 of those that were identified, which is an average of approximately 5%; some hubs have exceeded this with Eastleigh hub notably reaching 19%.

Overwhelmingly staff and service users preferred the oral swab tests and several clients came forward for testing who had previously declined due to poor IV access. In 2014-15 we plan to hold another event and will be using the remaining swab tests

Overall the event was a resounding success and we will be returning later on in the year to target some specific areas where we identified people at risk with the remainder of the tests secured from Janssen Pharmaceuticals. Buy in from managers and staff was seen as essential in producing outcomes.

Learning & Top Tips from the 'Love Yourself Get Tested' Roadshow

Potential Good Practice	Lessons Learned – Improvements
<p><u>£5 voucher</u> for taking a test was a useful 'carrot' and worthwhile. Overall a really good promotion tool.</p>	<p>We need to be aware there may be individuals who already know their Hep C status and take the test for the voucher. May need to be challenged or voucher refused. But if the individual is influential as a 'leader' of others then it may be worth the cost to gain the uptake of others.</p> <p>The <u>Roadshows are an opportunity to engage on a range of issues</u>, e.g., treatment, awareness raising of risk and safety, opportunity to access services and gain trust.</p> <p>The voucher system needs planning in terms of budgets for areas and ability to transfer unused vouchers to areas where take up is high</p>
<p>Worth identifying <u>individuals whose participation could influence others</u> to take place. Shows the importance of understanding the local group dynamics. There was an example of an individual taking part who knew his Hep C status but his support/participation in the event led others in his network to participate.</p>	<p>It is also important to <u>take account of the risk in some cases</u>. For example, if a couple are tested and one or both prove positive, there may be domestic violence risk attached to this. Again, local knowledge of individuals, networks and risk is key here.</p>
<p><u>Marketing and communication</u> of the Roadshows is critical – and an agreed plan for this. Preferable via personal contact, e.g., phone, at groups etc. Peer mentors should plan to tour groups and staff meetings in advance of the Roadshow to raise</p>	<p><u>Managers are 'linchpins'</u> in making this work. Where they are promoting the Roadshows to staff locally, then there is staff 'buy in'. A lack of 'buy in' can undermine the success of the event. There needs to be agreement about who is doing what in terms of promoting the event:</p>

<p>awareness of Hep C and risk factors as well as explaining what happens at the Hep C roadshow. Fliers are also important</p>	<p>All group leaders give out fliers and explain roadshows</p> <p>All key workers will contact clients to tell them about the roadshows</p>
<p>The <u>Hepatitis C Trust Outreach bus</u> was a good environment to hold pre and post test discussions as well as testing, also helped promote the event and added credibility.</p>	<p><u>To use van to its full potential</u> it should be used to visit areas where there are hard to reach communities and those who find it difficult to access services..</p>
<p><u>Dry blood spot testing</u> is very useful in terms of the time it takes and the practical challenges in obtaining full blood test.</p>	<p>Promote <u>knowledge of the 3 month window of opportunity</u> for testing. i.e., that an initial negative test can prove to be positive later on. So there is a need to raise awareness among professionals.</p>
<p><u>Recording of results</u> – on advice of Public Health/Senior Management antibody reactive results were recorded as “yes is hep C positive on nebula”, this would alert staff to potential risk and the need for further diagnostic testing.</p>	<p>There needs to be a <u>consistent approach</u> if swab testing is to be rolled out as to how staff were record an antibody reactive result.</p>
<p><u>Staff taking the test</u> can be a good example, e.g., a member of staff from a local homeless day centre, who had had a tattoo done abroad took the test at the Roadshow. The Roadshows are also a good chance to raise general awareness of Hep C, e.g., with local community groups – not restricting publicity to high risk groups.</p>	<p>It's important that <u>staff understand risk factors</u> and that the Roadshows are used as an opportunity to promote professional awareness. Staff should not be complacent about testing those with apparently low risk. There were examples of unexpected positive tests among those who appeared low risk.</p>
<p>The <u>welcome and hospitality</u> that those running roadshows and those attending receive is important. One Roadshow was hosted with bacon sandwiches for all – another with homemade scones and jam. These details made a difference to the atmosphere and the response of those being tested. They are also likely to make a difference to the way Roadshows are promoted by ‘word of mouth’ in the future.</p>	<p>It is really important that there is adequate <u>confidential meeting space</u> for testing, pre-test discussions and post-test support. A lack of confidential space undermines the confidence of those being tested and falls short of the standards required for clinical and support services (e.g., data protection requirements).</p>
<p><u>After care</u> is critical and all those who test positive will need a follow-up call to provide support/access to services. On the Roadshow day itself an individual may not be in the best position to take on board information about their next steps.</p>	<p>A key success factor to the road shows is <u>a true partnership between health/clinical and support services</u>. For example, there needs to be agreement about the way information on positive results will be shared, e.g., asking the individual if they are happy to have their details shared to provide follow up support.</p> <p>There also needs to be agreement about aggregated data so that there can be an evaluation of the impact of the roadshow (e.g., numbers tested, % testing positive/negative). There also need to be clear agreement about the objectives of the Roadshows which are beyond compliance with NTA performance indicators and about improving quality of life and harm reduction.</p>