



Public Health
England

An audit of hepatitis C services in prisons

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Acknowledgements

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& 21 prisons involved in the audit



English and Welsh prison estate

- 84,868 prisoners (81,024 male; 3,844 female)¹
- 120 prisons (including 14 privately run prisons)
- Health care (including drugs and alcohol services) in prisons commissioned by NHS England using different providers

1. Ministry of Justice prison population on 26.2.16





Hepatitis C services in prison

- In England about half of PWID are HCV positive.¹
- 68% of newly sentenced adult prisoners had used an illicit drug in the past year.²
- 40% had injected a drug in the 4 week period prior to custody.²
- Approx 3% of those in the general population in England with chronic HCV infection are treated per year (2006-11).³
- Prisons were identified as a specific setting in which HCV testing and treatment should be delivered.⁴
- Prison Health Performance Quality Indicators now replaced by Health and Justice Indicators of Performance – a tool for commissioners
- Survey of prisons carried out in 2011 revealed great variation across the prison estate in England and Wales in the provision of HCV services.⁵

1. Unlinked Anonymous Monitoring survey of PWID in contact with specialist drug services.

www.gov.uk/government/statistics/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring

2. Ministry of Justice, Stewart 2008 3. Harris R J et al, 2014 4. Department of Health, 2002

5. Health Protection Agency, 2012

HCV – Hepatitis C Virus PWID – people who inject drugs.



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Prison BBV Health Promotion Materials

You can prevent BBVs. Ask at Healthcare.



Condoms



Disinfectant Tablets



Vaccination



You may not know if you're infected
but you can be tested for BBVs in prison.

Don't pass them on to others, inside or outside!



Chemist/Pharmacy



Hospital or your GP



Needle Exchange

You can be treated in here and back home.

Remember, BBVs are spread by infected blood or body fluids.



Hepatitis B attacks your liver.



Hepatitis C attacks your liver.

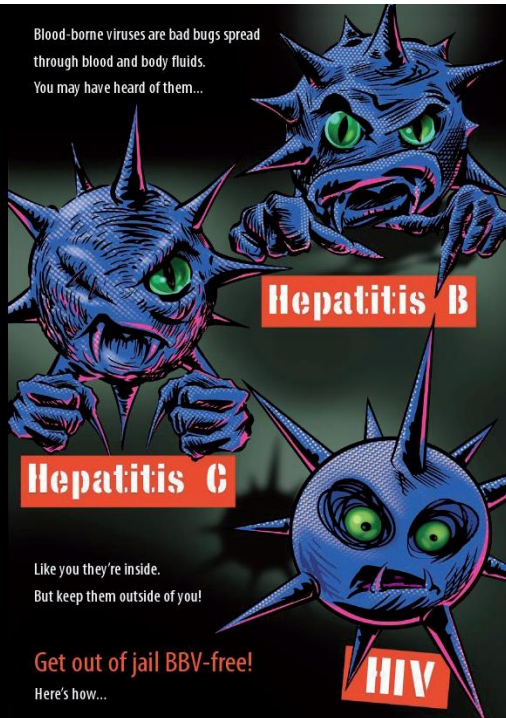


HIV stops your body being able to fight infection.

BBVs can kill. Keep them out. Get out of jail BBV-free!



Blood-borne viruses are bad bugs spread
through blood and body fluids.
You may have heard of them...



Get out of jail BBV-free!

Here's how...

BRITISH
LIVER
TRUST

HEPATITIS B, HEPATITIS C & HIV

spread through infected
blood and body fluids

PLAY SAFE

- Always use a condom
- Use plenty of lube



DON'T SHARE

- Needles or works
- Piercing or tattoo equipment
- Razors, clippers, even toothbrushes



KEEP IT CLEAN

- Use **sterile** equipment



- Bleach or disinfectant tablets can help if you have to reuse – clean before **and** after



GET TESTED AND GET YOUR HEP B JABS
– ASK A NURSE TODAY

For help and information



GUM clinic,
your GP
or hospital



Chemist or
Pharmacy



Needle
Exchange

British Liver Trust free helpline: 0800 652 7330

www.britishlivertrust.org.uk

2 Southampton Road Ringwood BH24 1HY

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BBV - Blood Borne Virus



Audit aims

- To compare HCV services in a representative sample of English prisons against national best practice standards.
- Provide objective evidence and intelligence for commissioners and service providers to assist in the development and delivery of high quality HCV services.
- Identify areas of good practice which can then be shared across the prison estate using the information from the audit.



Audit process

August
2012

Literature review of the national guidance for HCV testing, treatment and management

Audit tool developed based on best practice

Audit tool reviewed by working group

Audit tool piloted with one prison

Audit tool finalised

Audit tool disseminated to 21 prisons (17% of prison estate in England)

Audit responses and related submitted documents collated, reviewed and written up

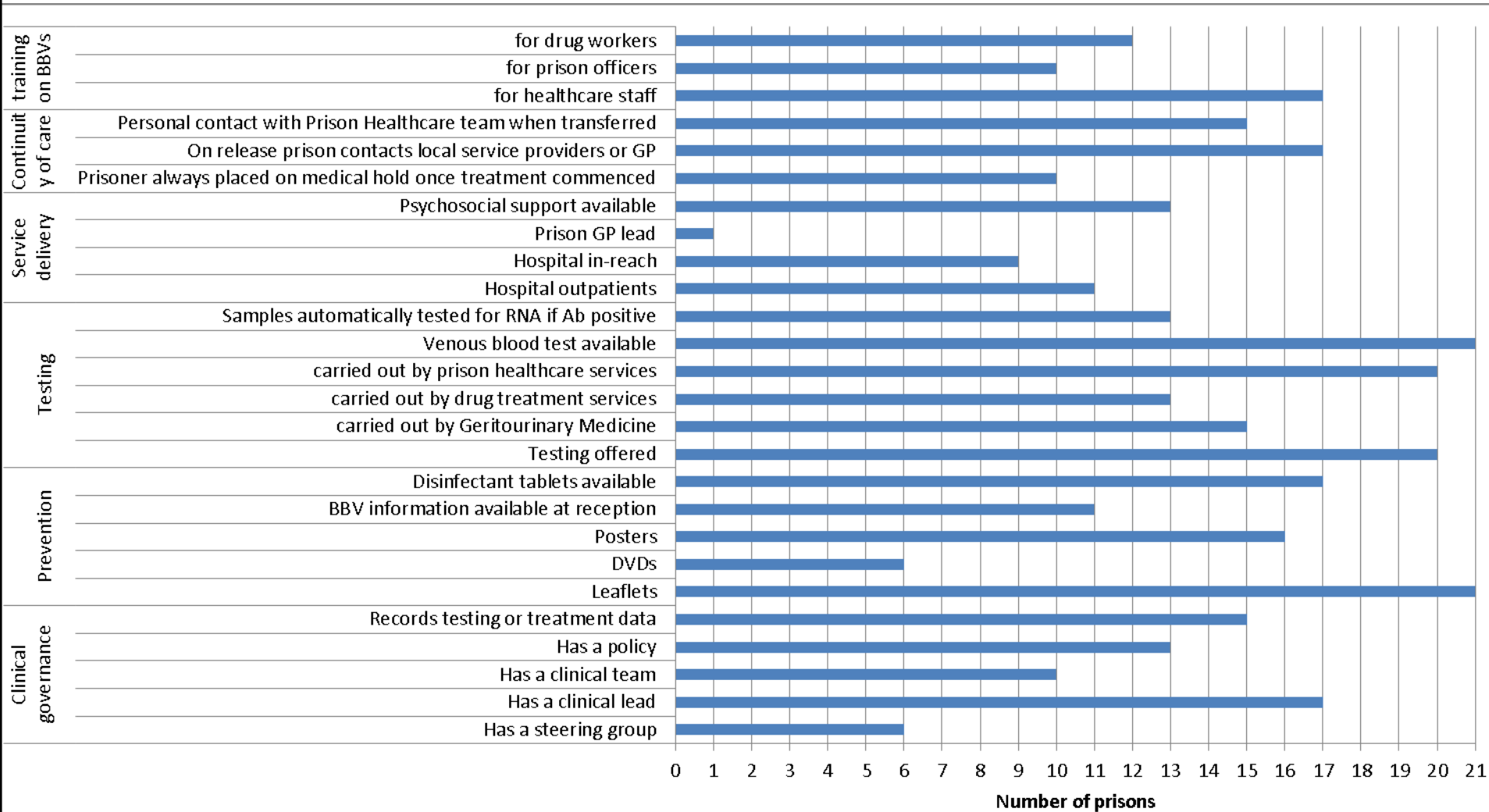
Audit published

May 2013

Expert group convened by Hepatitis C Trust –implementation of findings



Summary of a selection of audit results





Main findings/recommendations

- There should be:
 - A written policy covering the key areas of testing, treatment and care;
 - Testing offered to all prisoners along with other BBV particularly targeting high risk groups;
 - Adequate training in place of healthcare, substance misuse services and prison staff;
 - Adequate psychosocial support;
- Where possible treatment of HCV should be in house and if not practical clear pathways should be in place to access hospital services.
- Improvement in data collection is needed to inform commissioning of services.



Where we are now

- In October 2013 a National Partnership Agreement was finalised between Public Health England (PHE), NHS England and National Offender Management Service (NOMS) which included implementation of opt out testing for BBVs (hepatitis B, hepatitis C and HIV) among consenting adults in prisons in England in a phased process.
- This is also recommended by the Hepatitis C Trust, British Liver Trust and National AIDS Trust to improve the rates at which prisoners are tested for BBVs.
- In an opt-out programme, appropriately trained healthcare staff offer all prisoners entering prison the option of BBV blood tests near reception, and at several points thereafter.
- Those patients testing positive for HBV, HCV or HIV should then be able to access care and treatment pathways both within prison and on release.
- At the same time the prisoner will be offered a super-accelerated HBV course of vaccination.
- This opt-out model works in antenatal services in the community where both the offer and uptake of HIV testing has improved using this 'opt-out' method.
- ***More information on BBV opt out testing in prisons can be found here:***
<https://www.gov.uk/government/publications/improving-testing-rates-for-blood-borne-viruses-in-prisons-and-other-secure-settings>



BBV Opt-Out Testing in Prisons: Update

- 21 pathfinder prisons implemented the policy by the end of May 2015
- In the pathfinder prisons evaluated (11 prisons):
 - Testing increased in new receptions from 11% to 21% after introducing opt out testing (n=9);
 - The numbers referred for treatment increased from 19 to 31 per month (n=8).
 - This is the early stages of the evaluation more results will follow.
- Plans to roll BBV opt out testing across the whole prison estate by the end of March 2017.
- Main challenges: robust referral pathway; ensuring all staff understand their role in the process; relatively low numbers still placed on treatment; continuity of care on release.



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