



BBV bulletin:

Quarterly update report of the introduction of opt-out
BBV testing in prisons from PHE, NHS England &
NOMS

Issue 7, March 2015

Pathfinder evaluation

The report 'BBV opt-out testing in prisons: preliminary evaluation of pathfinder programme. Phase 1, April – September 2014' is now available via:
health&justice@phe.gov.uk

The key messages from the report include the following:

1. Preliminary data suggests a near doubling of BBV testing following the introduction of the opt-out testing policy.
2. Between April and September 2014, 21% of new receptions were tested for hepatitis C and HIV in nine out of the 11 pathfinder prisons that provided data. For hepatitis B, 8/11 prisons provided data showing 22% of new receptions being tested as part of the opt-out programme; these figures represent a significant improvement on levels of testing prior to the programme when 11% of new receptions were tested for hepatitis C and HIV (and 12% for hepatitis B). However, further work is required to explore why 79% of new receptions to these prisons were not tested.
3. Of the 11 participating prisons, 4/11 reported providing BBV testing during both the first and second reception screening, 4/11 provided it at the first reception screening only and 3/11 provided it at the second reception screening only.
4. All 11 pathfinder prisons use venous blood sampling as a method for testing while 7/11 also used dried blood spot testing (DBST).
5. Ninety percent of prisons (9/10 respondents) reported that healthcare teams undertook the testing.



6. Only 5/11 prisons reported BBV testing as per the **national guidance** for all BBVs with hepatitis C antibody (Ab) positive samples automatically being tested for hepatitis C virus (HCV) ribonucleic acid (RNA) by polymerase chain reaction (PCR), alongside a test for hepatitis B surface antigen (HBsAg) and HIV infection (HIV Ab and Antigen [Ag] P24 test).
7. Using the available data, the proportion of those testing positive for the three BBVs has remained stable, with 0.2% testing positive for HIV in the 12 month period from January to December 2013 and 0.3% in the 6 month period from April to September 2014. The proportion testing positive for hepatitis B has remained consistent at 0.2% before and 0.2% after the introduction of the policy.
8. Collection and reporting of hepatitis C test results needs to be improved as it was not possible to ascertain the proportion who were chronically infected due to variable reporting of hepatitis C RNA status and hepatitis C Ab positivity. However, using results from the subset of prisons with data on hepatitis C Ab status before and after the introduction of the opt-out policy (4/11), the number testing positive for hepatitis C Abs has remained stable at 9% despite the change from targeted testing to opt-out testing.
9. When asked, 8/11 prisons believe that they have identified people who would otherwise have remained undiagnosed; in the two prisons that provided data on these, an additional 12 individuals were identified but the BBV they tested positive for was not specified.
10. Seven (7/11) prisons met the national waiting time criteria for referral to specialist services for HIV (2 weeks) and 10/11 prisons met the waiting time criteria for hepatitis B and C (18 weeks).
11. The numbers being referred for hepatitis C treatment have increased significantly since the introduction of the opt-out testing policy, with 226 being referred during the **12 month period** between January and December 2013 compared to 185 during the **6 month period** between April and September 2014.
12. Of those being referred for hepatitis C treatment, around 1 in 3 (69/226) commenced treatment in the 12 month period before the opt-out policy was introduced and around 1 in 4 (42/185) in the 6 month period after.

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Recommendations from the report:

1. Local commissioning specifications for prison healthcare providers should aim to include BBV opt-out testing and associated referral and care pathways for patients testing positive for infection in prisons by 2016/17.
2. Local service specifications should be consistent with NICE guidelines and any national guidance provided by NHS England and/or PHE.
3. Laboratory services should be commissioned so that appropriate testing is conducted for BBVs including PCR testing on all samples testing positive for hepatitis C Ab as per national guidance.
4. Healthcare providers in prisons need to improve their data collection so we have better information on testing and treatment. This should include appropriate training in correct use of health informatics system (SystemOne & HJIPs) and coding using READ codes to allow data to be consistently, accurately and reliably entered, collected and collated. Prisons must separate out hepatitis C PCR and Ab results. Commissioners and healthcare providers should together explore the reasons why some people in prison are not been tested for BBVs.
5. NHS England, PHE and NOMS should ensure that findings for this evaluation are fed back to commissioners and providers not only in the pathfinder programme but right across the estate so that lessons learnt can be applied to those entering the programme as well as those preparing to do so at a future date.
6. A second evaluation covering Phase 2 of the implementation of the opt-out programme will be conducted during Q1-Q3 2015-16 and a report published in Q4 of that financial year. The next evaluation should include information collected directly from prisoners about their choice to start treatment while in prisons and any levers or barriers affecting that decision.

National progress of the BBV opt-out testing work

In addition to the 11 prisons implementing the policy as part of the first phase, there are now another 15 prisons implementing the policy within phase two of the programme. It must be noted however that there are also an additional 27 prisons reporting to be implementing or near to implementing the policy who are not identified

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pathfinders. This represents around 50% of the whole estate in England that is implementing the work or are close to implementing the work.

National event for early lessons learned from the opt-out BBV testing policy in prisons, Thursday 21st May 2015, Holiday Inn

This national event follows on from the one held last year at the same venue to launch the BBV opt-out testing in prisons policy. There has been much progress over the past year and we would like to reconvene to review progress and learn lessons from the initial pathfinder prisons.

PHE, NHS England and NOMS all committed to the implementation of the BBV testing policy in prisons in the 2013 National Partnership Agreement. We are about to publish the new National Partnership Agreement which also provides continued commitment from all agencies regarding implementing the policy in all prisons in England by 2016/17.

The day will include presentations from pathfinder prisons as well as an update about the new treatments for hepatitis C. Registration is now open at: <https://www.phe-events.org.uk/hpa/frontend/reg/thome.csp?pageID=186866&eventID=478&eventID=478>

HCV Action / PHE Road shows

The first of four roadshows took place in Liverpool on 6 March run by PHE in partnership with **HCV Action**. The day was attended by over 100 people locally and involved presentations from both local and national experts in hepatitis C. The agenda also included a presentation about the implementation of the BBV opt-out prison in a local prison.

Three further roadshows are being planned for the remainder of 2015 throughout the UK to enhance local service provision and showcase and share good practice in the prevention, testing, diagnosis and treatment of hepatitis C.

The presentations from the day are available to view at:
<http://hcvaction.org.uk/sites/default/files/resources/onsite%206%20march.pdf>

New RCGP Certificate launched Hepatitis C: Enhancing Prevention, Testing and Care

Addressing the needs of people in prison as well as the general community, this course provides an understanding of hepatitis C and its prevalence. It also gives an overview of the liver and its function, and the stages and natural history of untreated hepatitis C liver disease. The course can be accessed at:
<http://elearning.rcgp.org.uk/course/info.php?popup=0&id=175>

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For more information about the national BBV opt-out policy

There is a wide range of information available which explains the purpose of this policy. We have produced supporting documents to help partners to implement this work, including the national algorithms. These documents can be accessed under 'Improving testing rates for blood-borne viruses in prisons and other secure settings' at:

<https://www.gov.uk/government/publications/improving-testing-rates-for-blood-borne-viruses-in-prisons-and-other-secure-settings>

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