Public Health England

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BBV bulletin: Special Edition

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

Issue 11, October 2016

Introduction: Phase 2 Pathfinder Prison Evaluation

Since the last bulletin was published, work has been underway to finalise the evaluation of blood-borne virus (BBV) opt-out testing implementation in Phase 2 Pathfinder prisons. To this end, two task and finish group meetings were convened focusing primarily on phase 2 questionnaire design (April 2016) and evaluation of results collected (August 2016). This special edition of BBV Quarterly provides a summary of the key findings from the phase 2 evaluation. A glossary is included towards the end of the document. Background information about the BBV opt-out testing programme together with an overview of the results of the preceding phase 1 evaluation can be found on the Public Health England (PHE) website at:

https://www.gov.uk/government/publications/blood-borne-virus-opt-out-testing-in-prisons-evaluation-of-pathfinder-programme.

The focus of the Phase 2 Pathfinder Prison Evaluation was primarily on patient 'linkage into care'. To this end, consideration was given to the support provided to positively diagnosed patients receiving treatment in prisons and through specialist services in the community, as well as the involvement of local Operational Delivery Networks (ODNs) in ensuring patient access to specialist resources for hepatitis C virus (HCV). The phase 2 questionnaire incorporated several sections from the preceding phase 1 questionnaire relevant to testing approaches, specialist services and general comments, but a new section on linkage into care was also included. Excluded from the phase 2 questionnaire were sections relating to testing activity and opt-out implementation planning and review. For comparison, the phase 1 questionnaire can be found in the link provided above and the phase 2 questionnaire is included as an Appendix to this report.

For the first time, the Health and Justice Indicators of Performance (HJIPs) dataset was used to inform testing numbers in phase 2. Preliminary data for financial year 2015-16 indicates that 16,425 tests were done for hepatitis B virus (HBV) infection, 18, 967 for HCV infection and 40,705 for human immunodeficiency virus (HIV) infection. Data quality improvement is currently being taken forward by NHS England and PHE to ensure more accurate and timely reporting of testing and prevalence of disease. NHS England has also indicated that as of April 2016, 63% of prisons in England and Wales have implemented the BBV opt-out testing policy. Further, commissioners have ensured that new contracts with prison healthcare providers will include the roll-out of BBV opt-out policy. All new procurements will reflect the requirement to have BBV opt-out policies in the specifications.

Key findings:

- preliminary data from the **Health and Justice Indicators of Performance** (HJIPs) for financial year 2015-16 indicates that 16,425 tests were done for hepatitis B infection, 18, 967 for hepatitis C infection and 40,705 for HIV infection

- the focus of the Phase 2 Pathfinder Prison Evaluation was on patient **'linkage into care'** in ten pathfinder prisons. This follows on from the phase 1 evaluation in which BBV testing levels were of primary interest

- Phase 2 pathfinder prisons offered BBV opt-out testing to new detainees upon **first (4/10) or second (3/10) reception**, with remaining prisons providing testing at both receptions or at another conveniently scheduled time. This distribution is comparable to that observed in phase 1 pathfinder prisons

- **lab markers** used for hepatitis testing in the majority of phase 2 prisons adhered to national guidance with 70% of prisons relying on HBsAg for HBV diagnosis and reflex testing for HCV, compared with 46% in phase 1 prisons

- **venepuncture** was still the most prevalent **sampling method** employed by phase 2 prisons for BBV testing and used in 9/10 prisons and exclusively in 5/10 prisons

- the **average waiting time** of about four weeks from referral to assessment by specialist services in phase 2 prisons was well below the recommended maximum of 18 weeks for hepatitis B/C but exceeded the two weeks recommended for HIV positive cases

- only half (5/10) of prisons reported adhering to a defined BBV **testing algorithm** with one respondant being uncertain if any testing algorithms were used in their prison

- the treatment setting for specialist care was split between **acute trusts and prison in-reach services**, with some indication that acute trusts are used to provide HIV specialist care while prison in-reach services provide specialist care for hepatitis cases

- only a small minority of Phase 2 Pathfinder prisons (3/10) reported involving **third sector organisations** in the rehabilitation of BBV positive patients

- the majority (6/10) of respondents were unsure whether HCV cases referred for treatment in their prison were discussed at a multi-disciplinary team meeting held by the local HCV **Operational Delivery Networks** (ODN)

- all Phase 2 Pathfinder prisons (10/10) reported relying on links established between the prison and local BBV treatment services to ensure **continuity of care** for patients

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Results:

Phase 2 Pathfinder prisons

The healthcare teams in each Phase 2 Pathfinder prison were asked to complete a questionnaire (Appendix) to evaluate various facets of BBV opt-out testing implementation within their facility. Responders included clinical healthcare managers, head nurses (matrons) and other nursing staff, as well as associate practitioners. The ten Phase 2 Pathfinder prisons included a mix of open (cat. D) and closed facilities ranging in capacity from less than 400 detainees to more than 800 (Table 1). Her Majesty's Prison (HMP) Lincoln was the first prison in this cohort to begin BBV opt-out testing in July 2005 while HMP Leicester most recently started testing in April 2016.

Table 1: Phase 2 Pathfinder Prison details as reported in evaluation questionnaires

Prison name	Prison category	Prison capacity	BBV Opt-out implementation
HMP Bedford	B	504	Oct-10
HMP Foston Hall	Female closed	347	Unknown
HMP Glen Parva	YOI	808	Unknown
HMP & YOI Hollesley Bay	D	480	Nov-14
HMP Leicester	B	408	Feb-15
HMP Lincoln	B	729	Jul-05
HMP New Hall	Closed	425	Apr-16
HMP North Sea Camp	D	410	Oct-14
HMP Sudbury	D	581	Jul-05
HMP Whatton	C	840	Jan-14

1. Testing

Most of the Phase 2 Pathfinder prisons offered BBV opt-out testing to new detainees upon first (4/10) or second (3/10) reception, with the remainder providing testing at both receptions or at another conveniently scheduled time (Figure 1). Healthcare teams were responsible for recommending and providing opt-out testing to new prison receptions in all prisons (10/10) with additional resilience offered by genitourinary (GU) services and/or the drugs team in some prisons.

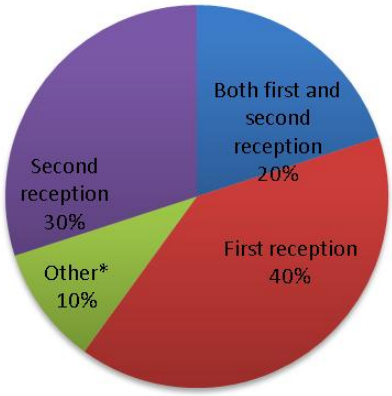

Figure 1: Point at which BBV opt-out testing is offered to new receptions in Phase 2 Pathfinder Prisons. Other*: within pre-arranged phlebotomy clinics twice weekly

Laboratory methods in use

All ten pathfinder prisons reported relying on HBV surface antigen (HBsAg) testing to diagnose people with HBV. While all ten prisons reported using HCV antibody tests to diagnose people with HCV, only seven of these prisons reported supplementing positive antibody tests with reflex PCR tests as recommended by national guidelines on HCV testing. Lastly, anti-HIV antibody was reported as being

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used to diagnose people with the virus in all Phase 2 Pathfinder prisons, with three of these prisons reporting additional testing with AgP24 (Figure 2).

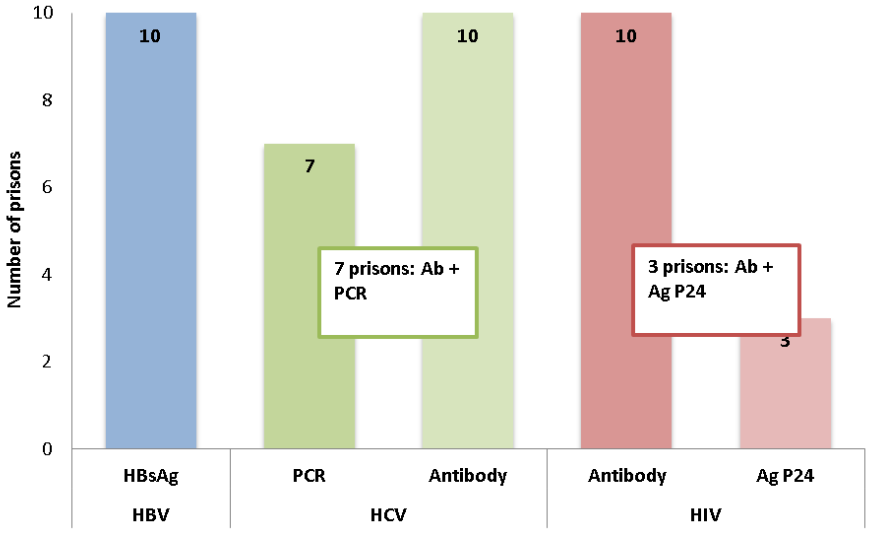

Figure 2: Lab markers used by Phase 2 Pathfinder Prisons to detect indicated BBVs. Ab: antibody; HBsAg: hepatitis B surface antigen; PCR: polymerase chain reaction

Only one prison used dried blood spot testing (DBST) as the sole means of collecting samples for BBV diagnosis (Figure 3). Five prisons relied solely on venepuncture for this purpose and the four remaining prisons had both testing methods at their disposal (Figure 3).

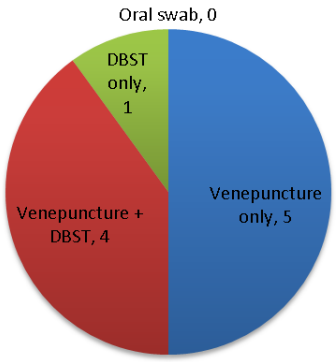

Figure 3: Methods used to collect samples for BBV diagnosis in as a proportion of Phase 2 Pathfinder Prisons. DBST: Dried blood spot testing.

Existing detainees

Prisons were requested to provide details regarding how they address BBV testing in existing detainees some of whom may have already received testing some time back. Prisoner self-referral was utilised across all ten prisons and was reported as the sole means of recruiting existing detainees for testing in 4/10 prisons. In addition to patient self-referral, several other mutually non-exclusive approaches were also available in several prisons including: implementing prison activities to raise awareness about BBVs and testing in the prison (5/10); active identification schemes for high risk groups (4/10); and, re-offering testing at regular intervals to prisoners who refused initial testing (2/10) or were tested some time back (3/10).

Staff support provided to patients

The majority of Phase 2 Pathfinder prisons (7/10) reported providing some sort of training or support to their staff around BBV opt-out testing. The most prevalent approach (5/10) involved embedding BBV awareness as part of new staff induction programmes. Other approaches included awareness training provided by third sector organisations (3/10) and/or regular dissemination of new developments around BBV testing by lead health practitioners to members of the healthcare team (3/10). These

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approaches were not mutually exclusive and some prisons used more than one approach.

Half (5/10) of Phase 2 Pathfinder prisons reported adhering to a defined BBV testing algorithm with one respondant being uncertain if any testing algorithms were used in their prison. No indication was given of the algorithms that were being implemented with the exception of one prison which used a 'locally' developed testing algorithm available to treatment staff in treatment rooms.

2. Specialist services – referrals and treatment

Referrals and treatment

All responding prisons (10/10) indicated that most people referred for BBV treatment go on to see a specialist and that clear treatment referral pathways into specialist care are established. Local specialist services were reported to be used by all prisons to provide treatment for patients positively diagnosed with a BBV and, additionally, some prisons also reported using primary care services (5/10), sexual health services (1/10), or substance misuse services (1/10) for this purpose. One prison, HMP Bedford, reported relying on mental health and pharmacy services for hepatitis patients but not for HIV patients.

Treatment setting

The treatment setting for specialist care was split between acute trusts and prison in-reach services (Figure 4). Evidence from three prisons suggested that HIV specialist services were more prevalent in acute trusts while specialist care for hepatitis was provided through prison in-reach services. Three other prisons reported that specialist services for all BBVs are available only in acute trusts while the remaining four prisons indicated that both specialist settings were used but did not specify for which BBVs (Figure 4).

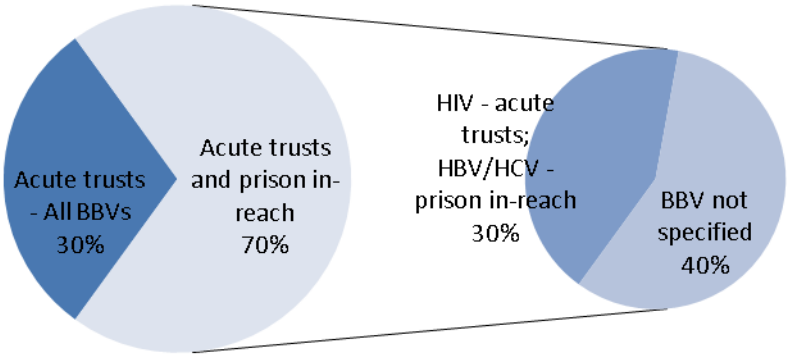

Figure 4: Treatment setting for indicated Blood-borne viruses (BBVs) in Phase 2 Pathfinder Prisons.

Waiting times

The average waiting time, in weeks, from referral to assessment by a specialist provider was four weeks, ranging from two to eight weeks in seven prisons with respondents from the three remaining prisons being unsure of this time (Table 2).

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Only one prison differentiated waiting times by BBV, reporting assessment one week following referral for HIV patients and four weeks for hepatitis patients.

Table 2: Waiting time (in weeks) from referral to assessment of BBV patients by specialist provider in Phase 2 Pathfinder prisons

Waiting time (weeks)	
Average ± SD	4.2 ± 2.4
Median (range)	3.5 (2-8)
Respondents unsure	3/10

Involvement of third sector organisations in patient rehabilitation

Only a small minority of Phase 2 Pathfinder prisons (3/10) reported involving third sector organisations in the rehabilitation of BBV positive patients. These organisations included Leicestershire Aids Support Services (LASS), Body Positive and the Terence Higgins Trust (THT). These organisations can provide disease-specific expertise for patients receiving treatment and may help to mitigate patients' concerns during the treatment process by facilitating access to patient networks and other resources.

3. Linkage into care

Disclosure of test results

In the majority of Phase 2 Pathfinder prisons, positive test results are provided to patients by either a nurse (8 prisons) or doctor (7 prisons) (Table 3). Nearly all prisons reported having a nurse (7/10) disclose negative test results with one prison indicating that no disclosure is made citing the mantra that "no news is good news".

Table 3: Healthcare professionals providing BBV test results to patients in Phase 2 Pathfinder prisons

Positive result provided by:	No. of prisons*
Nurse	8
Doctor	7
Healthcare assistant	2
Other - associate practitioner	1
Negative result provided by:	**No. of prisons**
Nurse	7
Doctor	1
None ("no news is good news")	1
Other - associate practitioner	1

* sum is more than 10 as some prisons rely on more than one healthcare professional to disclose results

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Treatment support provided to patients

Advice about avoiding future infection and harm minimisation was reported as being provided in all (10/10) Phase 2 Pathfinder prisons. A variety of treatment support approaches, primarily in the form of advice, are also available to BBV positive patients. Tables 4 and 5 provide an overview of the general treatment support available and the advice given to prevent further transmission of BBVs, respectively. Psychosocial support for HIV/HCV patients was reported as encouraged in some prisons (4/10) but not provided in two prisons, with four prisons not specifying whether they offer this type of support to patients.

Table 4: BBV treatment support offered in Phase 2 Pathfinder prisons

Support offered	No. of Prisons
Advice about wider health issues (eg drug/alcohol dependence)	10
Advice about referral to a specialist provider	10
Advice about further tests (eg fibroscan)	8
Patient monitoring during treatment for any complications / side-effects	7
Advice about anti-viral drug treatment (eg treatment regimens, DAAs…)	7
Other - further education, post-treatment counselling	1

DAA: Direct-acting antivirals

Table 5: Advice provided about prevention of transmission to those testing positive for a BBV in Phase 2 Pathfinder prisons

Support offered	No. of Prisons
Prevention of transmission through infected body fluids (eg use of toothbrushes/razors, tattooing, blood spills)	10
Prevention of transmission through injecting drug behaviour	10
Advice about sexual transmission	10
Advice about mother-to-child transmission (where appropriate)	5

Involvement of Operational Delivery Networks (ODNs) in HCV treatment referral

The majority (6/10) of respondents were unsure whether HCV cases referred for treatment in the prison were discussed at a multi-disciplinary team meeting held by the local HCV ODN, with the remainder of respondents (4/10) indicating that such meetings were common place in their prisons. Further, no respondents were aware of the target treatment rate (‘run-rate’) of their local ODN.

Ensuring continuity of care

Prisons were requested to indicate what referral protocols they had in place to ensure continuity of care for anyone diagnosed with a BBV (Table 6). Every Phase 2 Pathfinder prison reported relying on links established between the prison and local BBV treatment services. In addition to these links, some prisons also implemented medical holds (6/10) and maintained links between prison healthcare teams across the prison estate (5/10) to enable patients to complete treatment before resettlement or release.

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Table 6: Referral protocols in place in Phase 2 Pathfinder prisons to ensure continuity of care for anyone diagnosed with a BBV in the prison

Support offered	No. of Prisons
Links established between the prison and local BBV treatment services	10
Medical holds placed on patients undergoing treatment in prison	6
Links established between prison healthcare services across the estate	5
Other - agreed care plan between prison and the liver unit (for hepatitis)	1

4. Impact of BBV opt-out programme

Identification of incident BBVs

Respondents in half of Phase 2 Pathfinder prisons (5/10) were of the opinion that since implementation of the BBV opt-out programme in their prisons more BBVs have been identified in the prison population (Figure 5). As a corollary, one respondent indicated that the detection of other diseases such as syphilis, which use the same testing techniques (eg DBST), have also improved. However, 3/10 prisons indicated that BBV opt-out implementation has not improved identification of BBVs as existing health schemes such as patient self-referral, annual health screening and access to sexual health clinics within the prisons already identify most BBV cases. Respondents in 2/10 prisons were unsure whether the BBV opt-out programme had made an impact on improving detection of BBVs, with one respondent from an 'open' prison citing that most people transferred to these facilities have already received BBV tests previously.

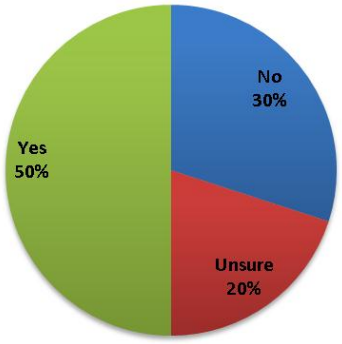

Figure 5: Opinion of questionnaire respondents from Phase 2 Pathfinder Prisons on whether BBV opt-out implementation has improved identification of BBV cases

Tips for future implementation of the opt-out testing in prisons

Some of the issues raised and tips suggested by respondents relating to BBV opt-out implementation are included below:

> "The opt-out was trialled during the second reception screen, but [it was] found that it didn't work as there was **insufficient time** to do mental health screening."
>
> "**Training** was offered to all staff prior to the roll out of the scheme to equip nurses with the knowledge needed to discuss testing and implications of a positive result with the patient."
>
> "**Education**, **awareness**-raising programme, increased accessibility, seeing residents within 24 hours and having a dedicated team responsible linked to health and wellbeing" will all help with programme implementation.
>
> "Explore the options of dry spot [**DBST**] testing."

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Conclusions and recommendations:

This report provides an overview of some of the key findings from the evaluation of ten Phase 2 Pathfinder prisons implementing BBV opt-out testing. In contrast to the phase 1 evaluation, which focused on levels of BBV testing in prison, phase 2 focused primarily on patient linkage into care following assessment.

Phase 1 versus Phase 2 Pathfinder prisons

The distribution of the point of testing in the phase 2 prisons was very similar to that reported in phase 1 prisons, with a nearly equal mix of opt-out testing done at first or second reception or at both points. Lab markers used for hepatitis testing in the majority of phase 2 prisons adhered to national guidance, with 70% of prisons relying on HBsAg for HBV diagnosis and reflex testing for HCV compared with 46% in phase 1 prisons. The increased use of reflex testing is a promising development as this approach provides a much more robust measure of active HCV than antibody testing alone and is recommended practice for HCV testing.

As reported in phase 1 prisons, venepuncture was still the most prevalent sampling method employed by phase 2 prisons for BBV testing. In contrast, however, only one phase 2 prison had moved solely to DBST and no prisons were using oral swabs – a testing modality not recommended by PHE. DBST has the advantage over venepuncture in that it improves testing uptake in injection drug users in whom peripheral venous access may be difficult, and in needle-phobic individuals. In this respect, it is envisaged that as DBST becomes more mainstream in prisons, testing uptake is also likely to increase as fewer within the prison population are likely to refuse testing.

The average waiting time of about four weeks from referral to assessment by specialist services in phase 2 prisons was well below the recommended maximum of 18 weeks for hepatitis B/C but exceeded the two weeks recommended for HIV cases.[1] While the questionnaire was explicit in having respondents differentiate waiting times by BBV, only one prison provided this information: one week for HIV cases and four weeks for hepatitis B/C cases. While promising for hepatitis cases, the lack of detail in the responses makes it difficult to say with certainty whether HIV cases are being assessed within the recommended time frame in a majority of phase 2 prisons.

Linkage into care

PHE, together with partners, has developed national guidance on opt-out BBV testing that includes testing algorithms to support healthcare staff in prisons. It is of some concern that only half of all Phase 2 Pathfinder prisons reported adhering to some sort of testing algorithm. Further, of the five prisons that indicated adhering to a testing algorithm, none were able to provide a link or further description of the algorithm used, making it difficult to infer where any discrepancies in testing results may be arising among prisons. The use of a more standardised testing approach across the prison estate could have benefits such as reduced heterogeneity in testing results and may, ultimately, increase testing uptake. PHE highly recommends the use of standardised BBV opt-out testing algorithms across the entire prison estate.

[1] http://www.nhs.uk/choiceintheNHS/Rightsandpledges/Waitingtimes/Pages/Guide%20to%20waiting%20times.aspx

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Operational delivery networks (ODNs) for HCV attempt to "maximise appropriate uptake and completion of HCV treatment and to cure more people of infection[2]". This evaluation attempted to gauge the extent to which local ODNs were active in the treatment of people diagnosed with HCV in prison. Overall, there appeared to be a lack of familiarity by prison staff of the involvement of local ODNs in treating HCV cases in Phase 2 Pathfinder prisons. While the majority of prisons reported having quite extensive BBV awareness/education programs embedded as part of staff induction training, it may also be beneficial to raise awareness about the value that ODNs could bring to a prison setting where HCV prevalence is substantially higher than in the community.

Data collection

The information presented in this report was collected through a questionnaire (Appendix) of a predominantly qualitative nature. It is expected that testing uptake levels will be regularly collected through the HJIPs platform thereby enabling near to real-time assessment of testing. Data quality improvement is currently being taken forward by NHS England and PHE to ensure more accurate and timely reporting of testing and prevalence of BBVs and other diseases. Healthcare providers in prisons need to improve their data collection so that we have better information on testing and treatment. This should include appropriate training in correct use of health informatics systems (SystmOne & HJIPs) and coding using READ codes to allow data to be consistently, accurately and reliably entered, collected and collated.

These data improvement initiatives, together with wider use of standardised and nationally recognised BBV testing algorithms throughout the prison estate, will go a long way to reducing the prevalence of BBVs not only in prisons but in the community as well. A third BBV opt-out evaluation of phase 3 pathfinder prisons is currently underway. This evaluation will focus on BBV treatment effectiveness/outcomes and a report of key findings will be published towards the end of Q4 of the 2016/17 financial year.

Recommendations

On the basis of the above conclusions the following **recommendations** are made:

1.) To improve testing uptake, prison healthcare teams are encouraged to adopt DBST as the primary means of undertaking BBV testing.

2.) The use of standardised BBV opt-out testing algorithms by healthcare teams is encouraged so as to reduce variability in testing procedures and heterogeneity of test results across the prison estate. PHE has drafted testing algorithms which can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/333056/Blood_borne_virus_testing_in_prisons_process_national_algorithms_June_2014.pdf

3.) Prison healthcare teams should work more closely with local ODNs to improve uptake and completion of HCV treatment. Raising awareness about ODNs,

[2] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/hep-c-netwrks-spec.pdf

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perhaps through educational programmes embedded in prison staff induction training, may also add value.

4.) As was previously recommended in the phase 1 pathfinder evaluation,[3] we reiterate the need for healthcare providers in prisons to improve their data collection methods on testing and treatment.

5.) Prison healthcare teams are encouraged to work closely with third sector organisations to facilitate the treatment rehabilitation process and improve treatment completion rates.

[3]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428942/BBV_pathfinder_evaluation_Phase_1_FINAL.PDF

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Glossary

Ab	antibody
BBV	blood-borne virus
DBST	dried blood spot
GU	genitourinary
HBsAg	hepatitis B surface antigen
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
HJIP	Health and Justice Indicators of Performance
HMP	Her Majesty's Prison
LASS	Leicestershire Aids Support Services
NHS	National Health Service
ODN	Operational Delivery Network
PCR	polymerase chain reaction
PHE	Public Health England
SD	standard deviation
THT	Terence Higgins Trust

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Appendix: Evaluation questionnaire used in Phase 2 Pathfinder prisons

Phase 2: Opt-out BBV testing

Note: This questionnaire should be completed in consultation with the health protection lead, NHS England local area team commissioner, prison healthcare providers and others, as relevant, with oversight from the regional PHE Health and Justice lead.

There are four sections to complete (A, B, C and D).
Please allow 15-20 minutes for completion.
Please complete one questionnaire per prison.
Please return the completed questionnaire by 31 May 2016 to health&justice@phe.gov.uk

Prisons included in the phase 2 evaluation:

Local team	**Prison**
East Anglia	HMP Bedford
	HMP Hollesley Bay
Derbyshire & Nottinghamshire	HMP Glen Parva
	HMP Foston Hall
	HMP Sudbury
	HMP Whatton
	HMP Lincoln
	HMP North Sea Camp
	HMP Leicester
West Yorkshire	HMP New Hall

Name of person completing questionnaire and job title	
Who else has been involved in completing this questionnaire?	
Name of prison	
Category of prison	
Capacity of prison	

Section A: Testing

A1. When was BBV opt-out testing introduced in the prison? (mm/yy)
__ __ / __ __

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A2. In actual practice, when are people screened for BBVs in your prison?

☐ First reception screen *(briefly explain):*

☐ Second reception screen *(briefly explain):*

☐ At both of the above *(briefly explain):*

☐ Other *(briefly explain):*

A3. Please select the teams that recommend(s) testing in the prison: (*tick all that apply*)

☐ Healthcare
☐ Drugs team
☐ GU services
☐ Other *(please state):*

A4. In practice, which teams actually provide the testing and pre- and post-test discussion in the prison *(please specify relevant BBV(s) next to selected boxes below eg HBV/HCV/HIV or 'All')*?

		Discussion	
	Testing	Pre-test	Post-test
Healthcare	☐_____	☐_____	☐_____
Drugs team	☐_____	☐_____	☐_____
GU services	☐_____	☐_____	☐_____
Other *(please state):* _____	☐_____	☐_____	☐_____

A5. Please select the test(s) carried out in the prison for each BBV *(select 'Other' only if the test used is not already given below):*

HBV →	☐ HBsAg		☐ Other (please specify):
HCV →	☐ Antibody	☐ PCR	☐ Other (please specify):
HIV →	☐ Antibody	☐ Ag P24	☐ Other (please specify):

A6. Please select the method(s) used to collect samples for each BBV:

	Venepuncture	Dried Blood Spot Test (DBST)	Oral swab
HBV	☐	☐	N/A
HCV	☐	☐	☐
HIV	☐	☐	☐

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A7. How is the prison addressing testing for EXISTING prisoners? *(please tick all that apply)*

☐ No action currently being taken
☐ Active identification/monitoring of individuals in high risk groups
☐ Prison education/awareness activities about the services available for BBVs
☐ Prisoner self-referral

Re-offering testing at regular intervals to prisoners who:
☐ have refused testing ☐ have been tested some time back

☐ Other *(please state):*

A8. What training or support is available for prison staff around BBV opt-out testing at the prison? *(please tick all that apply)*

☐ No specific training or support available
☐ Regular dissemination of developments in prison BBV testing/treatment by lead practitioners to members of the healthcare team carrying out testing
☐ Awareness of basic BBV facts (eg transmission routes, prevalence, treatment) is embedded in the induction programme for all new staff
☐ Awareness of third sector organisations offering peer support around the psychosocial needs of people living with HIV is embedded into staff training
☐ Other *(please state)*:

A10. Do defined BBV testing algorithms exist to which prison healthcare staff must adhere? *(please indicate 'Yes' or 'No' for each BBV below and specify a reference / web link if applicable):*

HBV:
HCV:
HIV:

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Section B: Specialist services – referrals and treatment

B1. Which services provide treatment for positive diagnosis of each BBV?

	HBV	HCV	HIV
Local specialist services	☐	☐	☐
Substance misuse services	☐	☐	☐
Mental health services	☐	☐	☐
Sexual health services	☐	☐	☐
Primary care services	☐	☐	☐
Other *(please specify):*	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

B2. Are third sector organisations involved in the rehabilitation of prisoners testing positive for a BBV?

☐ Yes *(please specify):*
- ☐ Revolving Doors
- ☐ Sophia Forum
- ☐ Terence Higgins Trust (THT)
- ☐ User Voice
- ☐ Women in Prison
- ☐ Other *(please state):*

☐ No

B3. Is a clear treatment referral pathway to specialist care established in the prison for anyone testing positive for a BBV?

☐ Yes, for all BBVs
☐ Only for some BBVs *(please state which BBVs have a clear referral pathway)*:
_____
☐ No *(please specify why not <u>and</u> what support is needed to aid implementation)*:
_____

B4. To the best of <u>*your*</u> knowledge, most patients who are referred for treatment…*(please specify the relevant BBV(s) next to selected response eg HBV/HCV/HIV or 'All')*:

☐ …see a specialist during their current period of incarceration:_____
☐ …are transferred/released before seeing a specialist: _____
☐ …may not receive specialist care due to *(please state any barriers):*
_____
☐ No information available
☐ Other *(please state):*

Contact for further information:
Health&justice@phe.gov.uk
PHE gateway number: 2016327

Public Health England

Protecting and improving the nation's health

BBV bulletin: Special Edition

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

Issue 11, October 2016

B5. Prisoners requiring specialist treatment…*(please tick all those that apply and specify the relevant BBV(s) next to selected response eg 'HBV/HCV/HIV' or 'All')*:
☐ …go out to see specialist service providers in acute trusts:_____
☐ …receive specialist care in the prison from in-reach services:_____
B6. What is the average waiting time, in weeks, from referral to assessment by a specialist provider for:
HBV: HCV: HIV:

Section C: Linkage into care

C1. What services are offered to those tested in the prison when results are received *(please tick all those that apply)*:

☐ **Positive** test results are provided to patients personally. If so, please indicate by whom:
- ☐ Nurse ☐ Doctor ☐ Healthcare assistant ☐ Other *(please state):*

☐ **Negative** test results are provided to patients personally. If so, please indicate by whom:
- ☐ Nurse ☐ Doctor ☐ Healthcare assistant ☐ Other *(please state):*

☐ BBV **treatment** support is provided for those testing positive. If so, please indicate the support offered:
- ☐ Advice about further tests (eg fibroscan)
- ☐ Advice about referral to a specialist provider
- ☐ Advice about anti-viral drug treatment (eg treatment regimens, DAAs…)
- ☐ Advice about wider health issues (eg drug/alcohol dependence)
- ☐ Patient monitoring during treatment for any complications/side-effects
- ☐ Other *(please state):*

☐ Advice is provided about **prevention of transmission** to those testing positive for a BBV. If so, please indicate the advice offered:
- ☐ Prevention of transmission through injecting drug behaviour
- ☐ Prevention of transmission through infected body fluids (eg use of toothbrushes/razors, tattooing, blood spills)

National Offender Management Service

☐ Advice about sexual transmission
☐ Advice about mother-to-child transmission (where appropriate)
☐ Other *(please state):*

☐ Psychosocial support for HIV/HCV patients is encouraged and supported in the prison. Please provide examples:

_____

☐ Advice is provided about avoiding future infection and harm minimisation to those testing negative

☐ Other *(please state):*

C2. Are all HCV cases referred for treatment in the prison discussed at a multidisciplinary team meeting held by the local HCV Operational Delivery Network (ODN)?

☐ Yes / ☐ No / ☐ Don't know
(briefly comment):

C3. Are *you* aware of the target treatment rate ('run-rate') of the local ODN?

☐ Yes / ☐ No

C4. What agreed referral protocols are in place to ensure continuity of care for anyone diagnosed with a BBV in the prison? *(please check all those that apply)*

☐ Medical holds placed on patients undergoing treatment in prison
☐ Links established between prison healthcare services across the estate
☐ Links established between the prison and local BBV treatment services
☐ None that I am aware of
☐ Other *(please state):*

Section D: Other comments

D1. Since the implementation of BBV opt-out testing in the prison, do you feel that infections have been identified that would otherwise have gone undetected?

☐ Yes / ☐ No / ☐ Don't know

Please comment:

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D2. Can you provide any details, or top tips, about how you have implemented the BBV opt-out testing policy that might help other prisons to implement it?

Thank you for your time. Please return the questionnaire to:
health&justice@phe.gov.uk

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