Public Health England

Protecting and improving the nation's health

Summary report:

National event for early lessons learnt from the opt-out blood-borne virus (BBV) testing policy in prisons, 2015

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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1. Introduction

The ‘ National event for early lessons learnt from the opt-out Blood-Borne Virus (BBV) testing policy in prisons’ was held on Thursday 21 May 2015, Holiday Inn, Birmingham. This event followed on from the one held last year at the same venue to launch the opt-out BBV testing policy which was originally agreed by PHE, National Offender Management Service (NOMS) and NHS England in their first National Partnership Agreement published in 2013 and committed to providing BBV testing (HIV, hepatitis B and hepatitis C) for all prisoners in England. This commitment has continued through to this year’s National Partnership Agreement 2015/16 identifying a commitment in priority 3 to “Improve the proactive detection, surveillance and management of infectious diseases in prison and improve capability to detect and respond to outbreaks & incidents and will continue to implement an ‘opt-out’ policy and build on best practice for testing for BBVs and development of care pathways for those found to be infected”.

There has been much progress over the past year and stakeholders were invited to reconvene to review progress and learn lessons from the initial pathfinder prisons.

2. Delegate representation

132 people registered to attend the event. There was representation from a wide range of organisations including the following:

Table 1: Organisations represented

Prisons	Healthcare and secondary care
Birmingham	Birmingham
Bristol	Bristol
Cardiff	Care UK
Coldingley	Central North West London
Dovegate	Cumbria
Foston Hall	Dorset
Holloway	Dorset Healthcare
Long Lartin	G4S
Lowdham Grange	Leeds
Oakwood	Leicestershire
Stoke Heath	Medway
Wandsworth	NHS Lothian
Whatton	Northamptonshire
	Nottinghamshire
	Oxleas
	Pennine Trust
	Sodexo Justice Services
	South Staffordshire & Shropshire
	Staffordshire and Stoke on Trent

	Virgincare Ltd
Third Sector	PHE
National AIDS Trust The Hepatitis C Trust	Drugs & alcohol leads Health & Justice Public Health Specialists Laboratory National Health & Justice Team
NOMS	NHS England
National and regional Wellbeing and Substance Misuse Co-Commissioning	Local Teams National Health & Justice Team Specialised commissioning
Other	Pharmaceutical companies
Abertawe Bro Morgannwg University Health Board Cardiff and Vale University Health Board Integrated Care 24 Rehabilitation for Addicted Prisoners Trust Royal College of GPs Telford and Wrekin Local Authority The Practice Plc Trustech Visions Consultancy Ltd	Abbvie Gilead Sciences Janssen MSD

3. Content of the day

The agenda is included in appendix 1 and the presentations from the day are available on-line. The main aim of the day was two-fold:

1. Launch the Blood-borne virus opt-out testing in prisons: evaluation of pathfinder programme, Phase 1 April to September 2014.

2. Learn from the Phase 1 pathfinders.

The morning session was chaired by Dr Éamonn O'Moore, National Lead, Health and Justice, PHE and Director UK Collaborating Centre for WHO Health in Prisons Programme, European Region. Setting the scene for the remainder of the day, the first presentation was from James Bright who provided a patient perspective as someone who has experienced treatment for hepatitis C in a prison setting. Following this there was a useful discussion about addressing stigma across the estate and making sure organisations effectively consult with prisoners when introducing the opt-out testing policy to ensure that concerns about stigma are addressed. Possibly under-estimated is the apparent stigma that still exists in the prison system regarding BBVs and delegates

voiced their concerns about the need for this to be addressed at a prison level as well as through national awareness raising initiatives.

The following presentations provided a strategic context for the opt-out BBV testing policy:

- The partnership approach to the BBV opt-out testing policy in prisons

Simon Marshall, Head of Health, Wellbeing and Substance Misuse Co-Commissioning, NOMS

- BBV opt-out testing policy: One year on

Dr Éamonn O'Moore, Director, Health and Justice, Public Health England and Director, UK Collaborating Centre for WHO Health in Prisons Programme, European Region

- NHS England: Commissioning challenges and opportunities

Chris Kelly, Assistant Head of Health and Justice, NHS England
Claire Foreman**,** Senior Programme of Care Manager, Blood and Infection, Specialised Commissioning, NHS England

Emma Burke, Programme Manager Alcohol and Drugs, PHE also gave a brief talk about the new RCGP certificate, hepatitis C: Enhancing prevention, testing and care which includes the opt-out BBV testing work in prisons.

The remainder of the morning focussed on learning from the phase 1 pathfinder sites regarding the three key parts of the pathway:

- **Testing models for BBVs**

Susanne Howes, Health and Justice Public Health Specialist, PHE and Julie Henderson, Clinical Matron, HMP Stocken

- **Treatment models for BBVs and use of the direct acting antivirals for hepatitis C in prisons**

Jayne Dodd, Hepatitis Specialist Nurse for prisons, Department of Infectious Diseases, North Manchester General Hospital

- **Effectively managing continuity of care**

Dr Iain Brew, Leeds Community Services NHS Trust, HMP Leeds

The afternoon was chaired by Chris Kelly, Assistant Head of Health and Justice, NHS England and, following the phase 1 pathfinder presentations above there were focused sessions on the three core sections of the pathway. Delegates were split into 14 different tables to ensure wide representation in each group, with a facilitator on each and were asked:

What are the key components and what needs to be in place to implement them:

Session 1: Effective models for testing for BBVs

Session 2: Effective models for treatment of BBVs

Session 3: Effective continuity of care (prison transfer and release)

The event was concluded with selective feedback from the focussed sessions and Chris Kelly, NHS England discussed the key themes that ran throughout the day.

Key themes

Not surprisingly, following the thought provoking presentation by James Bright in the morning session, a key theme of the day was the need to engage effectively with prisoners when implementing the opt-out BBV work at prison-level. However, delegates were also very keen to highlight the importance of also engaging effectively with all key prison staff and external organisations, not only to address stigma but also in developing and delivering the care pathway effectively.

In addition to patient and staff engagement, other key themes throughout the day included:

- treatment model – the benefits of an in-reach service for hepatitis C to increase accessibility for patients
- identifying a staff BBV 'champion' to lead the work
- the use of peer mentors
- the benefit of using dried blood spot testing (DBST) to allow more testing to be carried out by different teams
- the importance of continuity of care for prison transfers and releases and the need to make good links with other prisons and also community services, also the key role CRCs can play within this
- availability of training for healthcare staff as well as prison officers

4. Learning and feedback

The day provided an excellent opportunity for stakeholders to network and make important links to inform their practice and the agenda was set to allow time for discussion, debate and questions. 32/132 delegates provided formal feedback following the event and the overwhelming majority (95%) rated the event as 'good' or 'very good' with 1 person (5%) rating it as 'neutral'.

4.1 Focussed sessions

The focussed sessions in the afternoon proved very popular as they allowed delegates to explore in more detail the practical issues regarding implementing the opt-out BBV testing policy. The following captures the key themes that were discussed during these sessions.

Testing

- having a formally agreed pathway in place which links with the community
- clarity on funding of the tests
- the importance of proactive continuous testing for existing prisoners and not just new receptions which could be done as part of other existing clinics
- workforce development such as training for prison staff to reduce stigma, use of other teams such as substance misuse to carry out the testing, promotion of on-line training

such as the RCGP hepatitis C certificate and understanding the importance of pre and post-test discussion
- ensure the basics of recording data are addressed and a system is in place for monitoring results
- creating a cultural shift in practice to make testing the 'norm'
- choosing the right time to recommend the test – possibly the second reception as opposed to the first
- the use of DBST to allow more staff to do the testing
- being able to share information about testing between prisons and with the community to prevent unnecessary repeat testing
- need to engage effectively with staff and prisoners to raise awareness and reduce stigma
- identify a BBV lead/champion
- empower prisoners to develop peer led initiatives to support the work

Treatment

- patient choice whether to commence treatment should be respected
- investigate and introduce best model to suit local need, in-reach often best model but for some prisons outpatient may be more appropriate due to level of need
- use of telemedicine
- importance of a multi-disciplinary approach which reflects the complexities of treatment, eg nutritionists, psychologists, substance misuse etc
- importance of good quality discharge planning
- use of peer mentors and support groups
- engagement with commissioners across the pathway
- usefulness of having a fibroscan in-house so prisoners do not need to attend a hospital outpatient appointment, can also be used to motivate patients whilst considering treatment
- having a contingency plan for staff illness

Continuity of care

- importance of developing links between prisons and community services and developing clear protocols and processes between organisations
- whilst information can be linked through SystmOne this is not translated into the community, critical to the success of continuity of care is the introduction of the Health & Justice Information System which will enable health information to be shared between prisons and the community
- dialogue between prisons important during transfers and proactive communication should take place rather than just relying on IT records
- utilise the role of community rehabilitation companies and make sure they are engaged to prevent patients being lost once released
- use of community drug treatment services to continue treatment for hepatitis C on release such as the Leeds model
- challenges include immediate release, over-ruled clinical hold and lack of accommodation on release – all risks should be addressed at a patient level and also by managers at a more strategic level
- network of professionals – have a forum to share experiences and receive peer support
- use of peer networks

5. Next steps

PHE, NHS England and NOMS have committed to an ambition to fully implement the opt-out BBV testing policy in all prisons in England by 2016/17. In order to support this there is a national BBV Opt-out Task and Finish Group with representation from key stakeholders who have committed to the following:

- to hold a national event for stakeholders every year until 2017
- to continue to provide and publish guidance to support the opt-out BBV testing policy
- publish a quarterly bulletin which details national progress
- identify pathfinder sites for phase 2 and 3 of the roll-out
- fully evaluate all pathfinders and publish a report detailing findings for phase 2 and phase 3
- monitor progress and a national level and ensure information and experiences can be shared effectively cross the estate

Appendix 1: Agenda

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Early lessons learnt from the opt-out blood-borne virus (BBV) testing policy in prisons

Birmingham 21 May 2015

Morning chair: Dr Éamonn O'Moore, Director, Health and Justice, Public Health England and Director, UK Collaborating Centre for WHO Health in Prisons Programme, European Region

09:30 – 09:40 **Welcome and introduction**
Dr Éamonn O'Moore, Director, Health and Justice, Public Health England and Director, UK Collaborating Centre for WHO Health in Prisons Programme, European Region

09:40 – 10:00 **Patient and public voice – the lived experience**

James Bright, Wales

Followed by open discussion about addressing stigma across the estate

10:00 – 10:15 **The partnership approach to the BBV opt-out testing policy in prisons**
Simon Marshall, Head of Health, Wellbeing and Substance Misuse Co-Commissioning, NOMS

10:15 – 10:35 **BBV opt-out testing policy: One year on**
Dr Éamonn O'Moore, Director, Health and Justice, Public Health England and Director, UK Collaborating Centre for WHO Health in Prisons Programme, European Region

10:35 – 11:00 **NHS England: Commissioning challenges and opportunities**
Chris Kelly, Assistant Head of Health and Justice, NHS England
Claire Foreman, Senior Programme of Care Manager, Blood and Infection, Specialised Commissioning, NHS England

11:00 – 11:10 **New RCGP certificate, hepatitis C: Enhancing prevention, testing and care**
Emma Burke, Programme Manager Alcohol and Drugs, Public Health England

11:10 – 11:20 **Questions to the panel**

11:20 – 11:45 **Coffee**

11:45 – 12:45 **Learning from the pathfinders: Challenges and lessons learnt**

11:45 – 12:00 **Testing models for BBVs**
Susanne Howes, Health and Justice Public Health Specialist, Public Health England
Julie Henderson, Clinical Matron, HMP Stocken

12:00 – 12:20 **Treatment models for BBVs and use of the direct acting antivirals for hepatitis C in prisons**
Jayne Dodd, Hepatitis Specialist Nurse for prisons, Department of Infectious Diseases, *North Manchester General Hospital*

12:20 – 12:35 **Effectively managing continuity of care**
Dr Iain Brew, Leeds Community Services NHS Trust, HMP Leeds

12:35 – 12:45 **Questions to the panel**

12:45 – 13:30 **Lunch**

Afternoon chair: Chris Kelly, Assistant Head of Health and Justice, NHS England

13:35 – 14:35 **Focussed sessions**

13:35 – 13:55 **Session 1:** Effective models for testing for BBVs

13:55 – 14:15 **Session 2:** Effective models for treatment of BBVs

14:15 – 14:35 **Session 3:** How to manage continuity of care

14:35 – 14:50 **Selective feedback from focussed sessions**

14:50 – 15:00 **Conclusions and next steps**
Chris Kelly, Assistant Head of Health and Justice, NHS England

15:00 **Close**