Public Health England

Infection Inside

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Blood-borne viruses (BBV) opt-out testing in prisons pathfinder evaluation

The report 'BBV opt-out testing in prisons: preliminary evaluation of pathfinder programme. Phase 1, April–September 2014' is now available through: 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.

Recommendations include:

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 (SystmOne & 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 provides 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.

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

HIPP update

As part of the WHO Collaboration Centre work associated with the Health In Prisons Programme (HIPP), Dr Éamonn O'Moore addressed the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on the 2 March 2015 at the Council of Europe in Strasbourg, France. The title of his

presentation was “Healthcare in Prisons: Driving quality improvement within and beyond prison walls”. On 19 March 2015, Éamonn presented to the 28th Session of the United Nations Human Rights Council in the Palais de Nations, Geneva, Switzerland. The title of this presentation was “The Right to Health in Overcrowded Detention Facilities”. The meeting was organised by the Permanent Mission of Austria to the UN in Geneva, Centro De Estudios Legales Y Sociales from Argentina and Penal Reform International from the UK. H. E. Ambassador Thomas Hajnoczi chaired the session attended by member states and NGOs which heard from the panel including eminent human rights lawyers such as Sir Nigel Rodley, Chair of the UN Human Rights Committee.

Work is also underway on developing a minimum dataset for prison health in Europe following recent discussions in Strasbourg. Together with Dr. Lars Möller, from WHO Regional Office in Copenhagen, we have recently reviewed a draft and refined it to ensure it captures all information we consider to be central to understanding and meeting the needs of people in prisons, particularly ensuring non-communicable diseases are included as there is often a bias in reporting on infectious diseases, drugs and alcohol for prison health. On that latter point however we are particularly keen to progress some of the discussions we had about the potential role of the European Centre for Disease Prevention and Control.

A meeting of the Five Nations’ is planned in Edinburgh on 29 April. Agenda items include:

- **research** topics to underpin collaboration across the Five Nations
- **screening** for cancer and the arrangements in Scotland and elsewhere
- **Red Cross Volunteer Programme** which we were introduced to in Portlaoise in October last year;
- **Health Needs Assessment in Police Custody.**

Flu vaccine coverage in English prisons

During the ‘flu season’, data is collected from ImmForm (a system used to record data in relation to uptake against immunisation programmes). This data is extracted from SystmOne and circulated to stakeholders nationally on a weekly basis.

Every year PHE publishes **guidance** for prisons and other prescribed places of detention (PPDs) on responding to cases or outbreaks of seasonal flu and this year, in partnership with NHS England, the document set an ambition of 75% flu vaccine coverage in PPDs.

Table 1 below shows the vaccine coverage in prisons using the final flu vaccination data collected from week ending 30 November 2014 to week ending 25 January

2015. Some prisons have reached the ambition of 75% coverage; however the total England coverage is only 48% which is not sufficient coverage to protect the estate from outbreaks. The Public Health Intelligence for Prisons and Secure Settings (PHIPS) Service is liaising with prisons that have managed to achieve 75% plus coverage to share lessons across the estate and help other prisons achieve this during the next flu season.

Table 1: Flu vaccine coverage in prisons, week 4, week ending 25 January 2015

Commissioning Region and Area Team	Total number of at-risk patients registered on day of extraction	Total number of patients within A that have received the Flu vaccine since 1 September 2014	Vaccine Uptake (%) calculated by the system	Number of patients refused/ declined vaccine
North				
Durham, Darlington and Tees	1,016	615	60.5	167
Lancashire	1,927	915	47.5	164
West Yorkshire	1,836	918	50	399
Midlands and east of England				
Derbyshire and Nottinghamshire	1,972	978	49.6	191
East Anglia	1,850	1,004	54.3	193
Shropshire and Staffordshire	1,790	792	44.2	105
London				
London	1,470	417	28.4	125
South				
Bristol, north Somerset, Somerset and south Gloucestershire	931	447	48	88
Kent and Medway	1,732	760	43.9	125
Thames Valley	1,076	643	59.8	185
England Total	15,600	7,489	48.0	1,742

News

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

Publications

Blood-borne viruses: quarterly report on opt-out testing in prisons

This quarter's issue of the bulletin is now available via:
Health&justice@phegov.uk

National Partnership Agreement between NOMS, NHS England and PHE for the co-commissioning and delivery of healthcare services in prisons in England, 2015-16

This agreement sets out the shared strategic intent and joint commitments in co-commissioning, enabling and delivery of healthcare services in adult prisons in England.

The document sets out:

- respective roles and objectives of each organisation in commissioning, enabling and delivering prison healthcare services (including public health and substance misuse services)
- shared principles and objectives
- shared development priorities
- joint governance arrangements.

This updated agreement (first published in 2013) reflects the reforms to the health system for England in April 2013 and replaces the previous National Partnership Agreement between the Department of Health and HM Prison Service (2007). It will remain a live document updated as required but substantively reviewed once a year and is overseen by a shared Prison Healthcare Board (England).

The document will shortly be available on NOMS pages of the Ministry of Justice website.

Collaborative Tuberculosis Strategy for England, 2015 to 2020, PHE and NHS England

Launched in January 2015, the strategy looks at using the assets that already exist in the NHS and the public health system to:

- support and strengthen local services in dealing with TB (particularly in areas of high incidence)
- ensure clear lines of accountability and responsibility
- provide national support for local action

The document makes reference to the importance of identifying and managing tuberculosis among hard-to-reach groups including people in prison and detention.

The document is available at:
https://www.gov.uk/government/publications/collaborative-tuberculosis-strategy-for-england

Events (upcoming)

National event for early lessons learned from the opt-out BBV testing policy in prisons, Thursday 21 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 National Offender Management Service (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. Further details and registration are available via:
https://www.phe-events.org.uk/hpa/frontend/reg/thome.csp?pageID=186866&eventID=478&eventID=478

Westminster Legal Policy Forum Keynote Seminar, Health in the Justice System - next steps for commissioning, partnerships and continuity of care, Tuesday 8 September 2015, London

Delegates at this seminar will discuss the future of offender healthcare in England and Wales. Sessions will focus on the next steps for commissioning and delivering effective services across the criminal justice system − both within custody and in the community − and will assess what more criminal justice and health practitioners can do to tackle health inequalities and support rehabilitation.

The agenda includes keynote addresses from Dr Éamonn O'Moore, Director of Health & Justice, PHE and Director, Collaborating Centre for Health in Prisons, World Health Organisation; Kate Davies, Head of Public Health, Armed Forces and their Families and Health & Justice Commissioning, NHS England; and Simon Marshall, Head of Health, Wellbeing and Substance Misuse Co-commissioning, NOMS.

Further details available at:
http://www.westminsterforumprojects.co.uk/forums/event.php?eid=976

Events **(taken place)**

HCV Action / PHE Road shows

The first of four roadshows took place in Liverpool on 6 March 2015 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 throughout the UK for the remainder of 2015 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

NHS Health Checks Conference Leeds, 26 February

The national conference for NHS Health Checks took place last month in Leeds. The PHE and NHS England national teams introduced a session on NHS Health Checks in prisons. Michelle Bennett and Lynne Barker from HMP Wakefield presented on their experience at Wakefield and talked through how they had overcome the challenges to

delivering in a secure environment, and in particular the high security one at Wakefield. Their 'top tips' were:

- get the operational staff engaged in the process – integrate provision
- formalise the pathways
- keep up the momentum
- always allow for artefact issues – Understand the detail – keep it meaningful
- keep QOF as a part of your performance activity – don't get drawn into the tick box culture
- have SystmOne/performance back up support/resource

The workshop confirmed that there continues to be significant variation in commissioning, delivery and content of the Health Checks programme in detained settings. NHS England has now formally taken over responsibility (from local authorities) for commissioning Health Checks in prison and will be supported by PHE and NOMS in promoting, informing and encouraging local health and justice commissioning teams to ensure effective roll-out.

PHE Effective Practice event, Birmingham, 7 March

Health and Justice were invited to lead a workshop at the Effective Practice event in Birmingham in March. This event was aimed at developing, improving and implementing a high quality health protection service/programme across all domains within PHE. The event brought together teams across PHE directorates in order to integrate practice locally, regionally and nationally to continue to share and promote good practice and quality to improve health and protect all populations.

Further details about the programme are available at: https://www.phe-events.org.uk/hpa/frontend/reg/thome.csp?pageID=166036&ef_sel_menu=1230&eventID=423&eventID=423

Thank you to Dr Autilia Newton, Deputy Director Health & Justice, PHE and Chair of Health and Justice Health Protection Network

It is with great sadness that we say goodbye to Dr Autilia Newton who has played a key role in prison health for well over a decade and has worked very hard to improve health protection in prisons. In addition to chairing the national Health Protection Network, Autilia has played a key role in countless developments nationally including:

- the introduction of hepatitis B vaccinations throughout the estate
- the development of a national surveillance system for infectious diseases in prisons
- the introduction of BBV testing in prisons

- various guidance on responding to outbreaks and incidents including flu outbreaks, chickenpox and TB

In recent months Autilia has been working on the national PHE Ebola response and is due to go to Sierra Leone next month to continue this work.

We would like to thank Autilia for all her energy, insight and hard work over the past 10 years plus and wish her all the best for the future!

Autilia Newton (left) at her last Health & Justice Health Protection Network meeting being presented with flowers by the newly appointed joint chairs Susanne Howes (centre) and Emma Dapaah (right).

Further changes in the Health & Justice Team

As the new structure within PHE starts to take effect we are also saying goodbye to Ailith Morrey, our first Health & Justice Team Intern, Darren Kristiansen our Home Office Secondee and Astrid Aldous, our lead for Professional Development. We would like to thank them all for their hard work and commitment over the past few months and wish them all the best for the future.

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PHIPS website pages: https://www.gov.uk/government/collections/public-health-in-prisons

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