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 HMPPS

Issue 13, December 2017

Since the last bulletin was published, data quality improvement measures were completed by NHS England on the Health and Justice Indicators of Performance (HJIPs), allowing for more robust BBV testing data to be collected starting in Q1 of the 2017/18 financial year. Work also got underway by the BBV Task & Finish Group to organise a final BBV opt-out testing engagement event in London to support the final implementation phase of the programme. While these initiatives are described briefly herein, the main focus of this special edition of BBV Quarterly is on summarising the key findings of the phase 3 pathfinder prison evaluation of the BBV opt-out testing programme. 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 2 pathfinder evaluations can be found on the Public Health England (PHE) website at.

Phase 1 pathfinder evaluation:
www.gov.uk/government/publications/blood-borne-virus-opt-out-testing-in-prisons-evaluation-of-pathfinder-programme.

Phase 2 pathfinder evaluation:
www.gov.uk/government/uploads/system/uploads/attachment_data/file/560863/BBV_bulletin_October_2016.pdf

BBV 'opt-out' testing in prisons engagement event – 30 November 2017, London

To support the final implementation phase of the prison BBV opt-out programme, an engagement event was held on November 30 at The Kia Oval in London. The event aimed to share lessons learnt from the early phases of BBV opt-out testing implementation in prisons in England and promote good practice in the final stages of the programme. Participants heard from leading experts in prison healthcare, public health and virology as well as patients themselves, and were encouraged to take part in discussions and table-top exercises. Invited speakers shared their knowledge and experience of the current challenges and opportunities that exist for providing BBV treatment and care in prisons. The engagement event was held within a few months of the planned programme end date (March 2018) to provide a final 'push' towards timely programme completion and identify any obstacles that may impede this aim. Table-top exercises also aimed to identify key barriers to treatment and care of patients with BBV infection in prison and involved working collaboratively with diverse stakeholders to propose mitigating strategies.

More information, including the programme, can be found on the official event website: www.phe-events.org.uk/BBV17

Health and Justice Indicators of Performance (HJIPs): Q1 - 2017/18

Table 1: BBV testing cascade in English prison estate, N=112 (Source: HJIPs, April 1st - June 30th, 2017)

	Hepatitis C		Hepatitis B		HIV	
	number	% of those eligible	number	% of those eligible	number	% of those eligible
New receptions & transfers*	**46693**	100%	**41389**	100%	**47925**	100%
Tests offered	**36079**	77%	**28898**	70%	**26349**	55%
Tests done	**8797**	24%	**6563**	23%	**10574**	40%
Positive tests	**1590**	18%	**133**	2%	**197**	2%
Hep C PCR tests done	**532**	33%	N/A		N/A	
Hep C PCR positive tests	**434**	82%				
Specialist referrals**	**226**	52%	**48**	36%	**39**	20%

* excluding previously confirmed cases.
** for HIV only, this refers to the number of patients *seen* by a specialist.

Phase 3 pathfinder prison evaluation

The focus of the phase 3 pathfinder prison evaluation was on improving treatment effectiveness. To this end, consideration was given to the measures in place to support BBV treatment and care within the pathfinder prisons as well as the dispensing and supply of medications. This information, together with data on the treatment cascade, was solicited through a multiple-choice questionnaire sent to the healthcare teams of all designated phase 3 pathfinder prisons (N=8). Respondents were given 4 weeks to complete the questionnaire. The phase 3 questionnaire can be found in the Appendix to this report.

Key findings:

- preliminary data from the **Health and Justice Indicators of Performance** (HJIPs) for Q1 of financial year 2017-18 indicates that 8,797 tests were done for hepatitis C infection, 6,563 for hepatitis B infection, and 10,574 for HIV infection

- the focus of the phase 3 pathfinder prison evaluation was on **'treatment effectiveness'** across 6 pathfinder prisons. This follows on from the phase 2 evaluation in which patient linkage into care was the primary focus

- **dried blood spot testing (DBST)** was most prevalent **sampling method** employed by phase 3 prisons for BBV testing and used exclusively in half of the prisons (3/6)

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- the **average waiting time** of about 3 weeks from referral to assessment by specialist services in phase 3 prisons was well below the recommended maximum of 18 weeks for hepatitis B/C but marginally exceeded the 2 week recommended limit for HIV positive cases

- nearly all (5/6) prisons reported adhering to a defined BBV **testing algorithm**

- BBV medicines were supplied almost exclusively to prisons by hospitals

- most BBV patients arriving from the community or the prison estate to the pathfinder prisons come with a supply of medicine for continuation of treatment

- nearly all phase 3 pathfinder prisons provide patients with a 1 week supply of medication if transferring to another prison (6/6) or into the community (5/6)

- none of the phase 3 pathfinder prisons reported involving third sector organisations to support patient treatment and care

Results

Phase 3 pathfinder prisons

The healthcare teams in each phase 3 pathfinder prison were asked to complete a questionnaire (see Appendix) to evaluate various aspects of BBV opt-out testing in their respective facilities. Completed questionnaires were returned by 6 of the 8 pathfinder prisons and all subsequent information presented herein pertains to these 6 facilities. Namely, Her Majesty's Prisons (HMPs) Bristol, Dovegate, Durham, Pentonville, Stoke Heath and The Mount (N=6). Respondents included clinical healthcare leads (n=3) and nursing staff (n=2) with 1 respondent not providing their title (n=1). The characteristics of the phase 3 pathfinder prisons and BBV opt-out testing implementation dates are summarised in Table 2.

Table 2: Phase 3 pathfinder prison details as reported in evaluation questionnaires

Prison	Category	Capacity	Respondent	Date of BBV 'opt-out' implementation
HMP Bristol	B	517	Clinical liaison manager	***NO RESPONSE***
HMP Dovegate	B	1160	Primary care team leader	Sep-16
HMP Stoke Heath	C	720	***NO RESPONSE***	Jan-15
HMP Pentonville	B	1300	Clinical lead for primary care	Dec-15
HMP The Mount	C	1020	Charge nurse	Apr-16
HMP Durham	B	1011	Sexual health nurse specialist	Mar-17
HMP Highpoint	***NO QUESTIONNAIRE RETURNED***			
HMP Warren Hill	***NO QUESTIONNAIRE RETURNED***			

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1. General testing information

Testing methodology in use

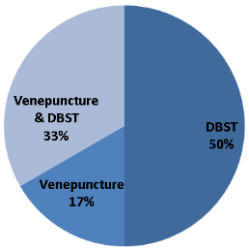

Figure 1: Methods used to collect samples for BBV diagnosis in phase 2 pathfinder prisons. DBST: dried blood spot testing

Half (n=3) of the pathfinder prisons evaluated reported relying on dried blood spot testing (DBST) as the sole means of collecting samples for BBV diagnosis (Figure 1). The remaining 3 prisons reported using both DBST and venepuncture (n=2) or solely venepuncture (n=1) to collect samples from patients.

Treatment referral and assessment times

With the exception of 1 pathfinder prison, all prisons evaluated (n=5) reported adherence to defined BBV testing algorithms. 1 prison indicated that the testing policy adopted was that provided by the local NHS Foundation Trust for prison sexual health and BBV treatment[1]. The median waiting times, in weeks, from referral to assessment by a specialist provider for each of the BBVs tested in the pathfinder prisons are summarised in Table 3. Only 1 prison differentiated waiting times by BBV, reporting assessment 4 weeks following referral for hepatitis B patients but only two weeks for hepatitis C and HIV patients.

Table 3: Median waiting times (in weeks) from referral to assessment of BBV patients in phase 3 pathfinder prisons by a specialist provider

BBV	Waiting time (weeks)	Range (weeks)
HBV	3	2-16
HCV	2.5	2-16
HIV	3	2-16

2. BBV treatment and care provision

In section B of the questionnaire (see Appendix), respondents were requested to select the measures in place in their prisons facilitatiing the provision of BBV treatment and care in diagnosed patients. A variety of measures were reported as being in place in all the prisons evaluated as summarised in Box 1:

Box 1: Measures in place in phase 3 pathfinder prisons (N=6) to support BBV treatment and care

- Provision of treatment information to prisoners to inform available treatment options
- System of referral and cooperation b/t specialist services upon transfer/release
- Gender responsive treatment/care provided (in 5/6 prisons)
- No difficulty in newly transferred patients accessing continued care for BBV

Respondents were also given the opportunity to highlight some of the challenges/opportunities encountered in their prisons relating to BBV treatment and care provision as summarised in Box 2:

[1] http://www.shropscommunityhealth.nhs.uk/content/doclib/10600.pdf

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Box 2: Challenges to BBV treatment and care provision reported in some phase 3 pathfinder prisons

- Maintaining patient confidentiality while on escort
- Overcoming high patient DNA ('did not attend') rates for blood monitoring while on treatment
- Prison regime and officer staffing levels impacting on patient assessments
- Poor compliance with BBV medication by prisoners

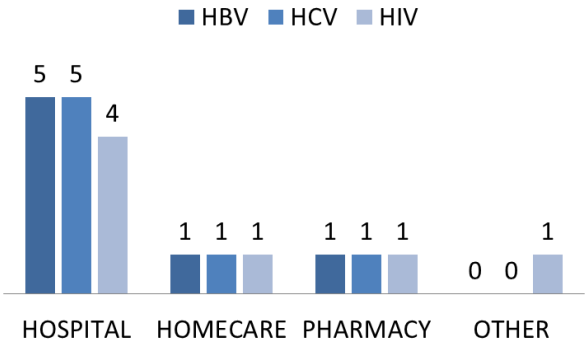

Figure 2: Sources of BBV medicines dispensed and supplied in phase 3 pathfinder prisons. 'OTHER' = sexual health service

One-third of respondents (n=2) also indicated that they were not aware how an application might be made for temporary or permanent release of a prisoner in advanced stages of illness arising from BBV infection.

3. Patient access to medicines

A series of questions regarding how BBV medicines are prescribed, dispensed and accessed in the phase 3 pathfinder prisons were also posed to respondents. Prescribing of all BBV medication is done exclusively by specialists in all responding prisons (N=6). BBV medicine was reported as being dispensed and supplied primarily by hospitals directly to the prisons. However, homecare and pharmacy service providers were also reported as sources of BBV medicine in 2 prisons (Figure 2). One-third of phase 3 pathfinder (n=2) prisons also indicated problems accessing medicines for patients, citing insufficient supply of medicine (especially directly acting antivirals, DAAs) upon reception/transfer out of the prison.

Medicine for hepatitis B and HIV was reported as being provided 'in-possession' in nearly all the phase 3 pathfinder prisons. However, this was only the case in half of prisons with regards to hepatitis C medicine (Figure 3). The high cost of DAAs for hepatitis C, which makes the replacement of lost or stolen medicines very expensive, was cited as a reason for not providing these drugs as 'in-possession' in 1 prison.

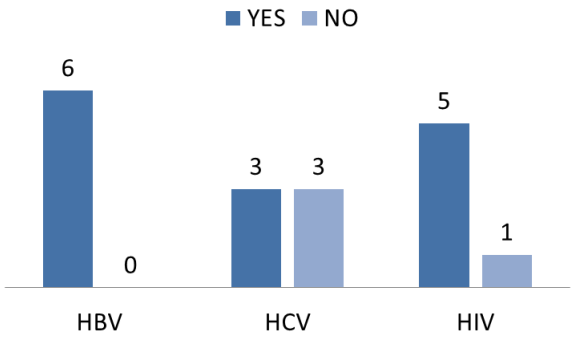

Figure 3: Provision of BBV medication 'in-possession' in phase 3 pathfinder prisons

BBV medicine supply upon arrival, transfer or release from prison

The majority of phase 3 pathfinder prisons reported that new patients had continued availability of their BBV medicines when transferring from the community (n=4) or another prison (n=5) (Figure 4). Furthermore, nearly all of the phase 3 prisons provide existing patients with a 7 day supply of BBV medicine when they are due to be transferred to another prison (n=6) or the community

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(n=5) (Figure 5); the 1 prison that cited the exception in the latter case, reported that treatment is not generally commenced with short-sentenced prisoners who instead initiate treatment in the community following release.

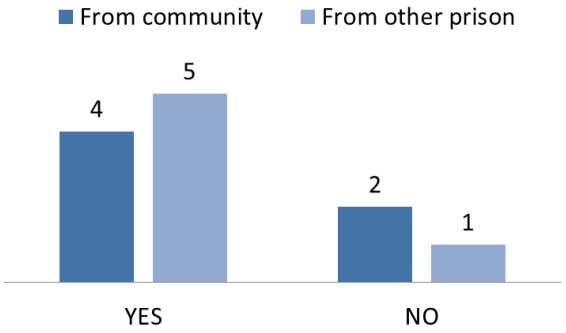

Figure 4: Number of phase 3 pathfinder prisons providing BBV medication for patients received from the community or the prison estate

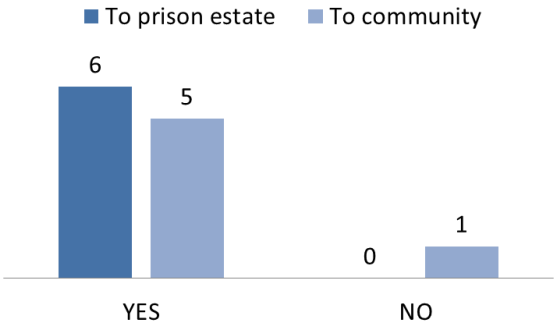

Figure 5: Number of phase 3 pathfinder prisons providing a 7 day supply of BBV medication to existing patients upon their transfer to another prison or release into the community

4. Treatment support

Prison treatment initiatives to support and engage patients

While a variety of initiatives were reported as being available in the 6 pathfinder prisons to help improve the quality of BBV treatment offered, fewer than half of prisons reported implementing peer support programmes to help patients adjust to diagnosis and adhere to treatment (Figure 6). Several measures were also reported to be in place in most pathfinder prisons to engage and retain patients receiving treatment including educational programmes on treatment side effects and treatment induction initiatives (Figure 7). Just over half of prisons reported the presence of motivational initiatives to help patients receiving treatment remain compliant (Figure 7). *Please refer to the questionnaire in the Appendix for a more detailed description of each initiative indicated in figures 6 and 7 below.*

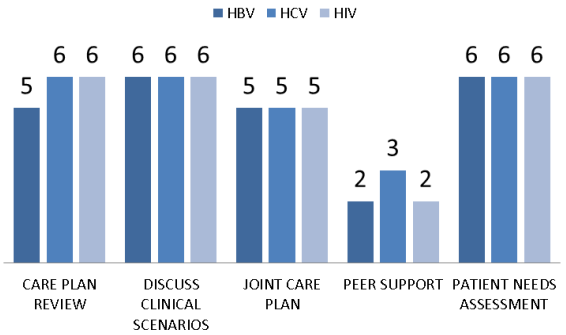

Figure 6: Number of phase 3 pathfinder prisons implementing initiatives aimed at improving the quality of treatment offered to patients by BBV type

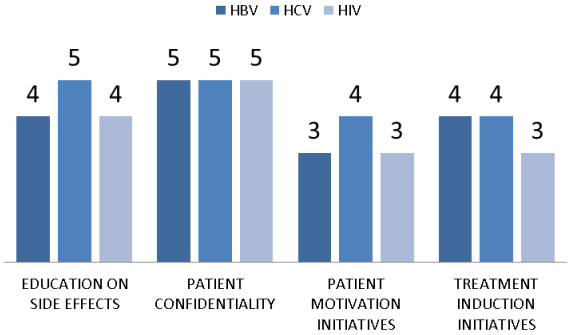

Figure 7: Number of phase 3 pathfinder prisons implementing initiatives aimed at engaging and retaining patients receiving treatment by BBV type

None of the phase 3 pathfinder prisons reported relying on patient treatment support from third sector organisations: 4/6 prisons reported no third sector support, while 2/6 prisons did not respond to the question.

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Treatment adherence

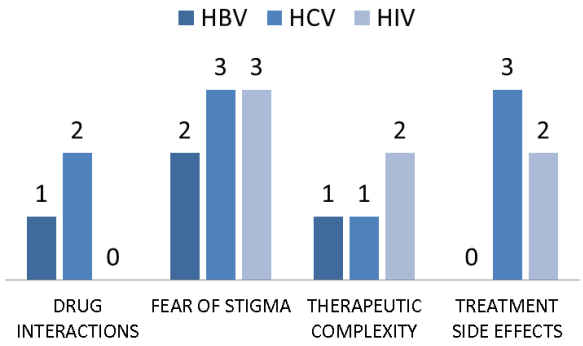

Figure 8: Common reasons for treatment non-compliance by phase 3 pathfinder prison reporting frequency and BBV type

Phase 3 pathfinder prisons were asked to report common reasons for patient non-adherent with BBV medication (Figure 8). The most frequently reported reasons included patients' fear of stigma should the reason for their treatment become discovered by peers, and treatment side effects. Both these reasons were most frequently reported for hepatitis C and HIV patients, but less so, or not at all, for hepatitis B patients (see Figure 8).

Encouragingly, all 6 phase 3 pathfinder prisons reported offering those prisoners who tested negative for hepatitis B a vaccine against the virus.

5. BBV treatment assessment

BBV testing and treatment cascade

Respondents were requested to provide details regarding the number of patients who were tested for BBVs and subsequently referred for treatment. Returns for this section were received from only 3 prisons (3/6) to varying degrees of completeness. Therefore, to improve sample size and maintain uniformity of data returns, this information was instead collected from the Health and Justice Indicators of Performance (HJIPs) for the most recent quarter that the data was available, as shown in Table 4.

Table 4: BBV testing/treatment cascade in phase 3 pathfinder prisons, N=6 (Source: HJIPs, April 1 - June 30, 2017)

	Hepatitis C		Hepatitis B		HIV	
	number	% of those eligible	number	% of those eligible	number	% of those eligible
New receptions & transfers*	**4176**	100%	**4591**	100%	**4746**	100%
Tests offered	**3190**	76%	**3163**	69%	**2556**	54%
Tests undertaken	**569**	18%	**440**	14%	**977**	38%
Positive tests	**98**	20%	**12**	3%	**10**	1%
Hep C PCR tests done	**55**	56%	N/A		N/A	
Hep C PCR positive tests	**53**	96%				
Specialist referrals**	**24**	45%	**1**	9%	**1**	10%

* excluding previously confirmed cases.
** for HIV only, this refers to the number of patients *seen* by a specialist.

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In the 3 month period between April 1 and June 30 2017, roughly 4500 new receptions and transfers were eligible for BBV testing in the 6 phase 3 pathfinder prisons. Interestingly, the number of tests done for HIV (977) was about double that undertaken for hepatitis B (440) or C (569). Despite a higher level of testing for HIV, the proportion of positive HIV tests (1%) was less than that observed for hepatitis B (3%) or C (20%; anti-HCV Ab). Nearly all (96%) patients who were tested for hepatitis C virus by reflex PCR testing were positive. A much greater proportion of positive hepatitis C patients (46%) than positive hepatitis B patients (9%) were referred to a specialist service while only 10% of HIV positive patients were reported to have been seen at a local hospital within 2 weeks of referral.

6. Impact of BBV opt-out programme

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

Respondents in the majority of phase 3 prisons (5/6; 1 prison did not respond) were of the opinion that since implementation of the BBV opt-out programme in their prisons more people with BBVs have been identified in the prison population and subsequently linked into care than before opt-out testing was introduced. Some of the respondents also provided tips for the implementation of BBV opt-out testing in other prisons some of which are included below:

- Training of "**BBV champions**" in prisons to promote BBV screening and linkage into care

- Having in place a "robust process for recording screening results and notifying patients" facilitated by easy to use "**SystmOne templates**"

- "**Patient feedback** in initial promotion stage was very useful – PID Workers/PEER Mentors" and "HCSW (healthcare support worker) input is vital"

- "Regular **staff training**" and "increased staff **personal development**" in the area of BBV screening and care in the prison

- "**Communication with the prison** [management] – highlighting advantages like reduced external escorts"

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Conclusions and recommendations

This report provides an overview of some of the key findings from the evaluation of six phase 3 pathfinder prisons implementing BBV opt-out testing. In contrast to the phase 2 evaluation, which focused on patient linkage into care, phase 3 focused primarily on the measures in place in prisons to improve treatment effectiveness.

Comparison of phase 3 pathfinders with earlier evaluations

Compared with earlier phases of the BBV opt-out programme (ie phases 1 and 2), more phase 3 pathfinder prisons have reported relying on DBST as the sole means of collecting samples for diagnosis. In phase 1, most pathfinder prisons reported using a mix of venepuncture and DBST, while in phase 2 only one prison reported relying solely on DBST. This contrasts with phase 3 pathfinders where half of all prisons (3/6) reported solely relying on DBST to diagnose BBV infection. While the sample size in phase 3 is relatively small (N=6), the steady transition towards more prevalent use of DBST in prisons is seen as a welcome shift. 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 median waiting time of about 3 weeks from referral to assessment by specialist services in phase 3 pathfinder prisons was well within the recommended maximum of 18 weeks for hepatitis B/C, but marginally exceeded the 2 week recommendation for HIV cases.[2] These wait times were a slight improvement over phase 2 pathfinders where the aggregated median wait time from referral to assessment was 3.5 weeks (differentiation by BBV type was not available).

Treatment and care support

Despite a variety of measures being employed in phase 3 prisons to support and engage patients with treatment, some prisons cited challenges that impacted on treatment compliance. This included patients not attending scheduled monitoring sessions out of their own will or as a result of conflict with the prison regime. As commented by 1 respondent, clear “communication” between health and custodial teams is essential to successful BBV testing and treatment. PHE recommends a ‘whole prison’ approach to prison healthcare provision, which involves multidisciplinary collaboration to ensure all aspects touching on the wider determinants of health are addressed. Availability of peer support programmes (which were underutilised by phase 3 prisons) as well as engagement with third sector agencies (which none of the phase 3 prisons reported doing) may also go a long way to further empower patients, reduce treatment non-compliance and educate both prisoners and staff about BBV treatment. Thereby reducing the stigma attached to these infections as a corollary. Further, while nearly every phase 3 pathfinder prison reported adhering to BBV testing/treatment guidelines, only 1 prison provided

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

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details of the regional NHS England Foundation Trust issued guidance that it adheres to. The use of standardised testing approaches across the prison estate could reduce heterogeneity in testing results and may ultimately increase testing uptake as healthcare staff become familiar with accepted protocol. PHE has issued, and encourages the use of standardised **BBV opt-out testing algorithms** across the entire prison estate.

Moreover, to ensure confidentiality while patients are on escort outside of the prison, the National Security Framework on External Prisoner Movements (7.1) published by HMPPS indicates that, "Officers who become aware of medical information about a prisoner during their stay in a hospital must treat it in confidence. Such information should not be recorded in the PER [prison escort record] or bedwatch log. The only information which should be recorded on these documents is that which is relevant to the security of the escort"[3].

Continuity of care

Transition from 1 prison to another or into the community, can be a particularly stressful and turbulent experience for many patients impacting on continuity of care and treatment compliance. The majority of phase 3 pathfinder prisons reported that BBV patients being admitted from the community or from other prisons come with a ready supply of medication and nearly every phase 3 pathfinder, in turn, provides patients with a 7 day supply of medicine upon transfer or release. Such measures should greatly facilitate continuity of care but challenges to medicine supply upon arrival/transfer were noted particularly for DAAs. The high cost of DAAs may make their replacement, if lost or stolen, prohibitively expensive, thereby impacting on supply. Their high cost could also contribute to why fewer phase 3 prisons were willing to provide this medication as 'in-possession' to patients when compared with medication for HBV or HIV (see Figure 3).

Testing cascade

When the evaluation of phase 3 pathfinder prisons was underway, data quality improvement was being undertaken on the HJIPs dataset. This process was recently concluded and Q1 HJIPs data for the 2017/18 financial year was used herein to assess BBV testing of the phase 3 prisons following limited returns of this information through the questionnaire. Despite a substantial difference in sample size (compare Tables 1 and 4), the proportion of eligible patients tested at each point in the testing cascade was comparable between the 6 phase 3 pathfinder prisons and the rest of the prison estate (although the correlation dissipated for the smallest samples eg specialist referrals for HBV and HIV). While in theory, offer of testing for all 3 BBVs (ie HBV, HCV and HIV) should be done simultaneously; there is a substantial difference between the number of eligible prisoners offered a test for HCV (76%), HBV (69%) and HIV (54%). This could potentially arise from non-overlapping testing eligibility in some patients (eg some patients may have already been tested for HCV but not HIV elsewhere), patient preference or tester bias for a particular BBV, or a reporting anomaly – although the latter seems unlikely given that a similar pattern

[3] https://www.justice.gov.uk/downloads/offenders/psipso/psi-2015/psi-33-2015-external-prisoner-movement.pdf

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appears for the entire estate. The bigger challenge is ensuring that as many eligible people actually get tested. While about a third of eligible patients were tested for HIV in the phase 3 pathfinder prisons, this drops to as low as 14% for HBV begging the question of whether tests are truly being offered on an 'opt-out' and not 'opt-in' basis.

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: **www.gov.uk/government/uploads/system/uploads/attachment_data/file/333056/Blood_borne_virus_testing_in_prisons_process_national_algorithms_June_2014.pdf**

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

4.) Prisons are encouraged to adopt BBV peer support and patient motivation initiatives to engage patients and ensure treatment compliance.

[4]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
DAAs	directly acting antivirals
DBST	dried blood spot
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
HJIP	Health and Justice Indicators of Performance
HMP	Her Majesty's Prison
NHS	National Health Service
PCR	polymerase chain reaction
PHE	Public Health England
SD	standard deviation

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Appendix: Evaluation questionnaire used in Phase 3 Pathfinder Prisons

Evaluation questionnaire for pathfinder prisons – Phase 3: 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 6 sections to complete (A-F).
Please allow 45-60 minutes for completion.
Please complete 1 questionnaire per prison.
Please return the completed questionnaire by April 28, 2017 to:
health&justice@phe.gov.uk

Prisons included in the Phase 3 Pathfinder evaluation

Local team	**Prison**
Bristol, North Somerset, Somerset & South Gloucestershire	HMP Bristol
Shropshire & Staffordshire	HMP Dovegate
	HMP Stoke Heath
London	HMP Pentonville
East Anglia	HMP Highpoint
	HMP Warren Hill
	HMP The Mount
Durham, Darlington & Tees	HMP Durham

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	

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Section A: General Testing Information

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

__ __ / __ __

A2. Please select the method(s) employed in your prison to collect samples for each BBV test:

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

A3. Do defined BBV testing algorithms exist to which prison healthcare staff must adhere *(please tick below)?*

HBV:
- ☐ Yes *(please provide details/reference/weblink)*:
- ☐ No

HCV:
- ☐ Yes *(please provide details/reference/weblink)*:
- ☐ No

HIV:
- ☐ Yes *(please provide details/reference/weblink)*:
- ☐ No

A4. Since BBV opt-out, testing has been implemented in the prison, what has been the average waiting time, in weeks, from referral to assessment by a specialist provider for people diagnosed with:

HBV: _____
HCV: _____
HIV: _____

Section B: BBV Treatment and Care Provision

B1. Are patients in prison provided with sufficient and accessible information about BBV treatment to enable them to make informed choices about the treatment options available for *(please tick below):*

HBV: ☐ Yes ☐ No
HCV: ☐ Yes ☐ No
HIV: ☐ Yes ☐ No

Please briefly explain why not if 'no' selected for any of the above:

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B2. Is a functioning system of referral and cooperation between medical services *inside* and *outside* the prison in place to ensure continuity of BBV treatment and care for prisoners diagnosed with *(please tick below)*:

HBV: ☐ Yes ☐ No
HCV: ☐ Yes ☐ No
HIV: ☐ Yes ☐ No

Please briefly explain why not if 'no' selected for any of the above:

B3. Do prison healthcare teams trigger referrals between specialist providers as part of the care plan when prisoners are due to be transferred or released into an area covered by a different specialist centre for *(please tick below)*:

HBV: ☐ Yes ☐ No
HCV: ☐ Yes ☐ No
HIV: ☐ Yes ☐ No

B4. Are there difficulties in accessing continued care when prisoners come into your prison from another area diagnosed with *(please tick below):*

HBV: ☐ Yes ☐ No
HCV: ☐ Yes ☐ No
HIV: ☐ Yes ☐ No

Please briefly describe any difficulties encountered if 'yes' selected for any of the above:

B5. Are you aware of how an application might be made for temporary or permanent release of a prisoner in advanced stages of illness arising from BBV infection *(please tick below)*?

☐ Yes
☐ No

B6. Is BBV treatment and care gender-responsive for prisoners diagnosed with *(please tick below)*:

HBV: ☐ Yes ☐ No
HCV: ☐ Yes ☐ No
HIV: ☐ Yes ☐ No

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B7. Please briefly comment on any challenges and/or opportunities encountered in the prison relating to the treatment and care of prisoners with BBV infection.

Section C: Patient Access to Medicines

C1. Prescribing arrangements: Does a specialist prescribe medicines for prisoners diagnosed with *(please tick below):*

HBV: ☐ Yes ☐ No
HCV: ☐ Yes ☐ No
HIV: ☐ Yes ☐ No

Please indicate who prescribes BBV medicines if 'no' selected for any of the above:

C2. Who dispenses and supplies the specialist medicines to the prison for *(please tick below):*

HBV:
- ☐ homecare
- ☐ usual pharmacy service provider
- ☐ provision directly from hospital
- ☐ other *(please state):*

HCV:
- ☐ homecare
- ☐ usual pharmacy service provider
- ☐ provision directly from hospital
- ☐ other *(please state):*

HIV:
- ☐ homecare
- ☐ usual pharmacy service provider
- ☐ provision directly from hospital
- ☐ other *(please state):*

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C3. Have you experienced any problems accessing supplies of medicines for prisoners with BBV infection *(please tick below)*?

☐ No
☐ Yes *(please briefly summarise these problems here):*

C4. Prisoners are given autonomy and responsibility for the storage and administration of their medication (ie 'in-possession medication') for *(please tick below)*?

HBV: ☐ Yes ☐ No
HCV: ☐ Yes ☐ No
HIV: ☐ Yes ☐ No

If 'no' for any of the above, has going to a communal hatch to collect medication impacted on prisoners' ability to manage their condition well (please briefly comment)?:

C5. Are medicines usually available for continued use by a prisoner when they… *(please tick below)*:

A.) …are admitted from the community?
☐ Yes
☐ No *(if no, please briefly summarise the actions taken to access these medicines):*

B.) …are transferred from another prison?
☐ Yes
☐ No *(if no, please briefly summarise the actions taken to access these medicines):*

C6. Does prison healthcare routinely ensure that prisoners have a supply of at least seven (7) days of BBV medication when *(please tick below)…*:

A.) …they are transferred to another prison?
☐ Yes
☐ No *(if no, please briefly summarise why a supply is not provided):*

B.) …they are released into the community?
☐ Yes
☐ No *(if no, please briefly summarise why a supply is not provided):*

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Section D: Treatment Support

D1. What initiatives are in place to assure high quality treatment in your prison for prisoners diagnosed with a BBV infection *(please tick below)?*:

Comprehensive assessment of patient needs for:
☐ HBV; ☐ HCV; ☐ HIV.
Discussion of clinical scenarios with patient for:
☐ HBV; ☐ HCV; ☐ HIV.
Joint (patient and provider) development of a care or treatment plan for:
☐ HBV; ☐ HCV; ☐ HIV.
Care plan review and outcomes assessment for:
☐ HBV; ☐ HCV; ☐ HIV.
Peer support initiatives to help patients adjust to diagnosis and adhere to treatment:
☐ HBV; ☐ HCV; ☐ HIV.
☐ Other *(please specify)*:

D2. What initiatives are available in the prison to help engage and retain patients receiving treatment *(please tick below):*

Early phase treatment induction and adherence initiatives:
☐ HBV; ☐ HCV; ☐ HIV.
Ongoing initiatives to boost patient motivation to remain on treatment:
☐ HBV; ☐ HCV; ☐ HIV.
Patient education initiatives on managing treatment side effects:
☐ HBV; ☐ HCV; ☐ HIV.
Measures in place to ensure confidentiality of patient diagnosis at communal medicine dispensing hatch:
☐ HBV; ☐ HCV; ☐ HIV.
☐ Other *(please specify)*:

D3. What are the most common reasons for treatment non-compliance in patients in your prison *(please tick all that apply below)*:

Patient declining/withdrawing from treatment due to…:

…complexity of therapeutic regimen (e.g. pill burden, high dosing frequency) for:
☐ HBV; ☐ HCV; ☐ HIV.
…treatment side effects for:
☐ HBV; ☐ HCV; ☐ HIV.
…drug-drug interactions with newly prescribed medications:
☐ HBV; ☐ HCV; ☐ HIV.
…limited treatment efficacy:
☐ HBV; ☐ HCV; ☐ HIV.
…fear of direct or perceived stigma:

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☐ HBV; ☐ HCV; ☐ HIV.
…other *(please specify):*

☐ Patient transfer to another prison/detention facility
☐ Release of patient into the community
☐ Treatment non-compliance is not a problem in the prison
☐ Other *(please specify)*:

D4. Are third sector organisations involved in supporting treatment for prisoners testing positive for a BBV? *(please tick below)*:

Yes *(please specify which organisations are involved for each BBV below):*
☐
HBV:_____
☐
HCV:_____
☐ HIV:_____

☐ No

D5. Disease specific treatment support:

HIV:

i.) Are all prisoners who undergo HIV treatment offered support services, including counselling/psychosocial intervention *(please tick below)*?:

☐ Yes
☐ No

ii.) Do prisoners receiving HIV treatment have access to *(if yes, please tick below)*:
☐ diagnostics
☐ proper diet
☐ health promotion options
☐ adequate pain management medications

HBV:

iii.) Are prisoners who test negative for HBV offered HBV vaccine?

☐ Yes / ☐ No

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HCV:

iv.) 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) *(please tick below)?:*

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

Section E: BBV Treatment Assessment

E1. Please answer the questions below about prisoners who initiated/were referred for treatment with NICE/NHS England approved therapies between *July 1 and December 31 2015* for:

HBV:

i.) number of patients referred for treatment (total):____
ii.) number of patients who initiated treatment (total):____
…with interferon-based therapy____;
…with direct acting antiviral (DAA) therapy only:____

iii.) number of patients who completed treatment and whose treatment outcome can be assessed: ____
iv.) number of patients who achieved an apparent sustained viral response (ie cleared the virus) following treatment: ____

HCV:

i.) number of patients referred for treatment (total):____
ii.) number of patients who initiated treatment (total):____
…with interferon-based therapy____;
…with direct acting antiviral (DAA) therapy only:____

iii.) number of patients who completed treatment and whose treatment outcome can be assessed: ____
iv.) number of patients who achieved a sustained viral response (ie cleared the virus) following treatment: ____

HIV:

i.) number of patients referred for treatment (total):____
ii.) number of patients who initiated antiretroviral therapy (ART) (total)____;
iii.) number of patients who achieved a low/undetectable viral load following treatment: ____

E2. Are patients receiving treatment for BBV infection in the prison regularly monitored for *(if yes, please tick all that apply below):*

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...treatment adherence:
☐ HBV; ☐ HCV; ☐ HIV.
...adverse events secondary to medication:
☐ HBV; ☐ HCV; ☐ HIV.
...drug-drug interactions with any newly prescribed medications:
☐ HBV; ☐ HCV; ☐ HIV.

☐ HIV drug-resistance testing at entry into care
☐ patients are not regularly monitored

E3. Follow-up of patients who achieve a sustained virologic response (SVR) for HBV/HCV infection includes *(please tick below):*

HBV:
☐ assessment for recurrence of infection or reinfection if the patient has ongoing risk for infection or otherwise unexplained hepatic dysfunction develops
☐ surveillance for hepatocellular carcinoma with ultrasound examination for patients with advanced fibrosis
☐ assessment of other causes of liver disease for patients who develop persistently abnormal liver tests

HCV:
☐ assessment for recurrence of infection or reinfection if the patient has ongoing risk for infection or otherwise unexplained hepatic dysfunction develops
☐ surveillance for hepatocellular carcinoma with ultrasound examination for patients with advanced fibrosis
☐ assessment of other causes of liver disease for patients who develop persistently abnormal liver tests

Section F: Other comments

F1. Since the implementation of BBV opt-out testing in the prison, have infections been identified that would otherwise have gone undetected?

☐ Yes / ☐ No / ☐ Don't know

Please comment (and if yes, indicate approximately how many):

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F2. Can you provide any details, or top tips, about how you have implemented the BBV opt-out testing policy that might help other prisons with implementation?

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

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