

INTEGRATING HEPATITIS C TESTING AND TREATMENT INTO MULTIPLE COMMUNITY HEALTHCARE SETTINGS FOR THOSE WHO INJECT DRUGS: FACILITATORS AND BARRIERS

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Background: Research to date focuses on the barriers and facilitators to optimal engagement in treatment for those who are infected with HCV through injecting drug use. Studies typically focus on single treatment pathways, e.g. primary care, community drug treatment or prison. This qualitative study seeks to understand the facilitators and barriers when integrating Hepatitis C testing and treatment into multiple community health care settings.

Methods: We interviewed 40 service providers and 31 service users across four HCV non-hospital pathways: enhanced needle exchange, drug treatment services, community pharmacies and prison. Using thematic analysis, we identified barriers and facilitators to the key steps in the HCV pathways, i.e. Access, HCV testing, HCV treatment and Support.

Results: Key facilitators were in **Access:** a) co-locating services, b) drop-in service model, c) open and non-judgemental service culture, d) deploying peer workers. **Testing and Treatment:** a) HCV Nurse to provide enhanced testing and prescribe treatment, b) standard operating procedures, c) training of all staff to conduct dry blood spot testing (DBST), d) HCV Oral swaps instead of DBST in prison only, e) training of all staff to support treatment and testing, f) rapid point of care testing. **Ongoing support:** a) repeat testing and regular follow-up including harm reduction, b) assertive outreach services to peoples' homes, c) digital or telephone consultations.

These facilitators worked best in pathways that were co-located with services that had close working relationships to support wider harm reduction. The HCV nursing team was instrumental in facilitating and co-ordinating testing and treatment across pathways.

Conclusion: Scaling up HCV treatment across community settings is highly complex. The barriers and facilitators varied across the pathways. As viewed through the lens of socio-ecological theory, both the facilitators and barriers necessitate change at the intrapersonal, interpersonal, organizational, community and public policy levels.

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