**IMPROVED LINKAGE TO HEPATITIS C ASSESSMENT AND TREATMENT WITHIN COMMUNITY DRUG SERVICES THROUGH COMBINED HEPATITIS C AND OPIATE SUBSTITUTION TREATMENT PRESCRIPTION APPOINTMENTS**

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**Background:** In spite of directly-acting antiviral (DAA) access, hepatitis C (HCV) RNA+ patient attendance at Barnsley Hospital HCV outpatient clinic was poor. From August 2016 to July 2017, of 194 new referrals, 111 (57.2%) did not attend their first appointment, 83 (42.7%) attended their first appointment only and only 44 (22.7%) commenced HCV treatment. 80% of referrals originated from drug services. We aimed to improve HCV clinic attendance and treatment uptake in HCV RNA+ drug service clients.

**Description of model of care/intervention:** A community drug service-based HCV clinic was established. Initially, HCV clinic appointments were offered separate to Opiate Substitution Treatment (OST) assessment and prescription appointments. After 6 weeks, HCV appointments were combined with OST appointments, with the HCV specialist nurse and drug service nurse or doctor providing a single extended appointment in one room for both HCV and OST assessment and treatment. Following HCV treatment initiation, follow up appointments were offered 4-weekly, with 4 weeks of DAA treatment and a 4 week OST prescription issued simultaneously until the HCV treatment course was completed.

**Effectiveness:** During the initial 6 weeks, when appointments were not linked to OST issue, HCV clinic attendance only improved to 56%. Once linked with OST assessment and prescription issue, attendance at first HCV appointment improved to 90%. Since combined clinic set-up, of 418 clients screened, 145 (34.7%) were HCV RNA+, of whom 100 (68.9%) initiated HCV treatment. Of 64 reaching post-treatment week 12, SVR12 (excluding lost to follow-up) was 41 (80.3%).

**Conclusion and next steps:** Drug service-located combined HCV / OST appointments linked to OST assessment and prescription issue significantly improved attendance, engagement and HCV treatment uptake in HCV RNA+ drug service clients. Offering HCV assessment and treatment as part of a “multi-service” improves HCV care engagement in people with a history of injecting drug use.

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