

THE DEVELOPMENT OF A COLLABORATIVE MODEL TO OPTIMISE ANTIVIRAL TREATMENT IN COMMUNITY DRUG SERVICES

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Background:

Approximately 90% of cases of HCV in London occur in past or current intravenous drug users yet many of these clients do not attend secondary care for treatment. Successful antiviral therapy requires innovative approaches to engage with clients. Starting in September 2017, we piloted a new collaboration between hospital and community services to deliver treatment locally to clients in a clinic, based within Turning Point (TP), the provider of drug services in Croydon.

Description of model of care/intervention:

Opt out serological testing is performed by the TP staff. Affirmative post-test counseling rapidly guides all infected clients to a weekly specialist nurse-led clinic. Clients are continuously encouraged and supported to attend. Following initial protocol-driven nurse assessment, including on-site Fibroscan, phlebotomy or capillary blood sampling, clients are discussed and a treatment decision is made remotely by the hospital team. Treatment with directly acting antivirals and monitoring of clients is undertaken together by the specialist and community nurse. Medication is delivered and dispensed on a weekly basis, often together with OST, to encourage adherence and enable unused medicines to be returned to reduce wastage.

Effectiveness:

	No. Clients
Referred	50
Assessed	45
Treatment decision	37 ^x
Treatment started	23
Treatment completed	15
Disengaged from service	2

^xTreatment has been delayed in 8, awaiting further assessment of liver disease, medication changes or stabilisation of OST, with ongoing support by the nurses and community team during this time. All treated patients have had an SVR.

Conclusion and next steps:

A non-judgemental, proactive and supportive approach from the whole team has enabled us to overcome the perceived barriers to treatment for a difficult to reach population. Engaging and educating these clients empowers them to achieve viral clearance and promote the service themselves to their peers. We plan to replicate this model in community services within our network.