~~**Models of Care Abstract Template**~~

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REDUCING THE TIME-TO-TREATMENT FOR PATIENTS WITH HCV IN ENGLISH REMAND PRISONS

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Background:
In England, remand prisons typically have a short period of time in which to address the healthcare need of residents before they are released or sentenced. A significant number of those on remand are current or previous substance users. Whilst uptake of HCV point-of-care antibody testing has been optimised with high resident acceptance in several remand prisons, HCV RNA testing can take 1-2 weeks, which slows a patient's linkage to treatment.

Description of model of care/intervention:
The HCV care pathway in the remand prison setting has several key steps. The aim is to reduce the time taken for each step to ensure that HCV RNA+ residents start on treatment before they are released or moved to another prison. Point-of-care HCV antibody testing with point-of-care HCV RNA testing using the Gene Xpert device was introduced in three English male remand prison receptions, to enable diagnosis and initiation on treatment within 7 days as part of an optimised MDT pathway.

Effectiveness:
The uptake of national HCV testing in Practice Plus Group prison sites has significantly increased from 29.3% to 88.3% (January 2019 – January 2022). However, the average time for HCV RNA+ residents to start on appropriate treatment across these 3 sites was 54 days. The introduction of the GeneXpert RNA testing device combined with an optimised review process reduced the treatment initiation pathway duration from 54 days to an average of 7 days.

Conclusion and next steps:
The optimisation of prison HCV pathways and the introduction point-of-care HCV RNA testing has resulted in HCV RNA+ residents being initiated on treatment in an average of 7 days. This is within the average prison reception period and therefore has significantly increased the number of treatment initiations prior to resident release or transfer.

Disclosure of Interest Statement:
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