

Project SONIC

Service Optimisation in Needle and Syringe Programs with Incentives and Clinical Pathways

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Background:

The NSW Ministry of Health (Ministry) has a goal to eliminate hepatitis C (HCV) as a public health concern by 2028. To reach this goal, research indicates HCV testing and treatment must increase by 50% (1). Achieving this goal requires innovative approaches to improving models of care across NSW.

The NSW HCV Strategy 2022-2025 (2) identifies people who inject drugs (PWID) as a priority population and Needle and Syringe Programs (NSPs) as key settings. While many NSPs provide on-site HCV testing for PWID, treatment uptake is limited.

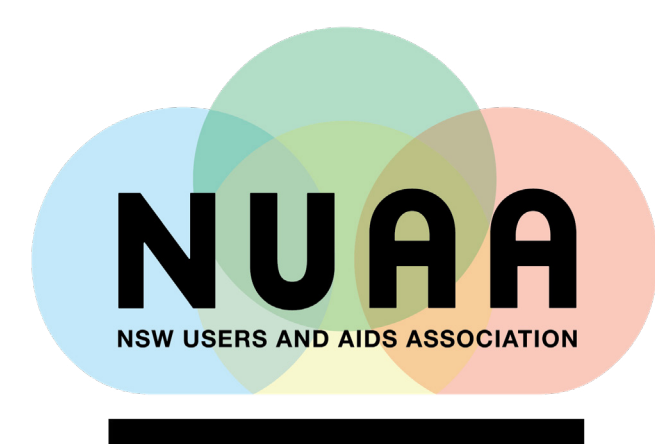
To increase HCV testing and strengthen treatment pathways among PWID accessing NSPs, the Ministry developed 'Project Service Optimisation in Needle and Syringe Programs (NSP) with Incentives and Clinical Pathways' (SONIC).

Project SONIC was implemented in 11 Local Health Districts and was funded by Eliminate Hepatitis C Australia (ECA).

Analysis:

The Ministry promoted Project SONIC to Local Health Districts as an incentivised one-off grant funding scheme. The Ministry worked with each participating Local Health District to establish testing and treatment models of care. A consultant lead the development of two online learning modules 'Hepatitis C' and 'NSP 101' for the NSP workforce.

Project SONIC utilised an extensive network of peer workers from Hepatitis NSW and the NSW Users and AIDS Association (NUAA) across Local Health Districts to engage with the local injecting community and encourage people to participate. Peer workers provided education, NSP equipment and administered dried blood spot (DBS) testing.



To increase engagement with Project SONIC, incentives were available for people completing different stages, including:

- HCV education (what is HCV, how to prevent it and new treatment methods)
- HCV testing via either dried blood spot testing or venepuncture
- Commencing HCV treatment if required
- Completing HCV treatment

Local Health Districts set the amount of incentive available and therefore, incentives differed across Local Health Districts. See table 1 for more information about incentives.

Table 1: Local Health District incentive amount, testing and treatment data

Local Health District	Total incentive available	Testing	RNA positive	Treatment*	Completion*	Peer referrals*
Western Sydney	\$50	139	14	5	-	13
Sydney	\$90	47	7	6	3	-
South Western Sydney	\$200	139	29	9	7	7
North Sydney	\$80	110	6	2	-	2
Nepean Blue Mountains	\$60	161	12	-	-	59
Murrumbidgee	\$130	6	3	3	-	-
Mid North Coast & Northern NSW	\$80	240	20	4	-	-
Illawarra Shoalhaven	\$120	32	5	-	-	-
Hunter New England	\$80	92	5	-	-	-
Central Coast	\$80	67	12	1	-	-
TOTAL		1033	113	30	10	81

*A peer referral was defined as a person bringing another person to participate in Project SONIC.

**Treatment initiation and completion was collected for the life of Project SONIC only. Participants may have commenced treatment after data collection ceased.

Results:

Between January 2021–December 2022, Project SONIC activated in 22 NSPs with:

- 1,033 people educated and tested for HCV
- 113 people (11%) RNA positive
- 30 (27%) people commenced treatment

Project SONIC demonstrated that incentivised testing with strong peer partnerships is effective in increasing testing among PWID within NSPs. Some successes and learnings from Project SONIC include:

- Onsite testing at NSPs and staggered incentives to encourage clients to return are crucial for reaching people at the greatest risk of HCV
- Onsite treatment and prescribing are essential to encourage people to initiate treatment and reduce lost to follow up
- Conducting outreach activities to find hidden, hard to reach and vulnerable communities is beneficial
- Peer workers who are connected to the community are integral to supporting people throughout HCV models of care

However, additional efforts are required to strengthen the treatment pathway within NSPs. Local Health Districts reported several barriers to client treatment initiation, including:

- Venepuncture for confirmatory diagnosis for clients with positive DBS tests
- Commencing HCV treatment deemed not a priority compared to other person concerns like housing and legal issues
- Incorrect personal contact details provided by clients, making it difficult for Local Health Districts to make contact and follow up

Conclusion:

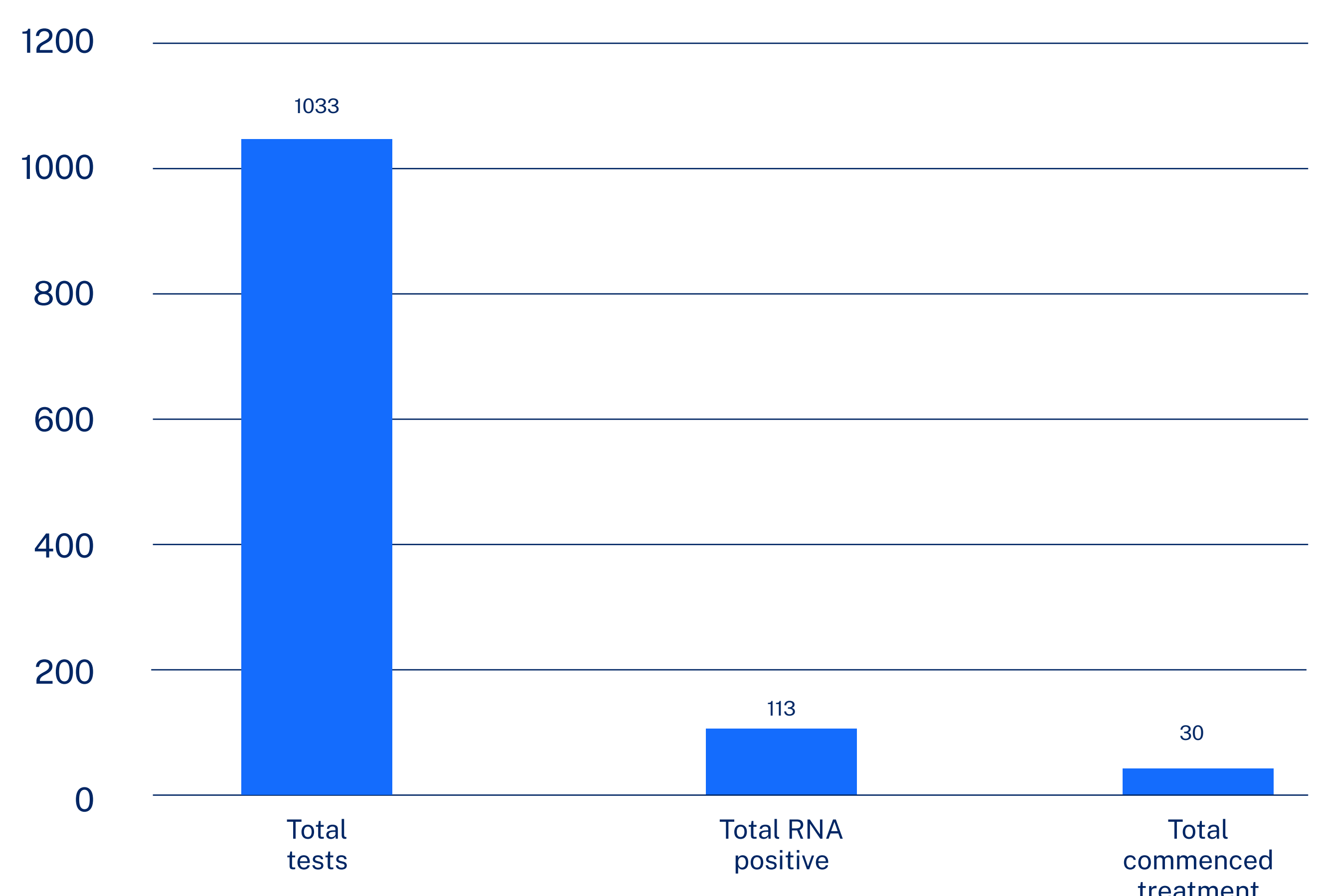
The Ministry continues to support Local Health Districts in offering alternative models of care to improve treatment uptake among people accessing NSPs and wider healthcare services. This includes expanding dried blood spot testing, investing in point of care testing and supporting the ASHM HCV remote prescribing program.

The Ministry remains dedicated in implementing the NSW Hepatitis C Strategy to scale up testing and treatment across all key settings in NSW.

Disclosure of Interest Statement:

The NSW Ministry of Health received funding from EC Australia to deliver this project. Local Health Districts delivered Project SONIC and were integral to the success of the project.

Graph 1: Project SONIC HCV Care Cascade



References

1. Scott N, Doyle J, Wilson DP, et al. Reaching hepatitis C virus elimination targets requires health system interventions to enhance the care cascade. *Int J Drug Policy* 2017; 47: 107–116
2. NSW Ministry of Health. NSW Hepatitis C Strategy 2022-2025. Available from <https://www.health.nsw.gov.au/hepatitis/Pages/hepatitiscstrategy.aspx>