DIAGNOSING AND TREATING BLOOD BORNE VIRUSES (BBV) IN 47 ENGLISH PRISONS THROUGH RECEPTION-BASED TESTING

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Background:

HCV prevalence in the UK is \approx 6% in male, and \approx 12% in female, prisons, compared to 0.7% in the general population. Implementation of the national prison policy for BBV opt-out testing upon entry (reception) initiated in October 2014. Despite this, testing rates have remained low nationally.

Description of model of care/intervention:

Practice Plus Group (PPG) are the providers of healthcare to 47 English prisons and, in partnership with the Hepatitis C Trust and Gilead, in 2019 increased focus on BBV screening and linkage to care. Each prison is unique in the challenges they face; e.g. remand prisons receive up to 500 new prisoners/month. Therefore, PPG Regional BBV Lead Nurses, and Gilead medical colleagues, are leading multi-stakeholder pathway optimisation workshops to identify local issues, create individualised pathways and drive service improvements. Most prisons have also transitioned to point-of-care antibody testing to increase uptake. We have developed an accredited training course for healthcare staff, whilst HepC Trust Peers with a personal experience of HCV are engaging in all prisons to educate and reduce stigma amongst prisoners and prison officers.

Effectiveness:

The HCV screening rate of new prisoner admissions across all PPG prisons in the month prior to this initiative, March 2019, was 36% and despite the impact of COVID-19, in March 2021 this had increased 2.2-fold to 79%. During the 23 months of the initiative, 39,681 residents have been tested for HCV and 1,457 have been initiated on treatment.

Conclusion and next steps:

BBV care pathways individualised for each prison, in combination with education and the use of Peers, has proven to be successful in doubling the testing of new receptions for HCV and ensuring patients are treated. The key to success has been that the Regional BBV Leads have driven the improvements through the on-site prison healthcare staff.

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