Combined drug recovery and hepatitis C treatment clinic leads to more effective engagement than traditional care model.

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Background

Individuals in opiate replacement therapy (ORT) treatment in Glasgow Alcohol and Drug Recovery Services are offered regular Hepatitis C (HCV) testing. This is successfully undertaken in the South West Care and Treatment (SWCAT) team in Govan with over 95% uptake of annual testing. A third of individuals tested in the team have been diagnosed with active HCV infection but engagement rates with traditional hospital based HCV treatment services are low with many individuals untreated despite numerous re-referrals to hospital. In response to this, and in line with Scottish Government and World Health Organisation (WHO) targets to eliminate HCV through both treatment and prevention of spread, a new combined clinic in SWCAT aimed to:

- Offer a one-stop combined drug recovery service and HCV treatment clinic
- Work collaboratively with hospital services, ensuring continuity of care in the community
- Maintain patient engagement with HCV treatment services with a view to commencing treatment quickly

The combined clinic was set up within the existing SWCAT ORT clinic and is staffed by two addiction nurses, a senior HCV addiction nurse, a medical officer, and a clinical nurse specialist from the Queen Elizabeth University Hospital. There is also regular input from Waverley Care, a third sector HCV and HIV support service. The allocation of individuals to the new clinic was based on service factors and an aim to minimise disruption rather than patient factors.

Interventions offered to patients include:

- Liver assessments
- Fibroscans
- Direct-acting Antiviral (DAA) medication
- Opiate Replacement Therapy
- Harm Reduction (needle replacement, foil, naloxone, condoms, HBV immunisation)
- Befriending and 1:1 HCV support

We sought to compare outcomes between the cohort of individuals attending the new combined community clinic with those remaining with traditional hospital based services.

Methods

Drug treatment service records and hospital records were reviewed for information on engagement, stage of liver disease, treatment status and cause of death.

Results

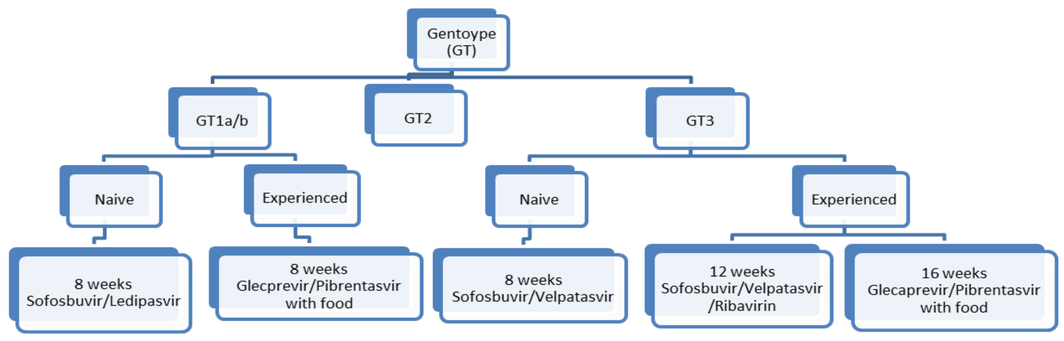
	HCV Clinic (%)	Hospital (%)	Overall (%)	p-value
Allocated	35 (47.3)	39 (52.7)	74 (100)	
Gender M/F	29/6 (82.9M)	26/13 (66.7M)	55/19 (74.3M)	
Treatment completed	10 (28.6)	6 (15.4)	16 (21.6)	0.17
Treatment on-going/ continuing engagement	24 (68.6)	5 (12.8)	29 (39.2)	<0.0001
Untreated/disengaged	0 (0)	23 (60)	23 (31.1)	<0.0001
Deceased	1 (2.9)	5 (12.8)	6 (8)	0.12

The deceased patient noted in the combined clinic was engaging at the time of death. Of the 5 deaths in the hospital category, one remained engaged but the rest had disengaged. None had completed treatment. No deaths were due to liver disease (5 drug related deaths, 1 head and neck cancer).

Breakdown by fibroscan results:

	HCV Clinic (%)	Hospital (%)	Overall (%)
F0-2	23 (65.7)	17 (43.6)	39 (52.7)
F3-4	12 (34.3)	12 (30.8)	24 (32.4)
No fibroscan	0 (0)	10 (25.6)	10 (13.5)

The treatment for non cirrhotic is nurse led:



Patients with cirrhosis require a different treatment pathway, involving consultant review.

	HCV Clinic F3-4 (%)	Hospital F3-4 (%)	Overall (%)	p-value
Treatment completed	4 (33.3)	3 (25)	7 (29.1)	0.652
Treatment on-going/ continuing engagement	8 (66.7)	0 (0)	8 (33.3)	<0.001
Untreated/disengaged	0 (0)	7 (58.3)	7 (29.1)	0.0017
Deceased	0 (0)	2 (16.7)	2 (8.3)	0.138

Conclusions

We have shown that the combined treatment clinic is more effective than traditional hospital based services in engaging problem drug users in HCV assessment and treatment for both the nurse led F0-2 care pathway and the F3/4 consultant review care pathway. Due to continued engagement, 100% of the combined clinic caseload completed liver assessment and fibroscan and 97% are now either being treated or preparing to start DAAs.

The combined clinic approach demonstrates the ethos of the 2020 vision of an integrated health and social care team: patient centred, moving care from hospital to community; increasing engagement and improving outcomes. It provides an efficient integrated care pathway, maximising uptake within current resource.

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- World Health Organisation. Combating Hepatitis B and C to reach elimination by 2030. May 2016.

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