

## INTEGRATING HEPATITIS C TESTING AND TREATMENT INTO COMMUNITY HEALTHCARE SETTINGS FOR THOSE WHO INJECT DRUGS: FORMULATING RECOMMENDATIONS

Vojt G<sup>1</sup>, Elliott L<sup>1</sup>, Liddel D<sup>2</sup>, Dillon J<sup>3</sup>, Stephens B<sup>4</sup>, Tait J<sup>4</sup>, Hickman M<sup>5</sup>, Hutchinson S<sup>1</sup>, Flowers P<sup>6</sup>

<sup>1</sup>Glasgow Caledonian University, <sup>5</sup>University of Strathclyde, <sup>2</sup>Scottish Drugs Forum, <sup>3</sup>University of Dundee, <sup>4</sup>NHS Tayside, <sup>5</sup>University of Bristol, University of Strathclyde<sup>6</sup>

**Background.** Engagement with Hepatitis C Virus (HCV) services by people who inject drugs (PWID) is a major barrier to HCV testing and treatment. As part of an NIHR funded research programme (EPIToPe) in Tayside, evidence suggests that upscaling outreach healthcare services to offer HCV care is instrumental to eliminating HCV (Palmateer et al, 2021). We report the key recommendations ([https://www.gcu.ac.uk/hls/media/gcalwebv2/research/researchcentreforhealth/shbbv/EPIToPe\\_manual\\_recommendations\\_FINAL\\_VERSION\\_Sep2021.pdf](https://www.gcu.ac.uk/hls/media/gcalwebv2/research/researchcentreforhealth/shbbv/EPIToPe_manual_recommendations_FINAL_VERSION_Sep2021.pdf)) on how to integrate HCV testing and treatment into an existing healthcare service from the lessons learned in Tayside. We also report on the methods at how we arrived at these recommendations.

**Methods.** We applied a four-stage method and analysis approach. (1) We mapped out the behavioural steps in the HCV patient pathway, (2) we identified the barriers and facilitators to each behavioural step. (3) We coded these into sets of recommendations using the Behaviour Change Wheel and implementation sciences. (4) We synthesized and sense-checked the recommendations via co-production with stakeholders in Tayside, wider Scotland and England.

**Results.** The key recommendations suggest to implement a nurse-led community HCV model, integrate peer workers with lived experience into the health service, quick access to HCV treatment and implement an infrastructure to ensure ongoing support for PWID across harm reduction and complimentary services (e.g. housing, social welfare). Ideally, these services should be co-located in the same building to maximize on any engagement with PWIDs. Recommendations also include specific modes of training, confidence building and skill retention for staff.

**Conclusion.** The key findings of the recommendations align with existing guidance from implementation and health science. Mapping out the patient care pathway, identifying key actions, and sense-checking recommendations with key stakeholders increase knowledge exchange and application of research findings into practice. Using the suggested method therefore provides opportunities to demonstrate clinical impacts of research.

**Disclosure of Interest Statement:** None.