



# **Viral Hepatitis Managed Care Network Annual Report 2023/24**

**Public Health and Health Policy**

# Authors

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# Summary

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The Scottish Government has committed to the elimination of hepatitis C virus as a public health concern in Scotland by the end of the 2024/25 financial year. The Scottish Government set Lothian a target to commence hepatitis C treatment in 355 patients in 2023/24, and the same number in 2024/25. Challenges exist, and while we did not meet our treatment target in 2023/24, we are currently on track to meet that target in 2024/25.

Workstreams to support the delivery of this target are coordinated via a Lothian Viral Hepatitis Managed Care Network (MCN). The MCN leads and delivers on a programme of activity to support effective pathways for hepatitis C testing and treatment in Lothian, and for hepatitis B testing, treatment and immunisation.

# Public Health and Health Policy

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**The Public Health and Health Policy directorate consists of over 150 people working in 4 main divisions. We work to improve and protect the health of the people of Lothian.**

## **Our underpinning principles for our work:**

- Work in Partnership locally to reduce health inequalities and improve population health.
- Ensure that prevention is prioritised with a focus on strengthening communities.
- Ensure public health practice is evidence informed with resources and activity deployed proportionate to population need.
- Recognise the climate emergency as a public health priority and embed the UN Sustainable Development Goals/Scottish Climate Plan in public health activity.
- Nurture and support well-trained and motivated staff.
- Embed equality and human rights into our work, including trauma informed practice, The Promise and the UNCRC.
- Set and maintain a culture of continuous evidence-based improvement.

The Viral Hepatitis Managed Care Network (MCN) clinical lead, and the MCN coordinator, are part of the Population Health division of the directorate of Public Health and Health Policy. The Population Health division work with partners and communities to improve population health and health inequalities by focusing on the social determinants of health.

# Introduction and context

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The Scottish Government published the national Sexual Health and Blood Borne Virus (SHBBV) Action Plan 2023-2026 in November 2023. The plan referenced the need for Boards to continue to work towards existing targets for hepatitis C treatment initiation with the aim of elimination of hepatitis C infection in Scotland by 2025.

Hepatitis C infection, and reinfection, is common among people who inject drugs (PWID). Robust testing processes for PWID, alongside effective pathways into treatment, are key strategies towards achieving Hepatitis C infection elimination. Establishing testing pathways for other groups is important in reaching those who may not be aware they are infected or have been at risk.

The Lothian Viral Hepatitis Managed Care Network (MCN) meets multiple times across the year, bringing together clinicians and third sector partner services to coordinate and manage a programme of activities to support hepatitis C testing and treatment. The MCN also has a role in working to improve the diagnosis and treatment of hepatitis B and to promote access to hepatitis B immunisation.

There were 1300 new diagnoses of hepatitis C virus in Scotland for 2023/24 against a Scottish Government target of 2500. Three Boards, including NHS Lothian, had significant (41%) increases in their new diagnoses, compared with numbers diagnosed in 2022/23.

# Equalities and Human Rights

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## Who we support

People who inject drugs are at increased risk of hepatitis C infection and subsequent reinfection following successful treatment. Substance use services are now working towards achieving the Medication Assisted Treatment (MAT) Standards, including to *'have a procedure in place to offer hepatitis and HIV testing and hepatitis B and tetanus, flu and covid19 vaccination, using an opt-out approach with regular follow-up as per local protocols'*.

**Actions to reduce infections with viral hepatitis include removing discrimination, advancing equality of opportunity and fostering good relations, with key work including:**

- Use of rapid diagnostic testing in settings such as police custody, homeless hostels and community events, giving results within an hour.
- Funding a Local Enhanced Service to resource General Practice to annually test at risk people in the Drug Dependence National Enhanced Service

# What we achieved this year

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## Hepatitis C treatment

The Scottish Government set Lothian a target to commence hepatitis C treatment for 355 patients. We treated 249 patients.

### Our progress this year:

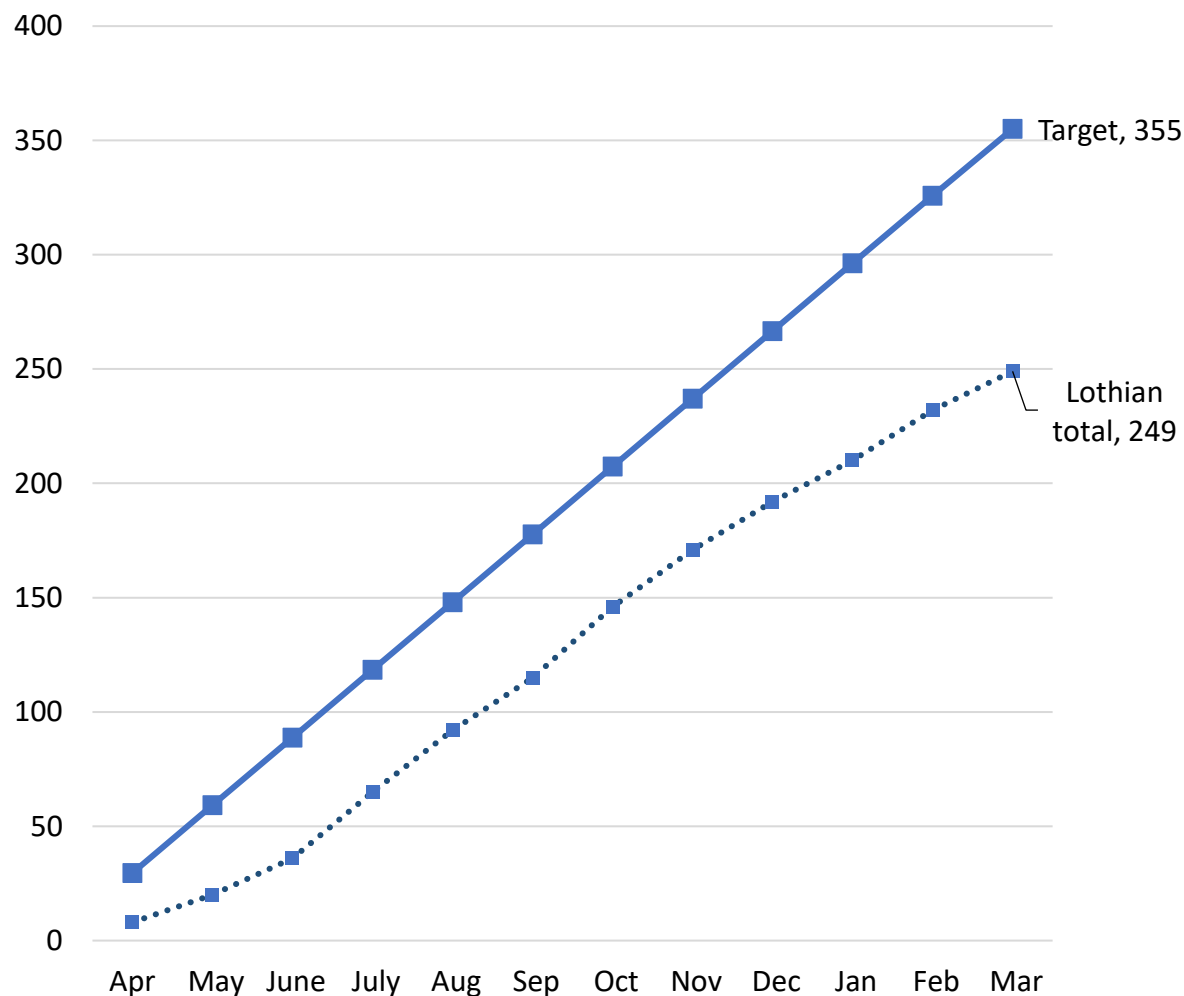
Like many other Boards NHS Lothian did not meet the Hepatitis C initiation target for 2023/24. Challenges remain for the 2024/25 target but a number of initiatives have been started in 2023 and 2024 to increase treatment numbers. Progress across the first quarter of 2024/25 has been very positive and as such we are currently on track to meet our target.

Currently treatment capacity in NHS Lothian (staffing, clinics, imaging and laboratory) is greater than the demand generated by new diagnoses and referrals.

Treatment is offered in a number of community settings such as GP practices, health centres, substance use treatment settings and prisons. Treatment is co-ordinated by the Centre for Liver Disorders at the Royal Infirmary of Edinburgh and the Regional Infectious Diseases Unit at the Western General Hospital and is also provided at these two specialist centres.

Across Scotland and the rest of the UK re-infections after treatment are increasing and in Lothian 29% of those treated in 2023/24 had previously been treated for hepatitis C. Increased cocaine use has led to increased injecting and more chaotic injecting which is partly behind the rise in re-infections. This pattern of drug use also means that reaching people for testing and then supporting them through treatment has become more challenging.

**Figure 1:** Hepatitis C cumulative monthly treatment initiates against 2023/24 target

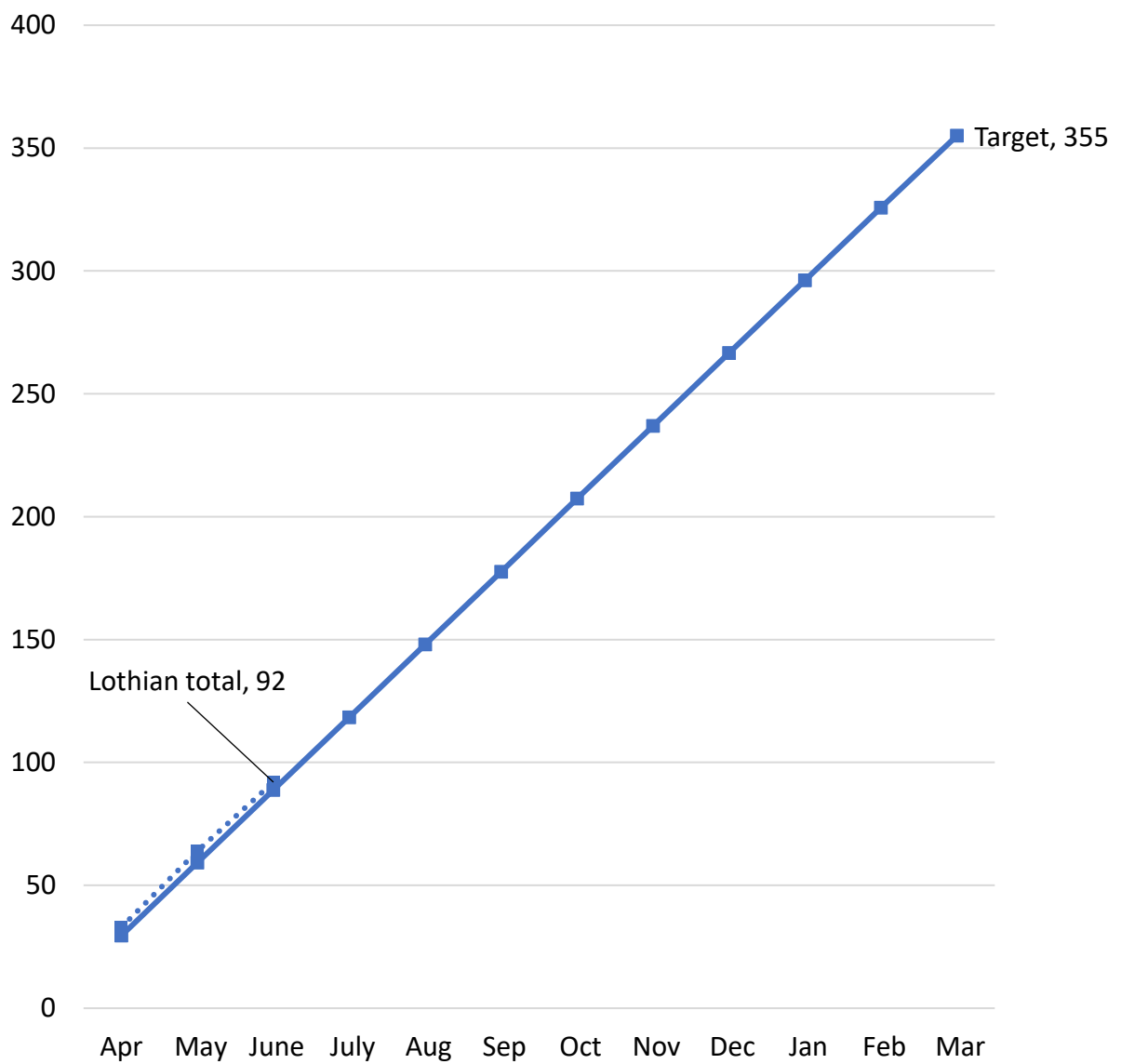


**Table 1:** Number of individuals in which treatment has been initiated, compared with Scottish Government Target, 2023/24 and first three months of 2024/25 (to give an indication of more recent improvements).

Year	Target	Initiated
2023/24	355	249
2024/25	355	92 as of 30 June 2024



**Figure 2:** Hepatitis C cumulative monthly treatment initiates against 2024/25 target (data available for 1<sup>st</sup> April to 30<sup>th</sup> June 2024)



# Blood Borne Virus Testing

The main issue affecting achievement of the target is testing and diagnosis, especially in substance use services.

Substance use services are now working towards achieving the Medication Assisted Treatment (MAT) Standards, including *'have a procedure in place to offer hepatitis and HIV testing and hepatitis B and tetanus, flu and covid19 vaccination, using an opt-out approach with regular follow-up as per local protocols'*.

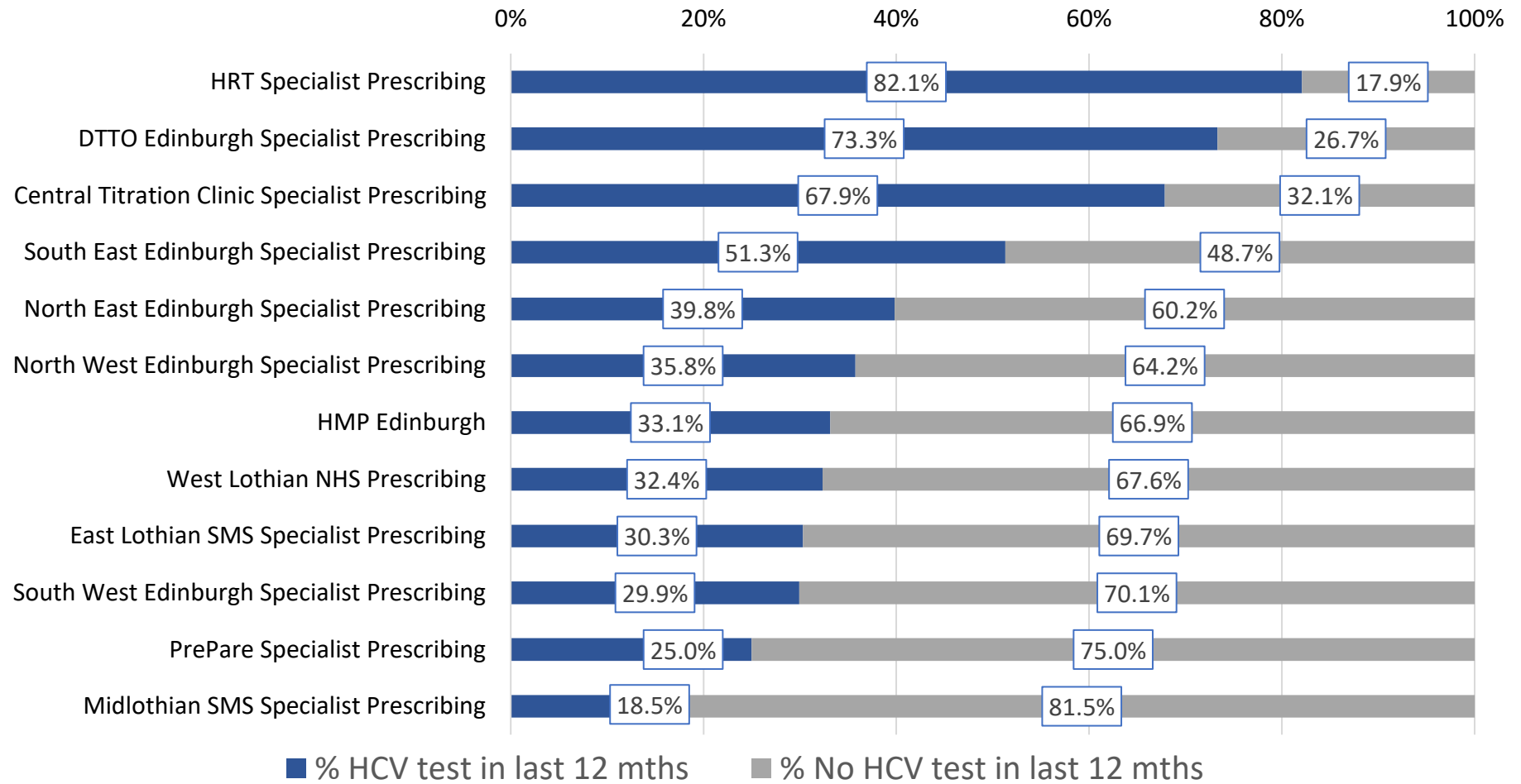
Despite improvements in procedures being in place, only around 30% of the target population in mainstream substance use services have had Blood Borne Virus tests performed in the last 12 months. The table shows the range in achievement of the annual Blood Borne Virus test across NHS substance use services in Lothian. Higher levels of achievement are generally in smaller more specialised services such as the Harm Reduction Team and Central Titration Clinic. The highest level of achievement in a larger service (51%) in South East Edinburgh does however show that higher levels can be reached in non-specialist services. The team in South East Edinburgh have worked with the Community Blood Borne Virus Team on training for staff and used CHI data for untested patients to aid in targeting testing.

Current work to increase testing and new diagnoses in NHS Lothian includes:

- 3 month opt-out testing pilot in Royal Infirmary Emergency Department (April to August 2024). The aim was to have all patients having blood tests for other clinical reasons also tested for blood borne virus unless they actively decline. The emergency department patient population is known to have higher prevalence of blood borne virus infections and people attend the emergency department who are not seen in other services, including people who inject drugs.
- Working with Alcohol and Drug Partnerships and substance use services to help them prioritise blood borne virus testing, offering staff training on blood borne virus testing including Dried Blood Spot testing, providing regular data on progress towards increasing the proportion of service users who receive a test.

- Dried Blood Spot testing relaunch in 2024, encouraging third sector partners to carry out this test on their clients through education and training, making training shorter and more accessible.
- Ongoing support to all NHS and third sector services who should be offering blood borne virus testing through the Community Blood Borne Virus Team who offer training, give clinical advice and carry out testing clinics across Lothian including in HMP Edinburgh and HMP Addiewell.
- Introduction of self-testing Dried Blood Spot kits that can be sent to patients at home and returned by post.

**Figure 3:** Percentage of patients prescribed Opiate Substitution Therapy by NHS Lothian Specialist Services in the latest quarter who have been HCV tested in the last 12 months by prescribing team



## Future Plans 2024-25:

- Ongoing focus will be needed beyond the achievement of the MAT Standard to 'offer' testing in most of the services. The Viral Hepatitis Managed Care Network is working with NHS Lothian's Alcohol and Drug Partnerships on new initiatives to improve testing rates in NHS substance use services. A report has been presented to the three Alcohol and Drug Partnership executive meetings in Lothian with the following recommendations aimed at improving testing rates accepted by each of the Partnerships:
  - Consider what further steps should be taken by substance use services to increase the uptake of blood borne virus testing, including what further support could help substance use services to do this.
  - Request that Alcohol and Drug Partnership officers and Health and Social Care Partnership managers be represented at the Scottish Government's Sexual Health and Blood Borne Virus Action Plan Board Visit to NHS Lothian, in relation to substance use services' role in supporting the achievement of Lothian's hepatitis C elimination target going forward.
  - Request that Alcohol and Drug Partnership officers and Health and Social Care Partnership managers develop an improvement plan and that each Alcohol and Drug Partnership Executive agrees to receive an update report in 2 meeting cycles.
  - Include '% of Opiate Substitution Therapy patients who have been tested for hepatitis C virus in the last 12 months' in the Alcohol and Drug Partnership performance framework.
- There are currently plans for a mass blood borne virus testing event in HMP Edinburgh in November 2024. Based on previous interventions in English prisons we are working with the Hepatitis C Trust to offer testing to all current prison residents over the period of a week, using a High Intensity Test and Treat programme.
- If successful in HMP Edinburgh, there is the potential for a roll out of the High Intensity Test and Treat programme in HMP Addiewell before the end of March 2025.
- There is ongoing work with the Royal Infirmary of Edinburgh Emergency Department to explore options to continue blood borne virus testing on an

opt-out basis, based on the findings of the recently completed emergency department Blood Borne Virus Testing Pilot in NHS Lothian.

- A current risk to the achievement of the treatment target in Lothian is the reduced number of Community Pharmacies engaging in the Hepatitis C treatment service. Over the last two years increasing numbers of pharmacies, including whole chains, are withdrawing from the agreement to provide treatment citing financial and workload issues. Work is ongoing with NHS Lothian Pharmacy colleagues to support as many pharmacies as possible to continue to deliver via the local model which is known to significantly improve uptake and adherence to treatment.
- An additional risk to tackling blood borne viruses is the issue of declining hepatitis B immunisation uptake across NHS Lothian. A hepatitis B sub-group of the Viral Hepatitis Managed Care Network has been established to take forward work on testing and treatment protocols in Lothian and to identify and address the current issues contributing to low levels of hepatitis B vaccination.

# Conclusion

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Work to reduce infections with blood borne viruses, such as hepatitis B and C, remain a key part of NHS Lothian's work to support vulnerable populations and reduce health inequalities.

While Lothian did not meet the Scottish Government target for hepatitis C treatment initiations in 2023/24, a range of work has taken place, and data from the first 3 months of 2024/25 shows that we are currently on track to meet the target for 2024/25.

Ongoing work, including with substance use services; prisons; emergency departments; community pharmacy; primary care and other immunisation partners, will be essential in order to meet the Scottish Government goal of the elimination of hepatitis C virus as a public health concern in Scotland by the end of the 2024/25 financial year.