



Viral Hepatitis Managed Care Network Annual Report 2024/25

Public Health and Health Policy

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Summary

The Scottish Government has committed to the elimination of Hepatitis C Virus (HCV) 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 2024/25, and set two targets for 2025/26, a desired target of 395 and a minimum target of 277. This was in recognition of the challenges that currently exist for services testing and treating people for hepatitis C. NHS Lothian has reported to the Scottish Government that we will meet the minimum target but are unlikely to meet the desired target due to these challenges.

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

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

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 1334 new diagnoses of hepatitis C virus in Scotland in 2023, the highest total since 2019. The number of people being tested for hepatitis C was 14% higher than 2019 showing good recovery following large reductions during the pandemic.

Equalities and Human Rights

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 (LES) to resource General Practice to annually test at risk people in the Drug Dependence National Enhanced Service and to test people at risk for other reasons such as country of origin or blood transfusion prior to 1996. This LES has been expanded in scope for 2025/26 to include a wider age range and range of risks.
- Working to support patients to receive treatment despite challenges in supply through local pharmacies.

What we achieved this year (2024/25)

Hepatitis C treatment

The Scottish Government set Lothian a target to commence hepatitis C treatment for 355 patients. We treated 321 patients.

Our progress this year:

Like many other Boards NHS Lothian did not meet the Hepatitis C initiation target for 2024/25, this was primarily due to the ongoing challenges with dispensing within Community Pharmacy related to the supply chain and VAT, this is being investigated at national level by the Chief Pharmacist. Despite this, we were able to significantly increase treatment numbers from the 2023/24 level of 249.

Challenges remain for the 2025/26 target even at the minimum level, but a number of initiatives have been started in 2024 to increase treatment numbers. Progress across the first quarter of 2025/26 has been very positive and as such we are currently on track to meet our target having treated 86 people as of July 2025.

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

Treatment Provision: Treatment is provided by clinicians at the Centre for Liver Disorders (CLDD) at the Royal Infirmary of Edinburgh (RIE) and the Regional Infectious Diseases Unit (RIDU) at the Western General Hospital (WGH).

Most treatment is delivered through a flexible network of **outreach clinics** located in community settings such as health centres, substance use treatment sites, and prisons (HMP Edinburgh and HMP Addiewell). Treatment initiation

can proceed pragmatically after a positive diagnosis and liver blood tests, such as Fib4, aiming to minimise barriers.

Treatment is supported by two third-sector organisations: **Waverley Care**, which provides advice and one-to-one support, and **Positive Help**, which offers practical help including transport to appointments, medication collection, and home support. Neither organisation is currently funded by NHS Lothian specifically for work with HCV patients and it is believed that Waverley Care currently has minimal involvement with patients on treatment in Lothian.

Challenges: Across Scotland, reinfections after treatment are rising. In Lothian, **29% of those treated in 2023/24 had previously been treated** for HCV.

Increased cocaine use has led to more chaotic injecting and contributed to the rise in reinfections, making it more challenging to reach and support people through treatment. Clinicians are experiencing a large workload supporting patients who are using cocaine and benzodiazepines.

A significant challenge impacting treatment numbers, adherence, and staff workload is the **withdrawal of large numbers of Community Pharmacies** from HCV medication dispensing. This loss of local provision often breaks the link to the dispensing of other medications, such as Opiate Substitution Therapy (OST).

Figure 1: Hepatitis C cumulative monthly treatment initiates against 2024/25 target

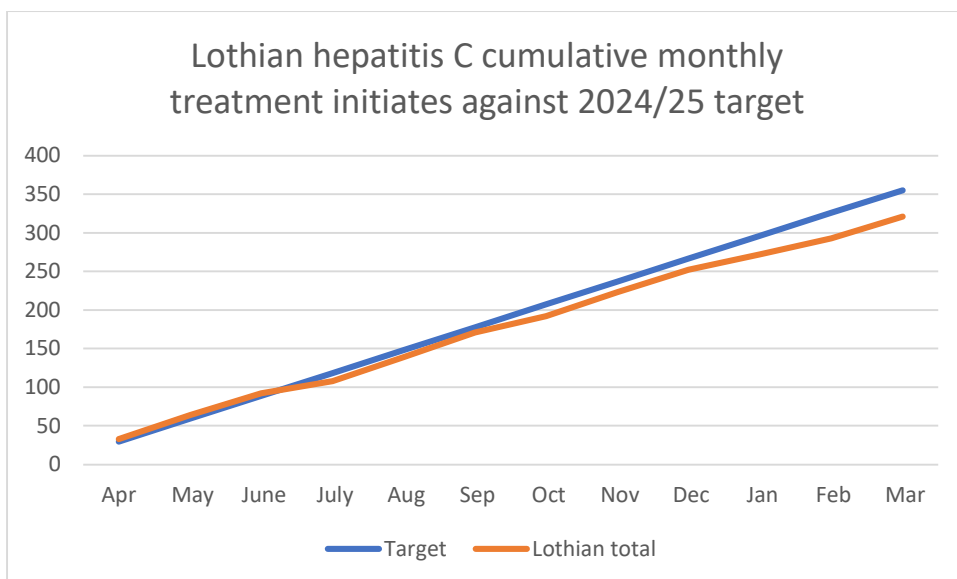
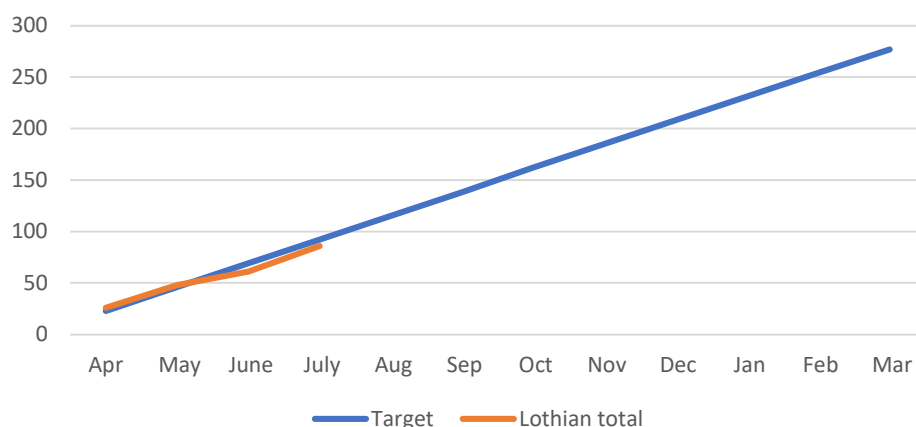


Table 1: Number of individuals in which treatment has been initiated, compared with Scottish Government Target, 2023/24 and first three months of 2024/25 (to give an indication of more recent improvements).

Year	Target	Initiated
2023/24	355	249
2024/25	355	321
2025/26	277 (394)	86 as of July 25

Figure 2: Hepatitis C cumulative monthly treatment initiates against 2025/26 target (data available for 1st April to 31st July 2025)

Lothian hepatitis C cumulative monthly initiates
(Apr to July 2025) against 2025/26 target



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'*.

For the first time the Scottish Government has set targets against the MAT 4.2 standard for levels of testing of people on opiate agonist therapy (OAT) in substance use services and in the prison setting. The level of these targets for 2025/26 is set depending on levels of testing achieved in 2024/25.

For NHS Lothian this means that the 2025/26 target is for 60% of people on OAT in SMS to have been tested for hepatitis C in the last 12 month rising to 80% by 2027/28. For our prisons the equivalent target is 45% (rising to 75% by 2027/28).

Access and Policy: BBV testing is recommended for all three BBVs (HCV, HBV, and HIV) across all sites in Lothian, unless the patient has a confirmed full vaccination history for HBV. Testing guidance (updated 2025) is available online, and specific advice for GPs is available on RefHelp. Hepatitis B and C serology is included in the Fib4 testing array for asymptomatic abnormal LFTs in primary care.

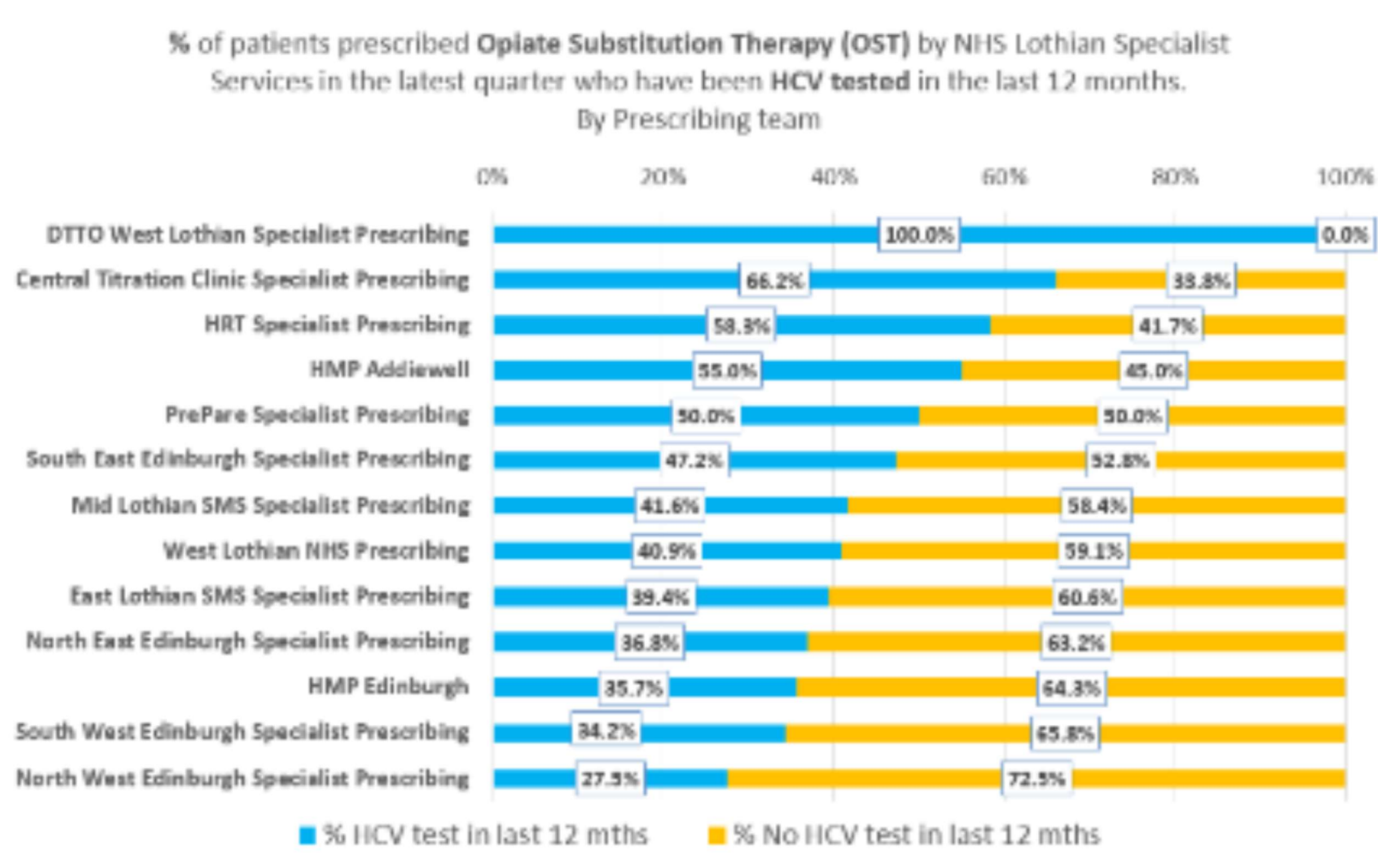
Opt-out testing is in place in Substance Use Settings, Prisons, Sexual Health Clinics after appropriate triage, Ante-natal settings (HCV on risk assessment), and is planned to resume in Emergency Department (ED) settings.

With the implementation of improved procedures towards the MAT Standards, around **45% of the target population** in mainstream substance use services have received Blood Borne Virus tests in the last 12 months, an increase from 30% in 2023/24

Work to Increase Testing and New Diagnoses:

- **Spotlight Data:** The quarterly publication of 'Spotlight' data detailing HCV testing rates in the last 12 months for all patients on MAT across treatment sites has led to **significantly improved testing rates** over the past 18 months.
- **Targeting:** Provision of CHI numbers of untested patients to services helps staff target testing.
- **ED Pilot:** A 3-month opt-out testing pilot ran in the Royal Infirmary Emergency Department (April to August 2024). The pilot successfully showed the acceptability of opt-out testing to staff and ED patients.
- **DBS and Self-Testing:** The Dried Blood Spot (DBS) testing relaunch in 2024 includes encouraging third sector partners (like Waverley Care, Turning Point, Change Grow Live) to carry out testing after shorter, more accessible training. Self-testing DBS kits that can be sent to and returned by patients are also available.
- **Community BBV Team:** This dedicated team, based at RIDU, consists of 3 specialist nurses and 2 clinical support workers. They provide support, training, clinical advice, and testing clinics (including in HMP Edinburgh and HMP Addiewell).
- **Prisons:** Highly successful High Intensity Test and Treat (HITT) exercises were carried out in both Lothian prisons, resulting in **95% of the population tested at HMP Addiewell** and **90% tested at HMP Edinburgh**. These exercises were recognised in the IBMS awards 2025 for partnership working.
- **Lost Positives:** NHS Lothian has a **robust system** to follow up 'lost positive' HCV diagnoses who have not been treated after 6 months, offering individual contact and treatment appointments if necessary.

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 (April to June 2025)



Future Plans 2025-26

- 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 three Alcohol and Drug Partnerships (ADPs) on new initiatives to improve testing rates in NHS substance use services. All the Lothian ADPs have developed BBV improvement plans with targeted actions to increase testing in Substance Use Services (SMS). Actions include the appointment of BBV champions in each hub and work to use the CHI data supplied by the MCN to target people who have not been tested.
- There are currently plans to train peer testers in HMP Edinburgh. We are working with the Hepatitis C Trust and the Scottish Prison Service (SPS) to use expert peers from the prison population in the promotion and delivery of BBV testing. This quality improvement project is being led by the CBBV team.
- Following an announcement of funding from the Scottish Government for NHS Lothian, NHS Glasgow and NHS Grampian to introduce opt-out BBV testing in their Emergency Departments (ED), there is ongoing work with NHS Lothian EDs to roll out blood borne virus testing on an opt-out basis, based on the findings of the pilots in NHS Lothian, other NHS Boards and in NHS England. Implementation is critically dependent on finding a suitable IT solution and securing funding for staffing time across the ED and BBV teams.
- 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. However, unless a national mechanism is found to address the financial and workload concerns leading to pharmacy withdrawal, the impact on treatment numbers will remain significant.

- **Prisons:** Staffing levels remain a concern for providing required SHBBV services in prisons. Work is needed to address the inability to add BBV vaccination to the national database, which makes it difficult to evidence completion and throughcare.

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

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 2024/25, a range of work has taken place, and data from the first 4 months of 2025/26 shows that we are currently on track to meet the minimum target despite significant challenges posed by the loss of Community Pharmacy dispensing capacity.

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.