

This contract is between NHS Lothian and

Practice Name:

Practice No:

A. Service Aim

To promote good practice in the management of patients who are at ongoing risk of blood borne viruses. In particular to focus attention on proactively identifying those who are at risk of Hepatitis C, but have never been tested, and to offer them a test.

B. Context

Hepatitis C infection is a major public health concern in Scotland, particularly for people with a history of injecting drug use at any time in their lives. The Scottish Government has elimination of hepatitis C infection within its sight, with plans to eliminate it by 2024. The prevalence of infection is also higher in people born or brought up in a country with an intermediate or high prevalence (2% or greater) of chronic Hepatitis C. Although data are not available for all countries, for practical purposes this includes all countries in North Africa, Asia, the Middle East and the Pacific islands.

It is estimated that there are potentially between 470 – 913 individuals in Lothian still to be diagnosed who have chronic infection.

It is important that we target for testing those people at ongoing risk of infection but also those who are likely to have been infected for a long time. The risk of significant liver disease is higher in the latter group.

Hepatitis C is curable with treatment success rates of 90% and tolerability increasing as new drug regimes become available.

- 47% of people with current injecting drug use in Lothian are Hepatitis C antibody positive and 26% have an active infection¹
- 27% of Hepatitis C infected current injecting drugs users in Lothian are unaware of their HCV status
- A 2013 study showed that people of South Asian origin in Glasgow, particularly those born outside the UK, are at significantly higher risk from Hepatitis C than the rest of the population. It found that 3.1% of people involved in the study who lived in Glasgow but were born in Pakistan were infected with Hepatitis C; a prevalence rate which is several times higher than the rest of the population.

Primary care is an appropriate and responsive service for increasing testing. The number of tests being performed has increased each year but the percentage of positive tests has decreased so we need to target our testing at those most at risk.

¹ University of the West of Scotland, Health Protection Scotland, Glasgow

The Needle Exchange Surveillance Initiative (NESI): Prevalence of HCV and injecting risk behaviours among people who inject drugs (PWID) attending injecting equipment provision services (IEPs) in Scotland, 2008/2009 - 2017/2018 University of the West of Scotland, April 2019.

<https://www.hps.scot.nhs.uk/web-resources-container/needle-exchange-surveillance-initiative-nesi-2008-09-to-2017-18/>

C. Service Outline

Interventions [to be performed in line with BBV LES guidance; issued separately]

Drug Misuse NES Patients

For all patients who meet the qualifying criteria for NES payment:

- (i) An annual update of the BBV risk status of all NES patients in the last year (injecting drug use or snorting cocaine or smoking crack but NOT smoking heroin or 'chasing the dragon') (there is no payment for this but required for (ii) and (iii) below).

PAYMENT WILL BE MADE FOR THOSE PATIENTS WHO REPORT BBV RISK IN THE PREVIOUS 12 MONTHS FOR CARRYING OUT:

- (i) A An annual discussion around BBV risk and provision of prevention information in oral +/- written form (NHS Lothian BBV Prevention card or other suitable resource)
- (ii) An annual offer of BBV testing
- (iii) A further payment will be made for patients who accept testing and have a Hepatitis C test carried out using venous or DBS (dried blood spot) testing. It is good practice to test where appropriate for HIV and Hepatitis B at the same time.

Non Drug Misuse NES Patients

Any patient over 35 years old in one of the following groups who is not known to have ever been tested for Hepatitis C:

- (i) Patients who have injected any drug or snorted cocaine or smoked crack now or in the past
- (ii) Patients who were born or brought up in North Africa, Middle East, or Asia (see attached list of countries in Appendix 1)
- (iii) Patients who received a blood transfusion before 1991; blood products prior to 1986 or have had an organ transplant prior to 1992
- (iv) Patients who have known HIV or Hepatitis B infection
- (v) Patients who were born to a mother with Hepatitis C
- (vi) Patients identified at risk during a contact with the Intensive Home Treatment Team (Acute Mental Health Team) IHTT contact and where the IHTT has suggested BBV testing

Software and a Read Code based standardised tool is provided to help identify patients and facilitate opportunistic testing and recording.

PAYMENT WILL BE MADE FOR:

- (i) Patients who accept testing and have a BBV (including Hep C) test carried out using venous or DBS (dried blood spot) testing.

D. Recording/Audit (software will be provided to code this) **NES patients**

- (i) Annual record of whether never injected, ever injected or injected in the last year.

NES patients identified as having injected in the previous 12 months

- (ii) Recording that prevention advice has been given.
- (iii) Offer of repeat testing for Hep C due to ongoing risk.
- (iv) Information on Hepatitis C testing will include 'date of most recent test or date test declined'.

Non-NES patients

- (i) Recording of risk category.
- (ii) Confirmation of no known previous Hepatitis C testing from history and available GP record.
- (iii) Information on Hepatitis C testing will include 'date of most recent test or date test declined'.

E. Payments Arrangements

For NES patients identified as having injected in the last year:

- (i) BBV prevention discussion and information given - during the last 12 months
- (ii) BBV (including Hep C) testing or declined - during the last 12 months

£30 p.a. per eligible NES patient meeting the qualifying criteria

And an ADDITIONAL

£35 when a Hep C test is performed (up to once per year for qualifying NES patients)

For Non-NES At-Risk Patients

£35 when a Hep C test performed (once only)

Note: BBV LES payments are subject to the normal payment verification processes

Notice period

In the event of a practice being unable to maintain the service for the duration of the contract or wishing to opt out, an appropriate period of notice will be agreed with the PCCO (normally 3 months).

Declaration

I understand that the payments relating to this contract will be subject to the normal payment verification arrangements.

APPENDIX 1

Country of birth:	Number of Residents in Lothian: ²
North Africa	1628
Middle East and Asia:	
Iran	600
Iraq	356
Other Middle East	2059
China	4387
Hong Kong	1919
Other Eastern Asia	1265
Bangladesh	750
India	5716
Pakistan	3221
Other Southern Asia	624
South East Asia	1269
Central Asia	166

North Africa/Middle East

United Arab Emirates, Bahrain, Algeria, Egypt, Western Sahara, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Occupied Palestinian Territory, Qatar, Saudi Arabia, Syria, Tunisia, Turkey, Yemen

Central Asia

Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Mongolia, Tajikistan, Turkmenistan, Uzbekistan

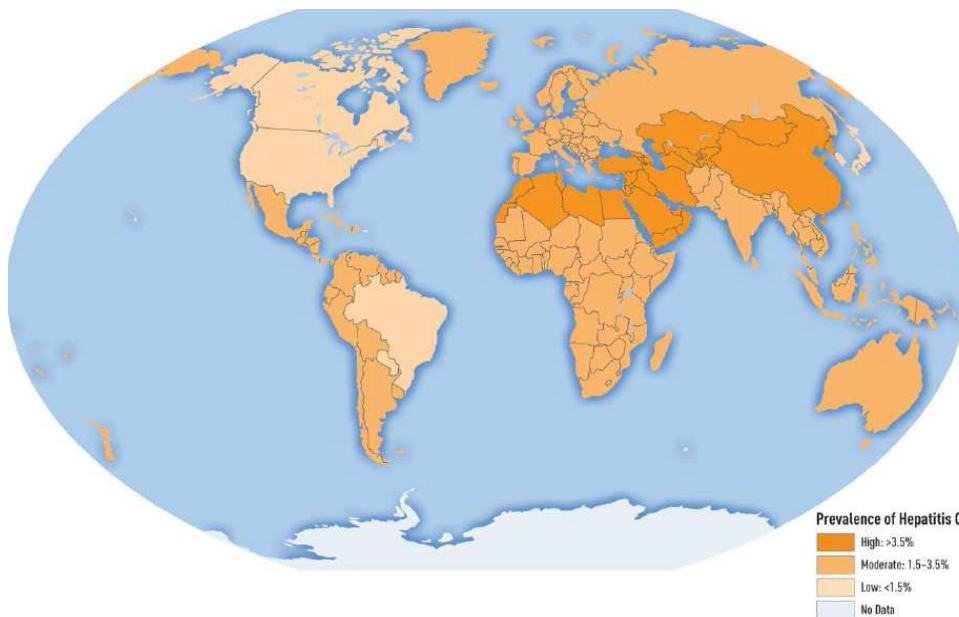
East Asia

China, Hong Kong, Macau, North Korea

South Asia

Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan

² 2011 Census data



MAP 3-5. DISTRIBUTION OF HEPATITIS C VIRUS INFECTION*
 Disease data source: Mohd Haniffah K, Groeger J, Flaxman AD, Wiersma ST. "Global Epidemiology of Hepatitis C Virus Infection; New Estimates of Age-Specific Antibody to HCV and Seroprevalence." Hepatology 2013; 57:1333-1342.