

The National Hepatitis C Plan - Scotland

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Policy Introduction

- Hepatitis C Action Plan for Scotland
 - Phase I: 2006 - 2008
 - Phase II: 2008 - 2011
- Sexual Health and Blood Borne Virus Framework for Scotland: 2011 - 2015

Policy Evolution in Scotland

- Pre-2003 (Initial championing)
 - Few national networks (clinical/public health - initial champions)
 - Scottish Needs Assessment Programme (SNAP) Report (2000)
 - National hepatitis C focused NGO founded (SHRC)
- 2003/4 (Galvanising)
 - Scotland then UK Hepatitis C Awareness Days established
 - Parliamentary Working Group on Hepatitis C (cross party) established
 - Parliamentary events, triggered 1st parliamentary cross party debate
 - UK Hepatitis C Consensus Conference, statement, recommendations
 - Hepatitis C submission to clinical guideline development programme
 - Research commissioned by the Scottish Executive (injecting practices)
- 2005/6 (First steps)
 - SIGN Guideline 'Management of Hepatitis C ' developed and published
 - First draft Hepatitis C Action Plan and formal consultation (2005)
 - Hepatitis C Action Plan for Scotland (Phase I) published (2006)
 - Cross Party Parliamentary Session and support in launching the Plan

Landscape (2006)

- 38,000 (0.8%) chronic, 90% ever injected
- 60% Undiagnosed
- 5% Received antiviral treatment (450/year)
- 1000–1500 Injecting drug users infected annually
- Unknown burden of disease - needs of those living with or at risk of hepatitis C.
- Unknown quality and quantity of existing services

Hepatitis C Action Plan

Two phased approach:

- Phase I (2006-2008, £4M investment)
 - Established the evidence base
 - Defined 34 specific actions for delivery and their associated cost
 - Bid for further substantial funding
- Phase II (2008-2011, £43M investment)
 - Delivery of the agreed actions, large scale change in the capacity, quality and nature of services
 - Establishment of information generating systems
 - Clear governance, communication and accountability

Landscape by 2011

- Managed Care Networks and governance arrangements established
- > 30% increase in persons newly diagnosed annually
- > doubled the number of persons initiated onto treatment annually
- > 8 fold rise in the number of prisoners initiated onto treatment
- Significant increase in the amount and type of injecting equipment.
- Ability to monitor delivery and impact, refine and adapt interventions
- Network structures to share expertise, experience, lessons learned, documentation and tools. Importantly to agree new national recommendations, aspects of delivery and approach.

Lessons Learned

- Evidence base, coordination, governance and performance management arrangements proved crucial.
- Under-estimated the time to increase capacity (staff resources, accommodation) and new ways of working (eg. new injecting equipment provision guidelines).
- The importance of holistic care and links with addiction recovery and other support/care services long term to maintain the flow of people towards antiviral treatment.
- Action Plan (directive) approach was required to transform the scale, quality and nature of provision.
- Thereafter, flexibility is needed to bed in and normalise provision long term in line with changing local needs but still aligned to evidence and agreed quality standards.

Current Challenges

- Financial climate
- New medicines present clinical, resource and financial challenges
- Rate of treatment increase is perhaps slowing as we increasingly reach more vulnerable clients
- Engagement with people who have been infected for some time and moved away from injecting or never injected
- Education in schools and other settings
- Welfare changes
- Backdrop of prison and social care reforms

Current Policy

- Sexual Health and Blood Borne Virus Framework for Scotland: 2011 – 2015
 - Hepatitis B
 - Hepatitis C
 - HIV
 - Sexual Health (sexually transmitted infections and reproductive health)

Transition

- **Hepatitis C Action Plan, aims:**
 - To prevent the spread of hepatitis C particularly among injecting drug users.
 - To diagnose hepatitis C infected persons, particularly those who would most benefit from treatment.
 - To ensure that those infected receive optimal treatment, care and support.
- **Sexual Health and Blood Borne Virus Framework, outcomes:**
 - Fewer newly acquired blood borne virus infections in Scotland
 - A reduction in the health inequalities gap in sexual health
 - and blood borne viruses.
 - People affected by blood borne viruses lead longer, healthier lives
 - A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive

Further Information

- **Hepatitis C Action Plan for Scotland**
 - Phase I:
<http://www.scotland.gov.uk/Publications/2006/09/15093626/0>
 - Phase II:
<http://www.scotland.gov.uk/Publications/2008/05/13103055/0>
- **Sexual Health and Blood Borne Virus Framework**
 - <http://www.scotland.gov.uk/Publications/2011/08/24085708/0>
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