



Waverley Care Scottish Parliament roundtable: Eliminating Hepatitis C in Scotland

A Parliamentary roundtable organised by Waverley Care, sponsored by Gilead Sciences

Event outline:

This event brought together MSPs, key third sector and public health representatives, as well as industry experts, to discuss the key actions needed to eliminate Hepatitis C (HCV) in Scotland. It follows previous successful sector roundtable events, which considered the impact of COVID-19 on blood-borne virus (BBV) services and Scotland's targets to eliminate HCV.

The First Minister recently highlighted ambitious targets to eliminate HCV as a public health threat by March 2025, with an announcement on the publication of the refreshed Sexual Health and Blood Borne Virus (SHBBV) Framework due very soon.

This roundtable focussed on identifying the barriers to eliminating HCV and agreeing on the steps needed to overcome them by the March 2025 goal. Additionally, the roundtable highlighted examples where success had been achieved and innovative approaches that have been taken to reach specific populations.

Date: Thursday 14 September 2023

Event time: 13:00-14:00

Venue: The Clerk Maxwell Room, Scottish Parliament

Organisation attendees:

Name	Role
Sharon Hutchison	Public Health Scotland
Grant Sugden	Waverley Care
Christopher Ward	Waverley Care
Anna Cowan	Waverley Care
David Weir	Gilead Sciences (Industry Sponsor)
Jocelyn Skaaning	NHS Ayrshire and Arran
Graeme Black	NHS Greater Glasgow and Clyde
Steff Kaye	NHS Lothian
Penny Gillies	NHS Grampian
Donna Thain	NHS Tayside
Timothy Heron	NHS Forth Valley
Sheree Fowler	NHS Forth Valley
Asma Ahmed	NHS Forth Valley
Gillian Frayling-Kelly	Positive Help Edinburgh
Colin Lawton	The Hepatitis C Trust
Austin Smith	Scottish Drugs Forum
Alan Eagleson	Terrence Higgins Trust

MSP attendees:

- Shadow Cabinet Secretary for Social Security, Housing and Equalities, Miles Briggs MSP (Scottish Conservatives) (Chair)
- Shadow Cabinet Secretary for Health and Social Care, Dr Sandesh Gulhane MSP (Scottish Conservatives)
- Shadow Cabinet Secretary for Rural Affairs, Land Reform and Islands, Rhoda Grant MSP (Scottish Labour)

Chair's introduction

The Chair welcomed attendees, briefly introduced himself and noted the importance of reaching the 2025 goal to eliminate HCV as a public health threat. The Chair continued by stating that he hoped this roundtable would provide an opportunity to hear the views of experts and ensure that the Scottish Parliament can hold the Scottish Government and NHS health boards to account.

A brief round of introductions was made by all attendees before the Chair introduced Grant Sugden to describe the background of this roundtable.

Grant Sugden's (Waverley Care) introduction

Grant thanked the Chair, all attendees for coming to the roundtable, and Gilead Sciences for sponsoring the event. Grant highlighted that this would be the fourth roundtable held by Waverley Care on blood-borne viruses, with this roundtable focussing on how we eliminate HCV as a public health concern.

Grant stated that he wanted attendees to discuss what was working well, as well as solutions to the obstacles hindering HCV elimination. Grant noted that a document will be produced and shared summarising the roundtable's discussions, and steps will be taken to ensure that the views expressed can influence the Scottish Government.

Grant concluded by stressing that he wanted this session to be as interactive as possible and to hear examples of good practice.

Sharon Hutchinson (Professor of Epidemiology and Population Health): Update on the current epidemiology

Professor Hutchinson began by thanking Waverley Care and Gilead Sciences for their work in setting up the roundtable. She then defined what eliminating HCV as a major public health concern would mean in practice, with a whole range of targets to be met by March 2025. She outlined that some of these goals have been set by the World Health Organization (WHO), whilst some more ambitious objectives have been set by the Scottish Government in terms of what is meant by 'elimination'.

Professor Hutchinson continued by recapping progress to date, noting that considerable headway has been made in lowering HCV infection levels amongst those who inject drugs. She specifically highlighted that the prevalence of HCV infections in this group halved before the COVID-19 pandemic. Moreover, she acknowledged that whilst there was little

surveillance carried out during the pandemic, preliminary results indicate that progress has not been eroded.

Professor Hutchinson highlighted figures noting the numbers of those diagnosed with HCV and stressed that 80% of the 17,000 HCV patients in Scotland have been treated. In terms of severe disease and mortality, she stressed that there was an over 65% reduction in people who were carrying the virus presenting with severe liver consequences. However, she stated that there was still work to be done to further improve this figure.

The impact of the pandemic on HCV services was described, with a reduction in testing of around 30-40% in key settings such as prisons. She noted that recent figures demonstrated the continuing prevalence of the disease, with around 1,000 individuals diagnosed each year.

Professor Hutchinson continued by stating that a significant portion of those diagnosed are in hospitals and primary care. She noted that 9,000-10,000 people were living with an HCV infection last year, and 50% of those remained undiagnosed. To achieve elimination, she emphasised the importance of bringing down the numbers of those living with HCV below 5,000 and scaling treatment back up to where it was before the pandemic, where around 2,500 people were being treated a year.

She concluded by highlighting that many health boards have made great progress in the detection and treatment of HCV, whilst smaller and medium-sized health boards have a steeper challenge. In some of these health boards, she emphasised that there is even a need to double or triple the numbers of those being treated for HCV, with many having not recovered from the pandemic.

Discussion: What do we know about the barriers and gaps to eliminating HCV in Scotland?

Grant thanked Professor Hutchinson for setting the scene for the roundtable discussion and reiterated that he wanted an open discussion about a range of issues. The following points were raised.

Testing in prisons

Members discussed the issues with treating and eliminating HCV in prisons. Barriers in terms of testing and access to health professionals were raised as starting points for a discussion. Attendees noted that anecdotal evidence pointed to positive developments in the scaling up of opt-out HCV testing but that there was still a lot of work to be done. The need to find prisoners who had re-acquired infection was raised as well, with one attendee highlighting that Scotland trailed behind the rest of the UK in this area, citing good practice in English prisons including the High Intensity Test and Treat model which could have benefits if implemented Scotland-wide.

The discussion noted problems with the implementation and quality of testing in prisons across Scotland, with attendees stating that this stemmed from both a lack of general awareness and the capacity of staff. The need to embed testing and treatment in prisons over the long term was also emphasised by attendees.

Data on prisoners

Whilst it was acknowledged that guidance is being refreshed and recommendations are being made around a test-and-treat model, a lack of data was stressed as a barrier to progress – with attendees noting insufficient information on issues such as the number of prisoners coming into the system. Members also stressed that barriers in data sharing with prisons have hampered the treatment of HCV-positive individuals who have been released.

Release of prisoners and follow-up

Attendees highlighted a growing problem in encouraging prisoners to stick with their treatment plan or get tested if they don't have a date for their sentencing or release. It was suggested that this stems from the fact that prisoners won't get a prescription for the treatment of HCV if they can't guarantee they'll be in prison for an 8-week or 12-week course of medication. Another attendee noted issues in following up with prisoners released on a Friday evening, as they may not have support over the weekend, the group agreed this is a big problem not just from a blood-borne virus perspective.

A consistent lack of communication between organisations over the release of prisoners, as well as the lack of a comprehensive care package were underlined as additional issues which hampered the treatment of HCV in those released from prison.

Addiction and testing services

Several members emphasised that there is a large variation in the quality of the addiction and testing services offered in Scotland, with significant restrictions on who can test for HCV in places like Glasgow – an area of high prevalence. It was noted that this is due to HCV testing being categorised as healthcare, with this decision combined with an overall lack of support and funding overwhelming staff. A need to re-implement dignity and compassion into treatment and care was also emphasised.

Engaging with ethnic minorities and rural populations

MSPs asked attendees whether there was an urban/rural divide in treating HCV and what could be done to support case finding here. Attendees responded by noting that the needs of an area could vary substantially, with work still to be done to reach certain ethnic minority populations in some health boards and those with a history of drug use (whom it was noted may not think of themselves as active intravenous drug users).

Additionally, examples of successful engagement with immigrant populations were shared, with attendees highlighting the potential of automatic testing to reach rural and hard-to-reach populations. The need to make HCV testing and treatment flexible was also raised, particularly since some people with HCV will struggle with appointments.

Discussion: Where has success been achieved, particularly in reaching specific 'hard to reach/easy to ignore' audiences?

Rapid testing

Attendees highlighted the importance of rapid testing in finding undiagnosed HCV. The need to test individuals in unconventional settings was also highlighted, with the example of food banks shared, and other examples where more of an informal discussion can be held which may lead to more holistic help and support for individuals. Notably, the role of

peer support was stressed by one contributor as key to the success of existing testing projects.

Trust and HCV awareness

Cities were highlighted by an attendee as one of the most difficult areas to gain the trust required to go out and perform HCV tests. Moreover, the importance of establishing trust with the person being tested and sharing information about HCV was underlined by multiple participants, as this can lead to more in-depth conversations and education around issues like needle sharing.

Following up with people diagnosed with HCV

The importance of following up with individuals who have tested positive to guide them through treatment was emphasised, with attendees noting that many people are lost to medical services following testing. This point was reiterated by other members, with it suggested that many people at risk are hard to contact and reliant on primary care, whilst systematic care is limited in this regard. The need to take a holistic view of patients was echoed by multiple attendees, with success stemming from understanding an individual's circumstances.

Primary care

A need to do more in a primary care setting was further discussed, with attendees underlining how Hepatitis C was not at the forefront of the thoughts of many GPs. However, issues of capacity and staffing constraints on GPs were raised in tandem with concerns over the level of education that existed on HCV. GP education and awareness was noted as being of particular importance in deep end practices. Lastly, the potential of replicating approaches pioneered in NHS Tayside to test for HCV if a blood test raised liver issues was noted (iLFT).

Discussion: With March 2025 fast approaching, which solutions to barriers should be immediate priorities?

Expanding testing areas

A lack of trust in drug services and current medical facilities was raised by attendees, with examples shared of successful projects which engage with people in different areas and surroundings, where more open conversations can take place and lead to more tailored solutions for each individuals' circumstance.

Access to testing

The overall level of access to testing was outlined as a key priority moving forward, with it suggested that community pharmacies and other facilities should be testing, not simply those which have typically done so. The potential of expanding the number of professionals who are allowed to test was also reiterated, particularly in high prevalence areas like Glasgow.

Awareness amongst General Practitioners

Attendees debated whether the education of GPs should be a priority moving forward, with an attendee voicing concern about time constraints on healthcare professionals and others voicing support for projects which seek to solve this, such as increased awareness amongst frontline healthcare professionals.



Deprivation

Lastly, the relationship between HCV and deprivation was highlighted, with the potential for further targeting of resources and education to areas of concern noted.

Closing Remarks

The Chair thanked all attendees for coming to the roundtable and for their contributions. He noted that information on the session would be shared with HCV Champions and that a follow-up letter to Ministers may follow this. The potential for a future debate on issues discussed was also raised by the Chair, with him stressing that he was keen to take the points discussed in the roundtable forward to the Scottish Parliament and influence policy where possible.

Grant thanked MSPs for attending the roundtable and Gilead Sciences for sponsoring the event. He noted that a minute of the roundtable would be shared with all attendees and that issues raised here would be pressed with Government Ministers. He concluded by highlighting some key points from the discussion, namely the patchwork funding of some services, the excellent work and progress done so far, the need to engage with ethnic communities and test at community pharmacies, as well as the drive to improve primary care.

Post-event thoughts

Due to time restraints, attendees were offered the option of following up over email on any other areas we weren't able to touch on. Thoughts included:

- Lab capacity concerns: Scotland's national lab capacity could be a major bottleneck to achieving and maintaining elimination not only HCV, but all blood-borne viruses.