

HEPATITIS C ACTION PLAN FOR SCOTLAND: PHASE II (MAY 2008-MARCH 2011)

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In 2004, the Scottish Government recognised that "Hepatitis C is one of the most serious and significant public health risks of our generation" [1]. By December 2006, Health Protection Scotland (HPS) estimated that 50,000 people in Scotland had been infected with the hepatitis C virus (HCV) and that 38,000 were chronic carriers (Figure 1) [2]. Following an extensive consultation in 2005, the Health Minister and Chief Medical Officer launched Scotland's 'Action Plan for Hepatitis C' in September 2006 [3].

Its aims are:

- To prevent the spread of hepatitis C, particularly among intravenous drug users (IDUs);
- To diagnose hepatitis C-infected people, particularly those who would most benefit from treatment; and
- To ensure that those infected receive optimal treatment, care and support.

The plan is a two-phased one. Phase I, undertaken during September 2006 to March 2008, involved increasing awareness about hepatitis C among professionals and gathering evidence through numerous surveys and other investigations to inform proposals for the development of hepatitis C services during Phase II (2008-2011)[4]. This paper presents the key findings of the evidence gathering exercise, recommended actions stemming from the evidence and funding associated with the actions[5].

Phase I

Phase I was co-ordinated by HPS. An Action Plan Co-ordinating Group (APCG), comprising representatives of key stakeholder groups, oversaw the implementation of the Action Plan; the APCG was supported by Working Groups corresponding to the three areas of i) Prevention, ii) Testing, Treatment, Care and Support and iii) Education, Training and Awareness-Raising. Each, during the first half of 2007, oversaw the implementation of actions involving the generation of evidence; during the second half, they translated the evidence into proposed key issues and actions. At a consultation event in October 2007, issues, evidence and proposed actions were presented to nearly 200 stakeholders who indicated their approval/disapproval through a digital voting system. The Working Groups modified the actions in accordance with the findings of the consultation and, by early 2008, they were approved by the APCG. Final approval by Scotland's Minister of Public Health was given for the Phase II Plan to be launched on World Hepatitis Day, 19 May, 2008 [5].

Approaches taken to generate the evidence

The approaches adopted to gather the evidence, involved self-administered questionnaire surveys and face-to-face interviews with service providers, the analysis of existing data held on laboratory and clinical databases, examining scientific literature and undertaking analytical studies to estimate the current and future clinical and financial burden of hepatitis C-related disease in Scotland.

Key epidemiological data

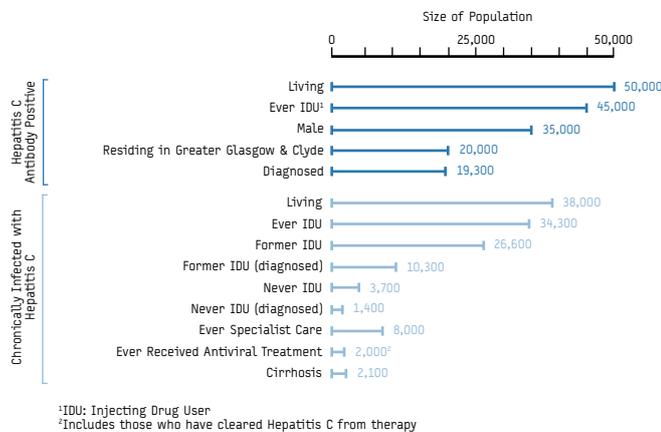
- As of 2006, of an estimated 38,000 living persons in Scotland, chronically infected with hepatitis C, 14,500 have been diagnosed, 8,000 had attended specialist clinical services for chronic hepatitis C and around 2,000 had received antiviral therapy; an estimated 2,100 hepatitis C infected persons had progressed to and were living with, cirrhosis (Figure 1).
- In 2006, an estimated 250 and 110 hepatitis C infected persons, respectively, developed cirrhosis and liver failure.
- It was estimated that if 2,000 persons per year received antiviral therapy over the next two decades, 5,200 and 2,700 cases, respectively, of hepatitis C-related cirrhosis and liver failure would be prevented in the future.
- Of 450 persons initiated on antiviral therapy during 2006, approximately 30 were prison inmates.
- In Greater Glasgow and Clyde, the area in Scotland with the greatest number of IDUs, the incidence of hepatitis C is steady at 20-30 infections per 100 person years of injecting.
- It is estimated that between 1,000 and 1,500 IDUs in Scotland are infected annually.

Summary of evidence: Testing, Treatment, Care and Support

- In recent years, very considerable progress in developing high quality services for hepatitis C infected persons in Scotland has been made; there are, however, several issues which need to be addressed.
- Insufficient numbers of infected persons, particularly former IDUs, are diagnosed.
- Widespread variations in the clinical management of hepatitis C infected persons exist.
- The training of the hepatitis C workforce is sub-standard.
- There is a lack of integration among primary care, specialist, addiction, prison and social care services, resulting in many hepatitis C infected persons failing to complete a successful passage through the diagnostic, referral, treatment and care pathway.

FIGURE 1

Hepatitis C epidemiological landscape (estimates): Scotland, 2006



- Insufficient numbers of infected persons are being administered antiviral treatment and resources, particularly for specialist clinical management and social care, including the support of persons journeying through the patient pathway, are inadequate.

Summary of evidence: Prevention

- Since the late 1980s, services providing needle/syringes to IDUs have been developed; these have been highly effective in preventing the transmission of HIV among IDUs. In the context of the more infectious and more longstanding (in terms of prevalence) hepatitis C Virus, however, there are many issues which need to be addressed.
- Widespread variations exist in the provision of injection equipment and educational initiatives for IDUs to prevent hepatitis C transmission, due to gaps in co-ordination and guidance.
- A high frequency of injection equipment sharing and incidence of hepatitis C among IDUs is observed.
- Opportunities to evaluate novel approaches to injection equipment provision in community and prison settings exist.
- A dearth of hepatitis C information provision for young people in educational settings is evident.

Summary of proposed actions stemming from the above evidence

- Networks will be established, guidelines and standards produced and plans developed to ensure that approaches to the prevention, and diagnosis and care of persons with, hepatitis C are highly effective and, where appropriate, consistent.
- Initiatives to train the workforce in, and educate young people about, hepatitis C will be implemented and awareness-raising campaigns to promote hepatitis C testing will be undertaken.
- To reduce the numbers of hepatitis C infected persons who will progress to severe liver disease, services in both health and prison settings will be improved to increase the annual numbers of persons of individuals receiving therapy from 450 in 2006 to 1,500 in 2010/11.
- To reduce hepatitis C transmission among IDUs, the nature, quantity and quality of services providing injection equipment, including paraphernalia other than needles and syringes, will be improved.

- To ensure that the performance of the above measures is monitored, several information generating initiatives (e.g. clinical databases, surveys gauging HCV incidence among IDUs) will be established or further developed.

Conclusions/Actions

Thirty-five recommended actions were submitted by the APCI to the Scottish Government for approval. All but one proposed action – the evaluation of community-based needle/syringe dispensing machines for IDUs – were approved by the Health Minister. £43.2 million has been made available over three years, commencing May 2008; £36.7 million will be allocated to Scotland's 14 Health Boards for the development of prevention, testing, treatment, care and support services. The Plan is designed to improve all hepatitis C services ranging from those that provide education to young people in schools about the dangers of drug use to the treatment of infected persons and the associated social support required to support them and their families through what, often, is a challenging journey. The Plan also recognises the crucial role of the voluntary and local authority sectors in providing education, training and social support services and the huge opportunity for hepatitis C-related prevention, diagnosis and treatment in Scotland's prisons. A range of performance indicators will be adopted to monitor the performance of the Action Plan which will be co-ordinated, on behalf of the Scottish Government, by Health Protection Scotland.

References

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