

**Hepatitis C**  
often has no  
symptoms.  
Find out how  
to spot it.



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Blood to blood contact  
spreads the Hepatitis C virus.



# Scotland's Hepatitis C Action Plan Phase II: Progress Report Year Two (2009/10)

## Background

In 2004, Scotland's Health Minister recognised that hepatitis C infection was one of the country's greatest public health challenges. Accordingly, the Scottish Government launched a Hepatitis C Action Plan, the aim of which is to reduce disease and death associated with hepatitis C through:

- i) Preventing the spread of hepatitis C, particularly among injecting drug users.
- ii) Diagnosing hepatitis C infected persons, particularly those who would most benefit from treatment.
- iii) Ensuring those infected receive optimal treatment, care and support.

### **Phase I of the Plan (2006-2008) involved:**

- Establishing Hepatitis C Executive Leads for all NHS Boards.
- Gathering evidence on the extent and characteristics of the burden of the disease in the context of i) the needs of infected persons and those at risk of infection, and ii) the quality and quantity of existing hepatitis C – related services.
- Translating the above evidence into actions which would address deficiencies in service provision.

### **Phase II of the Plan (2008-2011) involves:**

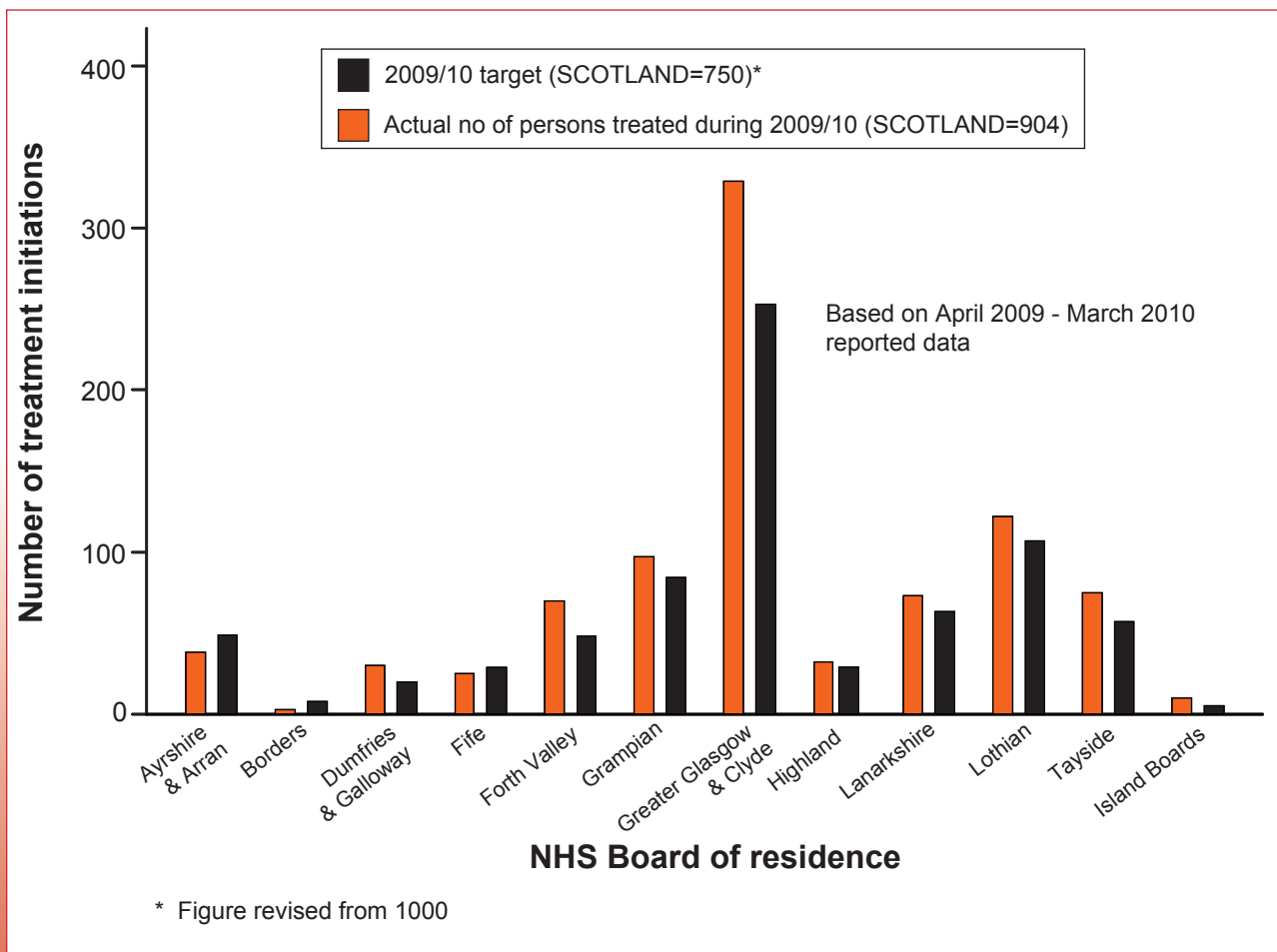
Phase II of the Plan (2008 – 2011) was launched by Shona Robison in May 2008. The Plan comprises 34 actions and was funded to the tune of £43.2 million of which £36.7 million was allocated to the NHS Boards for the development of prevention (£8 million) and testing, treatment, care and support (£28.7 million) services; £6.5 million was allocated to national agencies for mainly co-ordination and information generating initiatives.

# Action Plan Achievements as at April 2010

## Treatment and Care

- Clinical services, leading to a doubling in the numbers of hepatitis C infected persons initiated on treatment from around 450 in 2007/08 to 900 in 2009/10, have been developed.
- Memorandums of understanding, followed by Service Level Agreements, have been agreed by the majority of NHS Boards and the prisons within their areas to ensure that inmates receive optimal care and treatment; around 20% Scotland's prisoners are infected with hepatitis C. More than a six-fold increase in the number of inmates treated between 2007/08 (17) and 2009/10 (112) has been observed.
- National Procurement of antiviral drugs from the two key pharmaceutical companies, securing, on average, a 20% reduction in costs, has been implemented.
- Frameworks for workforce development and education have been established and linked to professional competency and development.

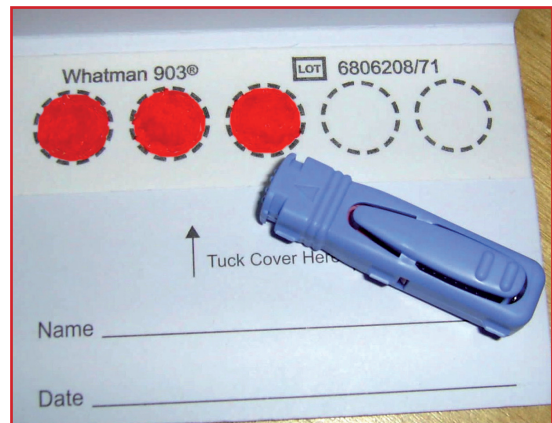
**Hepatitis C treatment initiation by NHS Board of residence**



## Diagnosis

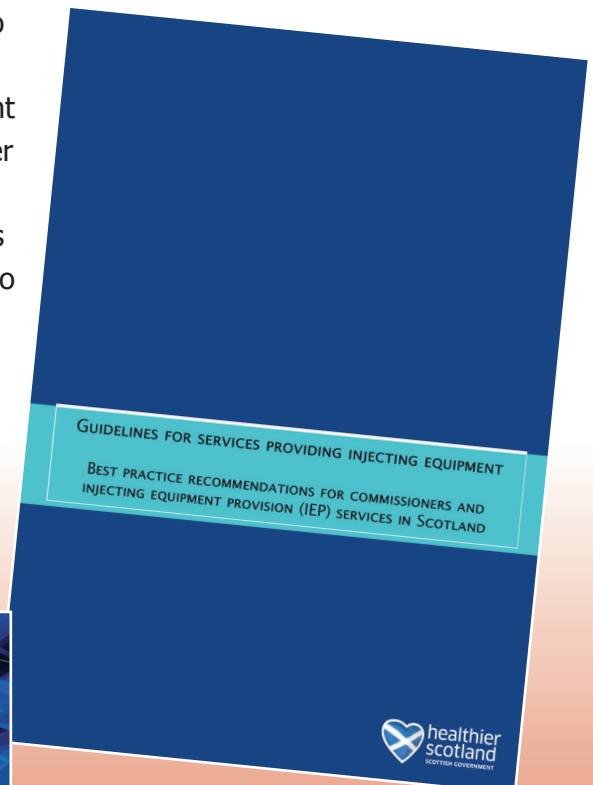
- A 34% increase in the number of persons newly diagnosed with hepatitis C between 2007 (1550) and 2009 (2081) has been observed; a further increase, as a consequence of professional and public awareness campaigns, commenced in February/ March 2010, may occur.
- New approaches in getting people tested for hepatitis C including the roll out of the dried blood spot approach, have been implemented; this allows sampling to be done in non-clinical settings and involves the collection of blood, obtained through a finger prick, on a piece of filter paper.

### Example dry blood spot testing kit for clinical and non-clinical settings



## Prevention

- Guidelines for the Provision of Injection Equipment have been developed and approved (by the Lord Advocate). In accordance with the guidelines, services throughout Scotland are being expanded to reduce inequity of provision and to create a new culture whereby, if someone is going to inject drugs, he or she does so using sterile equipment (needle/syringe and other paraphernalia – spoon, filter and water) on each occasion. Between 2008/09 & 2009/10, a several fold increase in the number of sets of injection paraphernalia (filters, spoons, etc) given to people who inject drugs, was observed.
- New education materials on hepatitis C infection for young persons in a range of education environments have been developed for implementation through the Health and Well Being component of "Curriculum for Excellence".



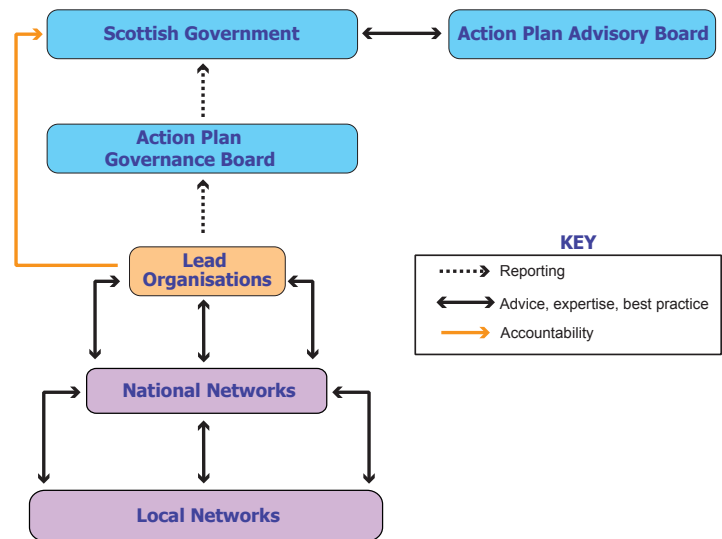
**Scottish Government Guidelines for Services Providing Injecting Equipment, published in 2010 (above).**

**National Workforce Development Education framework for Hepatitis C, published by NHS Education for Scotland (left).**

## Co-ordination

- A governance structure which allows the reporting of Action Plan progress, and advice on such progress to the Scottish Government, has been established.
- All NHS Boards have established multi-disciplinary Managed Care Networks and Prevention Networks which incorporate hepatitis C.
- A Programme Management approach, co-ordinated by Health Protection Scotland, has been adopted.
- Several uni-disciplinary national networks which allow clinicians, public health professionals, voluntary sector representatives, workforce development personnel, project managers and persons responsible for generating information initiatives, have been established; these support the implementation of the plan nationally through, for example, sharing best practice and the provision of technical advice.

### Governance structure for Hepatitis C Action Plan Phase II



## Information to Evaluate Performance

- A range of Information Generating Initiatives are generating high quality data; these include a national survey of injecting drug users, a national clinical database, national Hepatitis C test and diagnoses databases, a national survey of injection equipment provision and surveys of prisoners, children and people from South Asia.
- New blood sampling and laboratory techniques to ascertain if people diagnosed with hepatitis C, acquired their infection in the previous few months, have been developed.

## Communication

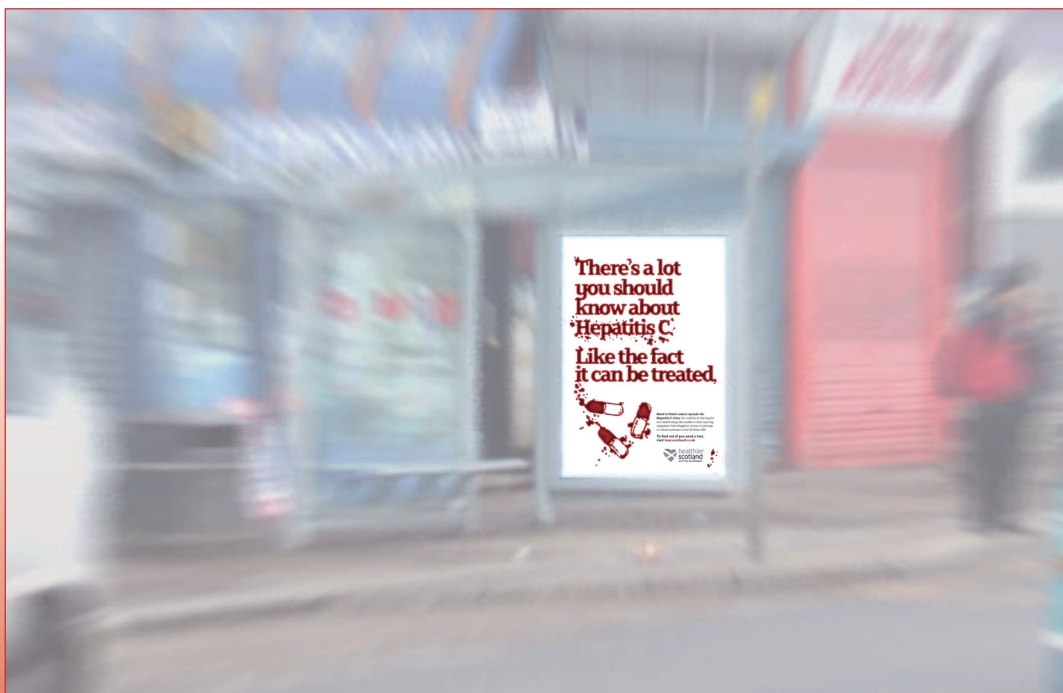
- A public and professional website was launched in early 2010.
- Progress reports of the Action Plan have been published in Scotland and UK Hepatitis C publications.
- Annual Stakeholder Conferences, attended by approximately 200, including several persons infected with Hepatitis C, are held around World Hepatitis Day.
- Invited presentations on the Action Plan have been made at Holyrood and Westminster Parliaments and the European Commission (Brussels), and given to delegates at the European Association for the Study of Liver Disease, and Chinese Government officials (Beijing) among others. These reflect the global interest in Scotland's response to its Hepatitis C epidemic.

## Challenges

- Slower progress occurred in some of the small and medium sized health boards partly because of Influenza H1N1 activities in 2009 but also as a consequence of challenges with recruitment, particularly in the context of uncertainties about longer term funding.
- The proposed pilot study to evaluate needle/syringe provision in the prison setting has stalled because of Prison Officer Union concerns.
- The development of Hepatitis C quality indicators (previously clinical standards) has just recently commenced due to the review of QIS's role/function in this sphere; it is anticipated, however, that these will be published in 2011.

## Conclusion

Scotland's Hepatitis C Action Plan is regarded globally, as a model of good practice (Charles Gore, President of the World Hepatitis Alliance). Much progress has been made but there are still many challenges ahead. In 2010/11 considerable emphasis will be placed on monitoring the impact of the Plan in preventing, detecting and treating persons with hepatitis C. A business case for Phase III of the Action Plan (2011-14) is being considered by the Scottish Government.



**Scottish Government public awareness campaign imagery within community settings**