

DELIVERY OF NATIONAL BLOOD BORNE VIRUS TRAINING TO PRISON HEALTHCARE STAFF VIA AN ONLINE PLATFORM

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Background

- National Health Service England (NHSE) plans to eliminate Hepatitis C Virus (HCV) in England by 2025 and has selected prisons as an area of focus to achieve this goal.
- Since 2019, to support NHSE in their HCV elimination programme, Gilead Medical Scientists (MS) have worked with English prison stakeholders to optimise their HCV screening and linkage-to-care. As part of this programme, the MS team has delivered accredited blood borne virus (BBV) training to prison healthcare teams.
- Until recently, the gold standard was to deliver BBV training on a site-by-site basis, either virtually or in person. However, increasingly BBV training sessions were either being delivered to very few healthcare staff (1 or 2) or were being cancelled at short notice – either due to low staffing levels, competing demands and/or shift patterns.

Objective

- To pilot a monthly, interactive, online version of the BBV training that would target multiple prisons simultaneously and then assess attendance and benefit of sessions delivered virtually. The timings of the BBV training (day of the week and start time) would be varied each month to overcome potential barriers such fixed shift patterns. Additional potential benefits were:
 - More autonomy for sites to arrange who would be able to attend the training.
 - Reduction in travel time and costs.
 - Inter-prison best practice sharing.
 - Flexibility to join training from alternative locations.
 - Ability for sites to arrange training as part of their new staff induction.

Methods

- Microsoft Teams was the digital platform used to deliver the training.
- Online training was delivered nationally, and invites were disseminated via regional BBV leads and operational delivery network staff.
- Polls were integrated into the online platform to collect and aggregate data for each session.
- Data collected include:-
 - What best describes your current role (Nurse, Healthcare assistant (HCA), Pharmacist, Doctor, Non-Clinical or Other)
 - Regarding your current knowledge, how comfortable are you discussing BBVs with a client/patient? (Pre-training) 1= Low 5= High
 - How useful/relevant have you found this training? (Post-training) 1= Low 5= High
 - Regarding your current knowledge, how comfortable are you discussing BBVs with a client/patient? (Post training) 1= Low 5= High

Disclosures: Gilead Sciences Ltd has provided funding to partnered prison healthcare and community drug treatment providers and plays an active role in the design and execution of the activities that they undertake. The above training involved no product promotion.

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Results

Figure 1. What best describes your current role?

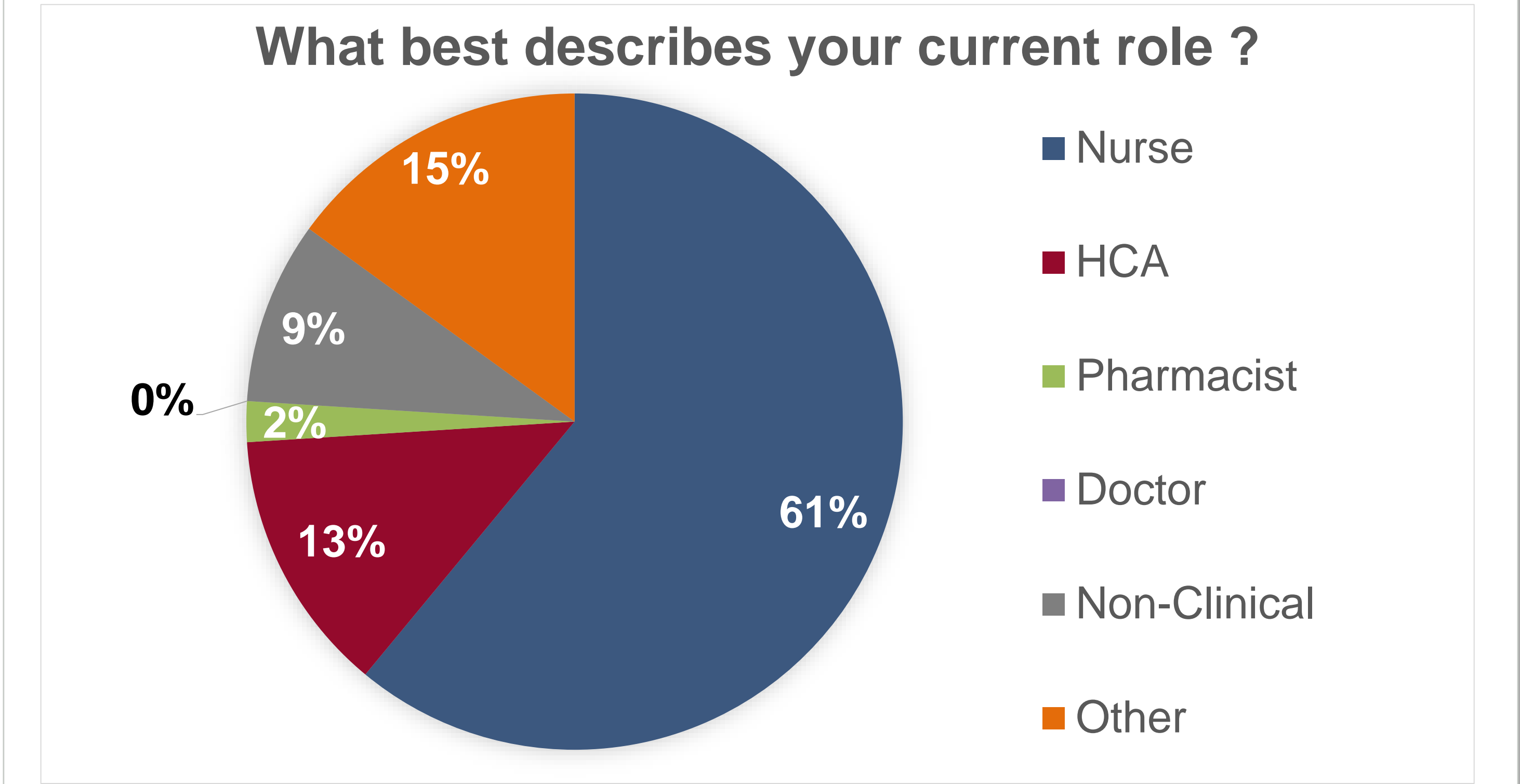
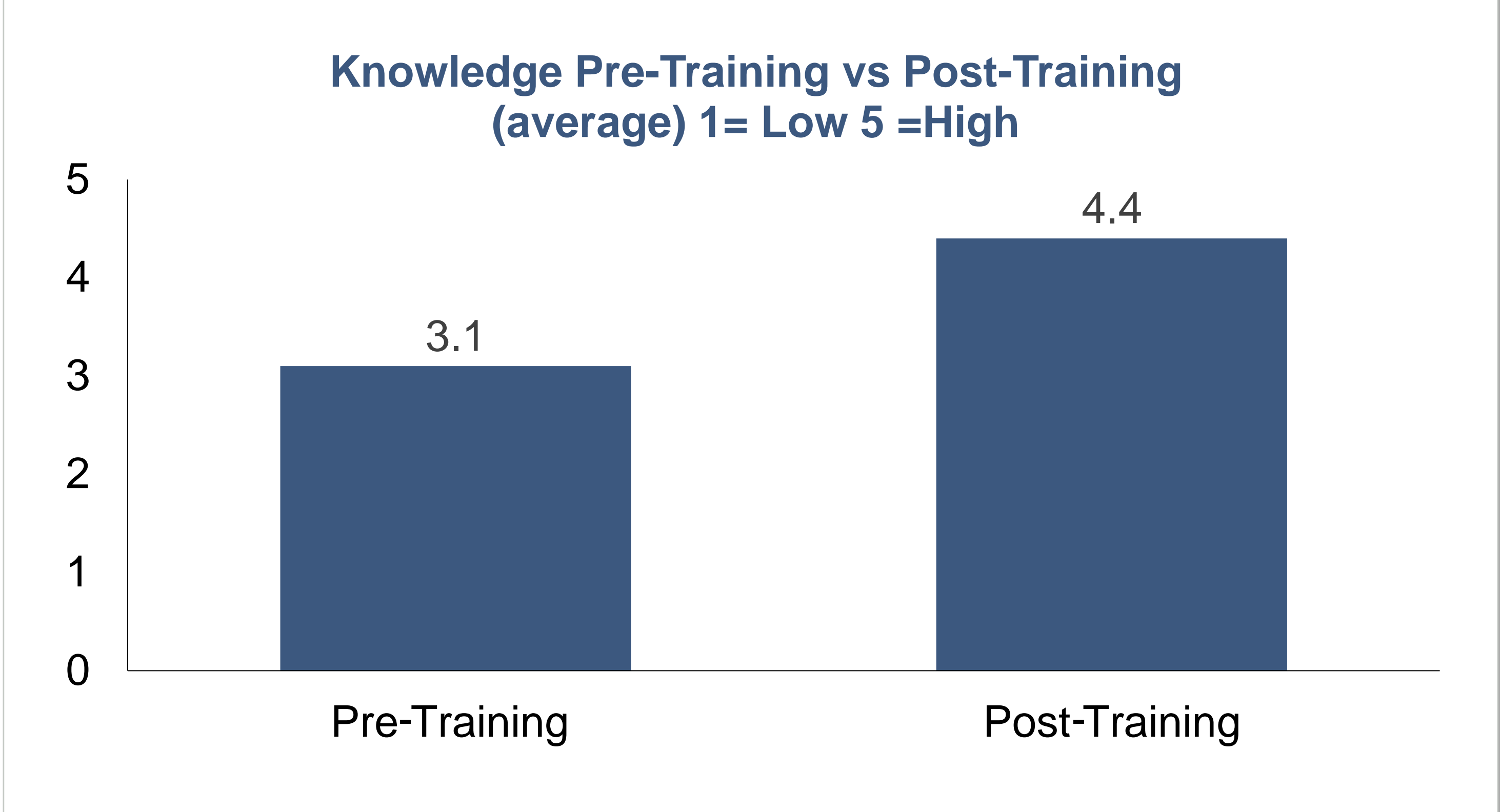


Figure 2. Knowledge Pre vs Post-Training (average)



Conclusions

To date, five sessions have been delivered with over 180 delegates attending, the majority of which have been nurses (**figure 1**). This has demonstrated the ongoing demand for training and benefits of including an online version.

Available data has demonstrated >40% increase in delegate knowledge between pre and post training (**figure 2**)

Delegates' average score on "usefulness/relevance of BBV training" was 4.7/5.0, which further demonstrates the benefits of the online sessions.

Based on the success of our work, our intention is to continue to provide monthly online BBV training.

We have amended the content of the training to ensure that it is relevant to community services as well as prison healthcare teams and this pilot has now also been extended to relevant community services so that they can also benefit from the sessions.