



GILEAD



HEPATITIS C DTS  
PROVIDER FORUM

# Drug and Alcohol Service Hepatitis C Micro-Elimination Criteria for People in Structured Treatment Within the Defined Population

November 2024 (An update to agreed criteria - August 2022)  
For review: November 2026

Drug Treatment Service (DTS) Hepatitis C Micro Elimination Criteria for the People in Structured Treatment Within the Defined Population has been developed and funded by Gilead Sciences Ltd in collaboration with representatives from Gilead-partnered DTS providers and The Hepatitis C Trust



TURNING  
POINT  
inspired by possibility



Change  
Grow  
Live

withyou  
forward



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## Disclaimer

This document has been funded by Gilead Sciences Ltd and developed by the Gilead Hepatitis C Drug Treatment Services Provider Forum, a coalition of Gilead-partnered drug and alcohol services in England in collaboration with Gilead Sciences Ltd and The Hepatitis C Trust.

## Hep C DTS Provider Forum partners:

(in alphabetical order)

- Change Grow Live (CGL)
- Delphi
- Forward Trust
- Harbour
- Gilead Sciences Ltd
- The Hepatitis C Trust
- NHS Addictions Provider Alliance (APA) / Hep C U Later
- Turning Point
- Via
- Waythrough
- With You

### Contact Information

If you have any queries or comments about this document please contact Matt Milner, Associate Director Patient Access to Care, Gilead Sciences Ltd, via email address [matt.milner@gilead.com](mailto:matt.milner@gilead.com)

### Provider Forum Mission Statement:

The Gilead HCV Drug Treatment Services Provider Forum is united in our commitment to eliminate hepatitis C for drug and alcohol service users in England, driving change through collaboration and fostering a healthier, stigma-free community for our service users.

# Provider Forum Charter:

The Gilead HCV Drug Treatment Services Provider Forum is united in our shared commitment to eliminate Hepatitis C in England. Recognising the urgency of this public health challenge to achieve this goal ahead of the World Health Organisation target of 2030, we pledge to work collaboratively, leveraging our collective expertise and resources.

## *Principles:*

1. **Shared mission:** Through collaboration and shared best practice, we aim to eliminate Hepatitis C in drug and alcohol services in England, a disease that disproportionately affects our most vulnerable service users.
2. **Integrated approach:** We commit to a comprehensive and integrated strategy that combines best practice support for people affected by drug and alcohol use, lived experience, NHS clinical expertise and pharmaceutical innovations.
3. **Equity and access:** We will work to address health inequalities by delivering equitable access to testing, treatment, and support services, ensuring that all communities have the opportunity to benefit from HCV elimination.
4. **Innovation and research:** We will foster innovation through joint research initiatives, exploring new pathways and improving existing interventions to reduce stigma and increase access to care for those affected by hepatitis C.
5. **Education and awareness:** We will jointly develop and implement educational campaigns to raise awareness about hepatitis C, reducing stigma and promoting prevention.
6. **Data sharing and monitoring:** We commit to transparent data sharing and collaborative monitoring mechanisms to track progress, assess outcomes, and continually refine our strategies.
7. **Service users:** We recognise the importance of centring service users and those with lived experience, incorporating their insights, feedback, wants and needs into everything we do.

## *Actions:*

1. **Best practice sharing:** Share and publish research to advance best practice interventions to achieve HCV elimination in drug and alcohol services.
2. **Capacity building:** Work together to enhance the capacity of drug and alcohol services, ensuring they are well-equipped to address the unique needs of people affected by hepatitis C.
3. **Capability building:** Develop and deliver standards and training programmes for our service staff and partners, fostering a multi-agency approach to hepatitis C testing and treatment.
4. **Awareness campaigns:** Launch joint awareness, testing and treatment campaigns to educate our services users and support them into effective pathways for hepatitis C testing and treatment.
5. **Policy advocacy:** Develop and advocate for supportive policies at local, regional, and national levels to create an enabling and sustainable environment for hepatitis C elimination.

By signing up to this charter, we affirm our collective dedication to eliminating hepatitis C in drug and alcohol services in England. Through collaboration, innovation, and a shared commitment to improving the lives of our service users, we aspire to create a lasting legacy, transforming lives and building a hepatitis C free future for all.

## Introduction:

HCV is one of the main causes of liver disease in England. NHS England has implemented a national HCV elimination programme to eliminate HCV before 2030 and announced the ambition for England to be the first major country in the world to eliminate HCV by 2025<sup>1</sup>. ~85% of chronic HCV infection in England is attributed to current or prior injecting drug use (IDU)<sup>2</sup>, highlighting the critical role of drug and alcohol services in testing for HCV and linking to care those with active HCV infection.

In September 2020, Gilead Sciences set up The Hepatitis C Drug Treatment Services (DTS) Provider Forum as a unique collaboration between NHS England, The Hepatitis C Trust, and the largest providers of DTS in England with a united approach to achieve HCV elimination in DTS: Change Grow Live (CGL), NHS Addictions Provider Alliance (APA), Turning Point, Waythrough and With You. Via became a partner of the Provider Forum in 2021, followed by Forward Trust in 2022 and Delphi and Plymouth Harbour in 2024. Partnered DTS are commissioned to test service users for HCV and refer them to treatment.

In May 2024, as a benchmark against an individual service's HCV elimination efforts, the Forum reached an updated consensus on criteria for achieving Micro Elimination within a DTS site, superseding criteria previously agreed in June 2022. In broad terms, Micro Elimination is the achievement of HCV elimination within a specific location or small population: for DTS, this means that there aren't many patients left with active HCV infection at the site. It is achieved by breaking down national elimination goals for individual population segments or specific settings, for which treatment and prevention interventions can be delivered more quickly and efficiently using targeted methods.<sup>3</sup>

This document sets out the detailed criteria for Micro Elimination of Hep C within a DTS that has been collaboratively established through an extensive and careful review process, and by consensus agreement from the HCV DTS Provider Forum partners. It is important to note that there are caveats around the criteria, and that the criteria are not intended to be a definitive definition of elimination, but to serve as aspirational targets to local and individual DTS as we work towards our shared ambition to achieve Hep C Elimination in DTS, in England and globally.

Abbreviations and terminology can be found at the end of this document

### References:

1. NHS England, 28 December 2022. NHS set to eliminate Hepatitis C ahead of rest of the world. Available at: <https://www.england.nhs.uk/2022/12/nhs-set-to-eliminate-hepatitis-c-ahead-of-rest-of-the-world/> (Accessed September 2024).
2. UK HSA. Hepatitis C in England 2023. Available at: <https://www.gov.uk/government/publications/hepatitis-c-in-the-uk/hepatitis-c-in-england-2023> (Accessed September 2024).

# Drug Treatment Service (DTS) Hepatitis C Micro Elimination Criteria for the People in Structured Treatment Within the Defined Population:

Before setting out the criteria for Micro Elimination, it is important to note that:

- The criteria refer to a sub-set of the total client population. It is acknowledged that the criteria will not include all clients and only applies to active clients in structured treatment.
- It is intended that the criteria are to be reviewed and refined on an ongoing basis, and not serve as a definitive definition of elimination in an area and/or service.
- It is expected that as part of any definition of elimination, services undertake a robust quality assurance process which includes reporting against numbers of clients excluded from the definition.
- Reassurance should be provided by the service that clarifies ongoing and future work to address the needs of clients excluded from the definitions.
- Date of meeting the criteria would be reported, and review against the criteria is expected on a 6-monthly basis in order to maintain elimination status.

|                   | Definition   |
|-------------------|--|
| <b>Criteria 1</b> | 100% of clients in structured treatment are offered a Hep C test.  |
| <b>Criteria 2</b> | 100% of clients in structured treatment who have a history of injecting and have been triaged more than 30 days ago; have a valid Hep C Test Date (equal or prior to Reporting Month End date) and result recorded (ever).   |
| <b>Criteria 3</b> | 90% of clients*§ in structured treatment, who have a history of injecting (and are deemed to be at risk), and have been triaged more than 30 days ago, have a Hep C Test Date (in the last 12 months up to the Reporting Month End date) & result recorded.  |
| <b>Criteria 4</b> | <p>90% of clients* in structured treatment with Positive Hep C test result PCR (RNA) status (recorded at the last CIR if present or triage) have commenced treatment or achieved sustained virological response (SVR)†</p> <p>Or:</p> <p>90% of Service Users with positive hepatitis C AB status and PCR (RNA) status are cleared of hepatitis C.</p> <p>Or:</p> <p>90 % of clients* in structured treatment with Positive Hep C PCR (RNA) status ever have commenced treatment or have completed it.</p> |

\* 2% tolerance is permissible

§ Excluding assessed as not appropriate to test/retest

† Accountability for patient starts and reporting patient starts sits with the Operational Delivery Network. The service will commit to ensuring a robust referral mechanism and support stakeholders in seeking and implementing a local and/or national mechanism for obtaining and reporting accurate patient start data based on a patient start date defined as date of prescription.

## Micro-elimination Criteria 1:

**100% clients\* in structured treatment are offered a hepatitis C test.**

**Organisations must also maintain a focus on non-NDTMS consented clients.**

| Denominator   | Numerator  |
|---|--|
| <p>Those with a triage date &lt;= reporting month end date and (T3/4 Discharge Date &gt; reporting month end date or T3/4 Discharge Date is null).</p> <p>Triage Date Field = TRIAGED<br/>T3/4 Discharge Date Field = DISD<br/>(structured treatment discharge date)</p> <p><i>N.B. - the above definition relates to using NDTMS extracts - for internal reports please consider those with psychosocial or pharmacological modality start date &lt;= reporting month end date, psychosocial or pharmacological modality end date &gt; reporting month end date or it is null. This is the NDTMS definition of a client in structured treatment.</i></p> | <p><b>Of those specified by the Criteria 1 denominator, the number of clients with Hep C Status</b></p> <p>Hep C Status Field = the last CIRHEPCSTAT (most recent one) if present or HEPCSTAT.</p> <p>Set to:</p> <ul style="list-style-type: none"> <li>Offered and accepted (Pre CDS-P)</li> <li>Offered and accepted - Had a hep C test</li> <li>Offered and accepted - Not yet had a test</li> <li>Offered and accepted but refused at a later date (Pre CDS-P)</li> <li>Offered and refused</li> <li>Assessed as “Not appropriate to test/retest”</li> <li>Deferred due to clinical reasons</li> </ul> <p>Additional points of note:<br/>What does not count - is blank or not offered or other values.<br/>Information from CIRs &gt; than month end should be excluded.</p> |

*\* NDTMS Consented clients in Structured Treatment Only (at the end of the reporting month).*

## Micro-elimination Criteria 2:

**100% of clients<sup>†</sup> in structured treatment who have a history of injecting (taken from INJSTAT) and have been triaged more than 30 days ago; and have a valid Hep C Test Date (equal or prior to Reporting Month End date) and result recorded (ever).**

Organisations must also maintain a focus on non-NDTMS consented clients.

| Denominator  | Numerator  |
|--|--|
| <p>Include Criteria 1 denominator, and additional criteria as follows:</p> <p>Injecting Status is one of:</p> <ul style="list-style-type: none"> <li>Previously injected but not currently injecting; or</li> <li>Currently injecting</li> </ul> <p>Triage Date (TRIAGED) &lt;= Reporting Month End Date - 30 days</p> <p>N.B. - Effectively this looks at those that remain in treatment at month end that were triaged 30 days or more prior to allow for testing to be completed.</p> <p>To confirm: Excluding any clients triaged with the last 30 days (to allow for their BBV tests to be completed)</p> | <p>Of those specified by the Criteria 2 denominator, the number of clients with:</p> <p>Hep C Test Date Field = CIRHEPCTSTD if present or HEPCTSTD (from assessment)</p> <p>Hep C Test Date &gt;= 01/01/1996 and &lt;= to reporting month end<br/>(Not included as counting against the target: Hep C test date before 1/1/96, no test date and Hep C test dates in future (&gt;reporting month end date))</p> <p>Information from CIRs &gt; than month end should be excluded.</p> <p>And with:</p> <ul style="list-style-type: none"> <li>Either Negative Antibody (Hep C antibody test status Field = CIRHCVAS if present or HCVAS (from assessment)) result</li> <li>Or Positive Antibody (Hep C antibody test status Field = CIRHCVAS if present or HCVAS (from assessment)) result and Hep C test result PCR (RNA) status Field = CIRHCVPCR if present or HCVPCR (from assessment) equal to Positive, Negative (cleared by treatment), Negative (cleared naturally), or Negative (never infected)</li> </ul> <p>Additional points of note:</p> <ul style="list-style-type: none"> <li>One client gets counted once;</li> <li>Most recent non-blank value for each of these fields: Hep C test date, Hep C antibody status and Hep C PCR status (from assessment or CIRs if present)</li> </ul> |



|  |  |
|--|--|
|  | <p>Or</p> <ul style="list-style-type: none"> <li>Hep C test date linked with Hep C Antibody and Hep C PCR status (on the same CIR or from assessment)</li> <li>Some clients may report that they have never had Hep C even though they are Ab+/PCR-, and it is not possible to confirm if they have naturally cleared the virus. What matters is that both their Ab and PCR status are known.</li> </ul> |
|--|--|

\* 2% tolerance is permissible

† NDTMS Consented clients in Structured Treatment Only (at the end of the reporting month).

## Micro-elimination Criteria 3:

**90% of clients\*† in structured treatment, who have a history of injecting (and are deemed to be at risk), and have been triaged more than 30 days ago, have a Hep C Test Date (in the last 12 months up to the Reporting Month End date) & result recorded.**

Organisations must also maintain a focus on non-NDTMS consented clients.

| Denominator  | Numerator   |
|--|---|
| <p>Include Criteria 1 and Criteria 2 denominators, and additional criteria as follows:</p> <ul style="list-style-type: none"> <li>Hep C Status</li> <li>Hep C Status = the last CIRHEPCSTAT if present or HEPCTSTAT (from assessment)</li> </ul> <p>Set to:</p> <ul style="list-style-type: none"> <li>Offered and accepted (Pre-CDS-P)</li> <li>Offered and accepted - had a hep C test.</li> <li>Offered and accepted - not yet had a test.</li> <li>Offered and accepted but refused at a later date (Pre-CDS-P)</li> <li>Offered and refused.</li> </ul> | <p><b>Of those specified by the Criteria 3 denominator, the number of clients with:</b></p> <p>Hep C Test Date <math>\geq</math> to reporting month end date minus 12 months and <math>\leq</math> to reporting month end</p> <p>Hep C Test Date Field = CIRHEPCTSTD if present or HEPCTSTD (from assessment)</p> <p>Not included as counting against the target: Hep C test date older than 12 months prior to reporting month end date or no test date or future date (<math>&gt;</math>reporting month end date)</p> |

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Not offered</li> <li>• Deferred due to clinical reasons.</li> <li>• Null/Not set.</li> </ul> <p>N.B. - This effectively excludes those clients for whom Hep C testing is not appropriate, i.e., most recent Hep C status = Assessed as not appropriate to test/retest</p> | <p>Information from CIRs &gt; than month end should be excluded.</p> <p>And with:</p> <p>Either Negative Antibody (Hep C antibody test status Field = CIRHCVAS if present or HCVAS (from assessment)) result<br/>Or Positive Antibody (Hep C antibody test status Field = CIRHCVAS if present or HCVAS (from assessment)) result and Hep C test result PCR (RNA) status Field = CIRHCVPCR if present or HCVPCR (from assessment) equal to Positive, Negative (cleared by treatment), Negative (cleared naturally), or Negative (never infected)</p> <p>Additional points of note:<br/>One client gets counted once.<br/>Most recent non-blank value for each of these fields: Hep C test date, Hep C antibody status and Hep C PCR status (from assessment or CIRs if present)</p> <p>Or</p> <p>Hep C test date linked with Hep C Antibody and Hep C PCR status (on the same CIR or from assessment)</p> <p>Some clients may report that they have never had Hep C even though they are Ab+/PCR-, and it is not possible to confirm if they have naturally cleared the virus. What matters is that both their Ab and PCR status are known.</p> |
|--|--|

*\* Excluding those assessed as not appropriate to test/retest*

*† NDTMS Consented clients in Structured Treatment Only (at the end of the reporting month).*

## Micro-elimination Criteria 4:

There are three different methodologies that may be selected by an organisation to measure criteria 4:

1. **Criteria 4a: 90% of clients\* in structured treatment with Positive Hep C test result PCR (RNA) status (recorded at the last CIR if present or triage) have commenced treatment or achieved SVR†.**
2. **Criteria 4b: 90% of Service Users with positive hepatitis C AB status and PCR (RNA) status are cleared of hepatitis C.**
3. **Criteria 4c: 90 % of clients\* in structured treatment with Positive Hep C PCR (RNA) status ever have commenced treatment or have completed it.**

Organisations must also maintain a focus on non-NDTMS consented clients.

## Criteria 4a:

**90% of clients\* in structured treatment with Positive Hep C test result PCR (RNA) status (recorded at the last CIR if present or triage) have commenced treatment or achieved SVR†.**

Organisations must also maintain a focus on non-NDTMS consented clients.

### Calculation:

$$\% \text{ treated} = \frac{(\text{PCR Positive started treated} + \text{PCR Negative who achieve SVR}) \times 100}{\text{All PCR Positive} + \text{PCR Negative who achieve SVR}}$$

| Denominator  | Numerator   |
|--|---|
| <p>Clients open in structured treatment at the end of the reporting period. (=criteria 1 denominator)</p> <p>Positive or Negative Hep C test result PCR (RNA) status Field = the last CIRHCVPCR if present or HCVPCR (from assessment)</p> <p>For PCR Negative Service Users, 'SVR achieved date' may be taken from an internal non-NDTMS data point or from information provided by the treatment team. (You should check SVR status at 3 months post treatment).</p> <p>Clients who tested positive in the last 5 weeks before the end of the reporting period are excluded.</p> | <p><b>Of those specified by the Criteria 4 denominator, the number of clients with start date of HCV treatment falling within the reporting period.</b></p> <p>HCV treatment start date is an internal (non-NDTMS) data point and can be confirmed by different routes:</p> <ul style="list-style-type: none"><li>• Blueteq date</li><li>• Written or verbal confirmation from ODN or other health or social care authorities e.g., GP or prison team</li><li>• Hep C nurses recording this information directly on the drug service system.</li><li>• Medication physically delivered to patient or patient informing you they started taking medication.</li></ul> <p>Treatment start dates that are more than 30 weeks before the latest Hep C Test date should be excluded. These individuals need a review of their treatment.</p> <p>For PCR Negative Service Users, 'SVR achieved date' may be taken from an internal non-NDTMS data point or from information provided by the treatment</p> |

|  |   |
|--|---|
|  | <p>team. (You should check SVR status at 3 months post treatment).<br/>Only clients in structured treatment at the end of the reporting period are included.</p> <p>Additional Points of Note:</p> <p>Services should provide assurance that they have worked closely with ODNs/treatment teams to highlight cases that may have been closed and are no longer tracked and where treatment responsibility now sits with the ODN/treatment team.</p> <p>Treatment start [date] and SVR information are carried over to new structured treatment episodes for each client. For example, if a client re-presents, the drug treatment service would still hold information about historic SVR.</p> <p>Relevant General Practitioners should be informed where possible.</p> |
|--|---|

*\* NDTMS Consented clients in Structured Treatment Only (at the end of the reporting month). Organisations must also maintain a focus on non-NDTMS consented clients.*

*† Accountability for patient starts and reporting patient starts sits with the ODN. The service will commit to ensuring a robust referral mechanism and support stakeholders in seeking and implementing a local and/or national mechanism for obtaining and reporting accurate patient start data based on a patient start date defined as date of prescription.*

#### **Additional Guidance for Criteria 4a**

- The denominator and numerator conditions around triage, discharge, test and treatment start date include clients who have previously achieved Sustained Virological Response at Week 12 beyond treatment (SVR12)
- Organisations should identify and utilise use internal data points to identify clients who have achieved SVR12.

## Criteria 4b:

**90% of Service Users with positive hepatitis C AB status and PCR (RNA) status are cleared of hepatitis C.**

**Organisations must also maintain a focus on non-NDTMS consented clients.**

| Denominator  | Numerator   |
|--|---|
| <p>Include Criteria 1 denominator, and additional criteria as follows:</p> <ul style="list-style-type: none"> <li>AB +ve PLUS PCR (RNA) +ve</li> <li>AND AB +ve PLUS PCR (RNA) -ve (Cleared by Treatment)</li> <li>AND AB +ve PLUS PCR (RNA) -ve (Cleared Naturally)</li> <li>AND AB +ve PLUS PCR (RNA) -ve (Never Infected)</li> <li>AND AB +ve PLUS PCR (RNA) Unknown**</li> <li>AND AB +ve PLUS PCR (RNA) Blank**</li> <li>i.e. AB +ve</li> </ul> | <ul style="list-style-type: none"> <li>AB +ve PLUS PCR (RNA) -ve (Cleared by Treatment)</li> <li>AND AB +ve PLUS PCR (RNA) -ve (Cleared Naturally)</li> <li>AND AB +ve PLUS PCR (RNA) -ve (Never Infected) *</li> </ul> <p>Additional points of note:</p> <ul style="list-style-type: none"> <li>Provider should develop and publish agreed exemption criteria and a robust process for agreeing exemptions.</li> <li>Services should develop a robust Data Quality Check Process</li> </ul> <p>Relevant General Practitioners should be informed where possible.</p> |

*\* Prior to CDS-P, some services used AB +ve PLUS RNA -ve (Never Infected) to denote RNA -ve (Cleared Naturally), hence assumed to be RNA -ve (Cleared Naturally)*

*\*\* RNA Unknown and RNA Blank included for service user safeguarding (clinical good practice)*

## Additional Guidance for Criteria 4b

- Date range = The time period applied to this calculation is the same as for all other NDTMS extract data, i.e., any episode which is open during the NDTMS reporting month: those with a triage date up to and including the reporting month end date and T3/4 Discharge Date of null or greater than reporting month end date. This will include data from discharged episodes for any service users currently open to the service, where there is insufficient data in the current episode.
- There is evidence to suggest that many service users have been given the status of RNA -ve (cleared naturally), however, they have in fact been cleared by treatment. Hence the decision to include RNA -ve (cleared naturally) in the calculation. In addition, since the Micro-elimination Criteria are designed to show progress towards Micro-elimination of hepatitis C, not treatment, it is logical to include RNA -ve (cleared naturally).
- Some clients might be excluded from the calculation based on the agreed exemption criteria (see below).

## Criteria 4c:

**90% of clients\* in structured treatment with Positive Hep C PCR (RNA) status ever have commenced treatment or have completed it.**

**Calculation:**

$$\begin{array}{l} \text{\% started} \\ \text{or treated} \end{array} = \frac{(\text{PCR Positive started treatment} + \text{PCR Negative who achieved SVR}) \times 100}{\text{All open clients who are PCR Positive now or have been recorded as Hep C PCR Positive on the service's CRMS ever}}$$

**Organisations must also maintain a focus on non-NDTMS consented clients.**

| Denominator  | Numerator   |
|--|---|
| <p>Those with T3/4 Discharge Date &gt; reporting month end date or T3/4 Discharge Date is null and a Triage Date (TRIAGED) &lt;= Reporting Month End Date - 30 days</p> <p>Triage Date Field = TRIAGED T3/4 Discharge Date Field = DISD (structured treatment discharge date)</p> <p>N.B. - the above definition relates to using NDTMS extracts - for internal reports please consider those with psychosocial or pharmacological modality start date &lt;= reporting month end date, psychosocial or pharmacological modality end date &gt; reporting month end date or it is null. This is the NDTMS definition of a client in structured treatment.</p> <p>Include additional criteria as follows:</p> <ul style="list-style-type: none"> <li>Positive Hep C PCR (RNA) test result ever (1 record per client). This can be the latest Hep C test result or Hep C test result from any point in the past, recorded on the service's CRMS. This can be recorded on any assessment (HCVPCR) or CIR (CIRHCVPCR) form, including previous episodes.</li> </ul> <p>N.B. - Exclude clients that tested Hep C PCR positive for the first time in the five weeks before the end of the reporting month (this would be either a new PCR positive or a re- infection after achieving SVR)</p> <p>N.B. - Include not referred for Hep C treatment clients too.</p> <p>N.B. - Some clients might be excluded from the calculation based on the agreed exception criteria (see below).</p> | <p>Of those specified by the Criteria 4b denominator, the number of clients with the latest/most recent (based on the valid dataset - that is Hep C test date, Hep C antibody and Hep C PCR recorded on the same form - either assessment or full/partial CIR) Hep C PCR status Negative (Cleared naturally) (NDTMS option 5), Negative (cleared by treatment) (NDTMS option 4) or only PCR Positive (NDTMS option 1) with start date of prescription of HCV therapy which is no more than 30 weeks before today's date.</p> <p>Operational Delivery Network (ODN) patient starts as defined by start date of prescription of HCV therapy (prescription start date as recorded on Bluetec) Treatment start dates that are more than 30 weeks before today's date (these individuals require review with ODN) or &gt; reporting month end date should be excluded.</p> <p>Additional points of note:</p> <ul style="list-style-type: none"> <li>The expectation is that the Hep C treatment start date should be after the latest PCR+ test date, however it is recognised that in some cases when patients don't reach SVR or where clients are re-tested during treatment this may not be the case. Services should make effort to review such cases and quality assure.</li> <li>Services should provide assurance that they have worked closely with ODNs to highlight cases that may have been closed and are no longer tracked and where treatment responsibility now sits with the ODN.</li> <li>Relevant General Practitioners should be informed where possible.</li> </ul> |



## Exemptions from Micro-Elimination Criteria:

These are service users who have been identified by the service as being exempt from the 4 micro-elimination criteria.

The rationale for a service user being deemed exempt normally falls into one of three categories:

1. Service user is under palliative care
2. Service user is under the care of hospital/has a current severe illness
3. Service user is at a high risk of disengaging from drug and alcohol service (and all reasonable attempts have been made to engage them)

There should be a full procedure around any service user being exempted as well as the monitoring of their exemption status. Using the exemption criteria is normally rare for

services and the numbers are not expected to exceed single figures for any service. The

process for agreeing that someone is exempt is a robust, auditable and collaboratively agreed process. For example:

A process for agreeing proposed exemptions is:

1. Service is close to achieving micro-elimination (criteria 4b close above 80% for example).
2. A review is held of those service users falling outside ME criteria with the lead for the service.
3. A record of reason for exemption is made.
4. A process for review by appropriate service staff is put in place with competency for agreeing exemption status as valid or not.

## Abbreviations and Terminology:

|             |   |
|-------------|---|
| AB+         | Antibody positive. A reactive or positive hepatitis C antibody screening test checks for infection with the hepatitis C virus. However, this may not mean that an individual still has the virus, only that they have had the virus at some point. If an antibody screening test is reactive/positive, a further HCV RNA PCR test should be carried out to make a definitive diagnosis of HCV |
| BBV         | Blood-Borne virus(es), e.g., HIV, HBV, and HCV  |
| Blueteq     | High-cost drug (HCD) management system  |
| CDS-P       | National Drug Treatment Monitoring System Core Dataset P  |
| CGL         | Change Grow Live  |
| CIRHCVAS    | Client Information Review Hepatitis C Result Antibody Status  |
| CIRHEPCSTAT | Client Information Review Hepatitis C Intervention Status   |
| CIRs        | Client Information Reviews  |
| Denominator | Group of people to whom the criteria apply  |
| DISD        | Episode Discharge Date  |
| DTS         | Drug Treatment Service  |
| HBV         | Hepatitis B virus   |
| HCV         | Hepatitis C virus   |
| HCVAS       | Hepatitis C Result Antibody Status  |
| HEPCSTAT    | Hepatitis C Intervention Status   |
| HIV         | Human Immunodeficiency Virus  |
| IDU         | Injecting drug use(r)   |
| INJSTAT     | Injecting status  |
| NDTMS       | National Drug Treatment Monitoring System   |
| NHS APA     | NHS Addictions Provider Alliance  |
| Numerator   | How many people have met the criteria using the fields as specified in Denominator (%)  |
| ODN         | Operational Delivery Network. ODNs are focused on coordinating patient pathways between providers to ensure access to specialist resources and expertise, e.g., viral hepatitis assessment and treatment services are delivered by hepatology, infectious diseases, and gastroenterology specialists  |
| PCR         | Polymerase chain reaction. A PCR test is designed to detect and measure RNA   |
| RNA         | Ribonucleic acid (RNA) is a nucleic acid present in all living cells. An RNA test detects and measures viruses, such as hepatitis C, in the blood   |
| SVR         | Sustained virologic response. Patients who achieve SVR are considered to be 'cured' of having HCV   |
| T3/4        | Tier 3 and 4  |