GILEAD | HEPATITUS C DTS PROVIDER FORUM

Drug and Alcohol Service Standards for Hepatitis C Virus (HCV) and other Blood Borne Viruses (BBVs) (England)

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For review: November 2026

Drug and Alcohol Service Standards for Hepatitis C Virus (HCV) and other Blood Borne Viruses (BBVs) (England) has been developed by Gilead Sciences Ltd in collaboration with representatives from Gilead HCV Drug Treatment Services Provider Forum (DTS) and The Hepatitis C Trust.

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Contents

Disclaimer

This document has been developed by Gilead Sciences Ltd in collaboration with representatives from Gilead HCV Drug Treatment Services Provider Forum.

Providers and The Hepatitis C Trust, listed below.

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

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Introduction and Purpose

HCV is one of the main causes of liver disease in England. NHS England has implemented a national 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[1]. ≈90% of HCV infection in England is attributed to injection drug use (IDU), highlighting the critical role of drug and alcohol services in testing for HCV and linking to care those with active HCV infection.[2]

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: Turning Point, NHS Addictions Provider Alliance (APA), Change Grow Live (CGL), Waythrough and With You. Via became a partner of the Provider Forum in 2021 with Delphi, Harbour and Forward Trust joining in 2024. Partnered DTS are commissioned to test service users for HCV and refer them to treatment.

In November 2022, the Forum finalised and detailed essential, aspirational and exceptional standards for Drug and Alcohol Services (DAS) in England with regards to providing good and consistent practice measures in relation to Hepatitis C Virus (HCV) and other Blood Borne Viruses (BBVs) services across sites and centres.

This updated document, finalised in November 2024, formalises and clearly sets out agreed standards, which have been collaboratively established through an extensive and careful review process, and by consensus agreement from the Hep C DTS Provider Forum partners, and serves as a checklist for DTS/DAS as we work towards our shared ambition of achieving HCV elimination.

1. NHS England. Available at: https://www.england.nhs.uk/2019/01/nhs-englands-plan-to-eliminate-hepatitis-c-decisively-backed-by-high-court. Accessed February 2025.

2. NHS. Hepatitis C - Causes. Available from: https://www.nhs.uk/conditions/hepatitis-c/causes/#:~:text=Injecting%20drugs,injected%20them%20in%20the%20past. Accessed February 2025.

1. BBV and Harm Reduction Leads

	Essential ✓	Aspirational ✓✓ (having met 'Essential')	Exceptional ✓✓✓ (having met 'Aspirational')
1:1	Service has a BBV and Harm Reduction Lead (clinical)*	Service has a funded BBV. Champion/BBV and Harm Reduction lead (non-clinical) in addition to a BBV and Harm Reduction Lead (clinical).†	Service has more than one funded BBV Champion in addition to a BBV and Harm Reduction Lead.
1.2	A mitigation plan should be in place covering duties should the Harm Reduction & BBV lead be absent for any reason.		

*The service has a designated member of staff who leads on and champions BBV work. Duties include ensuring that the service is resourced, staff are trained and supervised to maintain BBV-related competencies, driving forward testing within the service and beyond where those at risk are only accessing needle syringe programmes (NSP) or partner services. Working collaboratively with clinical treatment teams, peers, the Hepatitis C Trust, and any other organisational stakeholders to ensure high quality treatment pathways are in place and delivering high quality engagement activities with service users. The service lead would work closely with data leads to identify who requires a test, uptake of vaccination and ensure positive service users are referred to treatment.

†Role of the dedicated BBV Champion is to raise the profile and awareness of BBV within and beyond the service and to support the coordination of awareness and testing events, support service users on HCV treatment, champion HCV elimination and ensure maintenance of service's HCV elimination status.

2. BBV screening as core business

	Essential ✓	Aspirational ✓✓ (having met 'Essential')	Exceptional ✓✓✓ (having met 'Aspirational')
2.1	All individuals are offered BBV screening at the point of Entry/re-Entry Into Service (EIS).	Service dedicates resource to mark key national and international dates relevant to Hep C and BBV testing, such as European Testing Weeks and World Hepatitis Day. Increased promotion and High Intensity Test & Treat (HITT) events.	Service has an established, wider programme of activity that serves to bolster core business (i.e., monthly testing events and promotional activities specifically within NSP satellite sites). Service deploys (if internal access is possible) or collaborates (if external use is possible) outreach vehicles to meet people where they are (i.e., offers a method for testing people who are difficult to engage).
2.2	All individuals are assessed for BBV risk and offered BBV screening / re-testing at every service user Information Review (CIR) and / or Full Risk Review (FRR). Testing should not be performed just once, at a minimum it should be carried out annually for those that remain at risk of infection[3].		
2.3	All individuals accessing Needle Syringe Programmes (NSP) should be regularly offered BBV screening.		
2.4	BBV screening is the responsibility of all service user facing staff. Unless for an exceptional reason (i.e., Local commissioning stipulation), BBV screening is not limited to being performed by a clinical team.		

2.5	Services streamline testing and use appropriate testing methodologies that, wherever possible, shorten diagnostic timelines. Opt-out testing models, reflex testing and point of care testing should be considered where appropriate.		

3. NICE 2023. Hepatitis B and C testing: people at risk of infection (ph43). Available at: https://www.nice.org.uk/guidance/ph43/chapter/Recommendations#recommendation-6-testing-for-hepatitis-b-and-c-in-drugs-services. Accessed February 2025

3. Data and recording (Testing and Treatment)

	Essential ✓	Aspirational ✓✓ (having met 'Essential')	Exceptional ✓✓✓ (having met 'Aspirational')
3:1	DTS providers should have a minimum monthly reporting structure in place, accessible to all services, covering Hep C micro elimination criteria and displaying service user level data.	DTS have a minimum monthly reporting structure that is visually appealing and provides summary information against all micro elimination criteria, for every individual service (a Hep C micro elimination tracker). Service uses data to coordinate BBV actions on a daily basis (i.e., in start of daily meetings). Service ensures that BBV and Hep C micro elimination data/progress is a rolling agenda item in service wide, monthly touchpoints. Data and recording managed by service.	Service commits a particular amount of time each month to data cleansing and agrees (and follows through with) corrective actions where issues are identified.
3.2	Data (3.1) is reviewed and sense checked as standard every month by service management team.		
3.3	Each service has a lead person or group of people who is/are assigned the responsibility of coordinating actions required, from 3.1. Appropriate data sharing agreements are in place with supporting agencies (e.g. Operational Delivery Networks (ODN), The Hepatitis C Trust etc.) to support collaborative working practices.		

4. Collaborative working with The Hepatitis C Trust

	Essential ✓	Aspirational ✓✓ (having met 'Essential')	Exceptional ✓✓✓ (having met 'Aspirational')
4:1	Service has a well-established pathway with The Hepatitis C Trust. The pathway should detail how and when to refer service users to the Hep C Trust for any support needed while individuals are receiving treatment for HCV, and to ensure HCV treatment completion.	Service has regular onsite support from the Hep C Trust i.e., standard attendance from Hep C Trust representatives on Hepatitis C clinic days. Service invites colleagues from The Hep C Trust to regularly attend team meetings, by way of maintaining service-wide relationships and awareness of The Hep C Trust's support.	Service works collaboratively with The Hep C Trust to plan and deploy disease-raising and/or testing events. Service holds an MDT monthly with colleagues from The Hep C Trust to review and discuss individuals who have been identified as having active Hep C infection and establish & agree actions needed.
4.2	Process (4.1) has been actioned as need needed, documented and is accessible to all staff.		

5. Staff and service user knowledge

	Essential ✓	Aspirational ✓✓ (having met 'Essential')	Exceptional ✓✓✓ (having met 'Aspirational')
5:1	DTS providers should have a standardised BBV learning/training resource that is presented/available to all staff and supervise to maintain BBV-related competencies and necessary engagement activities with service users. The resource should equip staff to be able to discuss BBVs (transmission, safer use, prevention, harm to health and treatment), complete a dried blood spot test (DBST) and record all BBV/Hep C work accurately in DTS data systems.	DTS provides a range of learning and training methods, incorporating both face-to-face and e-learning methods. Service user education around BBVs is also available through a standard psychosocial groupwork programme.	BBV learning/training is mandatory for all service user facing staff. DTS encourage enhanced learning (i.e., inviting partners from NHS and The Hep C Trust) into services to deliver training. DTS may also source and circulate enhanced information resources from reliable stakeholders, e.g. King's College London ECHO (Extension for Community Healthcare Outcomes) programme. Peers with lived experience play a role in educating others through peer-to-peer knowledge sharing.
5.2	Staff knowledge and confidence around all BBVs should be reviewed annually by management teams.		
5.3	BBV learning and training should form part of induction for all new DTS staff.		
5.4	Information should be available to service users that informs of the opportunity to get tested for BBV in the form of leaflets, posters, and or/needle exchange packs. These materials should include basic and appropriate information on transmission, safer use		

	of illicit drug paraphernalia, testing, treatment, and risk.		

6. Treatment and Collaborative Working with Treatment Providers (Operational Delivery Network (ODN)), local Hepatology, Infectious Diseases and/or Gastroenterology service(s) and Community Pharmacy

	Essential ✓	Aspirational ✓✓ (having met 'Essential')	Exceptional ✓✓✓ (having met 'Aspirational')
6.1	Every service has a clear BBV treatment pathway with their relevant clinical treatment team (ODN/Hepatology/ Infectious Diseases/ Gastroenterology).	Hep C treatment pathway centres around in-reach model. Hep C treatment provision meets need. Service (in partnership with the relevant ODN) operates a flexible model for medication supply local to service user. For example, medicines supplied via homecare or courier models with storage and collection from DTS or community pharmacy.	Hep C treatment provision by NHS is provided weekly. Hep C treatment provision caters to in reach and outreach (treatment vans, home. Models should be developed that meet clients preferences (e.g delivered in clients own home). Service led prescribing / treatment based on a patient-centred fully flexible treatment model.
6.2	All staff understand the expectation to incorporate BBV treatment (discussion, support and tracking) as part of an inclusive DTS treatment and care package.		
6.3	Ensuring data recording standard 3 pertains to BBV treatment as well as testing.		
6.4	Service has designated staff that liaise regularly with their relevant clinical treatment team (ODN/Hepatology/ Infectious Diseases/ Gastroenterology).		

7. Harm reduction and re-infection prevention

	Essential ✓	Aspirational ✓✓ (having met 'Essential')	Exceptional ✓✓✓ (having met 'Aspirational')
7.1	Harm reduction and reinfection prevention is the responsibility of all service user facing staff: in line with Needle Syringe Programmes (NSP) Public Health Guideline [PH52] all staff should offer comprehensive harm reduction services including advice on safer injecting practices, assessment of injection site infections, advice on preventing overdoses and help to stop injecting drugs[4].	Injecting behaviour and practice is discussed openly and without any negative consequences to treatment. There is a documented and appropriate intervention in place for individuals who have not complied with treatment/become re-infected. All staff are trained in NSP, safer use of needles and syringes and re-infection prevention, including route transition advice, benefits of Low Dead Space equipment, indirect sharing risks and the promotion of regular re-testing interventions. NSP, Take Home Naloxone, Overdose advice and treatment for injection-site infections should form part of all review and opportunistic conversations. Peer to Peer engagement and secondary provision of NSP should be promoted and supported.	Delivery of an NSP BBV testing model that has high uptake. NSP is also available through another method such as online ordering, peer NSP, pharmacy provision, pick up points, vending machines, partner services secondary distribution street outreach and home visits. Provider works towards ensuring a mechanism for the recording of NSP activity to help demonstrate HCV elimination in harm reduction settings and works with the relevant bodies to develop data. NSP coverage is above 60%.
7.2	NSP is available to all service users for harm reduction at every touchpoint and intervention opportunity across the service including assessment, review, outreach, and discharge. NSP is available directly from service.		

4. NICE 2014. Needle and syringe programmes, Public Health Guidance [PH52]. Available at: https://www.nice.org.uk/guidance/ph52. Accessed February 2025.

8. Service user participation in feedback and evaluation to improve service delivery

	Essential ✓	Aspirational ✓✓ (having met 'Essential')	Exceptional ✓✓✓ (having met 'Aspirational')
8.1	Service users are actively encouraged to feedback on their service experience and a process is in place to collate and review feedback.	The service promotes a collaborative approach to the delivery of BBV testing and treatment pathways with service users.	The service encourages proactive sharing of testing and treatment experience across organisational boundaries to support pathway redesign and improvement (e.g. Bring a Friend initiatives). The organisation develops a formal service user Patient Reported Experience Measures (PREM) to assess the quality of the service user's healthcare experience.
8.2	Hep C Trust peers to advocate on behalf of service users to present experiences of all BBV, harm reduction and treatment services.		