Be Free of Hep C

Get tested. Get treated. Get cured.

Community led HCV treatment models

As we move into the final push for the elimination of hepatitis C in substance use services in England, many providers, HCV clinical networks or Operational Delivery Networks (ODNs) and commissioners are looking at new models of care to accelerate or sustain HCV elimination locally. For some, this includes a shift towards drug and alcohol services taking on additional parts of the care pathway, from assessment all the way to treatment.

This HCV Assessment and Treatment Model Guide has been developed by the Gilead HCV DTS Provider Forum to help services consider the different models that may be adapted to their local needs.

For additional information, support and guidance, please contact your HCV Regional Coordinator and ODN manager/lead.

DTS/GP/Peer Led HCV Assessment and Treatment Models

	Traditional Outpatient *Not standard*	ODN-led clinic in DTS setting *Most DTS sites*	Joint DTS-ODN assessment in DTS setting; ODN nurse present to MDT	DTS-led assessment in DTS setting; DTS lead present to ODN MDT	DTS-led assessment and treatment in DTS setting with honourary contract
Assessment Model	*RNA+ client referred by DTS for treatment at hospital*	*RNA+ client referred by DTS for ODN treatment at regular clinic taking place on DTS premises*	*ODN nurse joins regular DTS clinical meeting to discuss RNA+ clients and assess for treatment in "mini-MDT" for non- complex patients.* *ODN nurse presents at ODN MDT for approval for patients more complex needs.*	*DTS clinician assesses RNA+ clients for HCV treatment and presents all cases to ODN MDT (virtual or in person).* *ODN reviews assessed patients and approves treatment for non-complex patients.* *ODN arranges additional support and assessments for patients with more complex needs prior to treatment approval.*	*DTS clinician assesses RNA+ clients for HCV treatment and presents all cases to ODN MDT (virtual or in person).* *ODN reviews assessed patients and approves treatment for non-complex patients.* *ODN arranges additional support and assessments for patients with more complex needs prior to treatment approval.*
Blueteq & Treatment Delivery Model	*ODN completes Blueteq* *Patient collects at hospital pharmacy* *Couriered/delivered to patient address*	*ODN completes Blueteq* *Patient collects at hospital pharmacy* *Couriered/delivered to patient address*	*ODN completes Blueteq* *Patient collects at hospital pharmacy* *Couriered/delivered to patient address*	*ODN completes Blueteq* *Patient collects at hospital pharmacy* *Couriered/delivered to patient address*	*DTS or ODN completes Blueteq* *Brought to service at next appt by ODN nurse and taken back to Trust if client DNAs or safely stored in service* *Couriered/delivered to DTS and safely stored (courier can be Hep C Trust peer)* *Couriered/delivered to patient address*
Additional Considerations	*This model may be appropriate for small services, services close to hospital, services with very low prevalence of that have already eliminated, or if there is limited funding or resource availability.* *Consideration will need to be given as to how to best maintain links with the treatment team if used infrequently, and how to best support clients to attend appts.*	*This model may be appropriate for services who do not have the capacity, capability or funding mechanisms to lead on work up/assessment/treatment.* *Consideration will need to be given as to how to best align existing client appointments and interventions with their HCV appointment to reduce DNA rates.*	*This model may be appropriate for services with a larger RNA+ population, or as a "first step" to services seeking to take on work up or assessment as a way to support upskilling. This model may also facilitate shared treatment plan models that incorporate all touchpoints in the client's recovery journey to support their engagement in HCV treatment.*	*This model may be appropriate for those services who have a persistent and/or consistent RNA+ population, or for those services who would like to take on a larger role in their client's HCV journey in order to reduce DNAs and reinfections. Services would need to have sufficient capacity and good client engagement.* *Consideration will need to be given as to commissioning models, payment (amounts, mechanisms, any potential up front costs), training needs, honourary contracts and data sharing.*	*This model may be appropriate for those services who have a persistent and/or consistent RNA+ population, or for those services who would like to take on a larger role in their client's HCV journey in order to reduce DNAs and reinfections. Services would need to have sufficient capacity and good client engagement.* *Consideration will need to be given as to commissioning models, payment (amounts, mechanisms, any potential up front costs), training needs, honourary contracts and data sharing.*

DTS/GP/Peer Led HCV Assessment and Treatment Models

	DTS-led assessment and treatment in DTS setting with DTS prescriber, "commissioned" by ODN	DTS-led assessment and treatment in DTS setting with DTS prescriber, commissioned by NHSE	GP Model
Assessment Model	*DTS acts as spoke.* *DTS clinician assesses RNA+ clients for HCV treatment and presents all cases to ODN MDT (virtual or in person).* *ODN reviews assessed patients and approves treatment for non-complex patients and supports DTS prescriber to offer additional assessments and support for patients with more complex needs prior to full treatment approval.*	*DTS acts as spoke.* *DTS clinician assesses RNA+ clients for HCV treatment and presents all cases to ODN MDT (virtual or in person).* *ODN reviews assessed patients and approves treatment for non-complex patients and supports DTS prescriber to offer additional assessments and support for patients with more complex needs prior to full treatment approval.*	*Weekly drop in clinic for persons experiencing homelessness, open referral from hospital, drug service, homeless health clinicians and the Hepatitis C Trust.* *Pre-assessment is face to face and compulsory appointments are kept to a minimum. Follow up and SVR appointments are done flexibly and may not require GP (eg peer).* *MDT can be retrospective, and GP prescribes under honourary contract with ODN.* *If fibroscan is needed, hospital nurse comes to GP practice.*
Blueteq & Treatment Delivery Model	*DTS or ODN completes Blueteq* *Brought to service at next appt by ODN nurse and taken back to Trust if client DNAs or safely stored in service* *Couriered/delivered to DTS and safely stored (courier can be Hep C Trust peer)* *Couriered/delivered to patient address*	*DTS completes Blueteq* *Brought to service at next appt by ODN nurse and taken back to Trust if patient DNAs or safely stored in service* *Couriered/delivered to DTS and safely stored (courier can be Hep C Trust peer)* *Couriered/delivered to patient address*	*GP or ODN completes Blueteq* *Medication delivered to GP practice for patient to collect or taken to patient by peer worker.* *Medication can be made available next day or next week, and over-labeled DAAs are also used for same day treatment with retrospective MDT.*
Additional considerations	*This model may be appropriate for those services who have a large RNA+ population, or for those services who would like to take on a larger role in their client's HCV journey in order to reduce DNAs and reinfections. Services would need to have sufficient capacity and good client engagement.* *Consideration will need to be given to commissioning models, payment (amounts, mechanisms, any potential up front costs), training needs, honourary contracts and data sharing.*	*This model may be appropriate for those services who have a large RNA+ population, or for those services who would like to take on a larger role in their client's HCV journey in order to reduce DNAs and reinfections. Services would need to have sufficient capacity and good client engagement.* *Consideration will need to be given to commissioning models, payment (amounts, mechanisms, any potential up front costs), training needs, honourary contracts and data sharing.*	*This model may be appropriate for GP shared care, those services with transient populations, individuals who may not want to engage for extended periods, or for those who have RNA+ clients who have previously failed on treatment.* *Consideration will need to be given to appropriate peer support, commissioning models, payment (amounts, mechanisms, any potential up front costs), training needs, honourary contracts, data sharing and pharmacy contracts.*

Funding

It is important to consider funding methods when considering different models of care, particularly as elements that have historically been delivered by hospitals shift to drug and alcohol services.

Tariff models

Local arrangements dependent upon the work (e.g. NHS England suggested tariffs). Funding can range from £150 to assessment and £300-£400 for treatment and can be supported by the Patient Per Payment Scheme of £500/patient started on HCV treatment (monies paid to ODNs by NHSE).

ODNs should liaise with drug and alcohol services to arrange appropriate funding.

Drug costs sit with NHS England via Blueteq.

Commissioned models: ODN/NHS England

Service(s) commissioned to act as a central hub bringing together the pathway across multiple providers across a region.

Drug costs sit with NHSE via Blueteq.

Commissioned models: Local Authorities

Blood-borne virus drug and alcohol service commissioned through core contract funded by the public health grant (potential for separate tender for provision of BBV service).

Drug costs sit with NHSE via Blueteq.

Commissioned models: Integrated Care Systems

Commissioned community BBV service.

Drug costs sit with NHSE via Blueteq.

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