

## SWANSEA BAY UHB ANNUAL PLAN BUSINESS CASE TEMPLATE

### PART 1 – PROJECT ASSURANCE SUMMARY

#### A. KEY PROJECT INFORMATION

<b>Name of Project</b>	Hepatitis B and C Eradication Programme Joint Recovery Plan- Eliminating Hepatitis (B and C) as a Public Health Threat in Wales
<b>PMO Reference No (if applicable)</b>	
<b>Project Lead</b>	
<b>Delivery Unit/Corporate Department</b>	
<b>Name of Programme Board</b>	
<b>Name of Programme Board Chair</b>	
<b>Date of Programme Board Approval</b>	Click or tap to enter a date.
<b>R&amp;S Plan – Funding Tier</b> [If Tier 2 or 3, the case will not be presented to BCAG unless a funding stream has been identified or a material change has taken place to the risk rating]	
<b>If funding from designated allocation what is the current status of that allocation?</b>	Remaining allocation:
	Total funding request for this Business Case:
	Remaining allocation if BC approved:

#### B. BUSINESS CASE SCRUTINY

<b>Date Case Received for Scrutiny</b>	Click or tap to enter a date.
<b>Is the case included within the Health Board's Annual Plan?</b>	
<b>Has funding been identified (Revenue &amp; Capital)?</b>	
<b>If the case requires the sign-up of other parties, has this been provided?</b>	
<b>Does the case contain a realistic benefits realisation plan?</b>	
<b>Does the case contain a realistic workforce plan?</b>	
<b>Has the case received financial clearance?</b>	
<b>Date Case Released from Scrutiny</b>	Click or tap to enter a date.

#### C. BUSINESS CASE APPROVAL DECISION

<b>Date of Approval</b>	Click or tap to enter a date.
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**PART 2 – EXECUTIVE SUMMARY**

<b>Annual Plan 21-22 Programmes of Work (select one)</b>	
<input type="checkbox"/>	Cancer
<input checked="" type="checkbox"/>	COVID-19 response, including vaccination and testing
<input type="checkbox"/>	Maternity, Children, and Young People
<input type="checkbox"/>	Mental Health and Learning Disabilities
<input type="checkbox"/>	Planned Care,

<input type="checkbox"/>	Quality and Safety
<input type="checkbox"/>	Urgent and Emergency Care,
<input type="checkbox"/>	Workforce

Please restate the agreed GMOs		
GOALS (what are we trying to do)	METHOD (how are we going to do it)	OUTCOME (what will it deliver)
<p><b>Tackling Population Health challenges:</b> Taking action to improve health outcomes and reduce inequalities through a focus on health behaviours</p> <p><b>POPHEALTH_013</b></p>	<p>Develop proposal for regional integrated health protection function as part of transition year from existing COVID infrastructure.</p> <p>Identify required infrastructure, resourcing and actions needed to meet national expectations to implement National Immunisations Framework in line with the SBUHB allocation from Welsh Government</p>	<p>Improvements in the Swansea Bay population's protection against serious illnesses through uptake of / engagement with eligible vaccination schemes, with a particular focus on vaccine equity.</p>
<p><b>Building the capacity &amp; capability to deliver population health gains:</b> Development of a programme of work to build understanding, awareness and competency by embedding supporting tools, infrastructure and technical advice/support in SBUHB ways of working, to ensure effective sustainable action is directed to achieve maximum population health gain and reduce health inequities.</p> <p><b>POPHEALTH_008</b></p>	<p>Public health technical expertise &amp; function is used to embed a focus on addressing health inequities at a population level, including addressing their root causes, through programmes, strategies and partnerships internally &amp; externally (within capacity and prioritised based on need).</p>	<p>Development of the organisation's capability and capacity to adopt &amp; drive forward population health approaches internally and through external partnership opportunities.</p>
<p>To support the workforce transformation within primary care through the continued development of a multidisciplinary team approach and ensuring</p>	<p>Delivery of the Health Delivery Plan and HIW recommendations within HMP Swansea to deliver health and wellbeing in an equitable and safe manner.</p>	<p>An established nursing workforce able to respond to the prison regime, flexible operational capacity and the needs of the prison population: increase the headroom by</p>

<p>workforce is deployed in the most efficient way.</p> <p><b>PCT-034</b></p>		<p>26.9%</p> <p>Safer prison experience for prison population:</p> <p>Assurance that the needs of the prison population are being met</p> <p>Refreshed/revised partnership board and will function more strategically</p> <p>Demonstrate improved governance structure for HMP Swansea</p> <p>Outcomes based on Improvement Plan - TBC</p>
<p>To ensure that as far as possible primary care is consistent on a 24/7 and geographic basis as there is a recognition that primary and community care services across Wales vary depending on the time of day and location.</p> <p><b>PCT-022</b></p>	<p>Implementation of the HIV Action Plan for Wales 2023/26</p>	<p>Increase the amount of annual reviews undertaken</p> <p>Increase in mental health support for those diagnosed with HIV</p> <p>Increase engagement with vulnerable groups</p> <p>Improve access to clinics for PrEP</p> <p>Increase the number of HIV tests undertaken</p>

Preferred Option Option 4	Year 1 '£000					Year 2 '£000					Year 3 '£000					Recurring
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	
<b>Executive Summary</b>	<b>£000</b>															
Revenue Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less Cash Releasable Savings	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less Available Funding	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Net Revenue Required</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Capital Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less Available Funding	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Net Capital Required</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Funding Required</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## PART 3 – BUSINESS CASE DETAIL

### 1. STRATEGIC CASE - THE CASE FOR CHANGE

Welsh Government have set the ambition for Wales to achieve the World Health Organization's target to eliminate Hepatitis B and C as a public health threat by 2030. Elimination of Hepatitis B and C has significant benefits for the individual and for population health. Swansea Bay University Health Board, Western Bay Area Planning Board, Public Health Wales and partner organisations support this collective ambition.

The Welsh Health Circular (WHC/2023/001)<sup>1</sup> reinforces this commitment to eliminate Hepatitis B and C. Welsh Government have established a Hepatitis B and C Elimination Programme Oversight Group who have agreed a refreshed roadmap for elimination. This identifies 13 action points (operational perspective) that the Oversight Group will be monitoring. Each Health Board area is required to develop and implement a Joint Recovery Plan detailing actions against this roadmap to achieve elimination targets.

To deliver success against the 13 action points multi-agency and multi-disciplinary working by community, primary and secondary healthcare, substance misuse services and prison healthcare is required. A key challenge will be reaching those currently not engaged with traditionally delivered healthcare services therefore joint working with third sector partners is essential, particularly those working with people from high prevalence countries and people who have ever, or currently inject drugs. This multi-agency and multi professional Steering Group is responsible for the development, monitoring and implementation of a Joint Recovery Plan for Swansea Bay to achieve elimination of Hepatitis B and C by 2030.

Hepatitis B & C elimination is a cross-cutting programme that supports delivery of our population health ambitions at scale through a collective responsibility to identify and exploit opportunities to deliver collective and coordinated action across the following organisational perspectives:



### 1.1 STRATEGIC PERSPECTIVE

In March 2023 Welsh Government wrote to all Local Health Boards confirming the purpose of a funding allocation for Financial Year 2023/24 as part of a transition from COVID response to longer-term sustainable regional health protection arrangements. There is an opportunity through adopting this approach to augment capacity within existing teams and to develop the workforce into new and innovative roles. Drawing on a combined workforce from across agencies relieves pressure on

critical services and improves resilience, sustainability and efficiency. Through regular engagement in the Regional Health Protection Forum cross-system leadership and alignment of approaches become embedded. This approach is central to supporting

<sup>1</sup> <https://www.gov.wales/sites/default/files/publications/2023-01/WHC%20-%20Eliminating%20Hepatitis%20B%20and%20C%20as%20a%20public%20health%20concern%20in%20Wales%20-%20Actions%20for%2022%20and%2023%20and%2023%2024.doc%20%28002%29.pdf>

the Swansea Bay area to mount an appropriate response to any all hazards challenges that arise and to prioritise action to identify and address issues of high concern.

In April 2023, as part of this response the Executive Director of Public Health outlined the Health Board's current intentions for using the funding allocation on a whole of system / Regional basis. One of seven priority areas identified for 2023/24 included wider health protection work, with explicit reference to Tuberculosis and Hepatitis elimination.

The oversight group acknowledged pressures that services are currently facing, and the size of the challenge ahead in meeting the WHO's elimination targets. In light of these pressures, but also recognising the importance of Welsh Governments commitment to drive elimination, the group is working with health boards around the development of detailed recovery plans by 30 June 2023.

The benefits of prevention and treatment to individuals are clear in terms of their longer term physical and mental health. Preventing onward transmission of the virus to other individuals results in wider societal benefits. Elimination is highly cost effective as it prevents development of hepatitis related liver disease and all of its complications: end stage liver disease (cirrhosis) and hepatocellular carcinoma which are extremely costly to manage and require utilisation of scarce resource. As well as the cost savings that are realised, prevention and treatment of hepatitis B and C frees up hospital beds and liver transplants for people with other conditions.

The key strategic and operational tasks identified to eliminate hepatitis B and C are not new:

- increasing awareness
- increasing funding
- improving access to vaccination
- testing and treatment.

## **1.2 TACTICAL PERSPECTIVE**

The Hepatitis B and C Elimination Programme Oversight Group will provide a renewed strategic focus on elimination, and to achieve the World Health Organization's targets to eliminate hepatitis B and C as a public health threat by 2030.

Each Health Board area is required to develop and implement a Joint Recovery Plan detailing actions against this roadmap to achieve elimination targets. To deliver success against the 13 action points multi-agency and multi-disciplinary working by community, primary and secondary healthcare, substance misuse services and prison healthcare is required. A key challenge will be reaching those currently not engaged with traditionally delivered healthcare services therefore joint working with third sector partners is essential, particularly those working with people from high prevalence countries and people who have ever, or currently inject drugs.

### 1.3 OPERATIONAL PERSPECTIVE

The Chief Medical Officer has outlined expectation around the operational actions to be delivered within and across each Health Board in Wales. This roadmap contains the following requirements:

1. **Develop Joint Recovery Plans** - Health boards must lead the development of Joint Recovery Plans for their respective areas, working with the Area Planning Boards and Public Health Wales.
2. **Provide sufficient funding to meet elimination targets** - Welsh Government will seek to secure ongoing funding for key national co-ordination posts to assist and enable key delivery partners to deliver against the elimination agenda. Health boards (HBs), Area Planning Boards (APBs) and Public Health Wales (PHW) must provide evidence of new investment in services to support the elimination agenda.
3. **Prevent Infection** - HBs and APBs must ensure substance misuse service and community pharmacy harm reduction services increase the provision and uptake of needle and syringe programmes (NSPs) across Wales to ensure 100% availability of sterile injecting equipment for every injecting event in line with NICE guidance to prevent ongoing transmission.
4. **Increase Case Finding** - HBs and APBs must invest in effective and sustained outreach services to engage with individuals not currently in contact with services, including homeless and unstably housed, young people, those at risk of injecting initiation and sex workers.
5. **Improve testing models** - BBV testing should be available in a variety of settings including community pharmacy, community settings, Needle and Syringe Ps, drug and alcohol services and prisons. The model of testing will vary by setting and HBs and APBs must support the roll out of testing strategies that have proven to be effective including venepuncture, dried blood spot testing and point-of-care tests.
6. **Improve testing in Community Pharmacies** - Testing is currently being delivered in a small number of community pharmacies. Introducing new point-of-care tests is a key way of improving testing in this community setting. Health boards must ensure point-of-care tests are available in at least 100 community pharmacies from those with the highest numbers of needle and syringe exchange and opioid substitution therapy service users by April 2024. Welsh Government will work with health boards to agree the priority pharmacies in each health board area.
7. **Improve testing in substance misuse services** - the key performance indicator (KPI) for Area Planning Boards is being re-introduced. For 2023/24, a minimum of 50% of service users should be tested, with the longer-term aim of 100% of service users tested routinely (in line with micro-elimination targets).
8. **Improve referral rates from substance misuse services** - For 2023/24, 100% of those who have tested positive on the initial screen should be referred

for further investigation with a minimum of 80% of those successfully attending an assessment by clinical treatment services.

9. **Improve testing and treatment in Prisons**- Micro-elimination of hepatitis C must be achieved and sustained in all Welsh prisons by March 2024. Micro-elimination is defined as:
  - 100% of the prison population being offered a hepatitis C test.
  - 90% of those having then been tested.
  - 90% of those who been diagnosed with hepatitis C having started treatment.
10. **Improve treatment times** - Health boards must ensure that individuals referred for further investigation and care should be seen expediently, preferably within days and in a setting suitable to their needs with provision being made for rapid access to therapy where required. All clinical staff are required to use the e-form on the clinical portal for recording patient care pathways for this and other aspects of care to be monitored.
11. **Increase number of patients successfully treated for hepatitis** – Define SBUHB annual minimum target for hep c for 2023/24.
12. **Deliver the national re-engagement programme** - Health boards to ensure that the remaining 3,000 individuals who may have current infection with hepatitis C are communicated with and are encouraged to come forward for testing. The expectation is that this exercise will be completed by late 2023.
13. **Improve our data** - From 1 April 2023, all data on treated patients will be gathered via the e-form, and any not entered via this system will not be counted. We are aware that there remains considerable uncertainty around the prevalence of both hepatitis C and HIV in Wales. Further evidence is required in this area so that we can truly understand the scale of the task, better understand who to target for testing and know when we have achieved our elimination aims.

Public Health Wales will undertake a seroprevalence survey that aims to estimate the overall prevalence in the general population; and the prevalence in all relevant sub-populations to inform targeted testing and clinical services going forwards. The results from this survey will inform future Welsh Health Circulars.

#### **1.4 CURRENT SERVICE PROVISION AND THE BUSINESS NEED**

Current provision has been included in the action plan (Column C) (see Appendix) which was returned to Welsh Government on 30 June 2023. Further detail on testing for Hepatitis C has been included in further mapping (see Appendix).

There is an ongoing need to address outstanding areas mapped against the 13 point action plan, as detailed in column D, with RAG rating and resource implications included within the action plan.

<b>Hep B/C Elimination Current Provision</b>	
<b>Develop Joint Recovery Plans</b>	<p>High level plan submitted to Welsh Government 31<sup>st</sup> March 23.</p> <p>Detailed plan submitted 30<sup>th</sup> June 2023</p>
<b>Provide sufficient funding to meet elimination targets</b>	<p>Harm reduction group of Western Bay APB reports on WG KPIs.</p> <p>Commissioning, Finance and Performance Sub Group of Western Bay APB brings together representatives of the Responsible Authorities (as directed by WG in their APB guidance), to improve and strengthen the arrangements for the planning, commissioning and performance management of substance misuse services across Neath Port Talbot and Swansea. Of current roles, CNS resource is fragile and other roles split between this and BBV / general hepatology which reduces capacity.</p>
<b>Prevent Infection</b>	<p>Western Bay APB Harm Reduction Dashboard 2022/23-needle and syringe programme transactions 7195 (down 20% on 2021/22 figures)</p> <p>Hep B immunisation- outside routine immunisation schedule Hep B immunisation also offered:</p> <ul style="list-style-type: none"> <li>• Those on catch-up from the routine childhood immunisation programme, e.g. asylum seekers / refugees, other groups – data held with the service groups that current deliver these programmes. There is currently a backlog for some immunisations.</li> <li>• Individuals at high risk of exposure to the virus or complications of the disease (pre-exposure immunisation), e.g. PWID, sex workers – data held by SH / OH.</li> <li>• Individuals who have already been exposed to the virus (post-exposure immunisation), including infants born to hepatitis B infected mothers- pathway in place. The number of infants this involves is approximately less than 10 per year. This data is picked up by VPDP in their COVER report, and also held on HPT Tarian system. "</li> </ul>
<b>Increase Case Finding</b>	<p>Blood Borne Virus (BBV) specialist service operated as outreach service as baseline. Appointments available in SMS, probation, HMP, mobile welfare vehicle, home visit and needle exchange. Walk-in services offered in various settings across SBUHB.</p> <p>Patients given opportunity to advise where they'd most like to be seen. Appointments in hospital setting</p>

	available where appropriate. Peer workers in place under guidance of Barod.
<b>Improve testing models</b>	<p>Western Bay APB Harm Reduction Dashboard 2022/23 Number of specialist service transactions: - Barod (Swansea), Adferiad (Swansea, Neath, Port Talbot), Goleudy- total 4090</p> <p>Community testing conducted under supervision of three groups: CDAT testing overseen and done in name of Dr Gangineini, HMP Swansea testing conducted under supervision and in name of Gary Matthews lead nurse, all other routine community testing eg. In SMS, outreach conducted under supervision and in name of James Plant BBV CNS.</p> <p>Recently developed road map of access to services (can be requested of James Plant). Investment in POCT outreach models piloted and prioritised in Swansea Bay in wide range of settings.</p> <p>Testing available (albeit with limited success due to nature of interaction) in NSP. Opt-out screening modelled in HMP Swansea although fragility of team limits reach of testing - this is improving currently but robust analysis of structure is limited.</p> <p>DBST training for keyworkers and those that engage at risk groups e.g. Wallich keyworkers is offered, driven, conducted by, and can be requested of James Plant - availability and roll out is limited due to clinical commitments however application has broadened access to testing for those who may otherwise have been excluded and routine screening in temporary accommodation has proven successful in each instance. Paul John - SBUHB BBV specialist pharmacist - is also national lead for BBV testing in pharmacies project.</p> <p>Access to consumables for DBST is fragile and procurement of DBS cards and subsequent provision to SMS via Orion can be unreliable and has led to services running out in the past - contingency planning for this is time consuming and inefficient for BBV team and APB harm reduction lead</p>
<b>Improve testing in Community Pharmacies</b>	Western Bay APB Harm Reduction Dashboard 2022/23 Total transactions SBUHB pharmacy 3105 (down 41% on 2021/22)
<b>Improve testing in substance misuse services</b>	Testing available in all SMS settings in SBUHB. Offer and uptake varies but clinical guidance, training, and consumables all available. Testing continues to improve although levels are inconsistent.

<b>Improve referral rates from substance misuse services</b>	All results from SBUHB are received by James Plant in first instance, either by recipient name or by weekly report from PHW, and pathway to treatment is expedited from point of receipt of results. Patients testing positive are added to caseload with plan for engagement before tester/ referrer is aware of result. This has shown to improve engagement with patient and removes risk of failure to refer.
<b>Improve testing and treatment in Prisons-</b>	Micro-elimination piloted and achieved in HMP Swansea in 2019. Ongoing POCT in place however recruitment and fragility of team structure has led to periods where this has not been offered to all men routinely. This is improving. Stock of pan-genotypic therapy held in HMP Swansea pharmacy meaning when process is followed men can commence antivirals within 48 hours of arrival in prison. 10 people available to support testing to enable testing daily. Expect max turnover of 150-200 per month, average length of stay 6-8 weeks.
<b>Improve treatment times -</b>	Process for using eforms is robust and testing and treatment data is recorded from point of diagnosis to point of discharge with SVR. Pathway allows for patient to be offered a scheduled appointment with specialist at the same time they are given their diagnosis - reliably within a week and in a location appropriate and acceptable to the patient. Treatment decisions made in discussion with specialist pharmacist following initial specialist review - many patients able to commence therapy approx. two weeks after initial specialist review where appropriate.
<b>Increase number of patients successfully treated for hepatitis</b>	Target 23/24 is at least 205 treatments. This is achievable if screening delivers sufficient diagnoses - currently widespread screening does not identify this number of people for treatment
<b>Deliver the national re-engagement programme</b>	Phase two of reengagement is in process and initial data for screening has been sent to health boards - the screened list was returned by the BBV team within the requested timescale. Largest number of potential cases attributed to SBUHB and BBV team awaits receipt from PHW of cleaned-up list of names for people to be contacted and invited for review
<b>Improve our data</b>	No national dashboard currently. Locally West Glamorgan APB Harm Reduction Dashboard- includes data on: <ul style="list-style-type: none"> <li>• Needle and syringe programme transactions - Number of NSP sites</li> <li>• BBV testing by site - (also home naloxone distribution) BBV team has robust process for eform completion and trains for and promotes use of NEO for BV testing across the healthboard. C</li> </ul>

	<ul style="list-style-type: none"> <li>Currently NEO in use for all community testing in James Plant name (eg. dyfodol, barod, wallich etc), Neo records for HMP Swansea completed by James Plant remotely, improving use of Neo within CDAT</li> </ul>
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## 2. OPTIONS

### 2.1 DESCRIPTION OF MAIN OPTIONS

Four options have been identified based on the options included within a document developed nationally and shared with health boards across Wales (see Appendix).

Options		Planned Outcomes (Outcomes from GMO)					
		1	2	3	4	5	6
1	“Status Quo/Do Nothing, or Do Minimum	?	?	X	X		
2	Minimum requirement to fulfil key roles	?	?	?	?		
3	Additional roles that will provide further resource to prisons, CNS and community pharmacy	?	?	Y	?		
4	Further resourcing to reach a wider range of target groups and additional focus on HIV	?	?	Y	Y		

Key:

Y	Fully meets the outcomes
?	Partially meets the outcomes
X	Does not meet the outcomes

#### Option 1 (do nothing)

Maintain current service provision.

Role	Band	WTE	Mid scale cost (all on costs included)	Top of Scale cost (all on costs included)

Clinical nurse specialist	6/7			In service but short-term funding
Lead Pharmacist				Already in service
Peer worker	3			Already in service
POCT	5	2.0		Already in service-check
Data manager				Already in service? Check with Matt R

### Option 2 (Minimum requirement to fulfil key roles)

Role	Band	WTE	Mid-scale cost (all on costs included)	Top of Scale cost (all on costs included)
Clinical nurse specialist	6/7			In service but short-term funding
Lead Pharmacist				Already in service
Peer worker	3			Already in service
POCT	5	2.0		Already in service-check
Data manager				Already in service? Check with Matt R
Elimination Coordinator / Data Manager	8a	1WTE	£61,680	£69,597 (could be met and already costed by 8a post in regional health protection service)
Clinical nurse specialist	7	1WTE	£55,548	£60,572
Personal Assistant	4	1WTE	£32,779*	£32,779
Fibroscan technician/HCA	4	2WTE	£32,779* x2	£32,779

Roles required:

**Elimination co-ordinator / data manager:** *Role is to map out the entire service, collate data on testing and treatment on a monthly basis and provide regular feedback to teams on performance including league tables where appropriate, set up meetings and coordinate educational / motivational events for community teams as required.*

Currently delivered between Matt Rafferty and James P. Data for testing is more reliable given ease of access to reporting although lack of admin support means that

expected figures won't be up to date until end-June due to large scale testing project underway. Role specific to this description not in place currently.

**Clinical nurse specialists:** *A core nurse led BBV team is required to deliver teaching, drive testing and deliver treatment in the community setting. Priority is low threshold entry into treatment with treatment delivered at the point of need (community) using Wales guideline pathways. Some clinical nurse specialists will already be in place and so the number required to reach the minimum 3 target will vary by Health Board.*

CNS resource is fragile. Currently one CNS at band 7 delivers <0.5WTE to BBV – contract for this CNS is permanent and time is distributed between general Hepatology and BBV. This CNS was taken on to lead BBV service within Hepatology originally but changes to team structure meant that she has had to commit to Hepatology. Need to include as priority redistribution of her hours back in favour of BBV service given her skill and experience. One 1WTE BBV nurse (James P) contracted solely to BBV service as outreach specialist at band 6 but temporarily rebanded at band 7 to deliver and build on BBV service (currently banding is expected to fall back to band six in September 2023, currently working on permanent rebanding at band 7 however success is uncertain). Given acuity of patients remaining to be treated and large number of patients to be treated expected to reside in SBUHB I'd suggest 3xband 7 CNS would be the goal.

**Lead pharmacist:** *Co-ordinate treatment – delivery of medication to individuals, prisons etc, check DDI where appropriate, provide advice on treatment where appropriate, support community treatment*

One pharmacist contracted to split time between HIV service and Hepatology however weight of HIV service has led to her Hepatology/ BBV work being picked up by Paul John – Wales lead for Pharmacy testing. Currently seconded to PHW from SBUHB in this role and suspect ongoing funding is currently uncertain. Core team commitments restrict the time he can spend with the SBU BBV team however currently no concerns re access to therapy on rapid pathways

**Full time PA:** *Administrative support to the BBV team to aid with completion of E forms, book appointments, book meetings, facilitate data collection etc*

1WTE band 3 “support secretary” with time split covering BBV team work and general Hepatology team work. Role is permanent but believe funded by BBV, despite >50% of the time being consumed by general Hepatology clinic management and typing. Full; time admin support/ PA at band 4 is essential to allow CNS team to focus on treating/ coordinating testing & referral pathways

**Band 4 specialists:** *At least 2 per Health board. Required to carry out fibroscanning, testing, training, high intensity test and treat sessions in the community.*

Currently 0.5WTE band 3 specialist dedicated to BBV. Again, time skewed in favour of general Hepatology more often than not. Highly skilled individual acting as fibroscan/ phlebotomy/ training/ inclusion & engagement specialist. Role requires

band 4 due to weight of responsibility of autonomy delivering peripheral BBV service in outreach settings to relieve pressure on CNS.

**Peer workers:** *At least 2 per Health board to increase testing, improve linkage to care, improve treatment completion, reunite medication with patients (e.g. when released from prison). Utilisation of naloxone peers may be possible in some areas.*

Reliable naloxone peer service x3 in Western Bay under coordination of Barod (suspect plans to increase this further). Plans in place to enhance existing BBV testing training. Matt Rafferty would be able to advise better.

**Point of Care Testing staff:** *Band 5 biomedical scientists. At least 1 per health board employed to support processing of results, education, training, etc. and carry out point of care testing in the community including HITT projects as appropriate.*

POCT team of 3 specialists (one senior biomed scientist and two POCT practitioners) operate Wales-wide. We're fortunate in the time they offer to SBUHB but this is not cemented contractually. Use of POCT in novel operations in SBU can be demonstrated to be of benefit (via [louise.davies14@wales.nhs.uk](mailto:louise.davies14@wales.nhs.uk) for data) and BBV team + POCT team has led the way in Wales for novel approaches to screening. Expertise is in place to deliver this as a continuous SBU-based operation.

### **Option 3 (Additional roles that will provide further resource to prisons, CNS and community pharmacy)**

#### **See Section 3.1 for resource implications of this option**

Option 3 includes investments already outlined in option 2 in addition to the following:

**Clinical nurse specialists** - *A core nurse led BBV team is required to deliver teaching, drive testing and deliver treatment in the community setting. Priority is low threshold entry into treatment with treatment delivered at the point of need (community) using Wales guideline pathways. Some clinical nurse specialists will already be in place and so the number required to reach the minimum 3 target will vary by Health Board.*

Additional investment in CNS capacity in order to further stabilise the workforce and drive improvements in delivery in order to meet Welsh Government targets.

**Prison testing team** – *Minimum 2 individuals employed in remand prisons to specifically deliver regular and reliable testing of all new admissions and any missed at reception.*

Currently all prison testing undertaken by existing healthcare team within very limited time resource and high turnover of staff renders this unstable. Often access to testing is very limited due to labour/ skill shortage on site. This has improved recently but dedicated testing resource would remove some fragility – could also bear burden of admin

HMP needs to introduce opt-out DBST alongside HCV POCT as there is significant missed opportunity for diagnosis of HBV/ HIV – this can be demonstrated by diagnoses of BBV in probation setting in prison-leavers who could have been identified for therapy/ intervention sooner

**Prison peers** – at least 1 paid peer per prison

**Prison administrative support** – *Administrative support for the testing team to ensure all results are receipted, actioned and entered onto the relevant recording platforms.*

Given unstable resource in HMP Swansea all NEO data entry is being done by BBV team – this is unsustainable and ideally will be handed to HMP when resource identified and in place

**Community pharmacy liaison** – WTE Band 4/5 with responsibility for driving up testing in community pharmacy through regular engagement, education, training and feedback on performance.

#### **Option 4 (Further resourcing to reach a wider range of target groups and additional focus on HIV)**

This has not been costed for this business case and will be considered as part of future reviews and planning.

Additional funding could also include:

1. Routine opt out testing in A&E for HIV, Hep B, Hep C.  
ID reg (and James Plant scoping out opportunities for alcohol/ drug liaison team to screen all those referred to service in ED setting as starting point
2. Identification and linkage to care of patients in primary care with risk factors identified via computer algorithm
3. Linkage to care of patients tested in community pharmacy setting
4. Co-ordinated approach to testing individuals from high prevalence countries  
JP has approached Maria Doyle for comment and to open discussion. This will develop further however Health Access team reports difficulty with recruitment and providing resource to bear burden of DBST screening
5. Self-testing through postage schemes set up if data from England supports such an approach
6. Increased outreach to gyms, street workers and other vulnerable populations  
Have early-days proposal (informal) to conduct screening events in YMCA gym to assess uptake out outcomes with support of PSALT prescribing service housed in same building
7. Screening of pregnant women if data from England supports such an approach

Anecdotally, many female patients express frustration at point of diagnosis when advised that they won't necessarily have been screened during pregnancy and sometimes diagnosis follows via our team many years later

8. Support implementation of the HIV Action Plan for Wales 2023/26, including:
  - a. Increase the amount of annual reviews undertaken
  - b. Increase in mental health support for those diagnosed with HIV (and other BBVs)
  - c. Increase engagement with vulnerable groups
  - d. Improve access to clinics for PrEP
  - e. Increase the number of HIV tests undertaken

## 2.2 SUMMARY OF MAIN OPTIONS

Name of Option		Decision	Findings
1	"Status Quo/Do Nothing, or Do Minimum	X	<ul style="list-style-type: none"> <li>• Insufficient funding to meet targets</li> <li>• Can measure standards but low chance of being able to act on recommendations</li> <li>• Limited ability to recover</li> <li>• No improvement in performance (treatment times, testing and referrals)</li> <li>• Risk of performance worsening over time</li> </ul>
2	Minimum requirement to fulfil key roles	?	<ul style="list-style-type: none"> <li>• Partial funding to meet targets</li> <li>• Limited ability to act on recommendations</li> <li>• Some ability to stabilise recovery</li> <li>• Some improvement in treatment times performance which is more sustainable</li> <li>• limited improvement in performance (testing and referrals)</li> <li>• Some ability to improve data quality locally</li> </ul>
3	Additional roles that will provide further resource to prisons, CNS and community pharmacy	Preferred option.	<ul style="list-style-type: none"> <li>• Able to meet action plan and address needs in prisons in particular</li> <li>• Greater ability to recover and improve performance</li> <li>• Improvement in performance (case finding, treatment times, testing and referrals)</li> <li>• Ability to further improve data quality in prison population</li> </ul>
4	Further resourcing to reach a wider range of target groups and	Y	<ul style="list-style-type: none"> <li>• Able to meet action plan and further reach into target groups / opportunities for other interventions</li> <li>• Greater ability to act on the range of groups identified and include groups such as</li> </ul>

	additional focus on HIV		<p>maternity and acting more upstream in preventative interventions</p> <ul style="list-style-type: none"> <li>• Greater ability to improve performance and target more vulnerable groups</li> <li>• Greatest improvement in performance (case finding, treatment times, testing and referrals)</li> <li>• Limited gains in improving testing in prisons compared to option 3 as most investment in prison population is in option</li> </ul>
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### 2.3 SELECTION OF THE PREFERRED OPTION

Option 3 is the preferred model. It enables the requirements outlined within the Welsh Government action plan to be addressed and support the needs of the prison population. It will allow SBUHB to better utilise existing infrastructure and expertise

<b>Overarching Hep B/C Eradication Actions</b>	<b>Preferred Option Decision Making Framework</b>
1. Develop Joint Recovery Plan	Recovery plan developed and submitted to Welsh Government
2. Provide sufficient funding to meet elimination targets	<ul style="list-style-type: none"> <li>• Option 1- insufficient funding to meet targets</li> <li>• Option 2- partial funding to meet targets</li> <li>• Option 3- able to meet action plan and address needs in prisons in particular</li> <li>• Option 4- able to meet action plan and further reach into target groups / opportunities for other interventions</li> </ul>
3. Prevent Infection	<ul style="list-style-type: none"> <li>• Option 1- can measure standards but low chance of being able to act on recommendations</li> <li>• Option 2- limited ability to act on recommendations</li> <li>• Option 3- greater ability to act on recommendations in prison population</li> <li>• Option 4- greater ability to act on the range of groups identified and include groups such as maternity and acting more upstream in preventative interventions</li> </ul>
4. Increase Case Finding	<ul style="list-style-type: none"> <li>• Option 1- limited ability to recover</li> <li>• Option 2- some ability to stabilise recovery</li> <li>• Option 3- greater ability to recover and improve performance.</li> <li>• Option 4- greater ability to improve performance and target more vulnerable groups</li> </ul>
5. Improve Testing Models	
6. Improve Testing in Community Pharmacies	

7. Improve Testing in Substance Misuse Services	<ul style="list-style-type: none"> <li>Option 1- no improvement in performance</li> <li>Option 2- limited improvement in performance</li> <li>Option 3- even greater improvement in performance</li> <li>Option 4- limited gains in improvement compared to option 3 as most investment in prison population is in option 3</li> </ul>
8. Improve referral rates from substance misuse services	<ul style="list-style-type: none"> <li>Option 1- limited ability to recover</li> <li>Option 2- some ability to stabilise recovery</li> <li>Option 3- greater ability to recover and improve performance.</li> <li>Option 4- greater ability to improve performance and target more vulnerable groups</li> </ul>
9. Improve testing and treatment in Prisons	
10. Improve Treatment Times	
11. Increase number of patients successfully treated for hepatitis	
12. Deliver the national re-engagement programme	<ul style="list-style-type: none"> <li>Option 1- some improvement in performance but not sustainable and risk of this worsening over time if workforce is not stabilised</li> <li>Option 2- some improvement in performance which is more sustainable</li> <li>Option 3- greater improvement in performance</li> <li>Option 4- even greater improvement in performance and greater reach into more vulnerable groups</li> </ul>
13. Improve our data	

### 3. RESOURCE IMPLICATIONS

#### 3.1 RESOURCE IMPLICATIONS OF THE PREFERRED OPTION

Role	Band	WTE	Mid scale cost (all on costs included)	Top of Scale cost (all on costs included)
Clinical nurse specialist	6/7			In service but short-term funding
Lead Pharmacist				Already in service
Peer worker	3			Already in service
POCT	5	2.0		Already in service-check
Data manager				Already in service? Check with Matt R
Elimination Coordinator / Data Manager	8a	1WTE	£61,680	£69,597 (could be met and already)

				costed by 8a post in regional health protection service)
Clinical nurse specialist	7	1WTE	£55,548	£60,572
Personal Assistant	4	1WTE	£32,779*	£32,779
Fibroscan technician/HCA	4	2WTE	£32,779* x2	£32,779
Clinical nurse specialist (further stabilise CNS workforce)	6	2WTE	(£44,849 x 2)	£102, 732 (£51,366 x 2)
Fibroscan technician/HCA (for prisons)	4	2WTE	£32,779* x2	£32,779
Peer support (prison)	3	1WTE	£28,744*	£28,744
Community pharmacy liaison	4	1WTE	£32,779*	£32,779

## Summary Financial Requirements

Preferred Option Option 4	Year 1 '£000					Year 2 '£000					Year 3 '£000					Recurring
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	
<b>Executive Summary</b>	<b>£000</b>															
Revenue Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Less Cash Releasable Savings	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Less Available Funding	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Net Revenue Required</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Capital Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Less Available Funding	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Net Capital Required</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Total Funding Required</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

## Summary Workforce Requirements

*Workforce – if additional staff are required the table below must clearly state where these will be sourced from. Details can be sourced from the finance template in Appendix A.*

Staff Group	WTE Required	Source of Staff	Risks/Comments

## Summary Benefits

*Details can be sourced from the finance template in Appendix A. In all cases the desired outcome or benefit, measure, baseline position and outcome achievable from the change should be identified. Desired outcomes should be based on benchmarking data where available. All benefits require a trajectory indicating the baseline value position and timeline for the proposed target value. All benefits must be quantified numbers or percentages (eg reduce smoking rate from 20% to 16% / reduce waiting list by 500 cataract daycases / savings of £1.5m). Please do not state 'reduce or increase' without quantities.*

Benefit	Measure	Baseline Value	Target Value

## 4. MANAGEMENT CASE

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### 4.1 RISKS & ENGAGEMENT

*Please describe the main risks and link into the risks within the PID. List the risks to the delivery of the change below with the mitigating actions. Has a risk log been started for the project? Describe the risk management arrangements.*

Risk ID	Description of Risk	Risk Score	Mitigating Actions

### 4.2 ENGAGEMENT & CONSULTATION

*As included in the PID, please summarise the engagement that has taken place with all internal and external stakeholder. Also describe any discussions with the CHC (if appropriate) and the outcome.*

### 4.3 IMPACT ASSESSMENT

*Has an Equality Impact Assessment been carried out? If so, what is the impact of the change and any mitigating actions which need to be taken.*

*Does the change contribute to our 'Sustainability Duty' under the Wellbeing of Future Generations Act? How does it help to meet the 7 All-Wales Wellbeing Goals. See link [here](#) for further information.*

*Describe how the change contributes to the wellbeing of future generations, More detail about the act, the goals and the Sustainable Development principles can be found at [150623-guide-to-the-fg-act-en.pdf](#) ([futuregenerations.wales](#))*

#### Well-Being of Future Generations Impact

Goal	Yes / No
A prosperous Swansea Bay	
A resilient Swansea Bay	
A healthier Swansea Bay	
A more Equal Swansea Bay	
A Swansea Bay of cohesive communities	

A Swansea Bay of vibrant culture and thriving Welsh language	
A globally responsible Swansea Bay	

Describe how the delivery of this change will be achieved in accordance with the sustainable development principle and the five ways of working.

Principle	Comment
Long Term (add in definition)	
Prevention	
Integration	
Collaboration	
Involvement	

*Describe what considerations have been made to environmental impact and if there are opportunities to support decarbonisation or environmental sustainability initiatives. Link to the [WG Decarbonisation Action Plan](#)*

#### 4.4 INTERDEPENDENCIES

*Describe the interdependencies with other teams/ directorates/ Delivery Units/ Health Boards or other organisations. Describe the impact on these and actions that can be undertaken to maximise opportunities and mitigate any risks/costs.*

#### 4.5 PROJECT MANAGEMENT ARRANGEMENTS AND ACTIONS

*Are project management arrangements in place? Is there a project team?  
Use same language as the PID – (table from PID)*

*Please include as an appendix the 100 day plan from PID and summarise below.*

## Appendix A - Financial, Workforce & Benefits Model



Business Case  
Collection Sheet v7.1

## Appendix B - Project Initiation Document

## Appendix C – National document summarising minimum ask- author Brendan Healy

The key components of elimination are:

- 1) Testing
- 2) Linkage to care
- 3) Treatment delivery
- 4) Treatment completion
- 5) Prevention

At this stage of elimination our biggest hurdle is scaling up testing to ensure that we are diagnosing all those with hepatitis C to ensure that we are driving towards elimination but also to identify accurately the scale of the challenge.

It is clear that our BBV teams are significantly inadequately resourced and that elimination will not be possible without investment. By way of contrast appendix 1 sets out the make-up of an elimination team in England.

Roles required:

- 1) Elimination co-ordinator / data manager. Role is to map out the entire service, collate data on testing and treatment on a monthly basis and provide regular feedback to teams on performance including league tables where appropriate, set up meetings and coordinate educational / motivational events for community teams as required.
- 2) 3 Clinical nurse specialists - A core nurse led BBV team is required to deliver teaching, drive testing and deliver treatment in the community setting. Priority is low threshold entry into treatment with treatment delivered at the point of need (community) using Wales guideline pathways. Some clinical nurse specialists will already be in place and so the number required to reach the minimum 3 target will vary by Health Board.
- 3) Lead pharmacist. Co-ordinate treatment – delivery of medication to individuals, prisons etc, check DDI where appropriate, provide advice on treatment where appropriate, support community treatment
- 4) Full time PA. Administrative support to the BBV team to aid with completion of E forms, book appointments, book meetings, facilitate data collection etc

- 5) Band 4 specialists. At least 2 per Health board. Required to carry out fibroscanning, testing, training, high intensity test and treat sessions in the community.
- 6) Peer workers. At least 2 per Health board to increase testing, improve linkage to care, improve treatment completion, reunite medication with patients (e.g. when released from prison). Utilisation of naloxone peers may be possible in some areas
- 7) POCT staff- Band 5 biomedical scientists. At least 1 per health board employed to support processing of results, education, training, etc. and carry out point of care testing in the community including HITT projects as appropriate.

Other roles that are required but may be funded separately:

- 8) Prison testing team – Minimum 2 individuals employed in remand prisons to specifically deliver regular and reliable testing of all new admissions and any missed at reception.
- 9) Prison peers – at least 1 paid peer per prison
- 10) Prison administrative support – Administrative support for the testing team to ensure all results are receipted, actioned and entered onto the relevant recording platforms.
- 11) Community pharmacy liaison – WTE Band 4/5 with responsibility for driving up testing in community pharmacy through regular engagement, education, training and feedback on performance.

Future Projects:

- 1) Routine opt out testing in A&E for HIV, Hep B, Hep C.
- 2) Identification and linkage to care of patients in primary care with risk factors identified via computer algorithm
- 3) Linkage to care of patients tested in community pharmacy setting
- 4) Co-ordinated approach to testing individuals from high prevalence countries
- 5) Self-testing through postage schemes set up if data from England supports such an approach
- 6) Increased outreach to gyms, street workers and other vulnerable populations
- 7) Screening of pregnant women if data from England supports such an approach

### **Appendix 1 – England ODN set up**

The make-up of ODNs completely varies unfortunately so it is difficult to describe a typical one. However, we'd expect ODNs to have:

1. ODN Clinical Lead (1 PA)
2. ODN Manager ( 1 WTE usually band 7-8a)
3. Hep C Trust peers (paid, not the voluntary peers) – anywhere between 2-5WTE per network depending on need. They then also have access to other peers, including community, prison, and voluntary.
4. A core CNS team (tends to be 2/3 CNSs, example - 1 band 6, 1 band 7 and 1 band 8)
5. ODN pharmacist – 1WTE band 8
6. ODN MDT Coordinator – 1WTE band 6

Then depending on the ODN they might have additional resource, either their own resource or that they pay for a % of the WTE from the Trust, examples might include:

1. Fibroscan technician/HCA (B3)
2. Project Nurse for ED Testing (B6)
3. Community Van Driver
4. Administrative support
5. Outreach Nurses

I have put below three examples to show the variety of staff ODNs sometimes have. As you can see, some are quite resource heavy, and others have quite small teams. It completely depends on the size of the ODN, how close they are to elimination, how well spoke sites and hubs work together, their partnerships with other local services etc.

Post	wte
ODN Coordinator	1
ODN Lead Nurse B8	1
2 AHPs at Laboratories for Capillary testing pilot	2
ODN Pharmacist	0.8
ODN Admin support	0.8
ODN Project Manager	0.2
ODN Outreach Nurse	1
ODN Outreach Nurse	1
ODN Lead	0.1
Peer Lead Coordinator	1
ED Peer	1
Admin cover at spoke sites	0.8
Outreach nurse at CGL (uplift/prescriber)	1
BBV Outreach Nurse for GRH	1
BBV Post at Turning Point, Yeovil	0.6

BBV Nurse Prescriber Post at We are with you	0.4
BBV HCA Post at We are with you	0.8
BBV Nurse in Bristol Prisons	1

Post	wte
<i>e.g. Peer Co-ordinator</i>	<i>1</i>
Band 6 HCV Specialist Nurse	3
Band 6 Project Manager	0.5
Band 7 ODN Manager	1
Band 4 Data Administrator	1
Band 7 HCV Specialist Nurse	1
8C Nurse Consultant	0.5
8A Lead Nurse for BBV	0.4
Band 7 HCV Specialist Nurse	0.5
Band 4 Nursing Assistant	0.8
Band 4 MDT Coordinator	0.2
Band 6 BBV Prison Nurse	0.4
Band 6 BBC Nurse - Approved Premises	0.3

Post	wte
<i>e.g. Peer Co-ordinator</i>	<i>1</i>
ODN Clinical Lead	0.06
ODN Project Assistant/Coordinator (B4)	1
ODN Manager	1
ODN Admin Assistant (B3)	1
Project Manager (B6) Fixed Term	1
Band 5 Nurse Fixed Term	1

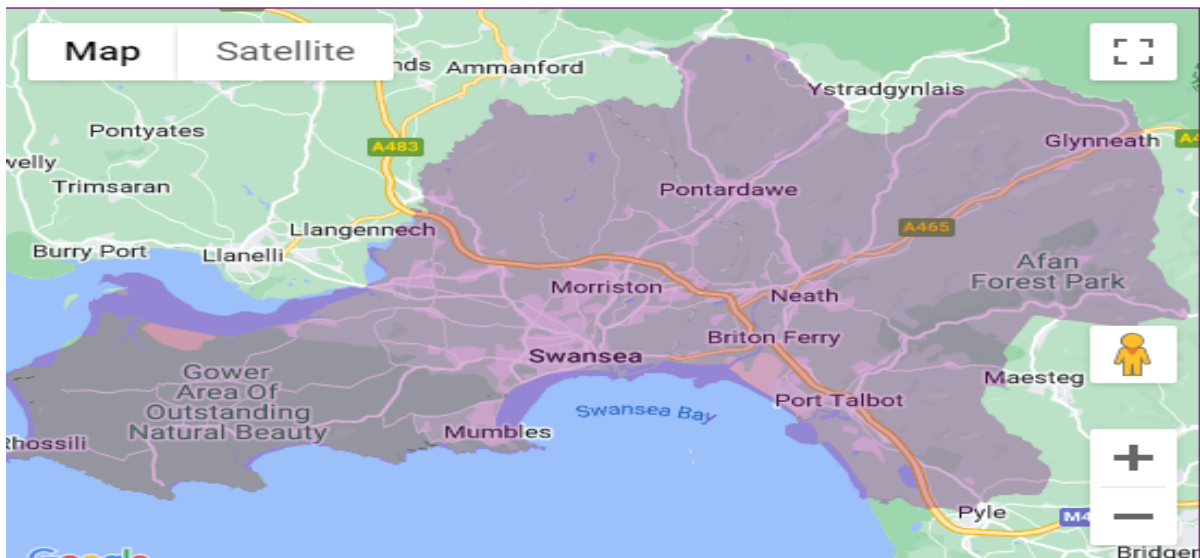
**Appendix D- Swansea Bay University Health Board (SBUHB) Hepatitis C elimination site mapping (data collated May 2023)**

Estimated population of SBUHB = 390,000

Hep C treatment target 22/23 = 205

Total treatments 22/23 = 119

Total Hepatitis C tests completed 22/23 (Excluding HMP Swansea and CDAT) = 1358



Swansea mapped sites:

HMP Swansea – SA1 3SR – Cat B/C remand prison – capacity 502 (micro-elimination achieved 2019)

Barod (SA1 5TR) – Substance misuse service. Capacity =

Kaleidoscope - Dyffodol (SA1 5DF) criminal justice services. Capacity =

Wallich (SA1 6AB): - Homeless Charity. Capacity =

Projects includes Rough sleeper intervention team (RSIT), Welfare mobile Vehicle visiting city centre Neath valley and Griffiths John Street flats, 360 project, Housing First Swansea

Goleudy (Housing charity and ACCESS POINT – point of contact for rough sleeper). Capacity =

Community Drug and Alcohol Team (CDAT) – (SA1 6DR) – prescribing for substance misuse who require complex support. Capacity =

PSALT (SA1 5JQ) - Newid’s Primary Care, low threshold medical prescribing service for non-complex patients. Capacity=

**Hostels:**

Ty Tom Jones Hostel (SA1 5DZ) (linked to Wallich) – 24 residents and 1 Emergency bed. Capacity 27

St. Leonard's Hostel (SA1 6AB) (linked to Wallich) – capacity 14

Shoreline Swansea – wet house (SA1 6BP) (linked to Wallich) – capacity 10

Dinas Fechan Hostel (SA1 2AW) (linked to Wallich) – capacity 17 plus Emergency bed and chalet - 3-5

Gorwelion (SA1 5NW) (linked to Wallich) – capacity 13

Cross borders (SA7 9GQ) (linked to Wallich for women support) - capacity 10

KLJ Seafront hostels: Tudor court hotel (capacity 30), Swansea Bay Hotel (capacity 30), South View (capacity 30)

Quay house (SA1 2AW) (Approved probation premise hostel) – capacity 20

Betty Williams (linked to Goleudy) – units 4 capacity 11  
 ROADS, Sir John Morris House (SA1 5BP) (linked to Goleudy) - 7 clients  
 Paxton street hostel (SA1 3SQ) (linked to Goleudy) – capacity 13 beds plus 1  
 emergency bed  
 Private rented sector support

### 15 NSP Pharmacies:

Site	Total	Unique Client
Total	5237	1955
605465B - Treboeth SA5 9EL	1071	301
605870J - Tesco SA5 4BA	891	492
605509B - Neath SA11 1AH	865	257
605854C - Well SA1 4DQ	593	309
605120C - Davies SA11 2DQ	470	113
605850N - Well SA12 6AP	399	146
605856D - Well SA1 8QY	265	89
605854E - Well SA3 5JD	196	46
605856E - Well SA4 4NU	134	58
605145A - Village SA4 1TL	130	22
605145B - Newbury SA3 4BD	72	31
605818D - Boots SA11 3EP	69	34
605804P - Lloyds SA6 5HB	68	50
605545E - M W Phillips SA10 9EY	12	5
605352A - D R Cecil Jones & Son SA11 5AL	2	2

**Higher NSP turnovers include** Treboeth pharmacy SA5 9EL, Tesco SA5 4BA, Health Dispensary Neath SA1 1HA, Well pharmacy SA1 4DQ, Davies Chemist SA11 2DQ, Well SA1 8QY, Well SA4 4NU

**Projects:** Probation testing, RAPPS, ICNET and contact tracing, Possible asylum seeker locations e.g. ibis 15 rooms Holiday Inn Llandarcy- 21 rooms currently being used

### Neath mapped sites:

High intensity test and treat project completed for Neath town completed October 2022 (127 tests over 9 venues)

Adferiad Recovery (covers previous CAIS, Hafal and WCADA organisations) – covers co-occurring mental health and substance misuse conditions) - SA11 3BH and SA11 3AY

Community Drug and Alcohol Team (CDAT) – (SA11 3LX) – prescribing for substance misuse who require complex support

Kaleidoscope - Dyffodol (SA11 1HB) - criminal justice services

### Hostels:

Ambassador Hotel – SA11 1RA - capacity 48

Beaufort House - SA6 8JG - units 15 (17 residents currently)

Lewis Road residence – SA11 1\*\* - 5 units (some families) capacity 10

Treetops residence – SA11 2SL – 11 units

**Projects:** Housing options in Neath, NPT ward F Psych ward and Calon Lan detox ward testing. Salvation Army hostel café.

**Port Talbot mapped sites:**

Adferiad Recovery (covers previous CAIS, Hafal and WCADA organisations) – covers co-occurring mental health and substance misuse conditions (SA13 1HU)

Wallich Prevention and Wellbeing Support (PAWS) - SA13 1HN

Goleudy (Housing charity) - SA13 1HN

Hostels:

YMCA – SA13 1HU

Aberavon Beach – 7 units (some families)

**Appendix E Terms of Reference**

[SBUHB Hep B C Elimintion Recovery Steering Group Regional Health Protection Forum ToR 1.1.docx \(sharepoint.com\)](#)

**Appendix F Action Plan**

[20232706 SBUHB Joint Recovery Plan - Hep B and C 1.0.xlsx \(sharepoint.com\)](#)