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Last	27/06/2023

Quarterly reporting and plan to be refreshed at end of 2023/24

RAG Key	
RED	No progress / limited progress made
AMBER	Good Progress made and likely to be achieved within timescale
GREEN	Action complete with evidence to support

Action No.	Overarching Action Narrative	Current Position	Actions to be undertaken	Resource Required	Lead Owner	Timescale / Date for Completion	RAG status	Comments
1	<b>Develop Joint Recovery Plans</b> - Health boards must lead the development of Joint Recovery Plans for their respective areas, working with the Area Planning Boards and Public Health Wales. These joint recovery plans must be submitted by 31st March 2023	Plan submitted 31 March (high level overview) Detailed plan to be submitted 30 June	Submit detailed plan 30 June	Within existing resource	KR	30-Jun	AMBER	
1.1	A named corporate lead for hepatitis B and C elimination in the health board.	Identified as , Executive Director of Public Health	Completed	N/A	KR	30-Apr	GREEN	
2	<b>Provide sufficient funding to meet elimination targets</b> - 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.	Harm reduction group of Western Bay APB reports on WG KPIs. 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.	Regarding additional local investment, identified as a priority is a requirement to stabilise the current Clinical Nurse Specialist workforce supporting this programme. BBV subgroup to be established which reports into the harm reduction subgroup of the APB to outline new investments required to support the elimination agenda. Develop initial business case based on immediate priorities and future business case as wider discussions develop, incorporating wider areas where relevant including BBV more broadly and other aspects of the regional health protection function, as well as links to cross-cutting agendas e.g. HIV action plan, TB elimination, focus on hard to reach groups / inclusion health.	To be identified as part of developing business case alongside the wider transition in 2023/24 from COVID response to longer-term sustainable regional health protection arrangements.	BH/KR	30-Sep	RED	
3	<b>Prevent Infection</b> - 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 in order to prevent ongoing transmission.	Western Bay APB Harm Reduction Dashboard 2022/23- needle and syringe programme transactions 7195 (down 20% on 2021/22 figures)  Hep B immunisation- outside routine immunisation schedule Hep B immunisation also offered: <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 VPPD in their COVER report, and also held on HPT Tarian system.</li> </ul>	Measure current performance against NICE guidance and develop action plan on identified recommendations.	To be identified as part of developing business case alongside the wider transition in 2023/24 from COVID response to longer-term sustainable regional health protection arrangements.	Redacted	30-Sep	RED	
4	<b>Increase Case Finding</b> - 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. The success of peer support workers has been demonstrated. The benefits of a peer support network include increased reach and increased credibility, which has resulted in an increase in individuals initiating and completing therapy in certain settings.	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. Patients given opportunity to advise where they'd most like to be seen. Appointments in hospital setting available where appropriate. Peer workers in place under guidance of Barod.	All organisations and keyworkers engaging at risk groups need to be trained for and delivering routine DBS testing and NEO use. BBV team needs additional labour resource to coordinate and broaden access to training and oversight of pathway. Training package for delivery to services re screening needs standardising and formalising, with a particular focus on populations at risk of hepatitis B and C including those from high prevalence countries and people who have ever, or currently inject drugs.	Further utilisation of naloxone peers established in Western Bay - then increase in number of same. Success of existing pathway to treatment and engagement therein centred on CNS involvement in SMS and other outreach settings role-modelling importance of access to BBV services. BBV CNS to support and enhance this across Swansea Bay.	Redacted	31-Mar-24	AMBER	

5	<b>Improve testing models</b> - BBV testing should be available in a variety of settings including community pharmacy, community settings, Needle and Syringe Programmes, 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.	Western Bay APB Harm Reduction Dashboard 2022/23 Number of specialist service transactions: - Barod (Swansea), Adferiad (Swansea, Neath, Port Talbot), Goleudy- total 4090 Community testing conducted under supervision of three groups: CDAT testing overseen and done in name of redacted, HMP Swansea testing conducted under supervision and in name of lead nurse, all other routine community testing eg. In SMS, outreach conducted under supervision and in name of BBV CNS. Recently developed road map of access to services. Investment in POCT outreach models piloted and prioritised in Swansea Bay in wide range of settings. 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. 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 BBV CNS - 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. SBUHB BBV specialist pharmacist - is also national lead for BBV testing in pharmacies project. 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 timeconsuming and inefficient for BBV team and APB harm reduction lead.	Analyse and improve access to testing in NSP. Further engage pharmacies for BBV screening - potentially use peer support for this. Utilise BBV sub group to scrutinise and feed back on availability of testing in services. Apply "traffic light" system to all services engaging at risk persons to evaluate efficacy of testing programme and develop guidelines for this. Improve access to DBS consumables via procurement and grab bags via Orion	2x SBU-based POCT practitioner. 2x band 4 BBV specialist to lead testing efforts in range of outreach settings. 1x data manager within BBV team. Links to action 3	Redacted	31-Mar-24	
6	<b>Improve testing in Community Pharmacies</b> - 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.	Western Bay APB Harm Reduction Dashboard 2022/23 Total transactions SBUHB pharmacy 3105 (down 41% on 2021/22)	Consider use of peer workers to support pharmacy testing where pharmacies prove unable to bear labour burden themselves	Scope for use of peers	Redacted	31-Mar-24	
7	<b>Improve testing in substance misuse services</b> -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).	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.	Improve access to DBS consumables for SMS. Improve labour allocated to BBV teams to support training and delivery of testing pathways. Utilise BBV sub group to scrutinise efficacy and application of screening programmes	Improve labour allocated to BBV teams to support training and delivery of testing pathways	Redacted	31-Mar-24	
8	<b>Improve referral rates from substance misuse services</b> - 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.	All results from SBUHB are received by BBV CNS 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.	No immediate concerns regarding referral to specialist service. DPIA underway by BBV CNS, awaiting further input from DPO. DPIA will improve collaboration between SMS and BBV unit to support engagement.	This has largely already been achieved and continues to be secure given current pathway	Redacted		
9	<b>Improve testing and treatment in Prisons</b> - 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 have been diagnosed with hepatitis C having started treatment.	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.	Focus on supporting testing strategy within HMP Swansea to ensure 100% of arrivals offered screening at second reception.	Ensure ongoing supply of equipment and staffing to administer testing and admin thereof, with inclusion of DBST alongside existing POCT.	Redacted		

10	<b>Improve treatment times</b> - 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.	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.	Pathway is robust and rapid. Patients have access to treatment as quick as medication ordering system allows. Provision of stock, rather than named medication, would allow faster access and support low threshold for access.	Improve CNS resource to cover broader range of clinical settings reliably. Currently drugs ordered via homecare as named medication - renders usually 2/52 delay from prescribing to starting therapy. Funding provision of stock of pangenotypics within BBV unit would facilitate low threshold access to therapy at a pace that could match that of the successful rapid pathway in HMP Swansea	Redacted	31-Mar-24	
11	<b>Increase number of patients successfully treated for hepatitis</b> SBUHB annual minimum targets for hep c for 2023/24 is 205.	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	Improve access to screening across healthboard as suggested. Improve labour allocation to specialist nursing team to deliver on treatment pathway for those testing positive	Improve CNS resource. Improve access to training for SMS. Improve peer resource. Improve admin support. BBV team resource is stretched beyond capacity and current operation, despite falling short of target, is unsustainable	Redacted	31-Mar-24	
12	<b>Deliver the national re-engagement programme</b> - 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.	Phase two of reengagement is in process and initial data for screening has been sent to healthboards - 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.	Ensure BBV team allocated appropriate labour and admin support to deliver on proposed outcomes of reengagement project	Requires improved dedicated BBV PA resource and greater CNS resource	Redacted	31-Mar-24	
13	<b>Improve our data</b> - 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.	No national dashboard currently.  Locally West Glamorgan APB Harm Reduction Dashboard- includes data on: - Needle and syringe programme transactions - Number of NSP sites - 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. Currently NEO in use for all community testing in BBV CNS(eg. dyfodol, barod, wallich etc), Neo records for HMP Swansea completed by BBV CNS remotely, improving use of Neo within CDAT	Meetings to be arranged between health boards and PHW to discuss- first met 5/6/23- recognising that we all work in different contexts, it was suggested that a session/workshop is held to inform what needs to be collected/ provided to inform planning, delivery and reporting. Review BBV annual report when published	BBV CNS & redacted ensuring data is collected and delivered appropriately by BBV Unit. Analysis by redacted & PHW (including redacted )	Redacted	31-Mar-24	