This briefing paper has been prepared for members of the Health and Sport Committee to provide additional information on hepatitis C to support its inquiry into the Sexual Health and Blood Borne Virus Updated Framework, taking place on 23 January 2018.

Key Messages:

- The opportunity to effectively eliminate a disease is a rare opportunity that must not be missed.
- The Scottish Government should publish a clear action plan for the elimination of hepatitis C as a public health concern by 2030.
- The greatest challenge is to identify those individuals who are living with hepatitis C but not yet diagnosed, and to reduce transmission of the virus by targeting ‘at risk’ groups.
- The Scottish Government should review the current contracting arrangements to support a longer term strategic approach.
- HCV treatment budgets should be ring fenced to allow greater flexibility to increase treatment numbers.
- Delivery of elimination is possible within existing budgets, but only if pathways for testing, diagnosis and treatment are reviewed.

Health Committee Inquiry Questions:

1. To what extent do you believe the Scottish Government’s Sexual Health and Blood Borne Virus Updated Framework and the approach by Integration Authorities and NHS Boards is preventative?

The Scottish Government has publicly stated its commitment to eliminate hepatitis C (HCV) as a public health concern by 2030. However despite this commitment, the Government has not, to date, published a clear action plan setting out targets and timescales for how this will be achieved.

A preventative approach to hepatitis C should prioritise reducing transmission of the virus and therefore an elimination strategy should refocus on a “treat all” approach where there is an incentive for the health services to identify, test and treat all those people that are hard to reach and at risk from the virus. This will require a step change in efforts to identify and treat undiagnosed HCV patients in Scotland.

It is estimated that 35,900 people in Scotland are living with chronic HCV. Recent figures show little progress in driving forward the ambition of elimination. In 2016, 1593 new cases were diagnosed and 1739 commenced treatment in 2016/17. With treatment numbers only just above new
diagnoses, it is difficult to see how elimination can be achieved by 2030. With the adoption of new oral treatments, and more simplified diagnostic and testing requirements, there is an opportunity to entirely review the patient pathway from identification and diagnosis into treatment and thereby increase the number of patients accessing treatment.

**Is the approach adequate or is more action needed?**

The current approach of the NHS in Scotland will not deliver elimination. Updated modelling based on the initial Markov model for hepatitis C treatment in Scotland has demonstrated that with no prioritisation to achieve elimination of hepatitis C as a public health concern by 2030, Scotland would need to treat 2500 patients per year and to achieve elimination by 2025, 3000 patients per year. This could be achieved within the existing budget but new approaches are needed.

In order to reach elimination, it will be critical to identify and treat patients who are at risk of transmitting the infection. In Scotland, around 57% of people who inject drugs (PWID) are thought to have been infected with HCV and newly acquired HCV infections are predominantly within this group. Yet only 63% of this group are aware of their infection. As such it is critical to test, diagnose and treat PWID in order to reach the overall goal of elimination.

Prevalence in prisons is also high with 19% of Scottish prisoners found to be hepatitis C positive in a 2012 study. Driving the consistent implementation of opt out HCV testing in prisons and supporting prisoners into treatment should be a specific workstream of an elimination action plan.

With the integration of health and social care services, AbbVie believes there is an opportunity for all stakeholders to work together to practically drive forward elimination by developing new models of care and improving access to screening, diagnosis and treatment. This should involve specialist healthcare services, GPs, community pharmacy, drug and alcohol services, social care services, third sector, housing and prison services.

AbbVie has undertaken a number of projects which aim specifically to address the challenges that exist in identifying positive cases in PWID and prisons, and linking them through to care. These include the development of peer education and support programmes, and partnership working to increase awareness in pharmacy about testing and treatment for HCV. Each of these examples aim to reach people where they are already engaging with public services and address the knowledge gap about the disease and treatment options.

However, projects like these (and other projects across the UK) are often dependent on short-term, independent funding and to date, there is no central support or strategic plan to roll out successful initiatives to other parts of the country. The Scottish Government needs to provide leadership through an elimination action plan on the mechanisms to share best practice so that duplication is avoided across the country.

**Are the services and Sexual Health and Blood Borne Virus Updated Framework being measured and evaluated in terms of cost and benefit?**

The Government has not published any evaluation of the cost-benefit of treatment of patients with HCV. In December, Health Protection Scotland and NSS Scotland published a new data portal on Hepatitis C Quality Indicators, although the information currently provided is limited.
2. **Given the high cost of new medicines, what cost-benefit analysis has been done of primary prevention in general, and the role of the new medicines as a means of primary prevention?**

As a result of the procurement model for HCV treatments in Scotland, the NHS has benefitted from significant discounts to the published list price of these new oral medicines.

Elimination can be achieved within the existing budgets for HCV, but it will require a different approach. The medicines available in Scotland provide a curative treatment for hepatitis C which can deliver long term savings to the NHS as well as transforming individual patients’ lives.

One of the factors driving the current approach to agreeing patient numbers to be treated is the annual financial budgets. Currently the number of patients to be treated is agreed at the beginning of the year, without regard to cost reductions likely to become available within the year. The budget to fund these treatments comes from each health board and any savings on treatment costs is held within that health board and is not reinvested in further treatment of the disease. Health Boards should protect their budgets for HCV treatment and reinvest savings into increasing the numbers of patients receiving treatment if elimination is to be achieved.

The current tendering process for positioning of HCV medicines has created an environment that prevents clinical choice of treatment and creates uncertainty for companies to invest in long term plans that would support elimination.

The Scottish Government should review its contracting arrangements to address these issues, initiating a longer term strategic approach to contracting that will facilitate more service redesign to optimise the number patients being tested, diagnosed and treated, whilst avoiding the upheaval and instability caused by changing the treatment options available.

Adopting flexible budgeting models that support NHS Boards to deliver multi-year budget plans, and having a ring fenced budget for HCV with a minimum treatment target (rather than a fixed one) based on modelling on the minimum number required to be treated each year in order to achieve the 2030 elimination target, would ensure progress towards elimination and provide stability. A longer term approach, with everyone working together for the goal of elimination would allow for the necessary programmes to be properly supported and allowed to flourish.

**Concluding points:**

- A preventative approach to hepatitis C should target those who are at most risk of transmitting the infection.
- The reduction in the number of injecting drug users in Scotland, presents a valuable opportunity to reduce the spread of infection and should be seen as an opportunity to redouble efforts into targeting this at-risk population.
- The greatest barrier to treatment is not the cost of the medicines, it is the inability to identify the 40% of patients living with hepatitis C but not yet diagnosed. It is vital to identify those who are positive and get them into treatment and this will require service redesign to allow testing and treatment in the community.
Scottish Government *Sexual Health and Blood Borne Virus Framework 2015-2020 update, September 2015*

Waverly Care *World Hepatitis Day 2017 – Hepatitis See* (available online at waverlycare.org), accessed on 5 January 2018

Scottish Parliament Written Answer SSW-12382 “To ask the Scottish Government how many people have been (a) diagnosed with and (b) received treatment for hepatitis C in each year since 1999, broken down by NHS Board”, Answered on 13/11/2017

T Prevost et al, *Estimating the number of people with hepatitis C virus who have ever injected drugs and have yet to be diagnosed: an evidence synthesis approach for Scotland*, Addiction 110, 1287-1300

