The Hepatitis C Trust

Background

Hepatitis C is a preventable, treatable and curable blood borne virus that affects an estimated 35,900 people in Scotland. Primarily affecting the liver, if left untreated it can cause fatal liver cirrhosis or liver cancer. Around 40% of people with the virus in Scotland remain undiagnosed, and relatively few people receive treatment each year (although the number of people being treated has increased in the past few years due to the increasing availability of new, highly effective treatments).

Hepatitis C disproportionately affects disadvantaged and marginalised communities, with over 50% of people with hepatitis C in Scotland coming from the lowest socio-economic quintile and 75% coming from the lowest two quintiles. In Scotland, of those diagnosed with hepatitis C with a known risk factor, an estimated 97% are current or former injecting drug users. Hepatitis C also disproportionately affects prisoners in Scotland, with a 2012 study into the prevalence of hepatitis C in Scottish prisons, for example, finding that an estimated 19% of prisoners were living with the virus (compared to around 0.6% of the non-prison population).

The prison environment, though, provides an ideal opportunity to identify, test and treat high-risk 'hard-to-reach' groups and reduce the prevalence of hepatitis C both in prisons and in the wider community, thanks to factors such as reduced exposure to alcohol and non-prescribed drugs in prison and the availability of additional ‘wrap-around’ support. Testing, diagnosing, treating and curing people of hepatitis C while in prison will also avoid downstream costs to the NHS from untreated hepatitis C, including the management of cirrhosis and liver cancer.

To what extent do you believe that health inequalities are / could be addressed in the prison healthcare system?

With over 50% of people with hepatitis C in Scotland being from the lowest socio-economic quintile and 75% being from the lowest two quintiles, it is clear that hepatitis C is a significant health inequalities issue. Given the additional support available in prison, as well as reduced exposure to alcohol and other non-prescribed drugs, it offers an ideal environment in which to test, diagnose, treat and cure this high-risk group. Increasing the numbers of individuals tested, diagnosed, treated and cured within the prison healthcare system is therefore an opportunity to address a significant health inequalities issue.

Engaging prisoners in the hepatitis C care pathway, and ultimately curing them of the virus, also offers a platform from which to address other inter-linked issues that may contribute to their offending, such as substance misuse or mental health issues. Indeed, The Hepatitis C Trust’s experience of engaging with prisoners (both through providing peer support in prisons and through supporting current and former prisoners via our patient helpline)

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suggests that by engaging with the care pathway and being cured of hepatitis C, individuals are often provided with heightened self-worth and confidence that allows them to tackle their wider issues and challenges.

What are the current barriers to using the prison healthcare system/improve the health outcomes of the prison population?

One of the most significant barriers to increasing the numbers of individuals tested and diagnosed for hepatitis C in Scottish prisons is the absence of national guidance regarding the implementation of the opt-out blood borne virus (BBV) testing policy. While an ‘opt-out’ BBV testing policy was committed to in the Scottish Government’s Sexual Health and Blood Borne Virus Framework 2015 – 2020, no guidance has been developed to support prisons and NHS boards with the implementation of this policy. As a result, an opt-out approach to BBV testing has only been implemented in 4 out of 15 prisons in Scotland, and there is also no common approach to the implementation of the policy (inevitably resulting in an inequality of access to testing).

Other barriers include an absence of structured peer support available to prisoners with hepatitis C. In the absence of well-informed peer support, myths and misinformation about hepatitis C often preponderate (both within prisons and in the wider community), and so individuals are often less inclined to engage in the hepatitis C care pathway, either because of stigma, fear, or because they may not view themselves as being at risk.

Can you identify potential improvements to current services?

The Scottish Government’s Sexual Health and Blood Borne Virus Framework 2015 – 2020 committed the Scottish Government to working with NHS boards and the Scottish Prison Service to introduce opt-out blood borne virus testing for all new prisoners in Scotland during their induction period, stating that this would “provide an important opportunity to test and support a population who may otherwise not engage with health services.” The commitment to this testing approach came after Public Health England, NHS England and the National Offender Management Service (NOMS) agreed to the implementation of the opt-out policy in 2013. However, as of July 2016, an opt-out testing approach had been introduced in less than one-third of Scotland’s 15 prisons (HMP Shotts, HMP Perth, HMP Glen Ochil, and HMP Kilmarnock).

Given the high prevalence of hepatitis C among the prison population, it is essential that an opt-out testing approach is implemented in all prisons in Scotland, and that the initial offer of a test upon induction is accompanied by relevant and appropriate information related to prevention, risk factors, and treatment options. The testing offer should also be a continuous one, and prisoners should be offered BBV testing at all available opportunities, e.g. any medical or substance misuse appointments. To help prisons and NHS boards implement the opt-out policy, national good practice guidance would be welcome.

Increasing hepatitis C awareness and knowledge levels among prison staff is also essential, with low levels of awareness and knowledge often contributing towards the spread of misinformation or the embedding of stigmatised attitudes towards the virus. Every professional working within prisons should have a working knowledge of both hepatitis C and BBVs more broadly, given their high prevalence among prisoners, and should be equipped

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with the skills to disseminate key messages around prevention, testing and treatment. Participation in BBV training, such as the RCGP’s online course ‘Hepatitis B and C: Detection, Diagnosis and Management,’ should be a required component of all professional development plans of professionals working in the prison environment.

Alongside heightening understanding of hepatitis C among professionals, peer support (such as peer education sessions or ‘buddying’ programmes) should also be available to prisoners living with hepatitis C. Such peer-led interventions are not only essential in providing the kind of psychological support required to individuals diagnosed with hepatitis C, but are also important ways of guiding prisoners through the care pathway and encouraging adherence to treatment.

Central to ensuring the potential improvements detailed above would be the appointment of a BBV lead overseeing all Scottish prisons, with responsibility for ensuring the effective implementation of the BBV opt-out testing policy, as well as responsibility for ensuring the development and maintenance of effective care pathways which facilitate an increase in the number of prisoners treated and cured.