

BLOOD BORNE VIRUS TESTING IN WELSH PRISONS

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RCGP SECURE ENVIRONMENTS SUMMIT, CARDIFF

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Where are we now?

- BBV testing being offered routinely in most prisons since 2012
- Testing using dried blood spot or venepuncture
- Referral pathways in place for each prison
- HCV specialists running clinics in each prison
- Fibroscan available in each prison
- 'Healthy' budget for treatment
- Several health promotion campaigns

What do we know?



- Are we testing more people?
- Do we have an understanding of prevalence?
- Are people receiving repeat testing?
- Are patients being referred into treatment?

Are we testing more people?

Year	Number tested	Percentage of new admissions tested
2013	1255	13%
2014	1177	15%
2015	1318	13%
Jan-June 2016	1387	30%

Testing is increasing but we can still reach many more!

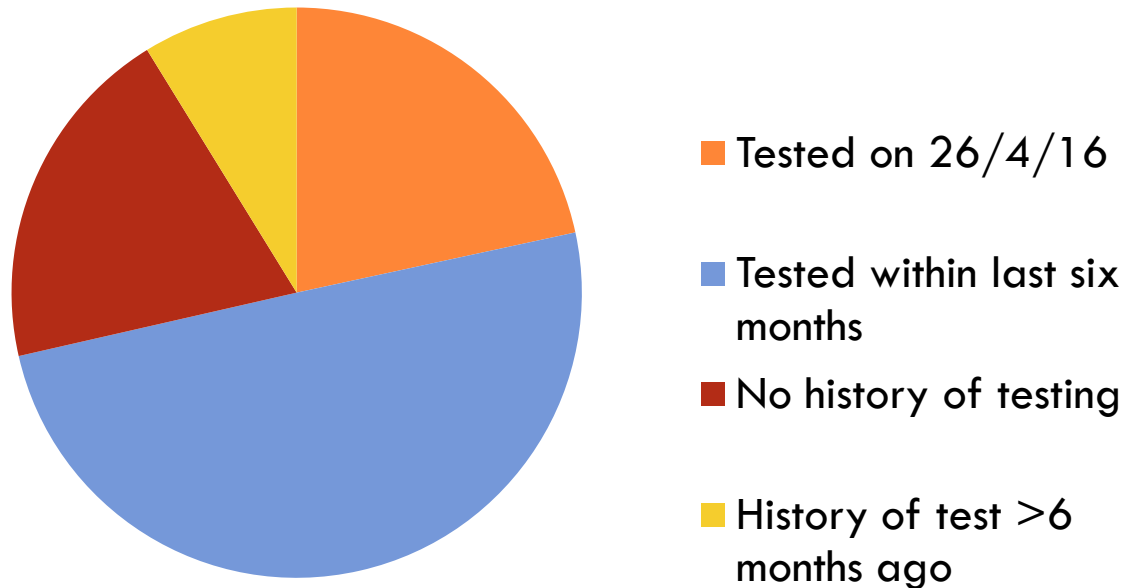
Are people receiving repeat testing?



- NICE guidelines recommends six monthly testing for those who continue to put themselves at risk
- Prisons are high risk environments
- Evidence that testing is becoming a routine part of prison healthcare in prisons in England and Wales.

Are people receiving repeat testing?

- Audit of testing across a VP unit (Population 273)



Are we referring people into treatment?

- We have patients on treatment in every prison
- Clinics are run weekly to start and monitor treatment
- Patients are achieving SVR – we need to better evidence this
- Part of ongoing work to improve data collection in prisons

Are we referring people into treatment?

- Examination of testing at HMP Cardiff in April 2015:
- Of 111 men tested:
 - ▣ 7 tested positive for HCV (8%)
 - ▣ 5/7 were seen by the specialist service
 - ▣ 2/7 were released and GP notified to follow up

The future?

- A move to opt-out testing from 30 November 2016
- Focus on:
 - ▣ **Streamlining testing** to ensure it is offered frequently throughout the prison journey (being creative about this)
 - ▣ **Access to specialist services** by implementing swift referrals and supporting people to attend
 - ▣ **Supporting people to achieve SVR** by ensuring treatment can be easily accessed and safely monitored
 - ▣ **Improving data collection** by maximising the functionality of SystemOne

Thank you for listening



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