

Promoting partnership working with BBVs - improving uptake



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Aims of the workshop

- Look at barriers to providing BBV services in Primary Care
- How these barriers can be overcome
- What is effective in providing BBV services
- Improving your service

Startling statistics

- HIV – 50,000 in UK living with HIV, 1/3 cases undetected, numbers rising amongst IDUs
- HBV – 21% of all IDUs past or current infection
- HCV – 30-80% of all IDUs HCV positive

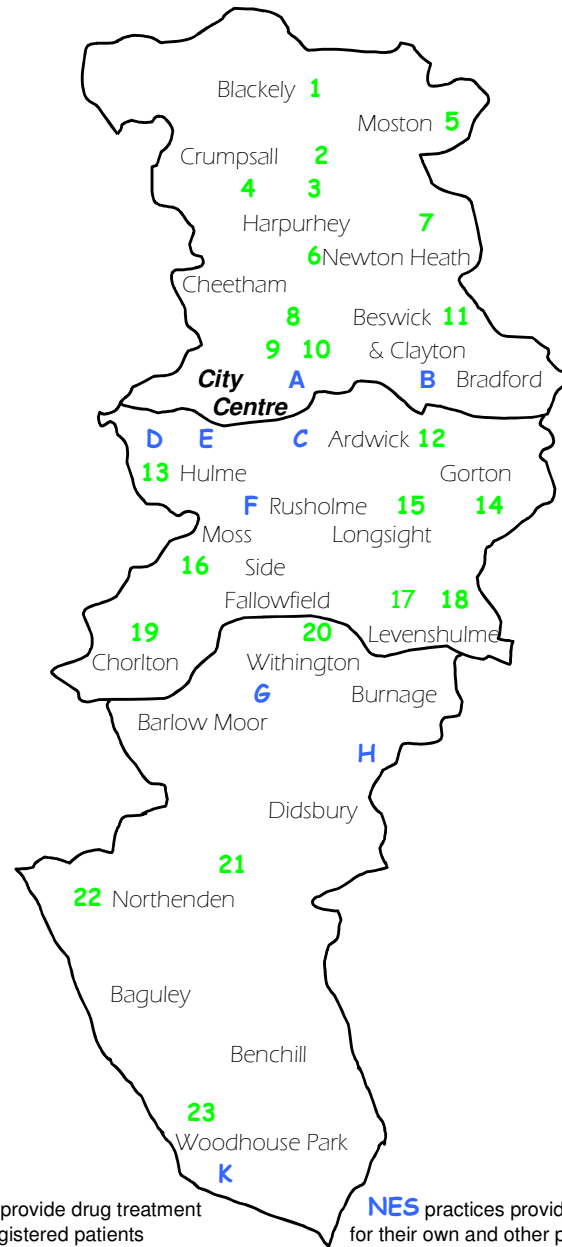
Manchester Drug Service

- 2,000-2,500 in treatment
- 50/50 seen at bases/Shared Care
- 7000 problematic drug users in Manchester (Beynon et al, 2001)
- Manchester highest rate of injectors in England and Wales (Frischer et al, 2004)

Shared Care

- 32 Shared Care Clinics over 3 PCTs
- 9 National Enhanced Service (NES) clinics
- 23 Local Enhanced Service (LES) clinics
- Expectation NES own testing
- LES own or refer to clinic
- All GPs should be immunising at risk patients

GP Practices providing NES & LES Drug Treatment (addresses over)



LES practices provide drug treatment for their own registered patients

NES practices provide drug treatment for their own and other practices' patients

Shared Care Support Team

- A manager, 2 facilitators and a administrator
- Offers support for primary care staff and GP liaison workers
- Address inequality in access to drug treatment and associated health issues
- Makes links with secondary services
- Training, formal/informal individual coaching

Testing clinics

- MDS has designated testing clinics staffed by MDS workers
- Bridge, Weds pm
- Zion, Thurs pm
- ADH, Thurs, all day

Barriers

- What are the barriers to offering BBV services in your practice?

Barriers

Staff

- Resistance
- Fear
- Lack of knowledge, confidence
- Samples
- Referral pathways
- Availability of specialist services
- Raising false hope
- GPs discouraged in the past

Clients

- Resistance
- Fear
- Lack of knowledge, confidence
- Samples
- Referral pathways
- Reaction from specialist services
- Confidentiality
- Raising false hope
- Stigma

Barriers

- How can you overcome barriers in your service?

Overcoming barriers

- Multifaceted
- Named people act as a resource
- Service commitment
- Specialist service provision
 - gather evidence
 - 'right to be tested'
 - lobby HPA
- Provide training
 - knowledge base
 - pre and post test discussion
 - sample taking and interpreting results

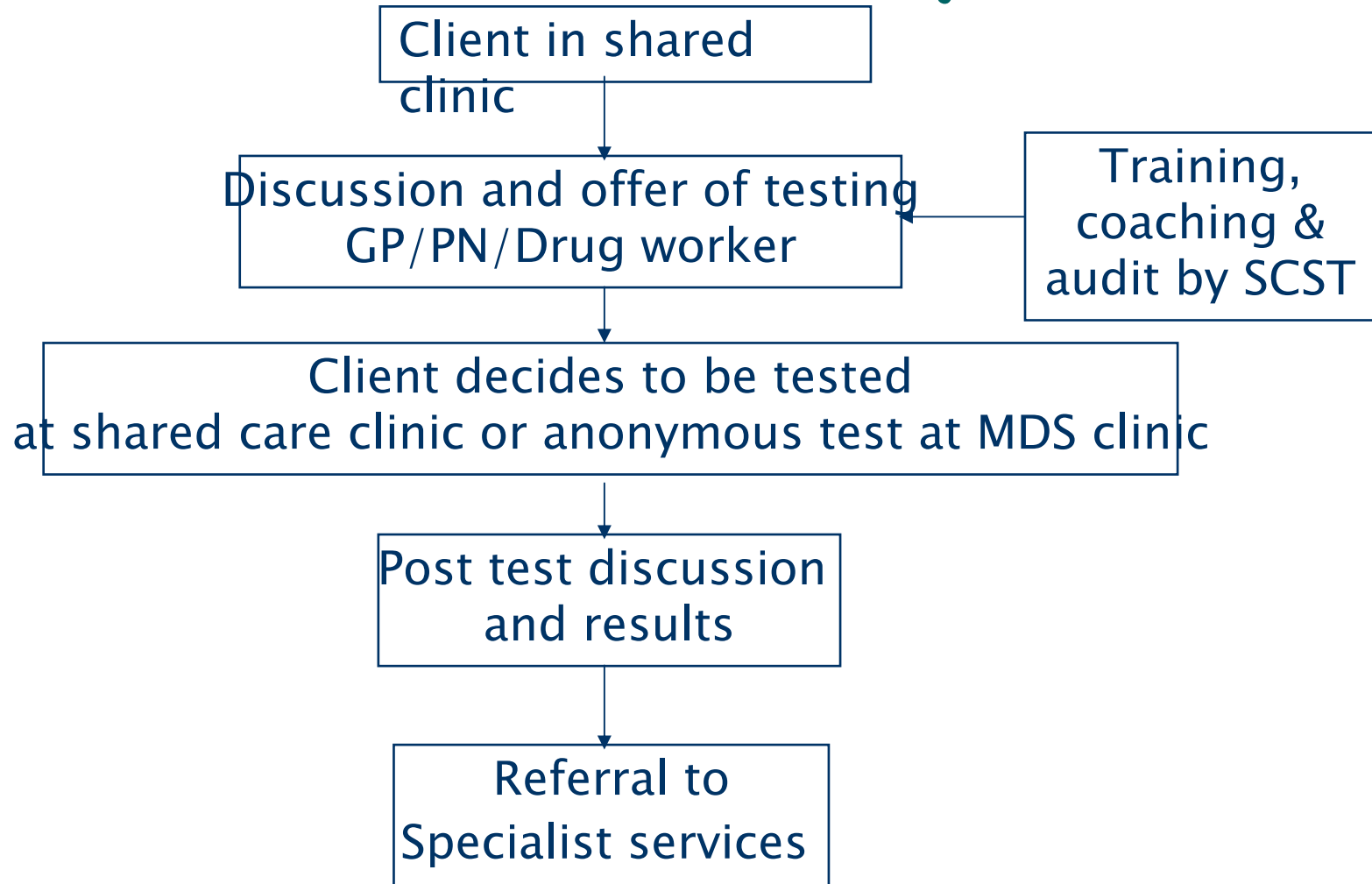
What we did

- Formed group of interested people
- Developed skills and knowledge
- Policy and procedure
- Service meeting awareness session
- Trained individual teams
- Developed further links with specialist services
- Representation on regional strategy group
- Regular audit

Facilitation Model

- Independent workers, knowledge and interest in HCV
- ‘Two pronged’ approach
 - provide information, support and skill development with staff
 - go into clinical areas, kick start testing and immunisations, support staff until feel competent to continue on their own

Shared Care Pathway



Inner City Practice - North

Total No. in clinic	38 (23 men 15 women)
Already knew HCV+	7 + 1 treated
No venous access	10
Total no. tested	22 (13 men 9 women)
Total no. HCV ab +	21 (13 men 8 women)
Total no. referred	9 (PCR+ or u/k)
Total no.attended	4 (3 men 1women)
PCR +	5
PCR -	4
PCR Unknown	10

Inner City Practice - Central

Total no in clinic	21
Already knew HCV+	6 (1 who cleared)
Total no tested	10 (9 via mucosal testing)
HCV ab+	6
HCV PCR+	1
HCV PCR -	0
HCV PCR unknown	4

Testing clinic site 1

- Location – in community resource centre with NEX & CDT on site
- Access – drop-in, Thursdays pm
- Running for 2 years
- 27 clients, 21 men, 6 women
- 10 anti HCV+ (37%)
- 5 PCR+ (18%), 3 attended I f.u. appointment
- 1 person cleared virus, 4 unable to confirm PCR status
- Majority tested via oral mucosal kits

Testing clinic site 2

- Location – at CDT base in city centre
- Access – drop-in, Weds pm
- Running 14 months
- 53 clients, 39 men, 14 women
- 33 anti HCV + (62%)
- 12 PCR + (23%), 2 no PCR result
- 8 PCR - (some may be false negs)
- 13 Oral tests v 40 blood tests
(practitioner trained in neck bloods)

The benefits of BBV work in shared care

- Clinics not well attended – why?
- Better opportunistic discussion in shared care
- Clinics tend to be male dominated, whereas shared care offers improved access for women
- GP can offer all other necessary healthcare to client and their family
- Opportunistic immunisation against HAV & HBV
- Ongoing contact with clients

Links

- Who should you promote partnerships with in your area for BBVs?

Links - a list

- GUM – HIV worker, health advisor
- Specialist Services – eg hepatology, ID, gastroenterology
- Drug services
- Non-stat organisations
- Virology
- HPA
- Other GPs!

Audit

- ‘Audit improves access to care for drug users with hepatitis C’ (Thompson, 2002)
- Reveals training or support needs
- Provides current picture
- Can identify problems, prompt action

Summary

- BBV services can be delivered effectively in primary care
- Audit is a useful tool
- Overcoming barriers can be difficult but is possible