

Welcome...

to **C VIEW** the Greater Manchester Hepatitis C Strategy quarterly newsletter.

The purpose of this newsletter is to update you on the work of the various projects that make up the Hepatitis C Strategy. We will regularly report back on what's been happening and recent developments.

This publication will give you the chance to find out a bit more about hepatitis C and the work that the team here are doing to ensure that people across Greater Manchester get the best possible hepatitis C service.

If you have any comments or submissions for **C VIEW**, please contact:

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See
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for the latest
update from the
Chair of Greater
Manchester
Hepatitis C
Strategy

Contact

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Hepatitis C

The test & who should take it

One might think that 'Have you ever injected drugs?' is never going to be an easy question for a GP to ask a patient.

The reality of the location in which I practice is that this is a question I ask patients almost every week. I've been working as a GP in Stockport for the past 20 years. Soon after starting practice in the area, we identified intravenous drug use (current and previous) as a major problem and our team started routinely testing for blood-borne viruses. As soon as antibody testing became available, we began testing for hepatitis C (HCV).

It is estimated that 200,000 people have chronic HCV in England, and sharing equipment for injecting drugs, even once or twice, is the most common transmission route. Although the majority of patients we diagnose have either recently stopped using drugs or are still using, we also see patients who have not injected drugs for years. They may have only injected drugs and shared equipment once or twice a long time ago.

People who have experimented with injecting drugs in the past are, of course, at risk of HCV infection, but can be very difficult to identify. They can be of any age and from any background - a local mechanic or a bank manager.



A GP's Perspective

I often ask my patients, where relevant, whether they have ever used drugs, along with a routine series of screening questions on smoking and alcohol. Although this might not always seem appropriate in the first instance, sensitively managed it never seems to cause any offence. I feel that it's worth asking a patient this sort of question, if it means we can detect early those who may be at risk of HCV or HIV.

As GPs, we have an important role in educating patients on prevention, diagnosis and treatment. Those at risk with HCV often do not feel ill, so are unlikely to come forward proactively for a test.

As we see patients for other issues, GPs are in an ideal position to offer testing without a patient having to come in specifically to talk about HCV.

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Hepatitis C



The Association of Greater Manchester Primary Care Trusts



Update

...from Dr Erika Duffell, Chair of the Strategy Group and consultant in Health Protection for the HPA.

World Hepatitis Day 2009 takes place next month and there are lots of exciting activities planned around the Greater Manchester area to increase awareness of hepatitis C.

Jeanette Livings, our Communications Manager, is working in collaboration with local and national organisations to rollout a series of events including radio campaigns and local roadshows. This event is a real opportunity to increase local understanding around hepatitis C among the public and professionals and to encourage at risk individuals to come forward for testing.

Good progress is being made with regards to the service re-design project which aims to improve local services and increase the number of individuals in Greater Manchester who are offered testing and treatment for hepatitis C.

We are all extremely grateful to the continued input into this project from the Commissioning Business Service and Siobhan Fahey and we all look forward to hearing progress around this project after it has been presented to the commissioners in June.

The Blood Borne Virus Research Team (BBVRT) at the University of Manchester have completed their health care needs assessment of blood borne virus prevention services in Greater Manchester. The results of this work and the results of their needs assessment of local teaching and training services are being fed into the development of a comprehensive local strategy for blood borne virus prevention. This is a very exciting project which aims to impact on the burden of hepatitis C infection locally. I will keep you all updated around the progress of this project over the forthcoming year.

New Liver Disease Tsar

The Department of Health has appointed Dr Martin Lombard as the first national clinical director for liver disease.



liver strategy for England which will bring together NHS services to help tackle the country's growing levels of liver disease.

Dr Lombard said:

"I'm looking forward to leading the Department of Health's work with staff across the NHS, patients and patient groups to develop a national liver strategy and provide real advances in the quality of care across this important area of medicine."

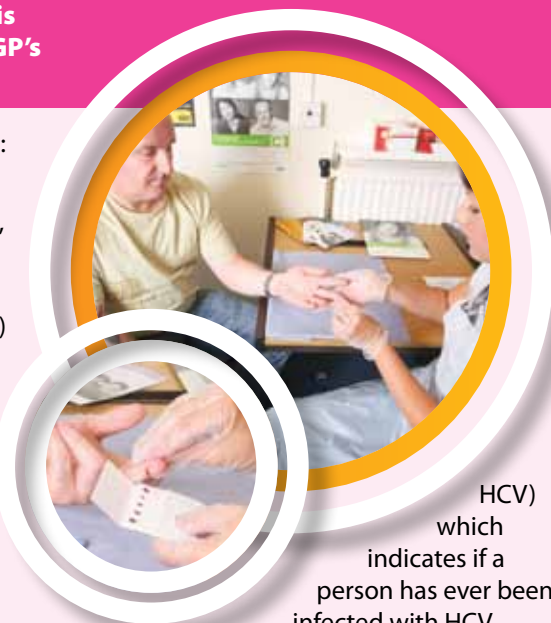
Dr Lombard will continue to work part time at the Royal Liverpool University Hospitals Trust.

Cover story continued... Hepatitis C: Who should take the test - A GP's perspective

We offer a HCV test to anyone who:

- has unexplained abnormal liver function tests (e.g. elevated ALT), or unexplained jaundice
- has ever injected drugs in the past (including anabolic steroids) using shared equipment, however long ago, even if this was only once or twice
- has had a blood transfusion in the UK before September 1991 or received any blood products before 1986
- has received medical or dental treatment abroad (including blood transfusions), in countries where hepatitis C is common and where infection control may be poor
- is the child of a mother with HCV
- is a regular sexual partner of someone with HCV
- has been accidentally exposed to blood where there is a risk of transmission of HCV
- has had tattoos, piercings, acupuncture or electrolysis where infection control procedures are poor
- has shared razors or toothbrushes of someone with HCV.

The primary screening test is a blood test for antibodies to the virus (anti-



HCV) which indicates if a person has ever been infected with HCV.

A positive test should be confirmed with a second sample. It can take three months for antibodies to become detectable. A negative test should be repeated if the exposure was within three months of the test. About 20-40% of people will clear the virus naturally, so a test to detect HCV RNA is required to establish if the patient is still infected. We recommend the PCR test is carried out in primary care.

The Greater Manchester Hepatitis C Strategy is keen to hear from GPs with an interest in hepatitis C and to be GP champions in their area. For more information, please contact siobhan.fahey@hmr.nhs.uk

Back in the Day Awareness Campaign

The Greater Manchester Hepatitis C Strategy is relaunching its 'Back in the Day' hepatitis C awareness campaign this May to coincide with World Hepatitis Day on Wednesday 19th May.

The campaign is aimed at people who have put themselves at risk of contracting hepatitis C by injecting drugs or engaging in other risky behaviour.

A series of adverts will be broadcast on Rock Radio, Smooth Radio and Real Radio from 3rd May for three weeks and encourage people to think if they have



put themselves at risk and seek further advice. Listeners will also have the chance to enter a competition to win all expenses paid nights out and Rock Radio will be talking around the issue for the duration.

Research carried out

has shown that the target audience are more likely to listen to these stations and be attracted by the content of the adverts.

The campaign will also see community events in Rochdale, Wigan and Bury supported by Rock Radio where experts will be on hand to give advice about hep C and people

can pick up information and branded merchandise.

The Manchester Evening News group will also give editorial coverage to hepatitis C and feature case studies of people who have had hepatitis C or are currently undergoing treatment.

Kicking off the week on Monday 17th May, the Hepatitis

C Trust testing bus will be in Piccadilly Gardens from 10.30am onwards offering dry blood spot tests and advice, information and support.

If you want to be involved in this or need more information, please contact Jeanette Livings, Communications Manager for the Greater Manchester Hepatitis C Strategy on 0161 772 3782 or email jeanette.livings@gmw.nhs.uk



Treatment Guidelines Update

One of the early outcomes of the Greater Manchester Hepatitis C Strategy was the development of new treatment guidelines to standardise and improve the use of antiviral therapy across the region.

Prior to their approval, treatment had been based on reports from the National Institute of Clinical Excellence (NICE). However the NICE guidelines were published five years ago and had been surpassed by new clinical evidence from large scale randomised controlled trials. The new guidelines introduced the

concept of tailored therapy by which patients with characteristics that predict a good outcome from treatment and an excellent response to therapy within the first four weeks could have their treatment duration reduced by half, reducing side effects and cost of treatment without a worsening of success rates. Conversely, patients with difficult to treat hepatitis C (genotype 1, 4 or 5 with a slower response to treatment over the first 12 weeks of interferon) have the option of increasing the length of their treatment course from 48 to 72 weeks. Trial evidence suggests that this can increase success rates by around a third in this most difficult to treat group.

The new guidance also gives protocols for treating patients with advanced liver disease, HIV co infection or serious kidney problems. These groups of patients all have a worse prognosis and benefit from more specialist care.

Now available online at www.gmhepc.org.uk

Finally, the protocols give guidance for when to try a second course of therapy if the first course has not worked.

The protocols will be assessed by an ongoing audit which should hopefully show whether tailored treatment is reducing the overall costs and side effects of treatment for commissioners and patients and ensure patients in Greater Manchester are getting outcomes comparable with the best in Europe.

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New Lead DPH for the Strategy



Following the retirement in March of Dr Sheila Will, Lead DPH for the Strategy, we are very pleased to welcome Abdul Razzaq, Director of Public Health at NHS Trafford as her replacement.

Abdul has a real interest in hepatitis C and his role will continue to drive forward hepatitis C as part of the public health agenda both in Greater Manchester and in the north west.

Abdul is professionally registered to practice as a general specialist on the UK Voluntary Register for Public Health Specialists (UK VRPHS) and is a Fellow of the Faculty of Public Health (FFPH). He has worked in Public Health for the last fourteen years in several Health Authorities across the North West and his experience ranges from community development to service strategy for minority communities.

He is a Rochdalian born and bred and has elongated roots within this community. Abdul is the former Chair of the Greater Manchester Directors of Public Health and Chairs the North West Ethnic Health Task Group. At Greater Manchester level Abdul leads on Long Term Conditions, Urgent Care, Self Care, North West Public Health Observatory and Chairs the Greater Manchester Public Health Intelligence Network.

Department of Health Event for Primary Care Practitioners

A joint event by the Department of Health and the Greater Manchester Hepatitis C Strategy was held at the City of Manchester Stadium last month to raise awareness of hepatitis C as primary care can play a crucial role in increasing the detection and diagnosis of the virus.

The event, one of several held in key areas of England where there is high prevalence of hepatitis C, was attended by GPs, practice nurses, pharmacists and drug service workers from across Greater Manchester. Presentations were given by Abdul Razzaq, lead DPH for the Strategy, Dr Narendra Kochar, Hepatologist at Manchester Royal Infirmary and Shabana Begum, a hepatitis C ambassador for the Department of Health who talked about her experiences of finding out she had the virus and completing treatment.

Attendees received CPD certification and the feedback was extremely encouraging:

"I found the hep C event very interesting and informative."

One of my patients has recently commenced combined treatment for hep C and the following day attended to see me. I was able to ask pertinent questions and understand the treatment schedule, potential side effects etc when prior to the event, my understanding would have been nil."



Maggie Mollard, Practice Nurse, Claremont and Pendleton Medical Centres, Salford.

"Thanks for organising the event – it was really useful and informative. The Greater Manchester Hepatitis C Strategy is excellent. It informs us, keeps us up to date and is inclusive. Keep up the good work!"

Dr Paul Sydney, St Mary's Medical Centre, Oldham.

The Strategy now plans to link in with GP training within the 10 PCTs to offer a version of this awareness-raising event at a local level.

For more information on primary care training opportunities, contact Jeanette Livings on 0161 772 3782 or email jeanette.livings@gmw.nhs.uk

News from the Support Groups

■ A new group has been set up in Tameside and meets the 2nd and 4th Monday of every month from 6-9pm at Church of the Nazarene, Stamford Street, Ashton-Under-Lyne.

Just turn up or for more information, email stevens.sarah6@googlemail.com

■ Rochdale, Middleton and Heywood Hepatitis C Support Group are now meeting at the new Middleton Health Centre in Middleton Arndale Centre.

Meetings take place on the 2nd Thursday

of every month from 5-7pm. Contact Sue Duffy on 0161 643 5437 for more information.

■ The Greater Manchester Hepatitis C Strategy's Community Support Worker, Steve Miles, has now left the Strategy and relocated to Somerset.

A new role is in the process of being created which will continue to work with the support group network to establish new groups and offer help to those currently established.