

Hepatitis C Audit

Background and aims

In the South West modelled estimates suggest that 0.4% of the population are living with chronic Hepatitis C. Historically it has been problematic to ascertain how many people are being tested for Hepatitis C, whether those with either virus are referred to secondary care for treatment and how successful the outcomes of treatment have been. Routine data sources for Hepatitis C include laboratory notifications of positive Hepatitis C tests results (from serology and/or dried blood spot testing) and PHE Health Protection records (HPZone). However, there are significant gaps in data for Hepatitis C in the South West; it is not possible to track people with Hepatitis C along the care pathway or evidence referral rates and service effectiveness.

Regional 'Operational Delivery Networks' (ODN's) have been set up as part of the newly re-commissioned hepatitis virus services by NHS England to; maximise uptake and completion of HCV treatment and to cure more people of infection. The aim being to improve quality of life, prevent premature death and reduce the risk of onward transmission¹. In the South West there are two ODN's, one hosted by Plymouth Hospitals NHS Trust and one hosted by University Hospitals Bristol NHS Foundation Trust. ODN's have agreed a mandatory reporting dataset which will provide local estimates for those in treatment. However, there will remain incomplete information on the number of people diagnosed with Hepatitis C and referred to secondary care. The current data systems also include gaps in information about number of patients not referred and the numbers referred but that do not attend for treatment.

The aim of this audit is to identify the proportion of patients who tested HCV RNA positive in Bristol during 2015/16, who were subsequently referred to secondary care for assessment and treatment. The audit will describe local management of patients against the expected Hepatitis C care pathway. A further aim is to collect information on patient demographics and to identify barriers to referral and treatment. The findings from this audit will be used to help inform local strategies to improve both referral and successful treatment numbers.

Cases of Hepatitis C resident in Bristol reported to the South West Public Health England Centre in 2015/16 will followed up to ascertain the following information:

1. The proportion of patients with a new diagnosis of HCV,
2. The demographic and risk factor profile of patients with HCV,
3. The clinical status of patients diagnosis with HCV,
4. The number of patients referred to and attending for assessment,
5. The proportion of patients that went on to receive treatment, type of treatment and how many completed it,
6. The proportion of patients previously diagnosed and treated for HCV.

Methods

1. A custom query will be created for HPZone to identify cases of Hepatitis C entered onto the system in 2015/16. Depending on total numbers a random sample of 250 patients will be generated using random number generator.

2. GPs for each patient will be sent a covering letter and brief questionnaire to complete for their patients, an online version will be created.
3. Clinical leads from North Bristol NHS Trust (NBT) and University Hospital Bristol NHS Foundation Trust (UHBT) will be sent a covering letter and brief questionnaire to complete for their patients, an online version will be created.
4. Responses will be collated in select survey
5. A brief report will be prepared and disseminated to the Local Authority, CCG, NHS England and ODN for Bristol.

Communications

1. In advance of the audit the project team will need to share the protocol, data collection form and letters with Director of Public Health, NHS England South West - Medical Director and Specialist Commissioning Clinical Director, ODN chair and CCG.
 2. A letter will be sent to GP practices to make them aware of the audit.
 3. The final report will be shared with NHS England South West - Medical Director and Specialist Commissioning Clinical Director, the Director of Public Health, ODN chair and CCG.
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