



# BBV bulletin:

Quarterly update report of the introduction of opt-out BBV testing in prisons from PHE, NHS England & NOMS

Issue 10, January 2016

## Progress Report on Opt-Out Testing for BBVs- The Pathfinder Programme

Phased implementation of the BBV opt-out testing programme in prisons has been informed by evaluation of pathfinder prisons. The formal evaluation report of Phase 1 prisons was published on May 21, 2015 – see the link below [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/428942/BBV\\_pathfinder\\_evaluation\\_Phase\\_1\\_FINAL.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428942/BBV_pathfinder_evaluation_Phase_1_FINAL.PDF). Phase Two of the Pathfinder Programme includes 10 prisons – see Table 1 below – and a formal evaluation of the implementation of the BBV opt-out programme in these prisons will be conducted during the final quarter of the current financial year with planned publication in the first quarter of 2016/17.

Local team	Prison
<b>East Anglia</b>	HMP Bedford
	HMP Hollesley Bay
<b>Derbyshire &amp; Nottinghamshire</b>	HMP Glen Parva
	HMP Foston Hall
	HMP Sudbury
	HMP Whatton
	HMP Lincoln
	HMP North Sea Camp
	HMP Leicester
<b>West Yorkshire</b>	New Hall

Table 1: Phase Two Pathfinder Prisons

All the prisons involved in Phase Three have been confirmed and includes the first large London prison – HMP Pentonville. Table 2 below identifies Phase Three Pathfinder Prisons.

Local team	Prison
<b>Bristol, North Somerset, Somerset &amp; South Gloucestershire</b>	HMP Bristol
<b>Shropshire &amp; Staffordshire</b>	HMP Dovegate
	HMP Stoke Heath
<b>London</b>	HMP Pentonville



<b>East Anglia</b>	HMP Highpoint
	HMP Warren Hill
	HMP The Mount
<b>Durham, Darlington &amp; Tees</b>	HMP Durham

Table 2: Phase Three Pathfinder Prisons.

## HMP Pentonville

On World AIDS Day 2015, HMP Pentonville became the first prison in London to implement Blood Borne Virus (BBV) opt-out testing as part of the Phase Three Pathfinder Programme. This prison, which sees about 550 new receptions each month, will routinely offer Dry Blood Spot Tests (DBST) for HIV, Hepatitis B and Hepatitis C to everyone coming into the prison whose status is unknown. London has a local population with a higher prevalence of infection with Hepatitis B, Hepatitis C and HIV than the England average, particularly in people who inject with drugs (PWID) – (see links to external references in [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/370707/Shooting\\_Up\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370707/Shooting_Up_2014.pdf)) so improving active case finding in this population will contribute to BBV and HIV treatment and control in the wider population of London. The programme at HMP Pentonville will also include an eighteen month long evaluation led by researchers at the Academic Unit of the Royal Free and it will focus on the effectiveness of rapid in-house fibrosis assessment for prisoners testing positive for Hepatitis B and C as well as improve our understanding of the burden of liver disease associated with viral hepatitis in this population. For further information please contact Magdalene Mbanefo via this e mail address:

<mailto:Magdalene.Mbanefo@phe.gov.uk>

## Hepatitis C Good Practice Roadshow 24 November:

This was a well-attended event with over 90 participants. The **Roadshow**, held during European HIV - Hepatitis Testing week, included a focus on HIV, looking at how HIV and hepatitis C might be addressed together; what lessons can be learnt from how HIV has been addressed, as well as exploring issues around co-infection, ChemSex, MSM and injecting drug use. Timeline for publication of the summary conference report is in early January 2016. In the meantime, the slides from the conference can be accessed via the HCVAction website [here](#).

## Opt-Out BBV Testing Task and Finish Group 25 November 2015

A helpful discussion took place concerning the value of recruiting patient representatives who were diagnosed with HCV whilst in prison. It was acknowledged that The Hepatitis C Trust can represent aspects of that experience based on their work with/direct experience of these issues in relation to HIV infection. However, it was also acknowledged that the group should look for the broadest range of patient voices where possible and continue to seek to widen and deepen our understanding of patient experience in line with wider work NHS England are undertaking about the

### Contact for further information:

Maciej Czachorowski PhD.

[Health&justice@phe.gov.uk](mailto:Health&justice@phe.gov.uk)

PHE Gateway No: 2015593 / NHS England Gateway No: 04642

patient voice/lived experience to inform wider programmes of work in justice and in community settings.

Dr Éamonn O'Moore highlighted a recent publication relating to the point of care testing in Irish prison which improved uptake of HIV tests which relied on peer support model. Considerable interest was shown in the [Irish Red Cross Initiative Community Based Health First Aid \(CBHFA\)](#) in relation to the use of patient representatives. These acted as a peer resource to other prisoners especially in relation to leading and supporting point-of-care testing. The article by [Bannan et al in the Int. J STD AIDS](#) indicated that "large scale point-of-care testing in the Irish prison setting is acceptable and achievable". PHE is working with the British Red Cross to bring a similar CBHFA-type model to English & Welsh prisons. PHE is also working on a formal evaluation of the programme to support its dissemination nationally and internationally.

The recent [Lancet Commission on liver disease](#) ([http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(15\)00680-7/fulltext](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(15)00680-7/fulltext) ) was singled out by Dr Éamonn O'Moore since it noted the impact opt-out hepatitis testing in prisons and substance misuse services is rapidly gaining momentum and will help the operational delivery networks to identify and treat people infected with hepatitis C. By reducing rates of transmission, this represents an important step in HCV eradication.

#### **For more information about the national BBV opt-out policy**

There is a wide range of information available which explains the purpose of this policy. We have produced supporting documents to help partners to implement this work, including the national algorithms. These documents can be accessed under 'Improving testing rates for blood-borne viruses in prisons and other secure settings' at: <https://www.gov.uk/government/publications/improving-testing-rates-for-blood-borne-viruses-in-prisons-and-other-secure-settings>

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