

HepCare / Groundswell / VirA&Emic collaboration: Homeless Digital Hepatitis C Active Case Detection and Enhanced Linkage to Care

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BACKGROUND: In the UK, there has been an expansion of testing for BBVs, and HCV in particular, following recent therapeutic advances, in hospital emergency departments, drug treatment services and primary care settings. Many are subsequently lost to follow-up (LFU) often because of injecting drug use, high levels of homelessness and incarceration. However, there are strategies to successfully find and re-engage these individuals using a combination of digital active case finding and specialist peer support.



University College London Hospitals
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Groundswell
Out of homelessness

NHS
Guy's and St Thomas'
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Public Health
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HepCare is a cost effective, peer-led, community based service for linkage to care in marginalised populations.

Groundswell is an NGO specialising in peer support where the solutions to homelessness come from the experiences of people who are homeless.

The VirA&Emic project has shown that ED testing is an effective way to detect untreated HCV individuals.

This collaboration aimed to provide enhanced linkage to care, using peer support, to individuals lost to follow-up who had been tested by opportunistic emergency department screening.

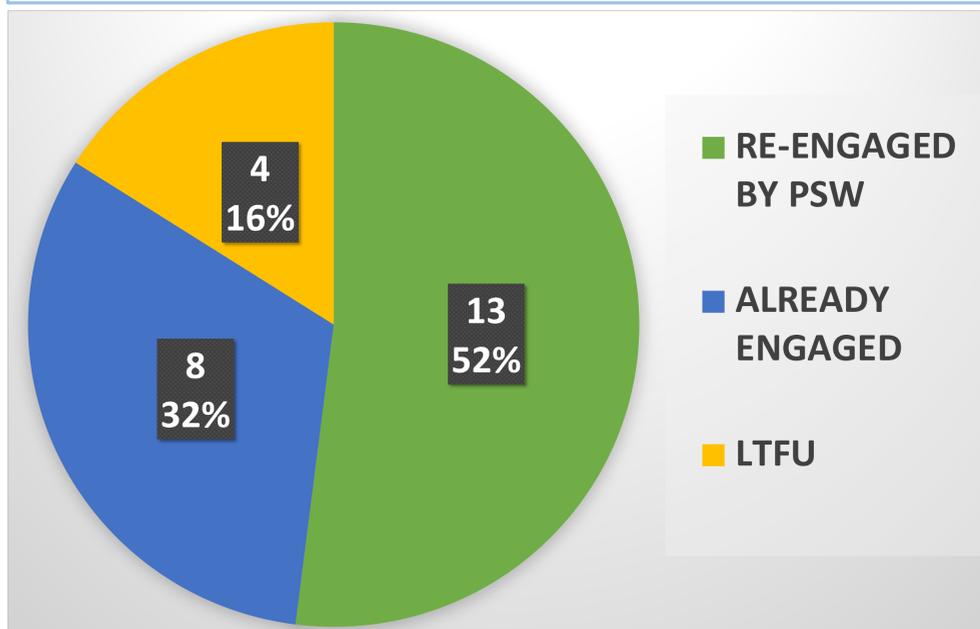
METHODS:

- **VirA&Emic project:** From an original cohort of 141 individuals who had tested positive for HCV Ag via emergency department (ED) screening 88 individuals were identified as requiring enhanced linkage to care. This was defined as exhaustion of all methods of contacting individuals by hospital based staff.
- **HepCare project:** Digital information resources were used, such as CHAIN, a multi-agency homelessness database in London, was carried out. Information available could be current or last known accommodation or street location, drop in centres visited, hostels, keyworkers or prison location. This was cross referenced with the Find&Treat mobile outreach service's patient management system and connections with other specialist providers.
- **Groundswell peer support:** A specialist outreach peer support worker (PSW) then used information found to contact individuals, provide counselling and link into care. PSWs could provide accompanied appointments and incentives such as food and travel expenses
- Data was collected on treatment initiation, completion and success.

RESULTS:

Information was found for 50/89 (56.2%) individuals. Of these:

- 42 were currently homeless, 12 of these street-homeless, 5 were currently injecting drugs and 10 had problematic alcohol use.
- The specialist peer support worker successfully contacted 25(50%) individuals
- and carried out over 30 community-based visits successfully re-engaging 13(52%).
- 8(32%) were engaged already and 4 (16%) were contacted but lost to follow-up.



CONCLUSION:

- There is scope for a service that, by using simple data searches and proven peer support re-engagement, can improve linkage to care in homeless individuals. Once contact had been made by a PSW, a high proportion were successfully linked into care.
- This model could be used for other conditions to improve health outcomes for marginalised groups.