



HEPATITIS C
ACTION PLAN FOR SCOTLAND
PHASE 1: SEPTEMBER 2006 – AUGUST 2008



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Foreword from the Chief Medical Officer for Scotland



I am pleased to present to you the Scottish Executive's first Hepatitis C Action Plan. I say, "first," because I expect it will be the first of more to come. Indeed, the current Action Plan is laying the foundation for further action beyond September 2008.

This Action Plan is the culmination of a process of consultation that has followed on from the publication of a report by the Scottish Needs Assessment Programme (SNAP) in 2000 and the recommendations and key messages in the Consensus Statement which emerged from the Conference in the Royal Colleges of Physicians of Edinburgh in 2004. The consultation has been remarkable in that the responses to it have consistently demonstrated a high degree of consensus — as well as a certain amount of urgency. Hepatitis C is a serious problem which we simply cannot afford to ignore.

However, an Action Plan to tackle Hepatitis C in Scotland must also recognise that this a complex issue. Prevention is as important and necessary as treatment and care. Awareness-raising and training are also crucial. Stakeholders have told us that, in order to meet the needs of people who have been infected with Hepatitis C, existing services may need to change the way they do things. Significant resources will be needed.

Action is clearly needed on several fronts, and these actions must be carefully co-ordinated. At the same time, the Scottish Executive needs to have a much clearer picture of what it will cost to provide high-quality treatment and care to people with Hepatitis C in the long-term.

There is no easy solution to this problem. It will require a firm commitment to co-operation and action from a large number of organisations, groups and individuals across Scotland.

My intention is that the publication of Scotland's first Action Plan on Hepatitis C will galvanise this commitment, and will provide a focus for tackling this serious public health problem.

GRO-C

Dr Harry Burns
Chief Medical Officer

Introduction

1. This document sets out the Scottish Executive's Hepatitis C Action Plan for the period September 2006 – August 2008.

What is Hepatitis C?

2. Hepatitis C is a blood-borne virus that can seriously damage the liver and affect its ability to function. The spread of Hepatitis C is a growing public health concern in Scotland. An estimated 50,000 Scots, or 1% of the population, have been infected with Hepatitis C. This compares with estimates of around 0.5% in other parts of the UK.
3. Hepatitis C is spread mainly through blood-to-blood contact with an infected person. Currently, the greatest risk of acquiring the virus in the UK is through injecting drug use. In Scotland, it is estimated that over 85% of individuals who have Hepatitis C were infected in this way.
4. However, it is important to recognise that Hepatitis C is not just associated with drug misuse. Those who received coagulation factor concentrates before 1987 and recipients of blood transfusions before 1991 (before blood and blood products were routinely screened for the virus) are also at risk. Less common routes of hepatitis C infection are:
 - From infected mother to baby, before or during birth
 - From unprotected sex with someone who has the virus
 - Through medical and dental treatment abroad where unsterile equipment may be used
 - From tattooing, ear or body piercing or acupuncture with unsterile equipment
 - Through sharing razors or toothbrushes or other toiletry equipment which may have been contaminated with infected blood
 - Through needle-stick injuries.
5. Hepatitis C is often referred to as the 'silent epidemic.' Many who are infected are unaware of it, and often show no symptoms over a long period of time. Between 5-15% of those chronically infected with Hepatitis C will go on to develop cirrhosis of the liver within 20 years. While there is presently no vaccination for Hepatitis C, there are some very good treatments. However, the effectiveness of these treatments is dependent, at least in part, on the strain (or genotype) of the virus and stage of the disease.
6. In Scotland, only about a third of individuals who are infected with Hepatitis C are aware of it. Those who are undiagnosed will not realise that they should take steps to prevent onward transmission of the virus, and to reduce its impact in their lives. However, more importantly, **only a small proportion of individuals in Scotland who could benefit from treatment are currently receiving it.**

What is Scotland going to do about it?

7. The Scottish Executive has recognised the importance of tackling the Hepatitis C epidemic through the publication of its first Hepatitis C Action Plan. A draft Action Plan was published in June 2005 and followed by a three-month public consultation. The current Action Plan takes into

account the responses received. One of the main messages that came out of the consultation was that there is already a great deal happening in Scotland to control and minimise the impact of Hepatitis C. This Plan will build on this existing work.

8. One of the other very strong messages that came out of the consultation was that without substantial new resources, it will not be possible to adequately address the Hepatitis C epidemic in Scotland. The Scottish Executive has heard this message, and as a first step, **has allocated £4m to NHS boards over the two-year period of this Action Plan** to support the actions described here. NHS boards will be required to report on their use of this funding, and the mechanisms for this are described in the section on “Co-ordination”. In addition, one of the main objectives of this plan is to gather robust evidence to support a bid for further substantial new funding beyond September 2008.
9. This Action Plan will comprise Phase I of action on Hepatitis C. It covers a two-year period from September 2006 – August 2008, and will, in part, lay the foundation for further long-term action beyond September 2008 — in Phase II.
10. The Scottish Executive acknowledges that there is a limit to what can be achieved in two years. **However**, this Plan will put in place mechanisms to ensure better co-ordination, planning and accountability of existing services, and to raise awareness of this issue among those who are responsible for the planning and delivery of services in NHS boards, local authorities, community health partnerships and drug and alcohol action team (DAAT) areas.
11. This Action Plan has been informed by:
 - the Consensus statement issued by the Royal College of Physicians of Edinburgh at their conference on Hepatitis C held in April 2004.¹
 - the most recent *Shooting Up* report, published in October 2005 by the Health Protection Agency (England), Health Protection Scotland, the National Public Health Service for Wales, the Communicable Disease Surveillance Centre (Northern Ireland), and the Centre for Research on Drugs & Health Behaviour at Imperial College London (HPA et al, 2005).
 - the findings of research commissioned by the Scottish Executive over the past 2-3 years, including the National Needle Exchange Survey (Griesbach et al, 2006); an Examination of the Injecting Practices of Injecting Drug Users (Taylor et al, 2004); and the Evaluation of the Lord Advocate’s Guidance on Needle Exchange (Taylor et al, 2005).
 - a consultation of key stakeholders undertaken by the Scottish Executive in Spring 2005 regarding Scotland’s top priorities for action on Hepatitis C, and responses to the consultation on the draft Action Plan received in Summer 2005.²

¹ Available at: www.rcpe.ac.uk/education/standards/consensus/hep_c_04.php.

² A summary of the findings of the consultation of key stakeholders was attached as Annex B to the first draft of the Scottish Executive’s Hepatitis C Action Plan (*Hepatitis C: Proposed Action Plan in Scotland*), which was published in June 2005 and is available at: <http://www.scotland.gov.uk/Publications/2005/06/14134528/45302>. An analysis of the responses to the consultation on the first draft of the Action Plan itself is available at <http://www.scotland.gov.uk/Publications/2006/06/20091252>.

- published reports on the epidemiology of Hepatitis C in Scotland (Hutchinson et al, 2005; Hutchinson et al, 2006; Roy et al, in press).

Action Plan aims

12. In putting together an Action Plan to tackle Hepatitis C, it must be recognised that this a complex issue. Action must be taken on several fronts, and these actions must be focused and co-ordinated. The overall aims of this Action Plan are:
 - To put in place mechanisms to ensure better co-ordination, planning and accountability of Hepatitis C-related services.
 - To build on existing activities and interventions to reduce the number of new cases of Hepatitis C in Scotland.
 - To provide professionals and service users with the information and support they need.
 - To gather robust data to inform the development and expansion of testing, treatment and care services beyond 2008.
13. The Action Plan has been divided into six main sections:
 - **Co-ordination** (Section 1)
 - **Prevention** (Section 2)
 - **Testing** (Section 3)
 - **Treatment, care and support** (Section 4)
 - **Education, training and awareness-raising** (Section 5)
 - **Surveillance and monitoring** (Section 6).
14. To some extent, these divisions are arbitrary. Each section overlaps and is inter-connected with the other sections. This in itself is an indication of the complexity of the Hepatitis C problem. Furthermore, in taking forward action in this area, it will be important for stakeholders to take into account that different groups — for example, men and women, young people and older people, and minority ethnic groups — may have different needs and may require to have those needs met in different ways.
15. There is no easy solution to this problem. It will require commitment and co-operation from a large number of organisations, groups and individuals throughout Scotland. But it is a problem which we cannot afford to ignore any longer. The Scottish Executive expects that the publication of Scotland's first Action Plan on Hepatitis C will provide a focus and impetus to tackle this significant and growing public health concern.

Section 1 Co-ordination

1.1 Numerous agencies and professional groups across Scotland are involved in Hepatitis C prevention, treatment, care and support. NHS boards, local authorities, community health partnerships, and drug and alcohol action teams all have a role in planning services for people who may have, or who may be at risk of contracting, the Hepatitis C virus.

1.2 Furthermore, over the past decade, a number of organisations and professional bodies in Scotland and elsewhere in the UK have published guidelines and recommendations addressing different aspects of Hepatitis C. For professionals as well as lay people, the sheer variety and range of information can be confusing and overwhelming.

1.3 In addition, for many people who have the virus, there is often a significant lapse of time between becoming infected and being tested and diagnosed. It must also be acknowledged that in Scotland, at present, there are also often considerable delays between being diagnosed and receiving appropriate treatment or care. Furthermore, the process of treatment itself is lengthy.

1.4 In view of the scale and complexity of the issue, **it is essential that a national, co-ordinated approach to Hepatitis C is introduced.** Health Protection Scotland will take the lead in this by establishing and chairing a Hepatitis C Action Plan Co-ordinating Group (APCG). This group will represent the range of individuals and organisations that have a stake in this area. The remit of the APCG will be:

- to monitor the overall implementation of this Action Plan
- to co-ordinate, oversee and monitor Hepatitis C-related activity at a national level
- to report annually on progress and developments
- to work with the Scottish Executive to plan action on Hepatitis C beyond September 2008.

1.5 To assist the APCG with its considerable task, three working groups will also be formed — each one responsible for monitoring and overseeing certain specific actions described in each of the following sections of the Action Plan. The working groups will report quarterly to the APCG on progress. The remit of each working group is given in Annex 1 of this Action Plan.

1.6 In addition, each NHS board area will be asked to identify a senior, lead individual — a Hepatitis C Executive Lead — to take responsibility for co-ordinating, planning and monitoring Hepatitis C-related action at a local level. This individual will liaise with local community health partnerships and drug and alcohol action teams to improve prevention, testing, treatment and care services for those who have, or who may be at risk of acquiring Hepatitis C in their area. This individual will be required to report every six months to the APCG on progress and developments in his or her area.

1.7 NHS boards will also be expected to report to the Scottish Executive on their spending of the additional Hepatitis C-related funding they received during Phase I.

1.8 The APCG itself will be accountable to the Scottish Executive through the publication of an annual report on *The State of the Hepatitis C Epidemic in Scotland*. This report will provide up-to-date information on, for example, the number of people in Scotland who: (i) have Hepatitis C infection (prevalence); (ii) the rate at which the virus is being transmitted (incidence); and (iii) the number of infected persons receiving specialist care, including anti-viral treatment. The report will also include

information on activity, initiatives and developments undertaken at the level of each NHS board, including times between referral and access to consultants.

1.9 This report will have an important role in raising and maintaining the profile of Hepatitis C in Scotland. Therefore, it will be written in plain English so it may be understood by a wide range of organisations, groups and individuals.

Actions on Co-ordination

Timescale		Action
1.	By Oct 2006	NHS Boards (including special Boards) will identify an HCV Executive Lead who will take responsibility for co-ordinating, planning and overseeing activity on Hepatitis C at an NHS board level. This individual will report bi-annually to the APCG on action and progress in their area.
2.	By Oct 2006	Health Protection Scotland will establish and chair a Hepatitis C Action Plan Co-ordinating Group (APCG) representing the range of individuals and organisations that have a stake in this area.
3.	By Oct 2006	The APCG will form working groups on: (1) prevention; (2) testing, treatment, care and support; and (3) education, training and awareness-raising.
4.	Dec 2006	NHS boards will submit to the Scottish Executive their proposals for spending the Phase I Hepatitis C funding available to them in 2007/08.
5.	Annually in Feb, starting Feb 2007	Health Protection Scotland will publish a formal Hepatitis C Annual Report, <i>The State of the Hepatitis C Epidemic in Scotland</i> .
6.	By Mar 2007	NHS boards will report to the Scottish Executive on their spending of the Phase I Hepatitis C funding they received in 2006/07.
7.	By Jun 2007	The APCG will draft and agree with local HCV Executive Leads and the Scottish Executive Health Department a short set of national outcome indicators for measuring progress in relation to Hepatitis C prevention, testing, treatment, care and support, and training and education.
8.	By Dec 2007	The Action Plan working groups will submit proposals to the Action Plan Co-ordinating Group for future action on Hepatitis C to be undertaken in Scotland beyond August 2008.
9.	By Jan 2008	The APCG will assist the Scottish Executive in putting together proposals for funding to support improvements in the quality and accessibility of Hepatitis C-related services beyond August 2008.
10.	By Feb 2009	The Scottish Executive will publish its Action Plan for Phase II, the period beyond September 2008.

Section 2 Prevention

2.1 In Scotland, the main route of transmission of Hepatitis C is through injecting drug use, in particular, through the sharing and re-use of contaminated injecting equipment. Over 85% of people currently diagnosed with the virus have acquired it in this way. Small numbers have contracted Hepatitis C through other routes, including those who were infected by blood or blood products prior to 1991 before all blood donations began to be routinely tested for Hepatitis C. Significant developments introduced in the Scottish Blood Transfusion Service over the past decade in relation to blood and donor screening have now virtually eliminated blood donations as a source of Hepatitis C infection in Scotland.

2.2 The proportion of injecting drug users who have Hepatitis C is high. Recent studies undertaken among injectors in Glasgow have found between 44 – 62% infected with the virus. The rate of transmission within this population is also high. Again, some studies have found that nearly a quarter of those who have been injecting for less than two years have already contracted the virus.

2.3 Given this context, efforts to prevent Hepatitis C in Scotland must focus on preventing transmission of the virus among injecting drug users — and these efforts are inextricably linked to on-going activities aimed at preventing injecting and helping injectors to stop. These include:

- Improving the accessibility and effectiveness of drug treatment and rehabilitation services
- Improving the accessibility and effectiveness of needle exchange and other harm reduction services
- Preventing drug use among young people

2.4 Organisations and agencies such as needle exchanges; drug treatment, care and rehabilitation services; community pharmacies; social work services; primary care services; schools; prisons and justice agencies; and voluntary sector agencies working with drug users all have a crucial role to play in this work.

2.5 Some of the work already happening in this area is described below.

Drug treatment and rehabilitation

2.6 One way of preventing the transmission of Hepatitis C is by helping injectors to stop injecting. Significant efforts are being made in Scotland to make drug treatment and rehabilitation services more accessible and effective. For example:

2.7 The Scottish Executive has steadily increased investment for drug and alcohol treatment services in the last five years. A total of £33.6 million has been allocated to NHS boards for drug and alcohol treatment services in 2006-07. Drug treatment funding allocated to drug and alcohol action team (DAAT) areas in 2005 was linked directly to defined outcomes such as:

- Reducing waiting times for treatment
- Increasing the numbers of drug users entering treatment
- Improving the range of services available to drug users.

2.8 The Scottish Executive is also committed to developing national quality standards for substance misuse services in Scotland. Implementation of these standards will be linked eventually to a framework for monitoring and evaluation.

2.9 The UK national clinical guidelines on the treatment of drug misuse (*Drug Misuse and Dependence — Guidelines on Clinical Management*) are about to be revised and updated. Scottish clinicians and policy officials from the Scottish Executive are contributing to this process.

Needle exchange and other harm reduction interventions

2.10 It is accepted however, that harm reduction interventions are necessary for those who continue to inject. And again, a great deal of positive work has been undertaken recently in Scotland to improve the effectiveness and accessibility of needle exchange and other harm reduction services. For example:

2.11 The Scottish Executive published the findings of the first ever National Needle Exchange Survey in July 2006, and is currently considering the recommendations of this study. Meanwhile, the Executive will also carry out a synthesis of existing research on the effectiveness of needle exchange services in reducing the transmission of blood-borne viruses (and Hepatitis C in particular), to highlight any evidence of good practice.

2.12 The Scottish Prison Service (SPS) has developed a harm reduction awareness session which all prisoners attend on admission. This is repeated pre-release for prisoners who are serving longer sentences. The awareness session provides prisoners with information on overdose risk due to loss of tolerance, blood-borne viruses, and ways of getting treatment in prison. SPS has also been piloting a needle replacement scheme at reception in several prisons over the past year — to support the schemes now existing in many police custody suites in Scotland. This involves offering sterile needles to known injectors when they leave prison. A further pilot is currently underway in HMP Aberdeen, where prisoners can also access injecting paraphernalia and support upon release. It is expected that this initiative at HMP Aberdeen will be expanded further in 2007-08 to incorporate a pilot in-prison needle exchange scheme. These activities will be robustly evaluated over a significant period of time.

Preventing drug use among young people

2.13 In terms of prevention services targeted at young people, the Executive's Sure Start programme will provide £57 million in 2006-07 to local authorities to enable them to work with health services and other organisations to support Scotland's most vulnerable children and families. The Changing Children's Services Fund will provide over £65 million in 2006-07 to support local authorities and their partners to improve the quality and integration of services for children and young people, including those involved in or affected by substance misuse.

2.14 The Executive's Drugs Communication Strategy, *Know the Score (KTS)*, is based on detailed and comprehensive research across Scotland which suggests that young people want evidence-based information. The campaign is targeted at all age groups including young people. It aims to meet the desire for factual and reliable information about drugs and offers a 24-hour helpline advice service, a suite of information materials which can be ordered free of charge, and a website. The Strategy also includes national media and marketing campaigns, often timed to coincide with the launch of new *KTS* information materials.

2.15 However, these national initiatives are only part of the story. DAATs, community health (and social care) partnerships and other similar multi-agency partnerships around Scotland, are responsible for the strategic planning of local services aimed at preventing drug use among young people in their areas.

2.16 Furthermore, school-based health education also has an important role to play in providing young people with accurate information about Hepatitis C. More will be said about this in Section 5.

What needs to be done?

2.17 Our understanding of what needs to be done in this area has largely been informed by the findings of several key Scottish Executive-funded research studies. For example, we know that:

- Injectors often have poor understandings of how the “indirect” sharing of needles, syringes and other injecting paraphernalia puts them at risk. They also have a lack of knowledge about Hepatitis C (Taylor et al, 2004).
- Few needle exchange services carry out an initial assessment of their clients’ needs as standard practice. In addition, there is enormous variation in paraphernalia distribution and in the nature of educational and harm reduction interventions offered by needle exchange services across Scotland (Griesbach et al, 2006).
- Injectors do not always realise that they are entitled to, nor do they always want, a greater number of needles and syringes than they currently receive — nor do services always inform them of their entitlement and encourage them to make use of it. Many areas of Scotland are distributing an insufficient number of needles and syringes to their local injecting population (Taylor et al, 2005; Griesbach et al, 2006).
- Pharmacy needle exchange providers can have negative and judgemental attitudes towards injectors. These attitudes often can be overcome with good regular on-going support from a specialist harm reduction worker (Taylor et al, 2005; Griesbach et al, 2006).
- Inadequate data collection systems are having an adverse impact in many areas on the planning and commissioning of needle exchange and other harm reduction services. The general lack of robust data on current needle exchange activity makes it difficult to accurately assess the need for such services (Griesbach et al, 2006).

2.18 All of these issues need to be tackled at a local level, and NHS boards may wish to consider allocating some of the additional Hepatitis C-related funding they will receive in 2006/07 and 2008/09 to address some of these matters.

Actions on Prevention

Timescale	Action
1. From Sept 2006 – Aug 2008	Local planning and commissioning groups (including NHS boards, community health partnerships, prisons and drug and alcohol action teams) should consider whether they can use the funding allocated to them over the next two years to improve local Hepatitis C prevention services (in particular, needle exchange). They should also consider whether it is necessary to improve data collection systems, for the purpose of better informing local planning activities.
2. By Dec 2006	The Scottish Executive will ask NHS boards to consider whether they have the full range of interventions in place to reduce re-using and sharing of needles, syringes, and injecting paraphernalia and to promote safer injecting. These interventions should include: more outreach and mobile needle exchange services; distributing a wide range of paraphernalia (in addition to needles and syringes) in needle exchanges; and labelling or colour-coding of injecting equipment to help drug users identify their own.
3. By Dec 2006	Scottish Ministers will publish national quality standards for substance misuse services.
4. By Mar 2007	The Scottish Executive will consider the recommendations of the National Needle Exchange Survey published in July 2006.
5. By Apr 2007	The Scottish Executive Substance Misuse Research Team will publish the findings of research on the outcomes and risks associated with the use of injecting paraphernalia such as filters, cookers and tourniquets.
6. By Apr 2007	The Scottish Executive will carry out a synthesis of existing research on the effectiveness of needle exchange services in reducing the transmission of blood-borne viruses (and Hepatitis C in particular), to highlight any evidence of good practice.
7. By Apr 2007	The Scottish Prison Service will pilot in-prison needle exchange in HMP Aberdeen. A report of this pilot will be available in 2009.
8. By May 2008	The Scottish Prison Service will provide injecting paraphernalia to all prisoners with an identified need, upon their release from prison.

Section 3 Testing

3.1 The role of testing is absolutely crucial in any attempt to tackle Hepatitis C. People infected with the virus have to be tested and diagnosed before they can be referred to specialist treatment and support services. However, testing can also play an important role in prevention. The process of testing (including the pre- and post-test discussion) may be used to educate and inform individuals about how the virus is spread, and thus, how they can avoid contracting it or passing it on to others.

3.2 **Any individual who feels they may be, or in the past, may have been, at risk of Hepatitis C may request a free test from their GP.** Confidential testing services are also available through many sexual health clinics, needle exchange facilities, drug treatment services and some voluntary sector agencies in Scotland. The difficulty is that many individuals who may be infected, or who may be at risk of contracting the virus, are not aware of it, and so would not ordinarily seek to be tested. In addition, many come forward for testing, but never return for their result.

3.3 Actions to raise awareness of the importance of testing, and to improve its accessibility are already underway in many areas of Scotland — particularly in relation to injecting drug users. For example:

- From April 2006, the SMR25 form, which collects detailed information on new individuals entering drug treatment services, asks whether an individual has ever had a test for Hepatitis C. It is expected that this will lead to an increase in testing among this population.
- The Scottish Prison Service (SPS) has been offering testing to prisoners in some prisons for a number of years. An audit of current practice in relation to the detection of Hepatitis C in prisons was published in August and will inform further developments within the prison service in relation to Hepatitis C testing and treatment.
- Some areas have begun to make use of Enhanced Services funding under the new General Medical Services (GMS) contract to develop and improve services for current and former injecting drug users, including Hepatitis C testing.
- Specialist (non-pharmacy) and outreach needle exchanges in a number of areas of Scotland have employed highly-trained Blood-borne Virus Nurses to deliver vaccination and testing services. In most cases, these nurses make direct referrals to specialist treatment services for individuals whose tests are positive.
- Many needle exchange services in Scotland offer information, advice and support to injectors before and after Hepatitis C testing.

3.4 These developments are extremely encouraging, but the situation across Scotland is patchy. In addition, more must be done to educate health and social care professionals about the benefits and importance of testing. Actions related to this are described in Section 5 of this Action Plan.

3.5 Furthermore, stakeholders from around Scotland have highlighted that lack of funding is hampering local efforts to make testing more accessible and to identify the large numbers of individuals who may have the virus, but who are undiagnosed.

3.6 To inform a bid for new funding to improve the accessibility of testing, work will be undertaken to identify and describe testing and laboratory services in Scotland, examine the way they work, measure the numbers of people being tested, and look at where new resources are needed to expand or improve existing facilities. This will form part of a larger needs assessment exercise described in more detail in the next section. One aspect of this work will look at the feasibility and cost of making testing more widely available through different types of community-based services across Scotland.

3.7 Section 5 of this Action Plan describes work that will be undertaken to improve the knowledge and understanding that health and social care professionals have about Hepatitis C. It is expected that this will lead to more accurate and consistent messages being communicated to individuals in pre- and post-test discussions.

3.8 In the meantime, local NHS boards and community health partnerships should consider what further work they can do, using the funding allocated over the two years of this action plan, to improve the accessibility of testing services in their area, and to encourage those who are at risk of Hepatitis C (particularly those who are current or former injectors) to come forward for testing.

Actions on Testing

Timescale	Action
1. From Sept 2006 – Aug 2008	NHS Boards should consider what further work they can do, using the funding allocated over the two years of this action plan, to improve the accessibility of testing services in their area, and to identify and offer Hepatitis C testing to those who are at risk.
2. By Sep 2007	Following publication of the SIGN Guideline on Hepatitis C (expected by December 2006), the Scottish Prison Service will develop a blood-borne virus strategy for the care of prisoners.
3. By Oct 2007	Health Protection Scotland will complete a two-year study to determine the cost-effectiveness of different screening approaches for Hepatitis C. An interim report of this work will be made available to the Scottish Executive by October 2006.
4. By Oct 2007	The Scottish Executive will report on work undertaken to describe the existing provision of testing and laboratory services across Scotland, and to investigate the options and costs of making testing services more accessible.
5. By Dec 2007 and annually	The Information Services Division (ISD) will publish statistics on the number of individuals entering treatment for problem drug use who have ever been tested for Hepatitis C. This data will be presented by NHS Board.

Section 4 Treatment, care and support

4.1 In April 2004, the Royal College of Physicians of Edinburgh held a national Consensus Conference on Hepatitis C. In the Consensus Statement issued after this conference, attendees made the point that: *“Current services do not have the capacity, nor are they configured appropriately, to meet the needs of the majority of [Hepatitis C] infected individuals.”* The statement also highlighted that, *“Only half of those referred [for treatment] attend clinics.”*³ There is a serious problem in many areas of Scotland with the accessibility of treatment services, and this situation must urgently be addressed.

4.2 Stakeholders from around Scotland have argued for **new community-based models of care for Hepatitis C-infected individuals**. It has been suggested that these new models of care could take the form of outreach, nurse-led clinics in primary care services, in prisons and / or in drug treatment services. In fact, a number of areas in Scotland have begun to employ Blood-borne Virus Nurses in this capacity, and anecdotal evidence suggests that these posts are playing a significant role in testing, vaccination, support, education and training.

4.3 In addition, Managed Care Networks (MCN) — involving not only NHS clinical services, but also social work and voluntary sector services — are seen to be the way forward in providing better, more integrated treatment and care services. An MCN has been in operation in Tayside for a number of years. More recently, the Scottish Executive has allocated two years pump-priming funding to NHS Greater Glasgow and Clyde to appoint a manager of a Hepatitis C MCN in that area. The expectation is that this centrally-supported network will demonstrate tangible improvements in the quality of care for individuals who have Hepatitis C, and also that developing MCNs in other areas of Scotland will benefit from the lessons learned. As part of this Action Plan, the managers of the Tayside and Glasgow and Clyde MCNs will report annually to the Action Plan Co-ordinating Group on developments in their respective areas.

4.4 The voluntary sector can have an important part to play in providing care, support and information to individuals who may be waiting for treatment, or who are between clinic appointments. In particular, there is a great deal of excellent work being undertaken in Scotland by a small number of voluntary sector Hepatitis C support services — for example, in Glasgow, Edinburgh and Tayside. This work deserves support and recognition.

4.5 Meanwhile, the Scottish Intercollegiate Guidelines Network (SIGN) are due to publish their guideline on Hepatitis C later this year. This will include evidence-based recommendations for clinicians on diagnosis and management of Hepatitis C, including screening, testing, diagnosis, and the management of chronic Hepatitis C and advanced infection. The publication of this guideline will have an important role in ensuring that treatment for Hepatitis C is carried out to a uniform, high-quality standard across Scotland.

Improving service capacity and accessibility — the first steps

4.6 Despite all these activities and positive developments around Scotland, the Scottish Executive recognises that there is a need for a substantial new funding to expand Hepatitis C treatment, care and support services. However, **details are lacking about the precise level of funding that is**

³ See www.rcpe.ac.uk/education/standards/consensus/hep_c_04.php, sections 1.1 and 3.3.

required, and how and where it should best be targeted. During the period of this Action Plan, the Scottish Executive will address this information gap by commissioning a study to assess the nature and level of the need for Hepatitis C treatment-related funding in each NHS board area around Scotland. This needs assessment will involve:

- Identifying the locations of existing Hepatitis C testing, treatment, care and support services in Scotland,
- determining the existing capacity of those services (looking at referral practices, waiting times, numbers tested, numbers entering and completing treatment),
- identifying gaps in existing service provision, and
- providing detailed, costed options for addressing the gaps.

4.7 The work will take into account the requirement that some NHS boards have of providing Hepatitis C-related care for large prison populations.

4.8 At the same time, Health Protection Scotland will undertake statistical modelling to estimate the cost of the current and future burden of Hepatitis C-related illness on the NHS and on Scottish society in general, and to determine the cost-effectiveness of different HCV screening approaches designed to detect infected persons most in need of antiviral therapy.

4.9 The Scottish Executive will also provide funding to support the continued development of the Hepatitis C clinical database — which collects extensive data on individuals who have attended at least one hospital appointment for specialist care or treatment for Hepatitis C. Reports of this data will be published by Health Protection Scotland in their annual report on *The State of the Hepatitis C Epidemic in Scotland*.

4.10 The results of all this work will inform a bid for phased new funding beyond September 2008, in Phase II. It is important to be clear that, at this point in time, that **there can be no guarantee about the level of funding that might be made available for Phase II.** However, the first step in addressing the need for new resources is to identify the precise nature and level of those needs.

Actions on treatment, care and support

	Timescale	Action
1.	From Sept 2006 – Aug 2008	NHS boards and community health partnerships will consider how they can use the funding allocated to them in the two years of this Action Plan to develop or improve local community-based treatment, care and support services for people who have been diagnosed with Hepatitis C.
2.	By Oct 2006	The Scottish Executive will provide two-year funding to Health Protection Scotland and the Viral Hepatitis Group to support the continued development of the national clinical database on Hepatitis C, which records details of all individuals who attend a specialist clinic for Hepatitis C. Reports of this data will be published annually in the report, <i>The State of the Hepatitis C Epidemic in Scotland</i> .
3.	By Oct 2006	NHS Education Scotland, working together with the UK Hepatitis C Resource Centre, will publish a directory of Hepatitis C-related services in Scotland. This information will feed into an in-depth needs assessment of Hepatitis C testing, treatment, care and support services.
4.	By Dec 2006	SIGN will publish their Guideline on Hepatitis C.
5.	By Oct 2007	The Scottish Executive Health Department will publish the findings of an in-depth needs assessment undertaken in relation to Hepatitis C testing, treatment, care and support services in Scotland. This work to commence in Oct 2006.
6.	By Oct 2007	Health Protection Scotland will complete a two-year modelling study to estimate the cost of the current and future burden of Hepatitis C infection on the NHS. An interim report of this work will be produced by Oct 2006.
7.	By Mar 2007 and annually	The Managed Care Networks in Greater Glasgow and Clyde and Tayside will report annually to the Action Plan Co-ordinating Group on developments in their respective areas.

Section 5 Education, training and awareness-raising

5.1 In Scotland, it has been estimated that only around one-third of individuals who are infected with Hepatitis C have been diagnosed (Hutchison et al, 2006). Because Hepatitis C is a slowly progressing illness, many people live with the virus for years without symptoms. The proportion of people with undiagnosed infections will only continue to grow so long as the general awareness of Hepatitis C remains low. However, the Scottish Executive recognises that a large-scale public awareness campaign would be counter-productive without new resources being made available for testing and treatment.

5.2 Therefore, in the two-year period of this Action Plan, the priority will be to consider options for a possible future campaign should new resources become available beyond 2008.

5.3 One aspect of this will involve undertaking a review of the nature and impact of public campaigns in other countries, including England, France and Australia. Such a review might answer questions such as: what has been the outcome of these campaigns in terms of encouraging people to come forward for testing? Which have been most successful at reducing the stigma of Hepatitis C infection? How have these campaigns sought to educate the public about Hepatitis C? What has been the cost of the campaigns in other countries, and how has this cost been allocated over time?

5.4 A second aspect will involve looking at how information about Hepatitis C is communicated to school children in Scotland. In relation to this, NHS Health Scotland will ascertain the nature of current teaching on Hepatitis C in Scottish secondary schools and will review the need for guidance and resources for schools.

5.5 However, the main priority for communication in Phase I will focus on:

- Educating, informing and raising awareness of Hepatitis C among health, social care and criminal justice professionals
- Informing and supporting those who are living with Hepatitis C, including those who are newly diagnosed and their families

5.6 NHS Health Scotland and NHS Education Scotland will take the lead in this work, in collaboration with other stakeholders, including Health Protection Scotland, the UK Hepatitis C Resource Centre, STRADA, the Scottish Drugs Forum and the Scottish Association of Drug and Alcohol Action Teams.

Health and social care professionals

5.7 Comments received from stakeholders suggest that a lack of knowledge and awareness about Hepatitis C among health and social care professionals is, in itself, a significant barrier to people being tested and referred for treatment. This situation urgently needs to be addressed. Action in this area is crucial since it will provide the basis for the success or failure of all other actions and interventions described in this plan, as well as those that may be taken forward in Phase II. Action in this area will also ensure that *consistent* messages are communicated, not only *to professionals*, but also *by professionals* to their clients and patients. The aim will be:

- To improve the knowledge that professionals have about Hepatitis C — what Hepatitis C is, how it can be prevented, what the options are for treatment, and how to access local services for testing, treatment and support, and
- To clearly describe the scale and implications of the Hepatitis C epidemic in Scotland, and lay out the benefits to service users, and to the NHS, of identifying people who have the virus and providing them with early treatment and support.

5.8 Action will be targeted at: GPs, primary care nursing staff including midwives and health visitors, hospital maternity staff, sexual health care providers, addiction staff, pharmacists, social workers, prison staff and staff in the voluntary sector who may have contact with high-risk groups. Health service managers and commissioners of services (those responsible for setting priorities and allocating resources) will also be a target for this work. The message from stakeholders around Scotland was that these groups often have an inadequate or even poor level of knowledge about Hepatitis C.

5.9 Staff in specialist (non-pharmacy) needle exchange and other harm reduction services are likely to have a very high level of knowledge about Hepatitis C. However, one of the main findings of the National Needle Exchange Survey in Scotland was that the lack of standardised training and education for needle exchange staff, especially in relation to safer injecting techniques, can lead to inconsistent messages being communicated to service users, and can act as a barrier to good practice in many areas. Action will be taken in Phase I to address this.

5.10 At the same time, the Scottish Executive has commissioned the Royal College of General Practitioners to deliver improved training and education on the management of substance misuse to GPs and other health professionals, including those who work in prisons and those who are involved in substitute prescribing programmes.

5.11 The information and awareness-raising campaign among professionals will be informed by the findings of research. NHS Education Scotland (NES), the agency responsible for on-going training and education of NHS staff, is currently undertaking work to ascertain existing educational provision on Hepatitis C for pharmacists, doctors and nurses. This work will identify gaps in existing provision, and will indicate how these gaps can be addressed. Further work will be undertaken to address these gaps over the next two years during the period of this Action Plan.

5.12 In addition, the Scottish Executive will commission a series of depth interviews and focus groups with different groups of professionals to explore:

- their perceptions of Hepatitis C
- their attitudes towards people who have been diagnosed with the virus
- what messages would be relevant to them, and motivate them to take action
- what would constitute 'new news' for them
- how they would like to receive information on this subject.

Information for those who have been diagnosed with Hepatitis C

5.13 A positive diagnosis of Hepatitis C can result in fear, worry and confusion. Individuals who have been diagnosed with the virus will inevitably have a number of immediate questions and concerns such as: how it will affect them and their family; what the options are for treatment; how to access that treatment; what they can do to slow the progress of the illness and improve their quality of

life; and how to limit onward transmission of the virus. Services have a duty to provide this information in a way which is clear and accessible to the individual, and action will be taken to produce materials and other resources to assist services in this.

5.14 In the first instance, the Scottish Executive will commission qualitative research among people who have the virus (including the newly diagnosed) to identify their specific needs for information and support. Again, the findings of this work will inform the content of the messages, and the way in which these messages are offered to service users.

Actions on education, training and awareness-raising

Timescale		Action
1.	By Oct 2006	The Scottish Executive will commission qualitative research with professionals and with individuals recently diagnosed with Hepatitis to explore knowledge and attitudes towards Hepatitis C among these groups.
2.	By Oct 2006	NHS Health Scotland will conduct a review of existing communications materials for Hepatitis C.
3	By Dec 2006	NHS Health Scotland will develop and distribute a range of information and educational materials and resources for professionals about Hepatitis C, consulting with key stakeholder groups as appropriate.
4.	By Feb 2007	NHS Education Scotland, working together with the UK Hepatitis C Resource Centre will ascertain existing training and educational provision on Hepatitis C for NHS staff, identify gaps in existing provision and make recommendations for addressing the gaps.
5.	By Apr 2007	The Scottish Prison Service will provide access to training on Hepatitis C to all prison staff as part of a larger training programme on harm reduction. Staff in HMP Aberdeen will be given special training on safe injecting techniques as part of a pilot needle exchange scheme in that prison.
6.	By Apr 2007	The Scottish Executive will consider how to develop a module for training non-pharmacy needle exchange workers in Scotland.
7.	By Jun 2007	The Scottish Executive will publish a review of the nature and impact of HIV and HCV public awareness-raising campaigns in other countries.
8.	By Jul 2007	The Scottish Executive Health Department will consider how to develop a training strategy for substance misuse services in Scotland.
9.	By Sep 2007	NHS Health Scotland will ascertain the nature of current teaching on Hepatitis C in Scottish secondary schools and will review the need for guidance and resources for schools. The findings will be reported to the Scottish Executive and the Action Plan Co-ordinating Group.
10.	By Jun 2008	NHS Health Scotland will develop materials and resources that can be used to support individuals who have been received a positive diagnosis of Hepatitis C. These will be distributed to all relevant services throughout Scotland – in particular general practices, needle exchange and other harm reduction services, and prisons.

Section 6 Surveillance and monitoring

6.1 Action on Hepatitis C must be based on the best evidence available. Previous sections of this Action Plan have listed a number of research studies planned for the next two years. This section describes plans for improvements in surveillance and monitoring initiatives. The data resulting from these actions will provide a firm evidence base for planning further action and service provision both now and beyond September 2008.

6.2 Surveillance is crucial for informing planning and delivery of services, and all surveillance activities must be specifically geared for this purpose. At a national level, Hepatitis C surveillance is currently undertaken through two main routes:

- The national laboratory surveillance system — collects data on individuals who have been chronically infected with Hepatitis C as reported by laboratories that provide testing facilities. At present, for reasons of patient confidentiality, only limited data are collected.
- The national clinical database — collects extensive data on individuals who have attended at least one hospital appointment for specialist care or treatment for Hepatitis C.

6.3 Although useful, both these methods of surveillance have weaknesses in that they only collect information on the minority of infected individuals who: a) have been tested for Hepatitis C; and b) who have been given a positive diagnosis.

6.4 Until recently, Hepatitis C surveillance was also undertaken in Glasgow and Lothian (and to a lesser extent in Tayside and Grampian) through unlinked anonymised testing of injecting drug users who had been tested for HIV. In addition, the Scottish Drug Misuse Database collects information on demographic and behavioural characteristics, and injecting and sharing behaviour, of new clients coming to the attention of medical services (general practice, hospital etc.) and specialist drug services (statutory and non-statutory). This data is published in the annual report, *Drug Misuse Statistics Scotland*. As mentioned in Section 2 (Prevention), from April 2006, a new data collection form was introduced (the SMR25), which includes questions on blood-borne virus vaccination and testing — including testing for Hepatitis C.⁴

6.5 Again, both these methods of surveillance are useful, but are limited in that they only collect data on individuals who have come forward for HIV testing and treatment for problem drug use, respectively, and so they do not accurately reflect Hepatitis C prevalence among all injecting drug users.

6.6 To ensure that services are able to respond to the true level of need, surveillance activities must be improved. In particular, there need to be better methods of measuring Hepatitis C prevalence and associated behaviours among a nationally representative sample of injecting drug users. This Action Plan proposes to do this through a survey of injectors accessing needle exchange services across Scotland. This new initiative will provide Scotland's first accurate measure of Hepatitis C prevalence among current injecting drug users.

⁴ A copy of the SMR25 form is available at: <http://www.drugmisuse.isdscotland.org/sdmd/smr25.pdf>.

6.7 All surveillance activities will allow for data to be disaggregated by sex, age and ethnicity, so that it is possible to determine how men and women, different age groups, and different minority ethnic populations, are affected by Hepatitis C.

6.8 It must be acknowledged, however, that our information on the total number of people in Scotland who have Hepatitis C will continue to be based on estimates, since there will still be a large number of individuals who contracted the virus years ago, and whose infections are undiagnosed. NHS Boards should consider whether they are able to take additional steps using the funding allocated to them over the next two years to identify and offer testing (and if necessary, treatment, care and support) to these individuals.

Actions on Surveillance and Monitoring

Timescale	Action
1. By Oct 2006	The Scottish Executive Health Department will provide two-year funding to the Viral Hepatitis Group and Health Protection Scotland to support the continued development of the national clinical database on Hepatitis C. Reports of this data will be published annually in <i>The State of the Hepatitis C Epidemic in Scotland</i> .
2. By Dec 2007 and annually	The Information Services Division (ISD) will publish statistics on the number of individuals entering treatment for problem drug use who have been tested for Hepatitis C. This data will be presented by NHS Board.
3. By Dec 2007	Health Protection Scotland will publish the results of a census of Hepatitis C prevalence among injecting drug users attending needle exchange services across Scotland.

Section 7 Summary of actions

7.1 This section summarises the actions presented in the previous sections, under the agencies / organisations responsible for carrying out the action.

The Scottish Executive

- **By Oct 2006:** The Scottish Executive Health Department will provide two-year funding to Health Protection Scotland and the Viral Hepatitis Group to support the continued development of the national clinical database on Hepatitis C, which records details of all individuals who attend a specialist clinic for Hepatitis C. Reports of this data will be published annually in *The State of the Hepatitis C Epidemic in Scotland*. [Section 4, action 2 and Section 6, action 1]
- **By Oct 2006:** The Scottish Executive will commission qualitative research with professionals and with individuals recently diagnosed with Hepatitis to explore knowledge and attitudes towards Hepatitis C among these groups. [Section 5, action 1]
- **By Dec 2006:** The Scottish Executive will ask NHS boards to consider whether they have the full range of interventions in place to reduce re-using and sharing of needles, syringes, and injecting paraphernalia and to promote safer injecting. These interventions should include: more outreach and mobile needle exchange services; distributing a wide range of paraphernalia (in addition to needles and syringes) in needle exchanges; and labelling or colour-coding of injecting equipment to help drug users identify their own. [Section 2, action 2]
- **By Dec 2006:** Scottish Ministers will publish national quality standards for substance misuse services. [Section 2, action 3]
- **By Mar 2007:** The Scottish Executive will consider the recommendations of the National Needle Exchange Survey published in July 2006. [Section 2, action 4]
- **By Apr 2007:** The Scottish Executive Substance Misuse Research Team will publish the findings of research on the outcomes and risks associated with the use of injecting paraphernalia such as filters, cookers and tourniquets. [Section 2, action 5]
- **By Apr 2007:** The Scottish Executive will carry out a synthesis of existing research on the effectiveness of needle exchange services in reducing the transmission of blood-borne viruses (and Hepatitis C in particular), to highlight any evidence of good practice. [Section 2, action 6]
- **By Apr 2007:** The Scottish Executive will consider how to develop a module for training non-pharmacy needle exchange workers in Scotland. [Section 5, action 6]
- **By Jun 2007:** The Scottish Executive will publish a review of the nature and impact of HIV and HCV public awareness-raising campaigns in other countries. [Section 5, action 7]
- **By Jul 2007:** The Scottish Executive Health Department will consider how to develop a training strategy for substance misuse services in Scotland. [Section 5, action 8]
- **By Oct 2007:** The Scottish Executive Health Department will publish the findings of an in-depth needs assessment undertaken in relation to Hepatitis C testing, treatment care and support

services in Scotland. This work to commence in Oct 2006. [Section 3, action 4 and Section 4, action 5]

- **By Feb 2009:** The Scottish Executive will publish its Action Plan for Phase II, the period beyond September 2008. [Section 1, action 10]

Health Protection Scotland

- **By Oct 2006:** Health Protection Scotland will establish and chair a Hepatitis C Action Plan Co-ordinating Group (APCG) representing the range of individuals and organisations that have a stake in this area. [Section 1, action 2]
- **Annually in Feb, starting Feb 2007:** Health Protection Scotland will produce and publish a formal Hepatitis C Annual Report, *The State of the Hepatitis C Epidemic in Scotland*. [Section 1, action 5]
- **By Oct 2007:** Health Protection Scotland will complete a two-year study to determine the cost-effectiveness of different screening approaches for Hepatitis C. An interim report of this work will be made available to the Scottish Executive by October 2006. [Section 3, action 3]
- **By Oct 2007:** Health Protection Scotland will complete a two-year modelling study to estimate the cost of the current and future burden of Hepatitis C infection on the NHS. An interim report of this work will be produced by Oct 2006. [Section 4, action 6]
- **By Dec 2007:** Health Protection Scotland will publish the results of a census of Hepatitis C prevalence among injecting drug users attending needle exchange services across Scotland. [Section 6, action 3]

Action Plan Co-ordinating Group

- **By Oct 2006:** The APCG will form working groups on: (1) prevention; (2) testing, treatment, care and support; and (3) education, training and awareness-raising. [Section 1, action 3]
- **By Jun 2007:** The APCG will draft and agree with local HCV Executive Leads and the Scottish Executive Health Department a short set of national outcome indicators for measuring progress in relation to Hepatitis C prevention, testing, treatment, care and support and training and education. [Section 1, action 7]
- **By Jan 2008:** The APCG will assist the Scottish Executive in putting together proposals for funding to support improvements in the quality and accessibility of Hepatitis C-related services beyond August 2008. [Section 1, action 9]

Action Plan working groups

- **By Dec 2007:** Action Plan Working Groups will submit proposals to the Action Plan Co-ordinating Group for future action on Hepatitis C to be undertaken in Scotland beyond August 2008. [Section 1, action 8]

NHS Health Scotland

- **By Oct 2006:** NHS Health Scotland will conduct a review of existing communications materials for Hepatitis C. [Section 5, action 2]
- **By Dec 2006:** NHS Health Scotland will develop and distribute a range of information and educational materials and resources for professionals about Hepatitis C, consulting with key stakeholder groups as appropriate. [Section 5, action 3]
- **By Sep 2007:** NHS Health Scotland will ascertain the nature of current teaching on Hepatitis C in Scottish secondary schools and will review the need for guidance and resources for schools. The findings will be reported to the Scottish Executive and the Action Plan Co-ordinating Group. [Section 5, action 9]
- **By Jun 2008:** NHS Health Scotland will develop materials and resources that can be used to support individuals who have been received a positive diagnosis of Hepatitis C. These will be distributed to all relevant services throughout Scotland – in particular general practices, needle exchange and harm reduction services, and prisons. [Section 5, action 10]

NHS Education Scotland

- **By Oct 2006:** NHS Education Scotland, working together with the UK Hepatitis C Resource Centre, will publish a directory of Hepatitis C-related services in Scotland. This information will feed into an in-depth needs assessment of Hepatitis C testing, treatment, care and support services. [Section 4, action 3]
- **By Feb 2007:** NHS Education Scotland, working together with the UK Hepatitis C Resource Centre will ascertain existing training and educational provision on Hepatitis C for NHS staff, identify gaps in existing provision and make recommendations for addressing the gaps. [Section 5, action 4]

Information Services Division (ISD)

- **By Dec 2007 and annually:** The Information Services Division (ISD) will publish statistics on the number of individuals entering treatment for problem drug use who have been tested for Hepatitis C. This data will be presented by NHS Board. [Section 3, action 5 and Section 6, action 2]

NHS boards

- **From Sept 2006 – Aug 2008:** NHS boards, together with community health partnerships, and drug and alcohol action teams, should consider whether they can use the funding allocated to them over the next two years to improve local Hepatitis C prevention services (in particular, needle exchange). They should also consider whether it is necessary to improve data collection systems, for the purpose of better informing local planning activities. [Section 2, action 1]
- **From Sept 2006 – Aug 2008:** NHS Boards should consider what further work they can do, using the funding allocated over the two years of this action plan, to improve the accessibility of testing services in their area, and to identify and offer Hepatitis C testing to those who are at risk. [Section 3, action 1]

- **From Sept 2006 – Aug 2008:** NHS boards and community health partnerships will consider how they can use the funding allocated to them in the two years of this Action Plan to develop or improve local community-based treatment, care and support services for people who have been diagnosed with Hepatitis C. [Section 4, action 1]
- **By Oct 2006:** NHS Boards (including special Boards) will identify an HCV Executive Lead who will take responsibility for co-ordinating, planning and overseeing activity on Hepatitis C at an NHS board level. This individual will report bi-annually to the APCG on action and progress in their area. [Section 1, action 1]
- **By Dec 2006:** NHS boards will submit to the Scottish Executive their proposals for spending the Phase I Hepatitis C funding available to them in 2007/08. [Section 1, action 4]
- **By Mar 2007:** NHS boards will report to the Scottish Executive on their spending of the Phase I Hepatitis C funding they received in 2006/07. [Section 1, action 6]

Drug and alcohol action teams

- **Between Sept 2006 – Aug 2008:** Drug and alcohol action teams, together with NHS boards and community health partnerships, should consider whether they can use the funding allocated to them over the next two years to improve local Hepatitis C prevention services (in particular, needle exchange). They should also consider whether it is necessary to improve data collection systems, for the purpose of better informing local planning activities. [Section 2, action 1]

Community Health Partnerships

- **Between Sept 2006 – Aug 2008:** Community health partnerships, together with NHS boards and drug and alcohol action teams, should consider whether they can use the funding allocated to them over the next two years to improve local Hepatitis C prevention services (in particular, needle exchange). They should also consider whether it is necessary to improve data collection systems, for the purpose of better informing local planning activities. [Section 2, action 1]
- **From Sept 2006 – Aug 2008:** Community health partnerships and NHS boards will consider how they can use the funding allocated to them in the two years of this Action Plan to develop or improve local community-based treatment, care and support services for people who have been diagnosed with Hepatitis C. [Section 4, action 1]

Scottish Prison Service

- **By Apr 2007:** The Scottish Prison Service will pilot in-prison needle exchange in HMP Aberdeen. A report of this pilot will be available in 2009. [Section 2, action 7]
- **By Apr 2007:** The Scottish Prison Service will provide access to training on Hepatitis C to all prison staff as part of a larger training programme on harm reduction. Staff in HMP Aberdeen will be given special training on safe injecting techniques as part of a pilot needle exchange scheme in that prison. [Section 5, action 5]

- **By Sep 2007:** Following publication of the SIGN Guideline on Hepatitis C (expected by December 2006), the Scottish Prison Service will develop a blood-borne virus strategy for the care of prisoners. [Section 3, action 2]
- **By May 2008:** The Scottish Prison Service will provide injecting paraphernalia to all prisoners with an identified need, upon their release from prison. [Section 2, action 8]

Scottish Intercollegiate Guidelines Network (SIGN)

- **By Dec 2006:** SIGN will publish their Guideline on Hepatitis C. [Section 4, action 4]

Managed Care Networks

- **By Mar 2007 and annually:** The Managed Care Networks in Greater Glasgow and Clyde and Tayside will report annually to the Action Plan Co-ordinating Group on developments in their respective areas. [Section 4, action 7]

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Annex 1: Remit of working groups

Action Plan Co-ordinating Group

Remit

- to monitor and review the implementation of the Action Plan, Phase I
- to co-ordinate, oversee and monitor Hepatitis C-related activity at a national level
- to produce an annual report, *The State of the Hepatitis C Epidemic in Scotland*
- to work with the Scottish Executive to plan action on Hepatitis C beyond September 2008

Membership

To include representatives from:

- Health Protection Scotland
- Scottish Executive Health Department
- NHS Education Scotland
- NHS Health Scotland
- Scottish Prison Service
- UK Hepatitis C Resource Centre
- Scottish Drugs Forum
- SIGN Hepatitis C Guideline working group
- STRADA
- Viral Hepatitis Group
- Scottish Blood-borne Virus and Sexual Health Prevention Network
- Virology Diagnostic Group
- Royal College of General Practitioners
- Specialist Pharmacists in Substance Misuse
- Patient groups

Reports to

- Scottish Executive and Chief Medical Officer

Timing

- Group to be convened no later than Oct 2006.

Working group 1: Prevention

Remit

- To monitor and oversee Action Plan activity described in the section on “Prevention”.
- To produce proposals, including prioritised and costed options, for improving Hepatitis C prevention services in Scotland beyond 2008.

Membership and chair

- To be confirmed by Oct 2006
- Chair to be selected from membership of APCG

Reports

- Quarterly to Action Plan Co-ordinating Group

Timing

- Report and recommendations to be made by December 2007.

Working group 2: Testing, treatment, care and support

Remit

- To monitor and oversee Action Plan activity described in the sections on “Testing” and “Treatment, Care and Support”.
- To produce proposals, including prioritised and costed options, for improving Hepatitis C testing, treatment, care and support services in Scotland beyond 2008.

Membership and chair

- To be confirmed by Oct 2006
- Chair to be selected from membership of APCG

Reports

- Quarterly to Action Plan Co-ordinating Group

Timing

- Report and recommendations to be made by December 2007.

Working group 3: Education, training and awareness-raising

Remit

- To monitor and oversee Action Plan activity described in the sections on “Education, training and awareness-raising”.
- To make recommendations, including costed options, for improving Hepatitis C education, training and awareness-raising beyond 2008.

Membership and chair

- NHS Health Scotland (George Howie, chair)
- NHS Education Scotland
- Scottish Executive Health Department
- Scottish Executive Media Communications Department
- Health Protection Scotland
- UK Hepatitis C Resource Centre
- STRADA
- Scottish Drugs Forum
- Scottish Association of Alcohol and Drug Action Teams
- Local Managed Care Networks

Reports

- Quarterly to Action Plan Co-ordinating Group

Timing

- Report and recommendations to be made by December 2007.



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