

Peer supported HCV models of care. Results from the HepCare project.

What can we learn from **existing good practices** in harm reduction and **community initiatives** ?

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Background

HALT Study 2013-2016 UCLH

Improving engagement with healthcare in hepatitis C: **a randomized controlled trial of a Peer Advocacy intervention**

Those in the intervention arm had had **18.09% (95% CI 0.96%-35.21%, p-value=0.04)** increased likelihood of successful treatment outcome Vs those in the standard care arm

Difference wasn't large but numbers were small (**n=101**)

At this time still restrictions to DAA's

Improving engagement with healthcare in hepatitis C: a randomised controlled trial of a peer support intervention Helen R. Stagg^{1,2*}, Julian Surey¹, Marie Francis¹, Jennifer MacLellan¹, Graham R. Foster³, André Charlett⁴ and Ibrahim Abubakar^{1*}

2016-2019

The HepCare Study – Enhancing Hepatitis C screening and treatment of at risk and underserved populations

London site (EU wide Other sites in Ireland, Romania and Spain).

Find&Treat Service, UCLH NHS Trust

Pan-London

Targets homeless
population

>8,000 X-Rays per year

368 different venues / yr



HepCare Study-enhanced peer role

- This project has upskilled experienced peer support workers to become equal members of the team following training in screening, BBV testing, Fibroscanning and referral to secondary care.
- They [peers] identify a high proportion of individuals exposed to HCV, achieve high rates of engagement with treatment services and maintain high rates of treatment success amongst a population with complex needs.
- In essence peers are doing more than nurses as they also attend appointments

Qualitative interviews

-in addition to the cascade of care figures

- Senior peer support workers/outreach workers
- Service users/clients
- Service providers/doctors/nurses
- This produced lengthy responses but were summarised to provide a feasibility document with recommendations

What did we learn?

- Crucial to have a parent peer advocacy organisation (Groundswell) for support structures such as regular clinical supervision, training and human resource experience and safety (**lone working, checking in and out**). Organisational knowledge.
- We're a small team and although this has advantages (cohesiveness/ease of contact) we couldn't have provided all the support that was needed.
- Advise against having an informal process

Migration of peers into extended roles—expectation of conformity

- A need for greater acceptance of employing organisations of employees in recovery;
- *“A lot of people won’t disclose the fact that they have a substance misuse background and the difficulty is owning that stuff. Having a clear relapse policy as part of someone's contract would help. And highlighting and celebrating the fact that people are in recovery, rather than having secrecy about it. Having a point of contact where people can go. Employed assisted programmes. These things aren’t highlighted enough”. Advanced Peer*

Service user feedback

- Positive feedback from service users
- *“[The peers] make you feel like they cared instead of the complete opposite-being made to feel like shit. And [the peer] didn’t look down on you at all”.* Service user UK
- *“He was very good, very good man. And he’s easy, he’s ideal and speaks to you like, like as if you’re not a prick, just a normal person”.* Service user UK
- Some female service users would have preferred a female peer. We need to improve gender balance.
- Important to note that we’ve had lots of success with male peers helping female clients into treatment

Service provider feedback_{-overwhelmingly positive}

- *“Working with peers is extremely valuable and has become an integral part of the clinics we provide. Information [that] peer support workers bring back from patients have added to clinical decisions taken and sometimes it has been a team discussion on how to facilitate treatment in the best way”. Clinician*
- However sometimes communication between the peer and clinician was lacking.
- Also knowing the actual limitations of the peer role developed over time.