

FRI-412

A collaborative approach to increase access to hepatitis C treatment for the homeless population in Cornwall

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Background and aims: There is a higher prevalence of Hepatitis C (HCV) amongst the homeless population (Beijer, 2012). Within Cornwall in 2017, our homeless population had a high number of known HCV positive people, but none entering treatment. There is a long standing community treatment program within Cornwall, offering testing, staging and treatment throughout the county by drug services supported by the hepatology department at the local hospital (Hampton, 2015). Competing priorities, including finding somewhere to stay each night has been recognised as a barrier to HCV treatment (Lambert et al, 2017). The aim of this project was to provide safe accommodation to enable access to HCV treatment and treat six homeless people over a 12 month period.

Method: A partnership was formed between local drug and alcohol services, Addaction, secondary care hepatology services and a housing provider who support homeless people in Cornwall. Cosgarne Hall would provide a room and support for people on HCV treatment and for two weeks after treatment to facilitate them moving to stable accommodation post treatment. Treatment would be delivered by community blood borne virus nurse in partnership with hepatology services in secondary care. All potential residents were assessed as suitable for the accommodation using their standard assessment. All people who were housed and underwent treatment were given a questionnaire post treatment to assess the psychosocial impact the project had. Data was also collected to see if the project had an impact on the housing situation of those treated. The final piece of data collected was the response to treatment using a negative viral load at 12 weeks post treatment as a sustained virological response to treatment.

Results: The project has been running for six months and already there have been six homeless people who were offered and accepted accommodation through this project. They all commenced treatment and the table below shows the results.

Conclusion: Ensuring that homeless people have secure accommodation can help them to engage in HCV treatment. It is necessary to have a supportive housing provider who can both offer support to the people staying there and to have good community support to ensure that people do not need to travel to appointments and that the treatment easily accessible.

Figure:

Genotype	Fibrosis	Completed Treatment	SVR	Social situation pretreatment	Social situation post treatment
3a	Cirrhosis	Yes	Yes	Homeless	In Prison
3a	Non cirrhotic	Yes	Awaited	Recent move to supported housing	Remains in supported housing
3a	Cirrhosis	Yes	Awaited	Recent move to supported housing	Remains in supported housing
1a	Non cirrhotic	Yes	Awaited	Homeless	Remains in supported housing
1b	Non cirrhotic	On treatment	Awaited	Homeless	On treatment
1a	Cirrhosis	On treatment	Awaited	Recent move to supported housing	On treatment