Cynulliad Cenedlaethol Cymru
**Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon**

# **Ymchwiliad i Hepatitis C**
# Ymatebion i'r Ymgynghoriad

Ionawr 2019

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National Assembly for Wales
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Evidence from Community Pharmacy Wales

## Part 1: Introduction

Community Pharmacy Wales (CPW) represents community pharmacy on NHS matters and seeks to ensure that the best possible services, provided by pharmacy contractors in Wales, are available through NHS Wales. It is the body recognised by the Welsh Assembly Government in accordance with *Sections 83 and 85 National Health Service (Wales) Act 2006* as 'representative of persons providing pharmaceutical services'.

Community Pharmacy Wales is the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to protect and develop high quality community pharmacy based NHS services and to shape the community pharmacy contract and its associated regulations, in order to achieve the highest standards of public health and the best possible patient outcomes. CPW represents all 716 community pharmacies in Wales. Pharmacies are located in high streets, town centres and villages across Wales as well as in the major metropolitan centres and edge of town retail parks.

In addition to the dispensing of prescriptions, Welsh community pharmacies provide a broad range of patient services on behalf of NHS Wales. These face to face NHS Wales services, available from qualified pharmacists 6 and sometimes 7 days a week, include, Medicine Use Reviews, Emergency Contraception, Discharge Medicines Reviews, Smoking Cessation, Influenza Vaccination, Palliative Care Medicines Supply, Emergency Supply, Substance Misuse and the Common Ailments services.

CPW is pleased to have the opportunity to respond to this request for a written submission to inform the *One-day Inquiry into Hepatitis C* to be undertaken by the Health, Social Care and Sport Committee.

## Part 2: The delivery of the requirements contained in WHC/2017/048

The request for information from the Health, Social care and Sport Committee relates to the action being taken to meet the requirements of the Welsh Health Circular WHC/2017/048 *Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to Public Health.*

On a number of occasions in the past, CPW has signalled to Welsh Government and its Health Boards, a desire to move away from the simple supply and supervision services, that are currently commissioned, to more comprehensive services designed to better meet the needs of drug users.

In line with the principles of Prudent Healthcare and the stated direction of travel for NHS services in Wales, CPW would wish to see a 'once for Wales' approach to the design and commissioning of community pharmacy drug user services that better utilise the accessibility of the community pharmacy network and the skills of the pharmacy team.

Those members of the population that are drug users are notoriously poor at engaging with NHS and Social Care providers and CPW therefore strongly suggest that it is important to 'make every contact count' and therefore a comprehensive support service should be made available at every location where there is contact with this vulnerable group and this includes community pharmacy.

Community pharmacies that currently provide services to drug users have developed a degree of rapport and trust with these individuals and the foundation is therefore in place to deliver further support through hepatitis testing and treatment. The CMO's letter of October 2017 fully recognises that '*tests for these individuals and treatment provision should be delivered in settings and environments that they are familiar and comfortable with, and are likely to attend and accept treatment from*.

Persuading those at risk of hepatitis infection to undertake a test is not easy and often require a number of conversations over a period of time with a trusted healthcare professional before the client is comfortable with undertaking a test. It is for this reason that any hepatitis service should be designed around client care and not commissioned on a transactional 'item of service' basis. It is important that Welsh Government and its Health Boards recognise the challenge associated with driving engagement and expectations are tailored accordingly.

The development of new, directly acting anti-viral medications has revolutionised the treatment of hepatitis C and therefore there are no barriers, other than those put in place by commissioners, for treatment not to take place in a community pharmacy following a positive test result.

**CPW would wish to ensure that a national, flexible and fully comprehensive Community Pharmacy Hepatitis Service is put in place that allows the healthcare professional to engage in coproduction and provide the type of service that best meets the needs of the client.**

For example a client should be able to be tested in a pharmacy, take their own test in a pharmacy, take away a test for return later or take away other test kits for partners, family members and friends that they believe may have been at risk of exposure to hepatitis. Any person who has a positive test result should have the choice as to whether they wish to be treated in the pharmacy or to be referred to their GP/local sexual health clinic.

While CPW would be supportive of hepatitis services initially being available from all pharmacies providing sterile injecting equipment and/or a supervised administration service it is essential that promotion of these services is not limited to current service users. Those currently not actively engaged with services such as the homeless and sex workers should be made aware that their community pharmacy provides a walk-in advice, test and treatment service. It is important that all care workers are also aware that they can refer at risk individuals to a community pharmacy for support.

CPW would also wish to see arrangements put in place to encourage local blood borne virus nurses to work in partnership with nominated community pharmacies so that they can operate collaboratively to meet the needs of their local population. CPW would therefore recommend that the current Community Pharmacy Collaborative Working Scheme is extended to include local blood borne virus nurses.

CPW also recognises the significant growth in injection of drugs amongst groups of people who do so to improve image or performance (IPEDs). This is a major group that should be more heavily targeted if WHO targets are to be reached in Wales. CPW would recommend that there should be a range of posters put up in all gymnasiums, sports clubs and tanning salons to raise awareness of the risk of contacting hepatitis, the fact that modern treatments are effective and simple to use and also to promote the walk in advice, test and treat service available at a nearby pharmacy.

CPW is pleased that there has been some engagement with two leading health boards on the design of a community pharmacy support service. We would however wish the pace of introduction to be stepped up and the service designed to be a broader more comprehensive service supported by local marketing. The service that is planned for trial is a test and advice only service with treatment held up by operational barriers that need to be overcome as a matter of urgency, if the capacity of the community pharmacy network is to be utilised to meet WHO targets.

## Part 3: Conclusion

CPW believe that the effective engagement of the community pharmacy network to provide a local, easily accessible, flexible and comprehensive *Community Pharmacy Hepatitis, Advice, Test and Treat Service,* will help Welsh Government achieve WHO targets for the elimination of hepatitis as a significant threat to public health.

CPW remain committed to working with Welsh Government and its Health Boards to put these arrangements in place.

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National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Evidence from Cwm Taf University Health Board

# Targeting HCV with a view to eradication in Wales

There are number of factors which will affect our ability to eradicate HCV in Wales.

1) Baseline prevalence
2) Transmission rates
3) Detection of new and old cases
4) Engagement with the treatment services
5) Compliance with medication

1) And 2) As a HB CTUHB does not have pockets of very high prevalence in the same way that some large urban areas do but we know the prevalence of disease in our actively IV drug using community is moderate (18.6%) and that if we can make inroads into treating, particularly in the active IVDU group we can make a difference to rates of ongoing transmission. Data below is from the Harm Reduction Database 2017-18 and first two quarters of 2018/19. This shows that some HBs have particularly high levels (ABMU). Some HBs however have lower testing rates recorded on HRD and results therefore may not show prevalence accurately.

| | Total individuals tested for anti-HCV | % Results Recorded (n=1,452) | % anti-HCV Reactive |
|---|---|---|---|
| **ABMU** | 230 | 97.6 | 39.7 |
| **Aneurin Bevan** | 386 | 99.2 | 8.6 |
| **BCU** | 334 | 89.6 | 17.1 |
| **Cardiff and Vale*** | 38 | 73.2 | 22.2 |
| **Cwm Taf** | 471 | 93.5 | 18.6 |
| **Hywel Dda*** | 97 | 81.0 | 7.7 |
| **Powys Teaching** | 10 | 20.0 | 0.0 |
| **Wales** | **1566** | **92.7** | **18.4** |

2) As above

3) Detection of new and old cases:

In CTUHB since April 2018 we have had approx. 68 new referrals for patients with HCV.

35 referrals have come direct from GPs or hospital based services including GUM(2), these are people generally not actively using drugs but often being picked up due to screening for reasons for abnormal LFT.

22 are from the HB CDAT team. These people are generally people with complex MH and dependency issues who have not been able to be managed in the third sector community addiction services. Many of these patients have been seen in third sector commissioned addiction services prior to referral in to Health based CDAT services due to case complexity.

2 referrals have been from Barod, one of our community based addiction services. Given the prevalence of Hepatitis C positivity in our local IVDU population this is a very low number of referrals in the first 8 months of the financial year 18/19. Of those who are tested in community services there is a high number of HCV antibody positive people who are already know to have or have previously had HCV treated. On the HRD data base this is reflected by the high level (43%) of patients tested who are RNA negative: compared with ABMU where only 27% of the clients positive for anti HCV are RNA negative. This suggests that testing is focussing on those who have known previous disease which has been treated rather than on those who are likely to have new active disease. It is reassuring that the individuals are RNA negative and annual retesting for those continuing high transmission risk behaviours is recommended but it also suggests we are not targeting patients with risk taking behaviours who have no history of HCV.

6 referrals are through our self-referral pathway which enables friends, families and contacts of people already in our service to refer themselves in for testing and treatment.

3 were other routes including patients transferring into our HB from another HB.

Looking at the referral source it appears that we are picking up old cases opportunistically which is the majority of GP and consultant testing, the only downside of this approach is that these people are more likely to have established liver damage.

We fall down in the area of testing and referring people who are actively using drugs or are early in their engagement with community drug services. These are people who could be benefited most as not only could they be cured before they develop established liver disease from their hepatitis C. The people who are referred to the Viral hepatitis treatment services are those who have complex addictions, dual diagnosis or physical illness from their addictions who are managed by CDAT rather than community services such as Barod and whilst these patients do need to be seen they are often in a more difficult to treat category due to co-morbidities.

4) Engagement with treatment services is something we need to work on. Our service model of bring people to a hospital base for their first appointment results in a 50% DNA rate for first appointments and of those just over 50% DNA a second appointment which means only 74% are actually seen for a first appointment.

5) Compliance with treatment. Once patients are established in the service and they feel they are ready to embark on treatment compliance is good.

New treatments of short duration and many fewer side effects have meant that this is no longer the issue that it has been in years gone by. We have good arrangements with pharmacy and nationally agreed drug costs so that we can ensure there is no barrier to patients receiving the most appropriate treatment.

Our target in CTUHB is to treat 85 patients in each financial year. This target is set for our population taking into account population size, and prevalence rates, if we manage to hit this target we should start to have an impact on infection rates.

As we have not had enough referrals and our DNA rate is 26% we have not treated enough so far this year to be able to hit our target.

We have treated 29 patients in the first 8 months of the year, leaving 56 to treat in the last 4 months of the year. We have not had enough referrals to enable us treat another 56 even if all the patients we had been referred were treated we would not hit our target of 85 for 2018/19.

Actions we are looking to take:

1) We in the Health based services need to work more closely with our third sector community based third sector partners to understand the barriers they are experiencing to testing and referring patients for treatment. A new service provider is being commissioned and we need to ensure close partnership working form the start of the new service.

2) The new opt out testing as opposed to opt in may help increase testing rates but only if we ensure tests are offered and framed in a positive light. Ensuring those offering testing have up to date information on the new treatment options is essential as treatment has changed dramatically in the past 5 years becoming much simpler, moving from injections to oral and with reduced durations of treatment.

3) We need to look at the model of treatment services. Whilst services are provided in local community hospitals we could look at the treatment service going to the patient rather than the other way round. For patients already engaged with health services it may be less of an issue to come up to a local DGH or community hospital but if we can increase testing in community settings and this is the only point of contact for clients found to be positive, we may need to start looking at holding clinic consultations in community/third sector/local pharmacy/needle exchange premises. Visits to hospital bases should be kept for limited numbers of appointments where hospital based investigations are needed e.g. fixed fibroscan and only once a therapeutic relationship has been built between patient and treatment service..

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National Assembly for Wales
Health, Social Care and Sport Committee
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Evidence from Public Health Wales

## Section 1: The action being taken to meet the requirements of the Welsh Health Circular (WHC/2017/048) published in October 2017 and subsequently meet the World Health Organization target to eliminate Hepatitis B and Hepatitis C as significant public health threats by 2030.

1. The World Health Organization (WHO) has announced a global health sector strategy on viral hepatitis which sets out to eliminate hepatitis B (HBV) and hepatitis C (HCV) as significant public health threats by 2030. The WHO target is a 90% reduction in occurrence of new cases (incidence) and 65% reduction in death (mortality) due to hepatitis B and C by 2030. Wales is signed up to this strategy. This goal has been incorporated into Public Health Wales' new long-term strategy to 2030 published in 2018.

2. The Welsh Health Circular (WHC/2017/048, issued in October 2017) highlights the three key areas where action is needed in Wales to progress toward the 2030 elimination target. Those three areas are:-

    a. Reduce and ultimately prevent ongoing transmission of HCV within Wales;

    b. Identify individuals who are currently infected with HCV including those who have acquired HCV outside the UK and are now resident in Wales; and

    c. Test and treat individuals currently infected with HCV who are actively engaged in behaviours likely to lead to further transmission.

3. In Wales the 'Together for Health Liver Disease Delivery Plan 2015-2020' has built on the good work facilitated by the Blood Borne Viral (BBV) Hepatitis Action Plan for Wales 2010-2015. The implementation of this plan is supported by the Liver Disease Implementation Group (LDIG), which is chaired by the Executive Director of Public Health Services at Public Health Wales and includes representation from each health board in Wales, the British Liver Trust (BLT) and the Children's Liver Disease Foundation. The LDIG identified blood borne viral hepatitis as one of the key priority areas.

4. To support taking this agenda forward the Viral Hepatitis Subgroup was established. This subgroup, chaired by the national lead for hepatitis, provides both strategic leadership and support to health boards in

progressing this area of work. This subgroup includes multidisciplinary representation including representation from the Hepatitis C Trust. Epidemiological and administrative support to this group is provided by Public Health Wales.

5. This Viral Hepatitis Subgroup reports regularly to the LDIG and updates on the work of this subgroup are included in the annual statement of progress submitted by the LDIG to Welsh Government. This group has facilitated a number of developments working with other agencies as appropriate to develop and support increased testing and treatment in a variety of settings including prisons, drug and alcohol services, third sector services and community pharmacies.

6. The Viral Hepatitis Subgroup also helped to obtain funding and administration for a variety of projects on testing and treatment strategies for hepatitis C, e.g. funding to develop reflex Polymerase Chain Reaction (PCR) testing from dried blood spot tests that will facilitate and increase speed of access to a confirmed diagnosis which in turn can speed up access to treatment in some settings (e.g. community pharmacy); and the appointment of a point of care testing lead for the Wales Specialist Virology Centre to develop these services in various settings across Wales.

7. The Viral Hepatitis Subgroup also co-ordinates the collection of data to ensure appropriate governance of the national plan and feeding relevant information back to Welsh Government, health boards and other relevant stakeholders. In addition, the subgroup has been working with NHS Wales Informatics Service (NWIS) to develop a hepatitis C electronic form that will facilitate live collection of national treatment data in the future. The subgroup has also been involved in the development of an elimination model using an independent company funded through a non-restricted grant from pharmaceutical industry.

8. The Viral Hepatitis Subgroup supports the regular review of the national plan with expert advice and recommendations for development as and when appropriate. The subgroup has also been instrumental in administration of the virtual panel that enables discussion of complicated patients to ensure most appropriate treatment options are given to these individuals.

## Reduce and ultimately prevent ongoing transmission of HCV within Wales

9. Over 90 per cent of ongoing transmission of hepatitis C is via injecting drug use. As such, the most effective way of reducing transmission is through a reduction in the number of individuals injecting and through provision of effective Needle and Syringe Programmes (NSPs). Public Health Wales provides support to all 270 NSPs in Wales, through (as at 2017/18) the development of guidance, policy and monitoring. Statutory, voluntary and

community pharmacy based NSPs all record individual activity on the Harm Reduction Database module, which provides a means of evidencing the nature and scale of injecting drug use as well as coverage of needle and syringe provision. An annual report is published by Public Health Wales to monitor progress, (available on the Public Health Wales website at http://www.wales.nhs.uk/sitesplus/documents/888/HRD%20Report%202017-18%20-%20Final%20.pdf).

10. In 2017/18 there were a total of 14,000 regular users of needle syringe services, and over the last five years there has been a decrease in the proportion of young people injecting drugs and accessing services, from 5.5% in 2013/14 to 2.7% in 2017/18.

11. Public Health Wales, with Welsh Government, led on a national commissioning process in 2016-17. The new NSP framework was initiated in July 2017 and has led to the introduction of 'single injection kits' in all NSPs.

## Identify individuals who are currently infected with HCV including those who have acquired HCV outside the UK and are now resident in Wales

12. With the advent of new, highly effective and well-tolerated medicines to treat hepatitis C, Public Health Wales is leading the co-ordination and implementation of a national patient re-engagement exercise. This looks to identify individuals with a historical diagnosis of Hepatitis C who, for whatever reason(s), have not completely engaged with treatment services and seeks to bring them back into the service and offer them treatment with the new therapies now available (as appropriate).

13. This work is being supported by an implementation group which includes representation from the Hepatitis C Trust, the British Liver Trust and the General Practitioners Committee (GPC) Wales in addition to every health board in Wales.

14. Using historical laboratory testing data as the starting point, work has been undertaken to identify these individuals. From Spring 2019, they will be contacted and offered the opportunity to re-engage with services and be assessed for treatment.

15. The Viral Hepatitis Subgroup has also supported a number of initiatives/pilot projects to support the identification and treatment of individuals with hepatitis C infection. This includes an evaluation of an outpatient service in one health board, and case finding in primary care in another health board. In addition, a national project and research lead for hepatitis has been appointed to help develop approaches and share learning across health boards.

## Test and treat individuals currently infected with HCV who are actively engaged in behaviours likely to lead to further transmission

16. Public Health Wales has developed a Harm Reduction Database (HRD) Blood Borne Virus Module, which has been implemented in all specialist substance misuse services across Wales and in a number of pilot community pharmacy sites. It is envisaged that a national roll-out across all relevant community pharmacies will commence over the next few years. Given that the prevalence and incidence of HCV infection is highest among individuals with current or historic substance misuse, it is vital that these populations are routinely tested and referred for treatment as soon as identified. The HRD blood borne virus module provides a system for recording routine testing, in line with the implementation of routine opt-out testing in all substance misuse services in Wales (https://gov.wales/docs/dhss/publications/160906substance-missuse-2016-2018en.pdf ). In addition, the database enables the testing and outcome history to follow the patient wherever they are in Wales, and over time. The database provides a mechanism for screening, diagnosis, referral and treatment milestones including commencement, Sustained Virological Response (SVR) and reinfection. Public Health Wales provides an annual report on progress (available Public Health Wales website at: http://www.wales.nhs.uk/sitesplus/documents/888/BBV%20Annual%20report%202017-18%20FOR%20PUBLICATION.pdf ).

17. Over 1600 individuals in contact with substance misuse services were tested in 2017 and this has increased by over one third to date in 2018. However, a significant proportion of individuals remain untested and it is important that services are appropriately resourced to enable all 'at risk' clients to be tested on an annual basis.

18. In addition, Public Health Wales has supported Welsh Government in the reintroduction of a Key Performance Indicator (KPI) for all substance misuse services. This will facilitate the testing of all individuals in contact with services on at least an annual basis until no longer at risk of HCV infection. The KPI will be monitored for each site via the HRD, which ensures an individual patient record of testing, diagnosis and treatment. The system also reduces the likelihood of an individual testing reactive for HCV from being lost to services, or 'falling through the net' which has been an issue in the past.

19. Since 2010, BBV testing has become a routine part of prison health provision. In November 2016, Welsh Government issued a formal policy move to opt-out testing for blood borne viruses for all those on admission to prison. All prisons in Wales offer BBV screening although levels of delivery remain varied. Table 1 shows the number of individuals attending BBV services in each prison in Wales 2015-2017. The table demonstrates an

increase in the number of men tested since November 2016 when opt-out screening was introduced. Mean prevalence of hepatitis C antibody was 10% in 2015, 7% in 2016 and 10% in 2017.

## Table 1 Numbers of individuals attending Blood Borne Virus services in each prison in Wales 2015-2017

| Requesting site | Individuals attending, per year | | | |
|---|---|---|---|---|
| | 2015 | 2016 | 2017 | Total |
| H. M. PRISON BERWYN | 0 | 0 | 264 | **264** |
| H. M. PRISON CARDIFF | 238 | 885 | 1290 | **2413** |
| H. M. PARC BRIDGEND | 398 | 857 | 1463 | **2718** |
| H. M. PRISON PRESCOED | 98 | 114 | 196 | **408** |
| H. M. PRISON SWANSEA | 0 | 4 | 162 | **166** |
| H. M. PRISON USK | 70 | 255 | 71 | **397** |
| **Total** | **804** | **2115** | **3446** | **6366** |

1.

20. All prisons in Wales offer treatment for blood borne viruses. Specialist nurses run clinics within each prison to see those testing hepatitis C antibody positive. Portable scanners used within prisons mean that in the majority of cases, individuals can transition from testing to treatment without the need to leave the prison.

21. An increase in the numbers of men screened for BBVs was evident following the introduction of the opt-out screening policy. Despite this, implementation of opt-out testing across prisons remains variable and many men appear to be untested. The setting of a staggered target for BBV screening in prisons is being considered. As yet, prisons in Wales have increased testing rates without any additional direct resource. Adequate resourcing of prisons to support continued increases in prison testing needs to be considered.

## Section 2: How the knowledge and awareness of the public and health professionals of the Hepatitis C virus can be increased.

22. The British Liver Trust (BLT) (as part of their work with the Liver Disease Implementation Group) is working in Wales to raise public awareness of liver health, highlight the main causes of liver disease and what lifestyle choices and prevention is needed to maintain good liver health. The BLT is also delivering *'Love Your Liver'* screening and scanning events throughout

Wales and undertook a *'Love Your Liver'* roadshow in November 2018, which saw the Mobile Scanning Unit visiting Bangor, Wrexham, Cardiff, Bridgend and Swansea.

23. As part of the BLT-funded Royal College of General Practitioners (RCGP) liver disease clinical priority programme, in July 2018, Wales hosted one of four UK regional BLT/RCGP primary care education events.

24. In December 2017, a good practice hepatitis C roadshow was held in Cardiff. This event was organised by HCV Action and Public Health Wales, and aimed to bring together professionals working with hepatitis C in a variety of contexts, identify challenges and solutions for tackling hepatitis C locally, and showcase and share examples of good practice in prevention, testing, and treatment. The summary report from the roadshow is available on the HCV action website at http://www.hcvaction.org.uk/resource/summary-report-hepatitis-c-good-practice-roadshow-cardiff-december-2017 [accessed 27/12/2018].

25. In addition, the national lead for hepatitis has led two national network meetings per year, to help share learning between teams and health boards. These were made possible through unrestricted educational grants provided by the pharmaceutical industry.

26. The BBV teams provide support to initiatives to raise awareness. These include examples such as education of primary care teams, awareness raising on World Hepatitis Day, engagement with media around awareness raising events, and a project to test and raise awareness in a mosque. However, the impact of these initiatives to date is uncertain.

27. Increasing awareness of the public and health professionals is one of the challenging areas of the elimination plan. Support for a focussed awareness-raising campaign would be welcomed. This is particularly important in finding those patients who are not easily identified (e.g. individuals from high prevalence countries, people who used to inject drugs or dabbled in early life, and those at risk through blood transfusion).

## Section 3: The scope to increase community-based activity e.g. the role of community pharmacies.

28. The Viral Hepatitis Subgroup of LDIG has developed a national protocol for the delivery of testing for hepatitis C in the community, which has been approved by National Pharmacy Wales.

29. With funding from the LDIG, a national pharmacy lead for hepatitis has been appointed and is now working on rolling out testing in community pharmacies. A map of all pharmacies that carry out needle exchange and opiate substitution therapy has been constructed from data extracted from the HRD and this will be used to facilitate roll-out. Funding for a pilot

project to test the protocol in the live environment has been secured and will run in January 2019.

30. BBV teams from across Wales are aware of the protocol and are in position to support the roll out of testing in this environment.

31. The national pharmacist lead is now starting work on a nationally agreed treatment pathway in community pharmacy for development and roll-out in 2020.

## Section 4: The long-term viability of treatment programmes.

32. The Viral Hepatitis Subgroup, through the national lead for hepatitis, has provided support for the national tendering process and the delivery of equitable and transparent access to treatment. This has resulted in the delivery of significant savings to the NHS in Wales through national procurement, adherence to the principles of prudent healthcare, the use of cheapest possible treatment options when appropriate, and taking senior decisions to delay treatment in patients who could afford to wait for newer cheaper options in the early days of management of hepatitis C.

33. The National Hepatitis C treatment pathway and treatment recommendation protocol has been developed through the coordination of the BBV network and clinical leadership.

34. Treatment programmes are currently supported by a combination of health board level BBV teams and national roles (pharmacist lead, project and research lead, point of care testing lead). The Liver Disease Implementation Group supports these national roles. Funding for those roles is uncertain beyond 2020. At the current trajectory elimination will not be achieved until after 2030. If testing and treating is to be up scaled to the point that elimination by 2030 is to be achieved, then it is imperative that these roles are sustained beyond 2020.

35. There are many developments designed to increase the testing of at risk individuals and link them to care (e.g. increased testing in prisons, drug and alcohol services, third sector agencies, community pharmacies). It is imperative that these initiatives are appropriately resourced so that an increase in testing in these environments is sustainable.

36. The developments to increase testing and treatment of at risk individuals needs to be appropriately matched with investment to promote harm reduction messages to reduce the risk of re-infection and make the delivery of elimination as cost effective as possible.

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HSCS(5) H04
Ymateb gan Abbvie

National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Evidence from Abbvie

## Key facts:

- It is estimated that 12,000 people in Wales are living with hepatitis C (HCV)[i].
- Over the last two years, NHS Wales has treated more than 1,300 individuals achieving a cure rate of 95%[ii].
- In the last financial year (2017/18) the target to treat was 900, but only 578 (64%) patients received treatment[iii].
- It is estimated that 5000 people in Wales have been diagnosed with HCV but have not yet received treatment or cleared the virus[iv].
- Following the implementation of opt-out BBV testing in prisons, only around one third of prisoners have been screened. It is estimated that one in ten prisoners are HCV positive[v].
- The Welsh Government has signed up to the WHO commitment to eliminate hepatitis C as a public health concern by 2030. NHS England has announced its intention to achieve this by 2025.

## Recommendations

- At the current rate of treatment, Wales is unlikely to meet the WHO target to eliminate hepatitis C as a public health concern by 2030. A renewed approach is required.
- In order to achieve elimination, AbbVie believes that a national HCV elimination strategy is required which is supported by a clear delivery plan.
- A public health awareness campaign should link people directly into services where they can be tested and treated without delay.
- An elimination strategy should share examples of good practice in developing services that reach out to at-risk groups and support the establishment of community based services across Wales.
- The primary focus for an elimination strategy should be within drug and alcohol services and in prisons where a high proportion of people are infected with HCV.
- The Welsh Government should develop a micro-elimination strategy for prisons which includes opt-out HCV testing in all prisons, increased

investment in clinical staffing, and explore opportunities to introduce in-prison link worker services that support prisoners into treatment whilst in prison or upon release.

# 1. Background

1.1 The NHS in Wales has worked hard to treat all patients diagnosed with HCV but the challenge is to find those who remain undiagnosed. Estimates of HCV prevalence are uncertain therefore more work needs to be done to provide a more detailed and accurate data on prevalence.

1.2 However working on the basis of a prevalence of 12,000 patients: if treatment rates remain the same as 2017/18 (578) it will take 20 years to achieve elimination in Wales. If services were to achieve the current target of 900 patients in treatment each year, Wales would still miss the WHO target by at least one year. An accelerated approach to elimination by 2025 would require 2000 patients to be treated annually.

**At the current rate of treatment, Wales is unlikely to meet the WHO target to eliminate hepatitis C as a public health concern by 2030. A renewed approach is required.**

1.3 The introduction of new oral treatments - which offer shorter treatment duration with few side-effects and a high cure rate - have transformed how HCV services can be delivered, yet treatment in Wales is still predominantly focussed within secondary care and those services that are community-based are fragmented and variable by health board.

1.4 Competitive tendering processes have significantly reduced the cost of treatment. There is an opportunity to reinvest these savings into driving increasing treatment numbers, improving case finding and developing community-based treatment models.

1.5 Clinicians across Wales are committed to delivering elimination and are developing innovative approaches to case finding, testing and treatment. However progress is variable across health boards. In order to achieve elimination strong political leadership is required. A national elimination strategy, led by ministers and supported by protected budgets will ensure that where good practice exists it can be shared and a co-ordinated approach to elimination can be adopted.

1.6 AbbVie is committed to working with the Welsh Government and NHS to support initiatives to increase treatment numbers and deliver HCV elimination.

## 2. Welsh Health Circular (WHC/2017/048)

2.1 In 2017, the Welsh Government issued a health circular which set out requirements for NHS Boards to achieve elimination by 2030, requiring them to put in place measures to:

- Reduce and ultimately prevent ongoing transmission of HCV within Wales;
- Identify individuals who are currently infected with HCV including those who have acquired HCV outside the UK and are now resident in Wales; and
- Test and treat individuals currently infected with HCV who are actively engaged in behaviours likely to lead to further transmission.

2.2 While this circular is clear in its intention, the document does not include any targets, timescales or funding to support health boards in the delivery of these objectives. Neither does it address the need for centralised data capture in order to measure progress towards targets.

2.3 A strategic approach to elimination should address the key activities of disease awareness, prevention, case-finding, treatment and support spanning the range of public services including NHS (primary and secondary care), community drug and alcohol services, homeless services and prisons.

**In order to achieve elimination, AbbVie believes that a national HCV elimination strategy is required which is supported by a clear delivery plan.**

## 3. Disease Awareness

3.1 Making elimination a practical reality will require increased efforts to raise awareness of the risks of HCV infection. The greatest risk of infection is among people who inject drugs and therefore it is vital that any disease awareness campaign targets this population as a priority but it is challenging as this is a group of society who may not be engaged in existing NHS services.

Working with Cardiff and Value University Health Board, AbbVie launched a three month pilot disease awareness campaign in the city of Cardiff. The campaign placed poster adverts in GP surgeries, bus stops and public toilets, encouraging people to go for testing if they thought they may be at risk.

3.2 Research conducted by AbbVie among people who inject drugs found that there was a lack of awareness of the new oral treatments for HCV which offer

a short treatment duration, minimal side-effects and high cure rate. Historically treatments had been long and onerous with a lower risk of cure. Raising awareness of the new oral treatments could encourage people who have been diagnosed to come forward for treatment.

3.3 However a public health campaign will only be of benefit once a community service infrastructure is in place.

**A public health awareness campaign should link people directly into services where they can be tested and treated without delay.**

## 4. Raising professional awareness of hepatitis C

4.1 As services adapt and become more community focused, maintaining a high standard of care and professional education is important. This is particularly the case in HCV where there remain a number of myths and stigma attached to the condition.

4.2 There is a need for greater knowledge and understanding of hepatitis C outside of traditional secondary care settings, particularly in primary care where continuing professional development and training tools should be considered. There is also a clear role for third sector providers to support the work of the NHS to identify and support people into treatment. The Hepatitis C Trust could be supported to engage with the healthcare community, Public Health Wales and other third sector providers to explore opportunities for development.

4.3 In Scotland, community pharmacy plays a key role in the dispensing of oral treatments for patients with hepatitis C. This model provides a community based service which provides clinical engagement with service users.

Working with the Royal Pharmaceutical Society, AbbVie has developed an online educational tool for specialist pharmacists working in HCV services. We are now working with stakeholders in Wales to develop a community pharmacists training programme to increase awareness of HCV and available treatments.

## 5. Finding the right patients

5.1 It is estimated that there are 12,000 cases of hepatitis c in Wales almost half of which are undiagnosed. While the NHS has done well to treat patients who are already diagnosed and known to the system, the challenge remains to identify those living with the condition but who are not diagnosed or who have dropped out of the system.

5.2 Increasing community nurse specialists to drive HCV elimination in community-based services and targeted micro-elimination within specific groups is an approach that is already proven. For example in Cardiff, the work of community nurse leads has seen an increase in the number of patients tested and treated each month.

5.3 An elimination strategy must ensure that those with the highest risk of transmitting HCV are targeted. It is estimated that more than a quarter of all people who inject drugs are infected with hepatitis C[vi]. Therefore community based services must focus resources on testing and treating people who inject drugs, who may be sharing drug injecting equipment, and should consider alternative routes to treatment and care pathways. There should also be a new approach to find, test and treat patients; supporting them to remain in contact with services.

5.4 There is clear agreement across the clinical community that patient pathways need to be modernised to reflect the evolving treatment landscape. An elimination strategy must provide for pathways that enable more timely community based treatment, for example in community pharmacy or community drug and alcohol services. These changes would help to reduce transmission and avoid situations where patients are diagnosed but clinicians are unable to treat them. It is also clear that more a more community based model would be better able to ensure that patients complete treatment and don't get lost after diagnosis.

**An elimination strategy should share examples of good practice in developing services that reach out to at-risk groups and support the establishment of community based services across Wales.**

## 6. Prison healthcare

6.1 It is conservatively estimated that one in ten prisoners are HCV positive. In April 2018, the prison population in Wales was 4291[vii]. If the estimated prevalence is correct, the HCV positive prison population could account for as many as one in 20 of all HCV cases in Wales.

6.2 Providing testing and treatment to prisoners whilst they are incarcerated provides an opportunity to make significant progress towards elimination yet HCV services in prisons remain woefully under-resourced.

6.3 Opt out testing for prisoners was introduced in Wales in 2016, however implementation remains variable due to workforce and capacity issues within the prison healthcare service.

6.4 AbbVie has been working with HMP Cardiff to develop an accelerated pathway for testing and treatment of prisoners with HCV. However, this has been challenging to implement due to staff changes, bureaucracy and competing health demands.

6.5 In Wrexham, there are 1000 prisoners, but there are only two nurses providing one clinic per month.

6.6 Providing peer-to-peer support services and access to treatment for prisoners can provide a holistic care model that supports prisoners into services that enable them to clear the disease while in prison or linking them into support services in the community upon release.

In Scotland, Waverley Care, an HIV and Hepatitis C charity, is running a pilot programme, supported by AbbVie, which embeds a community link worker within HMP Barlinnie and Low Moss prisons in Glasgow. The aim is to engage and support prisoners with a HCV diagnosis whilst in prison and upon liberation into the community, ensuring there is continuity of care and that the individual is not lost to the system.

**The Welsh Government should develop a micro-elimination strategy for prisons which includes opt-out HCV testing in all prisons, increased investment in clinical staffing, and explore opportunities to introduce in-prison link worker services that support prisoners into treatment whilst in prison or upon release.**

## 7. Conclusion

7.1 Clinicians across Wales are working hard to identify and treat people living with hepatitis C; however this work is variable across the country.

7.2 Estimates of at least 400 prisoners and one quarter of injecting drug users infected with HCV confirms that there is a clear need to prioritise testing and treatment within these target populations.

7.3 The new oral treatments for hepatitis C present a unique and rare opportunity to eliminate a serious public health challenge. However services continue to be focused on hospital-based care. There needs to be a concerted effort to move care into the community to support improvements to case-finding and increased treatment numbers – which will be required if Wales is to meet the challenge to eliminate the virus by 2030.

7.4 Identifying hepatitis C as a public health priority requires political support and the development of an elimination strategy for Wales will provide the strategic leadership required to make this a reality.

[i] Public Health Wales, Hepatitis C – How common is it? [available at: http://www.wales.nhs.uk/sitesplus/888/page/43746]

[ii] Welsh Assembly Official Report: Oral Evidence from Public Health Wales to the Health Committee, July 2018 [available at: http://record.assembly.wales/Committee/4829#A44661]

[iii] IBID

[iv] Public Health Wales, Hepatitis C – Minimising impact in Wales [available at: http://www.wales.nhs.uk/sitesplus/888/page/43746]

[v] Public Health Wales, Hepatitis C – Hepatitis C in Prisons [available at: http://www.wales.nhs.uk/sitesplus/888/page/43746]

[vi] The Hepatitis C Trust *Campaigning in Wales* [available at: http://www.hepctrust.org.uk/campaigning/campaigning-wales]

[vii] Dr Robert Jones, Imprisonment in Wales: a factfile, University of South Wales June 2018 [available at: https://www.cardiff.ac.uk/__data/assets/pdf_file/0008/1195577/Imprisonment-in-Wales-A-Factfile.pdf]

## About AbbVie

AbbVie is a global research-based biopharmaceutical company formed in 2013 following separation from Abbott Laboratories. The company's mission is to use its expertise, dedicated people and unique approach to innovation to develop market advanced therapies that address some of the world's most complex and serious diseases. For further information on the company, its people, portfolio and commitments, please visit www.abbvie.com.

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i Hepatitis C
HSCS(5) H05
Ymateb gan Brendan Healy National Lead for Hepatitis

National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Evidence from Brendan Healy National Lead for Hepatitis

This submission is provided to the Committee through my role as National Lead for Hepatitis, which I am commissioned to provide by the Liver Disease Implementation Group at the request of Welsh Government. The views expressed in this submission are my own and reflect opinions formed as a result of that position. They do not necessarily reflect the views of my employing organisation (Public Health Wales) or any other organisation that I work for (Cardiff and Vale University Health Board and Abertawe Bro Morgannwg University Health Board).

## Current situation

See figure 1 below for treatment and cure (SVR) rates since 2011.

Prior to 2014 patients were treated with a combination of drugs called pegylated interferon (which had to be given by injection) and ribavirin. This treatment was difficult to take and had low cure rates of 40-80% in the small number of people who could tolerate it. Treatments using directly acting antiviral medications without the need for interferon have been available since 2015. These treatments are all in tablet form, are easy to take, well tolerated, can be taken by almost all people infected with hepatitis C and have high cure rates (>90% in all patients and >95% in most patients). In 2015, patients with the most advanced disease were treated with directly acting antivirals using a Welsh Government central fund. In 2016, patients that were accessing care, most of whom had been accessing care for some time, were treated (i.e. backlog of patients waiting for treatment was cleared). From 2017 onwards, the number of patients being treated reflects the number of patients being diagnosed and treated each year.

SVR = Sustained Virological Response which is an undetectable viral load in the blood taken 12 weeks after treatment has been completed which equates to a cure.

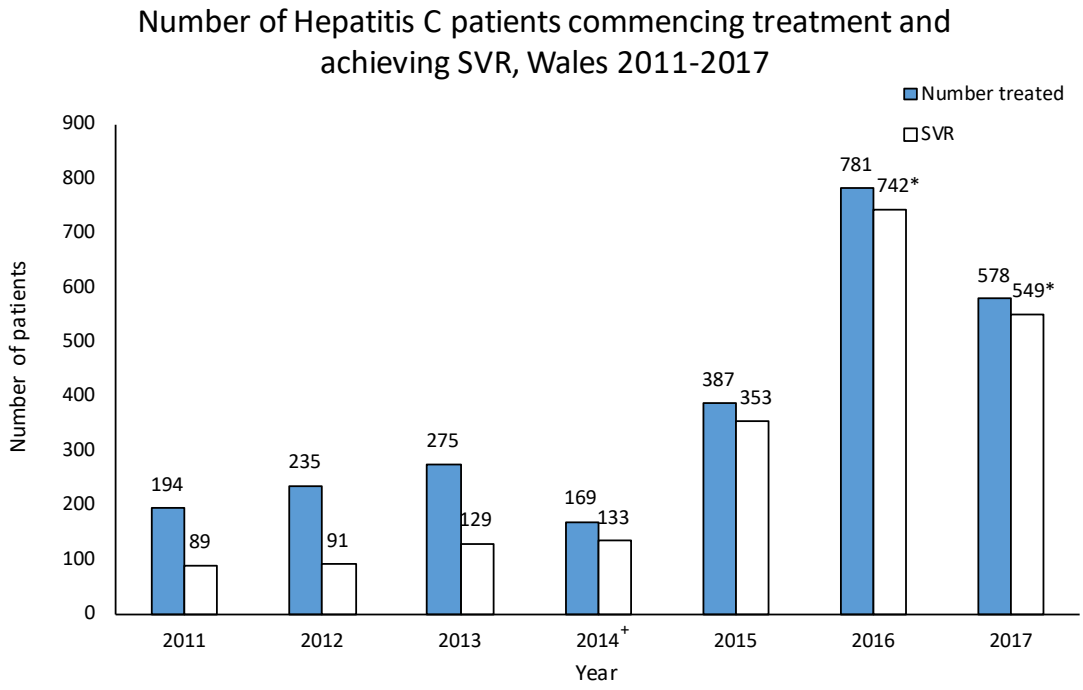



*Figure 1*

## Notes on interpretation

I. Data obtained from health board returns. Data are unavailable for one health board in 2014+

II. Data collection systems have been under development and therefore figures should be interpreted with caution, and may be subject to change. It is possible that some individuals may have been counted more than once.

III. Year of SVR (sustained virological response) may not be the same as year of starting treatment for years 2011 to 2014.

IV. *SVR in 2016/2017 is estimated based on 2015 SVR rates. Work on the exact SVR for those years is currently underway.

Each Health Board was assigned a minimum treatment target at the end of 2015. This target was based on data available at that time which was used to predict the approximate prevalence of infection in each area and to provide treatment targets that would facilitate equitable and transparent access to treatment across Wales. The Viral Hepatitis Subgroup of the Liver Disease Implementation Group (LDIG) is aware that these figures will need to be refined when a more robust estimate of prevalence becomes available. The group anticipates being able to recalculate these minimum treatment targets at the beginning of 2020 when data from increased testing in the prisons, community pharmacies and drug and alcohol services is available. Delivery of increased testing in these environments is critical in facilitating a refinement of these figures and a refinement of the elimination modelling, which is currently based on data that may not accurately depict the current situation in Wales.

Attainment of minimum treatment targets:

Year 2017/2018

In 2017/2018 only one Health Board achieved the minimum treatment target. This was to be expected as there was a requirement for Health Boards to change the way the services were being run in order to meet the target. Health Boards had to change services to increase testing in at risk populations. The services also needed to be changed so that patients who tested positive could access treatment.

Year 2018/2019

Only two Health Boards are on target to treat the recommended minimum number of patients that need to be treated per year to achieve elimination. If the current trajectory (based on end of November figures, two thirds of the way through the year) is maintained, 638 patients will be treated by year-end (262 patients short of the minimum target).

Modelling (provided by an independent company funded by a pharmaceutical company), based on the most up to date data, suggests that if we treated 900 patients per year we would miss the WHO elimination date of 2030 by 1-2 years. Based on the current treatment numbers (2015/16 and 2016/17) elimination would not be achieved until 2040 (see figure below). It is imperative, therefore, that the number of at risk individuals being tested and treated is increased rapidly if elimination is to be achieved. This requires investment in a number of services and for Health Boards and BBV teams from each Health Board to work together to ensure that the teams in each area are appropriately resourced to deliver the necessary increase in testing and treating.

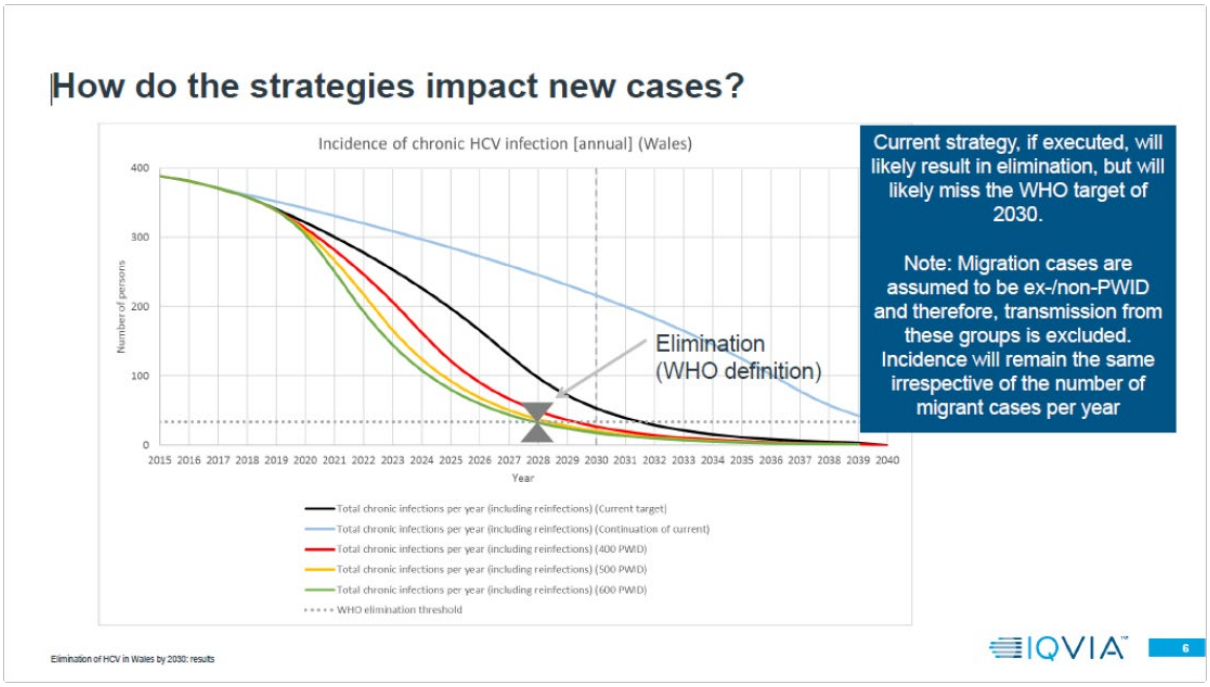



*Figure 2*

The graph demonstrates modelling of prevalence of hepatitis C in Wales based on current estimates of prevalence. The light blue line demonstrates the trajectory for elimination based on actual current treatment numbers across Wales. The black line demonstrates the trajectory of elimination based on 900 patients in Wales receiving treatment each year (current minimum target). The other lines demonstrate the trajectory for elimination if the number of people who are injecting drugs is altered within the model. Because people who inject drugs are responsible for most of the ongoing transmission of hepatitis C, treatment in this group has the potential to increase the speed with which elimination can be achieved without altering the overall annual treatment numbers. It also has the potential to reduce the overall number of people that need to be treated to achieve elimination and reduce the total cost of the programme as a result.

The treatment programme in Wales has delivered significant clinical success which will be cost saving to NHS Wales in the long run because patients who have been cured of hepatitis C will not then develop hepatitis C related liver disease which is costly to manage (for example through the costs of the management of liver failure and liver transplantation - which is also a scarce and precious resource). Cure rates in the region of 95% were achieved in 2015, which is at least equivalent to other major international centres. Data on cure rates for 2016 – 2018 will be available in 2019 (work ongoing currently).

National (UK) statistics demonstrate that the new medications are having a significant impact on the outcomes of advanced liver disease – namely the reduced demand on liver transplantation and reduction in the number of hepatitis C related deaths (see graphs below).

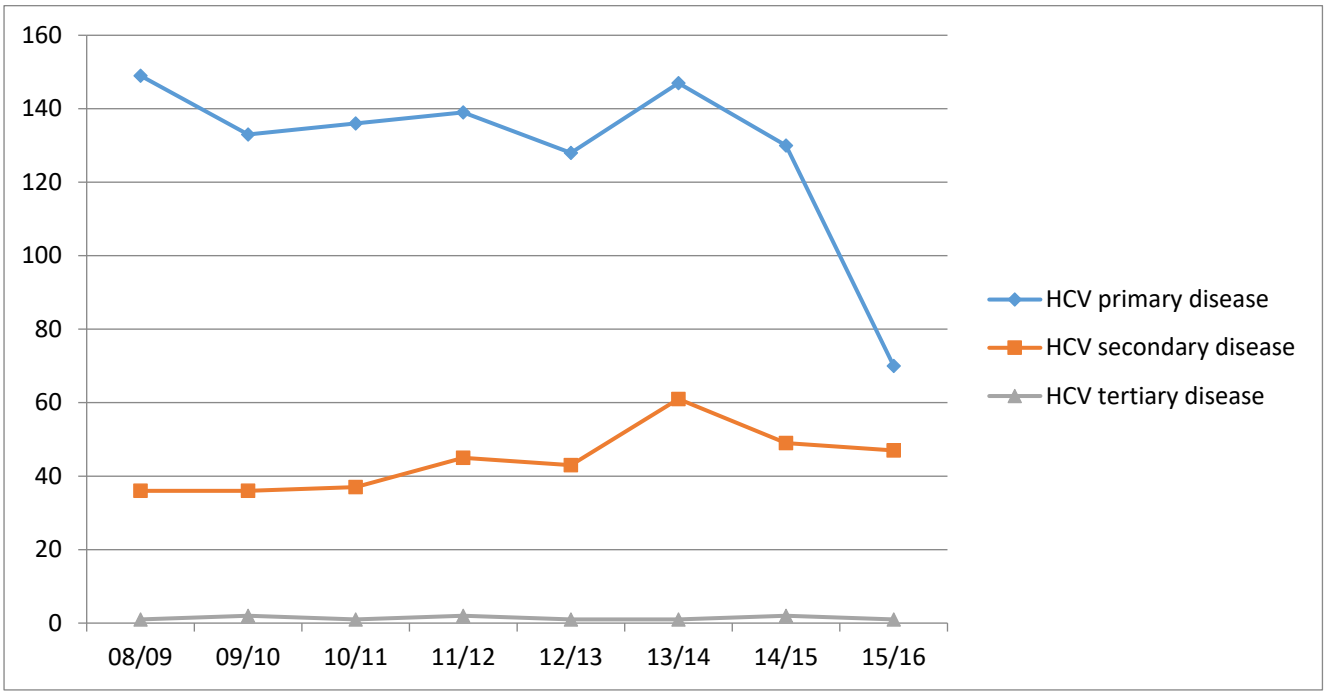



*Figure 3: Patients Listed for First Liver Transplant with a Primary, Secondary and Tertiary Diagnosis of HCV 2008-2016 (UK Transplant Data)*

This graph demonstrates that the number of people requiring a Liver transplant for hepatitis C (where hepatitis C is the main cause of liver disease – "HCV primary disease") dropped significantly following the introduction of directly acting antiviral agents. In this year, it most likely reflected treatment of patients with advanced disease who improved following treatment and could be delisted as a result. As liver transplant is a precious resource, this reduction in demand is a very positive outcome of the new treatments.

In the graph there is no change in the number of patients requiring liver transplantation where hepatitis C is not the main cause of liver disease ("HCV secondary disease" and "HCV tertiary disease") suggesting that this decline in the need for transplantation in the "HCV primary disease" group is related to treatment with the directly acting antiviral agents.

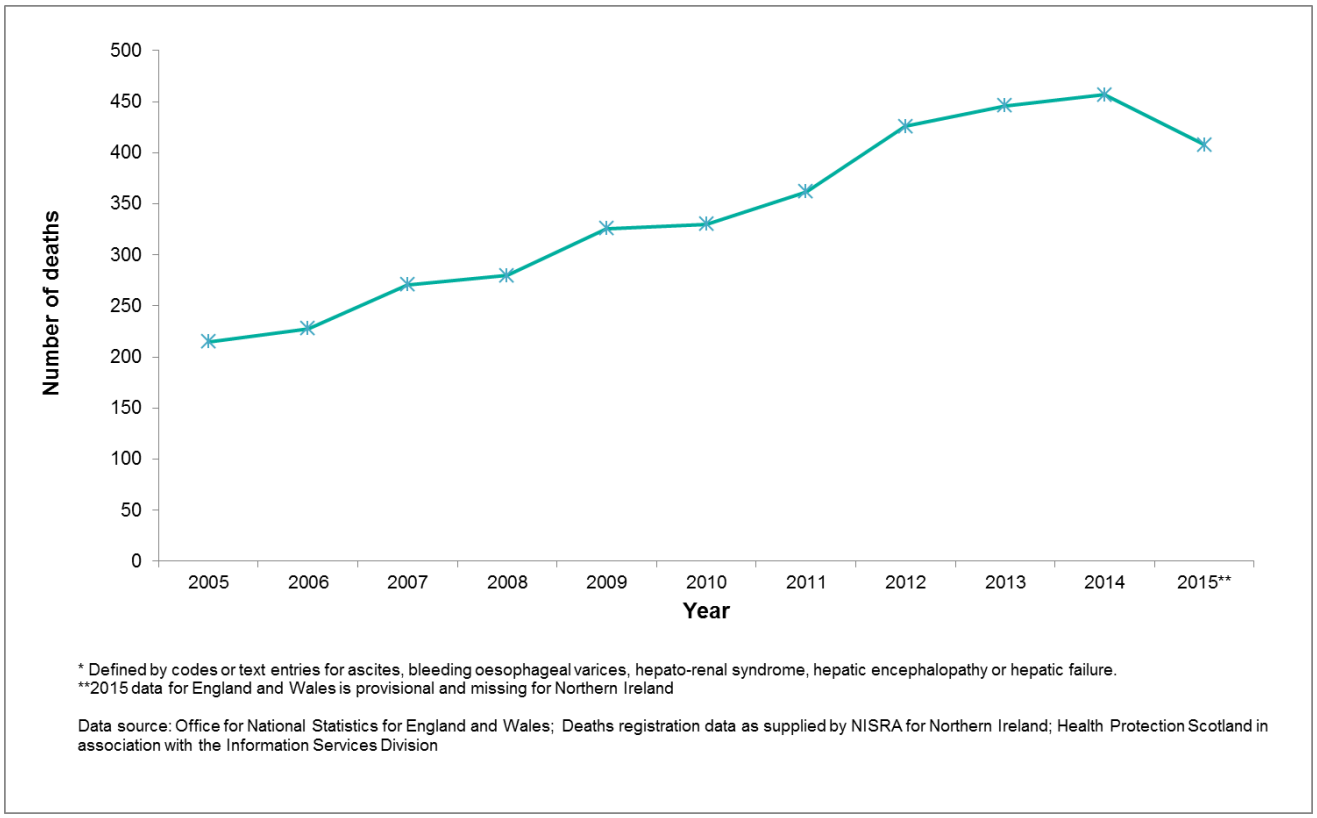



*Figure 4: Death certificates with HCV*

The National (UK) figures for deaths caused by hepatitis C as listed on death certificates also fell in 2015 following the introduction of the directly acting antiviral treatments. This is another positive sign that the treatments are having a beneficial effect at a national level.

## Section 1: The action being taken to meet the requirements of the Welsh Health Circular (WHC/2017/048) published in October 2017 and subsequently meet the World Health Organization target to eliminate Hepatitis B and Hepatitis C as significant public health threats by 2030.

1. The World Health Organisation (WHO) has announced a global health sector strategy on viral hepatitis which sets out to eliminate hepatitis B (HBV) and hepatitis C (HCV) as significant public health threats by 2030. The WHO target is a 90% reduction in occurrence of new cases (incidence) and 65% reduction in death (mortality) due to hepatitis B and C by 2030. Wales is signed up to this strategy.

2. The Welsh Health Circular (WHC/2017/048, issued in October 2017) highlights the three key areas where action is needed in Wales to progress toward the 2030 elimination target. Those three areas are:-
    a. Reduce and ultimately prevent ongoing transmission of HCV within Wales;
    b. Identify individuals who are currently infected with HCV including those who have acquired HCV outside the UK and are now resident in Wales; and
    c. Test and treat individuals currently infected with HCV who are actively engaged in behaviours likely to lead to further transmission.

### Reduce and ultimately prevent ongoing transmission of HCV within Wales

3. Over 90 per cent of ongoing transmission of hepatitis C is via injecting drug use. As such, the most effective way of reducing transmission is through a reduction in the number of individuals injecting and through provision of effective needle and syringe programmes (NSPs).

4. Reduction in HCV in these individuals is reliant on increased testing in appropriate settings (prisons, drug and alcohol services, needle exchange services, opiate substitution services, criminal justice services, third sector agencies, community pharmacies). Testing rates in all of these settings is currently sub-optimal. Work is being carried out to improve uptake of testing in these settings (e.g. community pharmacy national specification for testing, testing now a key performance indicator (KPI) for drug and alcohol services, catch-up vaccination for hepatitis B of staff who will be involved in testing, opt out in prisons). However, these initiatives need to be matched by an appropriate investment in the services so that they have sufficient staff and equipment to facilitate testing of all at risk clients.

5. Once tested positive individuals need to be able to access treatment. Each Health Board needs to have a robust mechanism in place that enables individuals to access treatment easily. This will most likely be provided by secondary care services. All Health Boards (except Powys) have a Blood Borne Virus team that delivers treatment for hepatitis C. Treatment and

management of hepatitis C in Powys is supported by the Blood Borne virus teams of neighbouring Health Boards. It is imperative that these teams are appropriately resourced so that they are able to deliver treatment to positive individuals in a setting that they are willing and able to access. This will most likely be in the community where they are already accessing another service (e.g. community pharmacy, drug and alcohol services, needle exchange services, prison etc.). I think the BBV teams in all Health Boards require some investment to ensure that they have the appropriate staff in place to enable this to happen.

6. Treatment in community pharmacy setting is another means for achieving this aim. Work will start on a specification for this in the near future. This work is being carried out by the National Pharmacy Lead for BBV. This post is funded until 2020 through Liver Disease Implementation Group money. The delivery and roll out of a specification for treating in community pharmacies is complicated. For this to be achieved the funding for this post needs to run beyond 2020. Some of the decisions in relation to delivering treatment in this setting will need to be made at senior level and so engagement from individuals in a variety of settings is required to achieve this goal (e.g. Health Board finance directors, Senior Pharmacy staff at National level, Community Pharmacy Wales).

7. Delivery of appropriate harm reduction services is also a key component of the elimination strategy. It will reduce the number of people that require treatment, will reduce the risk of re-introduction of the infection once the prevalence has been significantly reduced, will reduce the risk of transmission of resistant virus and have other health benefits by preventing transmission of other infections. These services therefore require appropriate investment / funding. The Viral Hepatitis Subgroup of the Liver disease Implementation Group works with the Substance Misuse Programme, Health Protection, Public Health Wales in this regard and strategy in this context is taken forward by them in conjunction with relevant individuals in Welsh Government. Substance Misuse Area Planning Boards / Heath Boards should have in place appropriate, comprehensive and effective harm reduction groups and local action plans, in line with the Welsh Government strategy, accompanying substance misuse treatment frameworks and best practice guidance.

## Identify individuals who are currently infected with HCV including those who have acquired HCV outside the UK and are now resident in Wales

8. Public Health Wales with the Viral Hepatitis Subgroup of the Liver Disease Implementation Group is leading the co-ordination and implementation of a national patient re-engagement exercise. This work is looking to identify individuals with a historical diagnosis of Hepatitis C who, for whatever reason(s), have not completely engaged with treatment services and is seeking to bring them back into the service. The yield from this strategy is yet to be determined but pilot work has suggested that a high return in

percentage terms is unlikely. Further work to try and identify individuals on this database at ongoing risk will probably be required.

9. Testing and treating patients at high risk of infection and at high risk on onward transmission is the first priority of the BBV subgroup. As such most work to date has concentrated on identifying infected individuals through testing in settings that provide services to individuals who inject drugs (see section above for more detail). Testing and treating individuals in this setting is the fastest way to reduce the overall prevalence, will be the key to achieving WHO elimination targets and will reduce the overall cost of reaching the elimination target (each individual successfully treated can reduce the overall number of individuals that need treatment as onward transmission is prevented). Success in this regard is being monitored through the harm reduction database. Measures in place to increase testing in these groups include the KPI for drug and alcohol services, opt out in prisons, national specification for testing in community pharmacies. As previously mentioned this needs to be matched with services that are able to offer treatment to these individuals when identified as positive.

10. Strategies to identify positive individuals from high risk countries, those that injected in the past but are no longer accessing services and those with other risk factors are not yet well established. There is still uncertainty with regards to the best way to identify these people and further work will be required on this in due course. It is the intention of the Viral Hepatitis Subgroup to turn its attention to these groups of people once the testing and treating of people in high risk groups already accessing services as outlined above is operating successfully. That said work has been carried out in asylum services and testing is now routinely offered to individuals accessing these services. Work is also being carried out to encourage testing of at risk pregnant women. It is yet to be determined whether targeted testing can be effective in this setting. I understand that previous attempts at targeted testing in this environment (e.g. HIV) were not successful. Some pilot work of testing individuals and raising awareness in individuals from high risk countries has also been carried out.

## Test and treat individuals currently infected with HCV who are actively engaged in behaviours likely to lead to further transmission

11. As previously mentioned the three main areas of development in this regard relate to opt out testing in prisons (testing has increased from approximately 8% to 32% as a result), development of a KPI for drug and alcohol services related to BBV testing and development of a national specification for testing in community pharmacies.

12. All of these developments now need to be made operational and it is the appropriate investment and adequate resourcing of services that will make this possible.

13. Development of appropriate services to facilitate treatment of positive individuals identified in these settings is also required with adequate

resourcing for medication should the number of patients accessing treatment dramatically increase. As previously mentioned this requires development of the BBV teams in secondary care to ensure treatment is delivered at the point of need and engagement from senior members of the Health Board such as the Finance Directors to ensure budgeting and adequate allocation of funding is achieved.

## Developments so far

14. In my role as National Lead for Hepatitis I have worked with members of Public Health Wales, Welsh Government colleagues, other members of the BBV network, the Liver Disease Implementation Group, the microbiology / virology laboratory Cardiff, the National Point of Care testing lead, in developing roles, services and protocols to support elimination. Most of this work is carried out through the Viral Hepatitis Subgroup of the Liver disease Implementation Group.

15. The following has been delivered

- Appointment of a National Pharmacy Lead for Hepatitis (funding secured to 2020)
- Appointment of a National Project and Research Lead for Hepatitis (funding secured to 2020)
- Appointment of a National Point of Care Testing Lead (funding due to expire 2019)
- Development of a national protocol for testing for hepatitis in a community pharmacy setting
- Obtaining funding to develop reflex PCR testing from dried blood spot tests that will facilitate and increase speed of access to a confirmed diagnosis which in turn can speed up access to treatment in some settings (e.g. community pharmacy)
- Funding, and administration for a variety of projects on testing and treatment strategies for hepatitis C
- Development of a protocol and plan including administrative support for delivery of a programme designed to re-engage patients with hepatitis C that may have been lost to follow-up or may never have been offered treatment for hepatitis C (e.g. diagnosed when no treatment was available historically)
- Development of the national Hepatitis C treatment pathway and treatment recommendation protocol.
- Co-ordination of the blood-borne virus network.
- Running of two national network meetings per year made possible through unrestricted educational grants provided by pharmaceutical industry.

- Development of an elimination model using an independent company funded through non restricted grant by pharmaceutical industry
- Support for the national tendering process
- Delivery of equitable and transparent access to treatment.
- Construction of a map of all community pharmacies involved in provision of opiate substitution and needle exchange services
- Administration of the virtual panel that enables discussion of complicated patients to ensure most appropriate treatment options are given to these individuals
- Administration and collection of national figures on treatment numbers on a monthly basis
- Reporting of appropriate statistics on a regular basis to Welsh government, health boards and national bodies as appropriate
- Development of a hepatitis C electronic form that will facilitate live collection of national treatment data in the future
- Working with other agencies as appropriate to develop and support increased testing and treatment in a variety of settings including prisons, drug and alcohol services, third sector services and community pharmacies
- Regular reports of activity and routine reporting to the Liver Disease Implementation Group
- Collection of data to ensure appropriate governance of the blood borne virus section of the National Liver plan
- Regular review of the national plan for elimination with expert advice and recommendations for development as and when appropriate.
- Delivery of significant savings to the NHS in Wales through national procurement, adherence to the principles of prudent Healthcare, use of cheapest possible treatment options when appropriate, taking senior decisions to delay treatment in patients who could afford to wait for newer cheaper options in the early days of management of hepatitis C.
- Significant savings were delivered through a number of strategies that include strong clinical leadership, prudent use of available medications, national procurement and use of home care. In 2017 Wales was shown to have the lowest acquisition costs in the UK for the new hepatitis medications as a result of these factors.

16. From October 2015 to 2017 the total saving to NHS Wales are estimated to be of the order of £29 Million, with £15.9 Million of this realised through direct

action of the BBV group (home care delivery of medication and holding patients back for treatment). Breakdown of savings:

- National procurement – significant savings against list price - £6M in 2015/2016, £8.5M in 2016/2017, Total £14.5M
- Use of home care – £2.5M in 2015/2016, £2.3M in 2016/2017, Total £4.8M
- Prudent prescribing – use of cheapest appropriate product – savings in 2015 £2M, 2016 £5M, Total £7M
- Prudent prescribing – in 2016 patients with a certain genotype (genotype 3) disease that could wait were held back for treatment early in the financial year until a newer cheaper alternative became available – £3.1M (204 patients treated with the cheaper medication @ £15,623 saving per patient)
- This figure does not include further savings achieved in 2017-2018 when treatment of patients with a certain genotype (genotype 3) infection who were willing and able to wait were delayed until a cheaper alternative became available, delivering a saving of approximately £13,000 per patient.

## Section 2: How the knowledge and awareness of the public and health professionals of the Hepatitis C virus can be increased.

17. Increasing awareness of the public and health professionals is one of the most challenging areas of the elimination plan.

18. The British Liver Trust (BLT) (as part of their work with the Liver Disease Implementation Group) is working in Wales to raise public and professional awareness of liver health including the need for at risk individuals to be tested and treated.

19. In December 2017, a good practice hepatitis C roadshow was held in Cardiff. This event was organised by HCV Action and Public Health Wales, and aimed to bring together professionals working with hepatitis C in a variety of contexts, identify challenges and solutions for tackling hepatitis C locally, and showcase and share examples of good practice in prevention, testing, and treatment. The summary report from the roadshow is available on the HCV action website at http://www.hcvaction.org.uk/resource/summary-report-hepatitis-c-good-practice-roadshow-cardiff-december-2017 [accessed 27/12/2018]

20. In addition, I have organised with the blood borne virus network national network meetings (two in 2018 and two planned for 2019), to help share learning between teams and health boards. These were made possible

through unrestricted educational grants provided by the pharmaceutical industry.

21. Local education and awareness raising is currently dependent on the enthusiasm and work of the local BBV teams. Whilst there has been some success in this regard, it is fair to say that public awareness raising / advertising is not the skill set of these teams.

22. To date the following local awareness raising initiatives have been carried out (list not exhaustive)

    - Education of primary care teams
    - Awareness raising on World Hepatitis Day
    - Engagement with media when Hepatitis C is in the news
    - Support for Hepatitis C awareness raising events
    - Project to test and raise awareness in a mosque

23. Impact of these initiatives is uncertain but there is no evidence of a significant impact so far.

24. Consideration should be given to ways in which awareness raising could be increased although I also appreciate that this is not as easy to achieve as it sounds. In this particular instance targeted messaging is required.

25. Consideration could be given to using learning from other Public Health Campaigns such as the stop smoking campaign but we may require a very different approach to public messaging and engagement to that which has been used previously because the individuals at risk of hepatitis C infection come from groups in society that may not respond to traditional methods.

26. Consideration should be given to funding a focussed awareness raising campaign designed to specifically target the groups in society who are at risk of infection. A campaign of this sort could be particularly important in finding patients who are not easily identified (e.g. individuals from high prevalence countries, people who used to inject drugs or dabbled in early life but are no longer accessing support services, those at risk through blood transfusion etc.).

## Section 3: The scope to increase community-based activity e.g. the role of community pharmacies.

27. I have worked with the Viral Hepatitis Subgroup of the Liver Disease Implementation Group, Community Pharmacy Advisor, Lead Pharmacist - Community Pharmacy & Primary Care, CTUHB, other BBV pharmacy colleagues, the Chief Pharmaceutical Officer for Wales and Community Pharmacy Wales to develop a national specification for delivery of testing for hepatitis C in the community pharmacy setting. The specification has now been approved by National Pharmacy Wales.

28. The National Pharmacist for Hepatitis C was appointed in October 2018. He has been involved in the completion of the national specification and is now working on rolling out testing in community pharmacies across Wales (making the specification / service operational).
29. Funding for a pilot project to test the protocol in the live environment has been secured and will run in January.
30. Blood borne virus teams from across Wales are aware of the protocol and are in position to support the roll out of testing in this environment.
31. A map of all pharmacies that carry out needle exchange and opiate substitution therapy has been constructed from data extracted from the Harm reduction database and this will be used to facilitate roll out. This has been provided by the Head of Substance Misuse Programme, Health Protection, Public Health Wales.
32. The National Pharmacist for Hepatitis C is also tasked with developing a national specification for treatment of positive patients in the community pharmacy setting. There are a number of hurdles to overcome in relation to this development. Earliest start date for this specification is 2020. Development of this specification requires engagement and support from a number of key decision makers including Health Board Finance Directors and senior members of the pharmacy teams in both secondary care and the community.

## Section 4: The long-term viability of treatment programmes.

33. Treatment programmes are currently supported by a combination of Health Board level Blood Borne Virus teams and national roles (National Pharmacist, National Lead for Hepatitis, National Project and Research Lead, National Point of Care Testing Lead).
34. The national roles are supported by the Liver Disease Implementation Group. Funding for those roles is uncertain beyond 2020. At the current trajectory elimination will not be achieved until after 2030. If testing and treating is to be up-scaled to the point that elimination by 2030 is to be achieved then it is imperative that these roles are sustained beyond 2020.
35. Funding for treatment is currently secured through Health Boards. However, as treatment numbers increase this could create a cost pressure. If elimination is to be achieved it is imperative that Health Boards support treatments of hepatitis C and do not put any cap on treatment numbers at any stage.
36. Blood borne virus teams are variably resourced across Wales. It is imperative that all Health Boards ensure that their BBV teams are adequately resourced to deal with the challenge of elimination and this includes sufficient staff to support testing and treating in the community setting. As National Lead for Hepatitis, I am concerned that the BBV teams are not sufficiently resourced in this regard at this time.

37. There are many developments designed to increase the testing of at risk individuals and link them to care (e.g. increased testing in prisons, drug and alcohol services, third sector agencies, community pharmacies). It is imperative that these initiatives are appropriately resourced so that the increase in testing in these environments is sustainable.

38. The developments to increase testing and treatment of at risk individuals need to be appropriately matched with investment to promote harm reduction messages to reduce the risk of re-infection and make the delivery of elimination as cost effective as possible.

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i Hepatitis C
H06
Ymateb gan Hepatitis C Trust

National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Evidence from Hepatitis C Trust

## Background

Hepatitis C is a blood-borne virus affecting the liver. Four-fifths of those infected develop chronic hepatitis C, which can cause fatal cirrhosis and liver cancer if untreated. Around 210,000 people are chronically infected with hepatitis C in the UK[1], with 12,000-14,000 of these in Wales[2].

Hepatitis C disproportionately affects disadvantaged and marginalised communities, with almost half of people who attend hospital for hepatitis C coming from the poorest fifth of society, and with the latest figures showing that 50% of injecting drug users in Wales have hepatitis C antibodies[3]. Other groups who are disproportionately affected include homeless people and migrant communities from countries with a high prevalence of hepatitis C, such as Pakistan and Poland.

With direct acting antiviral (DAA) treatments available without restriction through the NHS in Wales, offering high cure rates with very few side effects, achieving the elimination of hepatitis C by 2030, in line with the Welsh Government's commitment, is an achievable goal. However, with Wales currently falling significantly short of its target to treat 900 patients per year, efforts to find the roughly 50% of patients who remain undiagnosed must become a public health priority to ensure the opportunity of achieving elimination is seized.

## Action being taken to meet the requirements of the Welsh Health Circular and 2030 elimination target

There is some encouraging progress being made towards meeting the requirements of the Welsh Health Circular and the elimination target of 2030.

The Hepatitis C Trust welcomes the variety of community outreach pilot projects that have been trialled across Wales, including assessing the effectiveness of testing in GP clinics and within specific populations, such as image and performance enhancing drug users, the homeless community, sex workers and

[1] Public Health England, *Hepatitis C in the UK: 2018 report*, August 2018

[2] National Assembly for Wales, *Written Assembly Questions tabled on 14 January 2015 for answer on 21 January 2015*, January 2015

[3] Public Health England, Health Protection Scotland, Public Health Wales, and Public Health Agency Northern Ireland, Shooting Up: Infections among people who inject drugs in the UK, 2017, November 2018

asylum seekers. Initiatives such as these are a valuable way of determining how to most effectively target testing campaigns. The implementation of opt-out testing in prisons has also increased testing rates, and it is to be expected that these rates will continue to increase as the policy is further embedded.

A further positive development is Public Health Wales' ongoing roll-out of a re-engagement exercise for patients diagnosed with hepatitis C in the past but never treated. As noted in the Welsh Health Circular, there is an urgent need to refer these individuals for further testing and treatment to minimise ongoing liver damage, and The Hepatitis C Trust has been pleased to contribute to planning meetings for the exercise to provide the perspective of a patient organisation.

The ambition to increase the level of testing and treatment in community pharmacies will be greatly enhanced by the recent appointment of a National Pharmacy Lead. Pharmacies are a particularly effective setting to test for hepatitis C, with many current or former injecting drug users who may not be attending substance misuse services accessing them to collect clean injecting equipment or opioid substitution therapy (OST). Increasing testing in this setting is therefore likely to lead to greater numbers of patients being diagnosed and referred for treatment.

Despite this encouraging progress, there are evidently still challenges that remain if elimination is to be achieved by 2030. Whilst some Local Health Boards are meeting their treatment targets, most are not and there is a significant shortfall in meeting the national annual target. Diagnosis and treatment rates will have to increase significantly if elimination is to be achieved by 2030.

The release of the Welsh Health Circular was a very welcome step but The Hepatitis C Trust believes this must now be followed be a comprehensive national elimination strategy, with clear targets and allocated areas of responsibility, to ensure coordination of the various actors and actions needed to achieve elimination by 2030.

With Scotland having committed to releasing a dedicated hepatitis C elimination plan in the near future and NHS England having set a more ambitious target of elimination by 2025, Wales must continue to take an ambitious approach to avoid being left behind.

## Increasing awareness of hepatitis C

Knowledge and awareness of hepatitis C among the public and some health professionals remains low, reflected in the roughly 50% of undiagnosed patients and continuing stigma around the virus.

To mark World Hepatitis Day 2018, The Hepatitis C Trust commissioned a UK-wide poll of members of the public to assess awareness of hepatitis C. Despite 80% of respondents stating that they were aware of what hepatitis C is, less than 40% knew that it infects the liver, and less than 30% knew the virus is curable. Awareness of symptoms was also low, with only a third of respondents accurately

identifying tiredness, loss of appetite, vomiting and abdominal pains as signs of infection, and less than half aware that symptoms are not always obvious and can go unnoticed for many years. When asked how hepatitis C is transmitted, 30% incorrectly said it was through exchanging saliva.

This lack of public knowledge contrasts markedly with awareness of HIV, which saw huge increases in public awareness following government-backed awareness campaigns and campaigning activity by high-profile individuals. The Hepatitis C Trust would like to see the Welsh Government work with other key stakeholders to develop a nationally coordinated series of local awareness-raising campaigns, including messaging tailored to specific at-risk groups highlighting transmission risks, the importance of testing and the availability of the new treatments. Increasing awareness also helps to reduce stigma, which enables people to feel more comfortable about coming forward to get tested or access treatment. With Public Health Wales implementing a patient re-engagement exercise in late 2018/early 2019 and the UK-wide Infected Blood Inquiry also due to begin hearing evidence in April 2019, a series of awareness campaigns in the first half of 2019 would be well-timed to capitalise on a window of opportunity to raise attention to hepatitis C.

Low knowledge and awareness of hepatitis C is not just an issue among the general public, with myths and outdated messages still often prevalent even among particularly at-risk groups. For example, while injecting drug users are more likely than the general population to be aware of hepatitis C, many are unaware of the availability of the newer DAA treatments, with outdated information related to the significant side effects associated with the older interferon treatments often passed on. Such misinformation can have serious consequences, with some patients choosing not to access healthcare services due to fear of the old treatments.

Peer-to-peer support and peer groups are a particularly effective way of addressing such myths and improving knowledge and awareness among at-risk groups. Peer-to-peer support involves people who have themselves had experience of hepatitis C delivering awareness-raising talks to people with backgrounds similar to their own, as well as encouraging and supporting people to access testing and/or treatment. Expanding the use of peers in Wales would be an effective way of increasing knowledge and awareness of hepatitis C among at-risk groups.

Low knowledge and awareness among some health professionals is also an ongoing issue. During interviews and focus groups The Hepatitis C Trust conducted with patients prior to the publication of our *Hepatitis C in Wales: Perspectives, challenges and solutions* report, we were told that they often encountered low levels of knowledge of hepatitis C among health professionals. While the excellent care provided by specialist hepatology teams was emphasised, patients reported less positive experiences with other health professionals, such as GPs and non-specialist nurses.

Many patients told us they had been visiting their GP for years with symptoms consistent with hepatitis C infection but had never been offered a test. Others were given incorrect advice and information, such as being told that the virus is transmitted through sexual contact, which contributed to stigma encountered by patients.

There have been various initiatives to improve this situation, with Public Health Wales carrying out valuable work to improve professional awareness, HCV Action (coordinated by The Hepatitis C Trust) holding a hepatitis C good practice roadshow for healthcare professionals in Cardiff, and the British Liver Trust running a Liver Disease Event for GPs. However, there is a need for GPs and other primary care workers to be provided with regular information about hepatitis C and presented with opportunities to undertake training on hepatitis C as part of continued professional development to ensure increased levels of awareness and knowledge.

## Scope to increase community-based activity

As referred to above, a range of community outreach activity has already been rolled out in Wales, particularly in relation to testing. However, there is a need for increased community-based activity to ensure the 2030 elimination target is met.

For example, dried blood spot (DBS) testing must become routine in settings such as substance misuse services and sexual health clinics, where prevalence rates among clients are likely to be higher than among the general public. The imminent introduction of routine opt-out BBV testing in substance misuse services is a very welcome development and is a significant opportunity to diagnose and treat more patients. However, with substance misuse services facing significant financial challenges, it is essential that the policy is adequately resourced to ensure sustainability. The Hepatitis C Trust would also encourage more frequent testing in other community-based settings, including pharmacies, homeless hostels, and mosques.

With the simplicity of the DAA treatments for hepatitis C making them highly suitable for delivery in the community, there should be a move towards treatment being made available in any setting where testing takes place. Making treatment available in settings which patients access regularly and removing the need for referral to secondary care is likely to increase treatment uptake. If elimination is to be achieved by 2030, it is essential that Local Health Boards support community outreach work by funding appropriate staffing to support the delivery of treatment in a range of community settings. Welsh Government support is also likely to be required to facilitate the delivery of treatment in certain community settings, such as pharmacies, where there are unresolved issues regarding how treatments are funded.

An increase in community-based activity can also be supported by making use of peers. Peers are well placed to deliver testing and treatment in community settings and to provide the support and encouragement needed to help patients through the care pathway. For example, between October 2017 and December 2018, The Hepatitis C Trust's Peer Support Lead in South East London made contact with 44 hepatitis C positive patients considered 'hard to reach'. Of the 44 individuals, 42 were successfully supported to engage with treatment (95%). Peer support programmes should be commissioned to take place in a range of community services to ensure this support is in place.

## Long-term viability of treatment programmes

The Hepatitis C Trust welcomes the Welsh Government's commitment to providing access to DAA treatments for hepatitis C for all who need them. This approach contrasted favourably with the approach adopted in England, whereby restrictions were placed on the number of patients able to access treatment, which initially resulted in waiting lists in some areas.

However, with treatment targets not being met despite this approach, more must be done to support patients to access treatment. With the cost of DAA treatments having reduced significantly since they came onto the market, it is important that these savings are reinvested back into hepatitis C care. The Hepatitis C Trust would like to see Local Health Boards reinvesting money saved on treatment cost reductions into finding individuals living with an undiagnosed infection, providing funding for designated staff and/or peers to support the delivery of testing and treatment in community services, and ensuring adequate staffing in secondary care hepatology teams. As testing rates increase in pharmacies and substance misuse services, there is likely to be a consequent rise in referrals into treatment, which secondary care services must be prepared for.

It is also vital that Local Health Boards understand that the national hepatitis C treatment targets are a minimum which they should be aiming to exceed. Anecdotally, The Hepatitis C Trust has heard of Local Health Board Finance Directors discouraging hepatology teams from exceeding the treatment target due to financial concerns. The Welsh Government must make it clear to Local Health Boards that this approach will result in greater financial costs to Local Health Boards in the long run and is not compatible with Wales achieving elimination by 2030. Indeed, even if the current target of 900 patients being treated per year was being met – which it is not currently – the elimination target would be missed by 18 months. At the current rate of treatment, the elimination target will be missed be a substantial distance. It is therefore essential that Local Health Boards adopt an ambitious approach to treatment, with encouragement from the Welsh Government.

The Welsh Government should also consider developing a new funding arrangement for hepatitis C treatment, which allows for a longer-term, strategic approach and incentivises case finding. With NHS England currently in negotiations with the pharmaceutical industry over a new procurement deal,

there may be an opportunity for Wales to follow England's example if such a deal is agreed. The proposed funding deal in England is expected to result in longer-term budget certainty for the NHS, introduce a role for the pharmaceutical industry in finding undiagnosed patients and incentivise higher treatment numbers. There would therefore be considerable benefits to Wales in considering such an approach.

## Key recommendations

- The Welsh Government to produce a comprehensive national elimination strategy, with clear targets and allocated areas of responsibility, to ensure coordination of the various actors and actions needed to achieve elimination by 2030.
- The Welsh Government to work with other key stakeholders to develop a nationally coordinated series of local awareness-raising campaigns for hepatitis C.
- Peer support programmes to be commissioned in community services.
- GPs and other primary care workers to be provided with regular information about hepatitis C and presented with opportunities to undertake training on hepatitis C as part of continued professional development to ensure increased levels of awareness and knowledge.
- The opt-out blood borne virus testing policy in substance misuse services to be backed with adequate resource to ensure sustainability.
- The Welsh Government to work with all relevant stakeholders to facilitate the delivery of treatment in community settings, including pharmacies.
- Local Health Boards to reinvest money saved on treatment cost reductions into case finding and funding for staff personnel and/or peers to support the delivery of testing and treatment in community services.
- The Welsh Government to write to Local Health Board Finance Directors and Chief Executives to emphasise that treatment targets should be considered a minimum to be exceeded, rather than a cap not to be exceeded.
- The Welsh Government to consider developing a new funding arrangement for hepatitis C treatment, which allows for a longer-term, strategic approach and incentivises case finding.

## Further reading

- The Hepatitis C Trust, *Hepatitis C in Wales: Perspectives, challenges & solutions*, October 2016.

- HCV Action, *Summary report: Hepatitis C good practice roadshow, Cardiff*, December 2017.
- All-Party Parliamentary Group on Liver Health, *Eliminating Hepatitis C in England*, March 2018 [focused on England but has many recommendations also applicable to Wales].

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i Gilead Sciences
HSCS(5) H07
Ymateb gan | Evidence from: Gilead Sciences

National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Gilead Sciences is a research-based biopharmaceutical company that discovers, develops and commercialises innovative medicines in areas of unmet medical need. We strive to transform and simplify care for people with life-threatening illnesses around the world. Gilead's portfolio of products and pipeline of investigational drugs includes treatments for HIV/AIDS, liver diseases, cancer, and inflammatory and respiratory diseases. Gilead has three sites in the UK: our international regulatory headquarters in Cambridge, our commercial office in London, and our EMEA regional office in Uxbridge. Together people working from these sites provide approximately 1,000 jobs in the UK, with a portion of the work force based locally across Wales, England, Scotland and Northern Ireland.

Over the past 3 years Gilead has been working in partnership with multiple stakeholders across Wales supporting educational initiatives with a focus on the development of simplified Hepatitis C care pathways across a variety of diverse community based settings. The key aim of this partnership has been to increase access to testing & improve linkage to care and treatment.

## Summary

Gilead Sciences welcomes the opportunity to contribute written evidence to support the inquiry into Hepatitis C, being undertaken by the National Assembly's Health, Social Care and Sport Committee. In light of the commitment of both the Assembly and Welsh Ministers for Wales to achieve the World Health Organization's (WHO) 2030 elimination target for Hepatitis C, we feel that this inquiry is happening at an opportune time to review progress and examine what needs to happen next.

While significant progress has been made, it is clear that more needs to be done to treat those with Hepatitis C if the WHO's target is to be met. However, we believe that Wales has many of the tools in place and that the Welsh Government should actually set a more ambitious target. If all parts of the health system work in partnership, we believe that Wales has the capacity and capability to eliminate Hepatitis C several years earlier than the WHO target.

In terms of prevelance, Public Health Wales (PHW) estimates that about 12,000 or 0.4 per cent of the population, are living with the Hepatitis C virus (HCV) [i]. Yet, the exact figure is unknown because there are so many people who are undiagnosed; the Hepatitis C Trust estimate that 50% of people who have the virus are undiagnosed [ii] . Groups that may be at risk of this are:

- People who inject drugs (PWIDs) which includes current and former users and those who use Image and Peformance Enhacing Drugs (IPEDs)
- Prisoners
- People seeking asulym, homeless and Migrant populations
- People who have had surgery and medical procedures in countries of higher prevalence

For the past four years we have engaged with Assembly Members, Welsh Government officials, clinicians, third sector and patient groups to understand the personal health needs of each of these very different groups, in a bid to drive a campaign aimed at improving the overall treatment rates of people with Hepatitis C; in particular, raising awareness of:

- the role of testing and treatment in multiple settings leading to cure
- the importance of public awareness to identify and treat more people
- the WHO target of eliminating Hepatitis C by 2030.

During this time Gilead have worked hard to bring together interested parties and key stakeholders to discuss progress, identify challenges and agree actions to support delivery of the elimination target of 2030. Examples of this include:-

- Support of Assembly Members in a cross-party debate calling for Welsh Government to reaffirm its support for the 2030 elimination target.
- Three roundtable discussions bringing together AMs, healthcare professionals, third sector and patient groups to discuss current challenges and propose solutions
- A 'patient voice' campaign launch ("I`m worth....." https://www.imworth.co.uk/)

In examining the terms of reference for this inquiry, we have attempted to highlight and build upon, the positive action that the past year has witnessed, including where there are opportunities to improve.

## The Committee's remit for this inquiry

We welcome the terms of reference set by the Committee and would like to offer the following observations:

## Meeting the requirements of the Welsh Health Circular

The publication of the Welsh Health Circular (WHC/2017/048) was a welcome development following the Assembly debate on the elimination of Hepatitis B and C in June 2017. This was the first opportunity for Welsh Ministers to set out their expectations to Health Boards and, in doing so, is an important step. One of

the challenges, however, is that an elimination target for 2030 is hard to measure without a specific delivery plan setting out expectations and key actions, resources and measurements to ensure that we stay on course.

This year, Gilead has worked with clinicians and IQVIA™ to undertake incidence and prevalence modelling through to 2040 to understand how many patients need to be treated on an annual basis to ensure the elimination target is met. The current target, agreed between Wales' Blood Borne Virus (BBV) lead consultants and NHS Wales, has an agreed patient treatment figure of 900 patients per annum from 2016-2021. You will see from figure 1.1 in the appendices ("Treatment figures since 2011") that despite the best efforts of the Welsh BBV community, the annual target is yet to be met

Figure 1.2 shows the treatment strategies modelled. Figure 1.3 shows the number with chronic HCV infection and figure 1.4 shows the incidence of chronic HCV infection. Even if the current target (900 patients per year) were met, Wales would still miss the elimination target by several years. These data sets show that the 900 patient current target should be the minimum annual target for NHS Wales and that treatment numbers should rise to between 1200 and 1400 per year.

In order to deliver these numbers, it is clear that a specific, measureable national delivery plan is needed – which cascades down to Health Boards - so resource implications can be properly assessed at Health Board level and maximum effort is concentrated on delivery of performance (see example, *Together for Mental Health*, the Welsh Government's the 10 year strategy 2012 – 2022).

Whilst the Welsh Government's *Together for Health* strategy includes a Liver Disease Delivery Plan, there is nothing specific enough to support the drive towards the elimination target of 2030 and we recommend that the Welsh Government consider how to translate ambition into measurable delivery. It is important to note that even putting in place plans to meet a 2030 target will leave Wales with a lower ambition than NHS England, Scotland and Ireland, all of whom are targeting elimination well before 2030. While ensuring that the existing target can be met must take priority, we would support a higher level of ambition from the Welsh Government to drive towards elimination ahead of 2030.

Recommendation: That the Welsh Government issue a new Welsh Health Circular with detailed measures and clear milestones delivered in line with an annual timetable which ensures elimination of hepatitis C is achieved by 2030 (at the latest). The circular must be underpinned by a comprehensive elimination plan and a clear division of responsibilities down to Health Board level with a mandatory reporting mechanism to monitor performance.

## Raising knowledge and awareness of Hepatitis C

The question of how knowledge and awareness of the public and health professionals of HCV can be increased is one of the regular areas of discussion during our round table events. It is evident from stakeholder feedback that there

are two key challenges that need to be overcome via increased knowledge and awareness raising:

- **Overturning negative perceptions about testing and treatment** – that the new treatment regimes are much easier to take than previous interferon treatment programmes and that the cure (Sustained Virological Response - SVR) rate is very high.

- **Normalising the condition** – while progress has been made with healthcare professionals and the public, there is still a significant level of stigma still attached to the condition.

The majority of stakeholders believe there is a need for a multi-faceted public health campaign, backed by Government and utilising third sector organisations, GP surgeries and pharmacies. If we are to reach those currently not engaging, then consideration should be given to a publicly funded media programme. Gilead has been supporting a patient ambassador programme through the ***"I'm Worth…"*** campaign, which has been available in Wales over the last 18 months, whereby patient Ambassadors are trained and utilised by clinical teams to share their journey with health professionals and others who are at risk of potential infection. The success and growth of this programme clearly indicates that there is a great opportunity to increase and utilise the patient voice to encourage others to get tested and treated.

There are a number of hard to reach groups in Wales, like those in prison, the homeless population and PWIDs, who can have chaotic lifestyles. While progress is being made to reach out to these groups, we have concerns about the fragmented nature of some of that engagement, as well as the capacity of healthcare and third sector staff to meet the required level of demand. We will address those concerns in the next section on programme viability.

Recommendation: The Welsh Government develop, coordinate and fund a co-produced, multi- faceted national awareness campaign with PHW, the third sector, patient ambassadors and other key stakeholders (eg: Pharmaceutical companies) to target multiple at risk groups.

## The long-term viability of treatment programmes

Testing and treating more people uses more resources. Current programmes that are reliant on staff volunteering out of hours and delvering over and above regular workload are simply not sustainable in the long term. To reach the 2030 elimination target there must be a Health Board budget committed to resourcing treatment programmes in multiple community based settings. This will require both the NHS and its partners to be clear in how resources will match expectations and how progress will be measured.

There are already multiple programmes and projects, many in pilot form, that are being successfully implemented in Health Boards across Wales (many of these already supported by grants from the Pharmaceutical Sector). These need to be

“scaled up” and delivered nationally to ensure equitable services are open to all patients in Wales.

In prisons, there has been progress with opt-out testing, where we have seen an overall average testing rate of 30% (from 10%) in some prisons. However, the goal is to make prisons HCV free, which is achievable but requires additional resource for staff. While testing in prisons is improving, two key challenges remain:- current work force capacity and throughput of prisoners (the speed of through-put and transfer of prisoners can be challenging, so there is a need to get prisoners tested and on a care pathway quickly before they are moved). The need for a BBV nurse in each prison (like the one based in Parc Prison Bridgend) will encourage normalisation of BBV testing in the prison setting, and allow inmates to be tested and treated quickly. Without additional clinicians on the ground, stemming the reservoir of infection while prisoners are in custody will not be achieved.

Another excellent example of a collaborate outreach is project in the Salvation Army Night Bus project in Cardiff and Vale UHB. Reaching the homeless population can be especially hard as traditional services cannot always engage effectively. However, clinical staff in Cardiff and Vale proactively partnered with the Salvation Army, Cardiff City Council, the Wallich and the Huggard, to go out on one of the homeless night buses, voluntarily doing so beyond their hours of work, to promote the testing for Hepatitis C and the immediate treatment of the disease. This pilot scheme tested 37 homeless people, 7 of those tested HCV positive, 6 of those have now been treated, with one other person being followed up for additional testing. The key success factors here were multi agency working, patient peer mentoring and crucially, the opportunity to screen and treat simultaneously in one place at one time. However, the fundamental factor is the longevity of such a programme where clinicians are giving up their time voluntarily to go over and above what they are doing during their day jobs.

It clearly demonstrates the need for additional resource and the need for a co-ordinated response across agencies and organisations to capture those potential patients that are slipping through the net.

For PWIDs, accessing services is more challenging. These people lead choatic lifestyles and need testing and treatment to be easy to access, with no stigma attached, and used as a stepping stone to a more healthy and stable life. Further development of services offering testing in multiple settings (ie: Needle exchange), normalisation of an annual testing cycle and treatments available in community are needed to make it simple and easy to treat this population.

Recommendation: The Welsh Government should ensure that funding is available – either via a central budget, or clear direction to Health Boards - to enable Health Boards and third sector organisations to fund delivery of specific elements of the new Welsh Health Circular (ie: delivery plan) and ensure increased patient numbers can be identified and treated on an annual basis (to meet the elimination target of 2030).

## The scope to increase community-based activity e.g. the role of community pharmacies

The network of both the 700+ community pharmacies and also GP surgeries offers an important opportunity to get the message out to people who may have risk factors and need access to testing and treatment. In light of the diversity of population groups who are infected, using professionals in a community based setting must be achieved if the elimination target is to met.

In September 2018, a national community pharmacy lead was appointed to support roll out of test and treatment service across Wales. A service specification for payment of community pharmacies to deliver testing has already been developed and is being reviewed by the National Enhanced Services Board imminently. It is important that the momentum on this initiative continues and a suitable, speedy solution for access to medicines in a community pharmacy setting is sought quickly. This ensures that those identified with HCV infection can be treated quickly without being "lost".

Community Pharmacies are a key stakeholder is accessing multiple sectors of community that do not access other health services and would otherwise remain invisible. The importance of national leadership of this initiative cannot be under estimated – community pharmacists are independent contractors and need to be engaged and supported in their role to ensure this part of the strategy is successful.

Gilead have facilitated links between Tayside (Scotland) and Wales to allow sharing best practice on delivery of a test and treat service in community pharmacy setting. Lessons can be learned from this model where Health Boards "pump prime" payment to community pharmacies to support cash flow

- payment for medicines and service.

Gilead has also been trialling some GP education and outreach in England to mobilise GPs to take action in eliminating HCV, including an online, email and print campaign. We have also funded a one-day training programme and e-learning for GPs which was initially rolled out to 120 delegates in 5 locations across England. With GP surgeries increasingly seen as opportunities to tackle a variety of health issues collaboratively through the roll out of GP clusters, we will be looking to use experience of our GP work in England to support similar initiatives in Wales.

Recommendation: The Welsh Government should:

- Ensure that delivery of the community pharmacy testing service is implemented across all Health Boards in Wales in a timely manner.
- Work with NHS Procurement and Pharmaceutical Company stakeholders to overcome barriers and agree a process to enable safe and secure access to hepatitis C medicines in the community setting (either community pharmacy or drug treatment centres).

## Conclusion

Wales has made considerable strides in the putting the right policy framework in place and following through with funding to support a national test and treatment programme. In an environment where health policy is usually contextualised in terms of disease management, resources and waiting times, it is exciting for all of us to be participating in delivering the elimination of a disease where there is:

- A clear national ambition and underpinning plan
- A highly functional network of clinicians
- Equitable and transparent access to treatment, where decisions are clinically led
- Access to treatment with no waiting list
- Commitment from clinicians to look at new ways of delivering services

However, there is more to be done if Wales' is to push forward its ambition for elimination. While it is committed to the WHO target, other UK administrations are setting targets ahead of 2030. NHS England has set a target of 2025, and Scotland 2027 and our near European neighbours, The Republic of Ireland, has set a target of 2026. We think the Welsh Government should be looking to eliminate Hepatitis C by 2030 at the very latest, and putting in place resources and key milestones to achieve elimination as quickly as possible. We believe the recommendations in this paper will enable the Government with its partners to take those key steps and make elimination a reality.

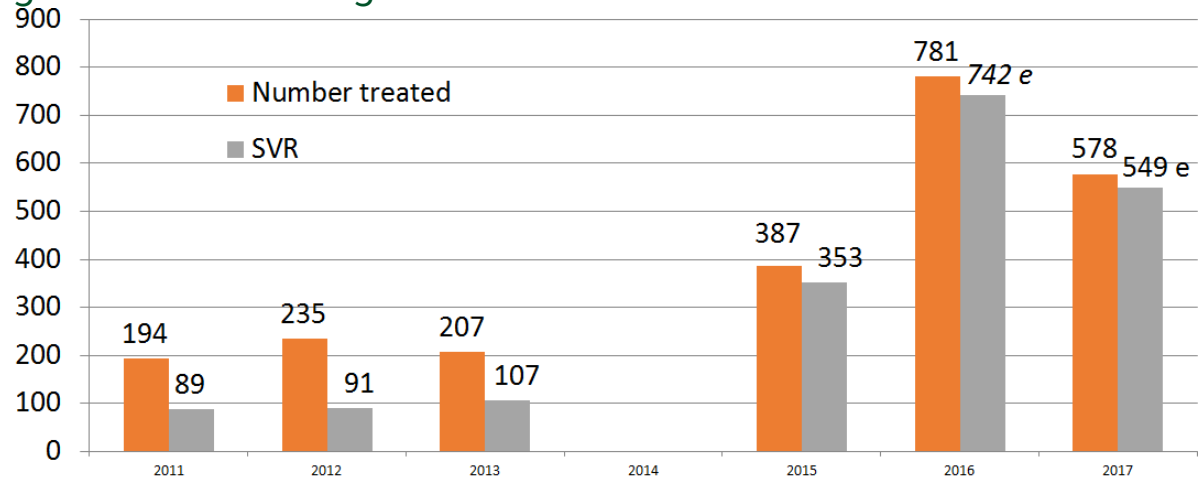
## References

[i] Public Health Wales website (accessed December 2018) - http://www.wales.nhs.uk/sitesplus/888/page/43746

[ii] http://www.hepctrust.org.uk/campaigning/campaigning-wales Appendix - attached

# APPENDIX: National Assembly for Wales Health, Social Care and Sport Committee Inquiry into Hepatitis C

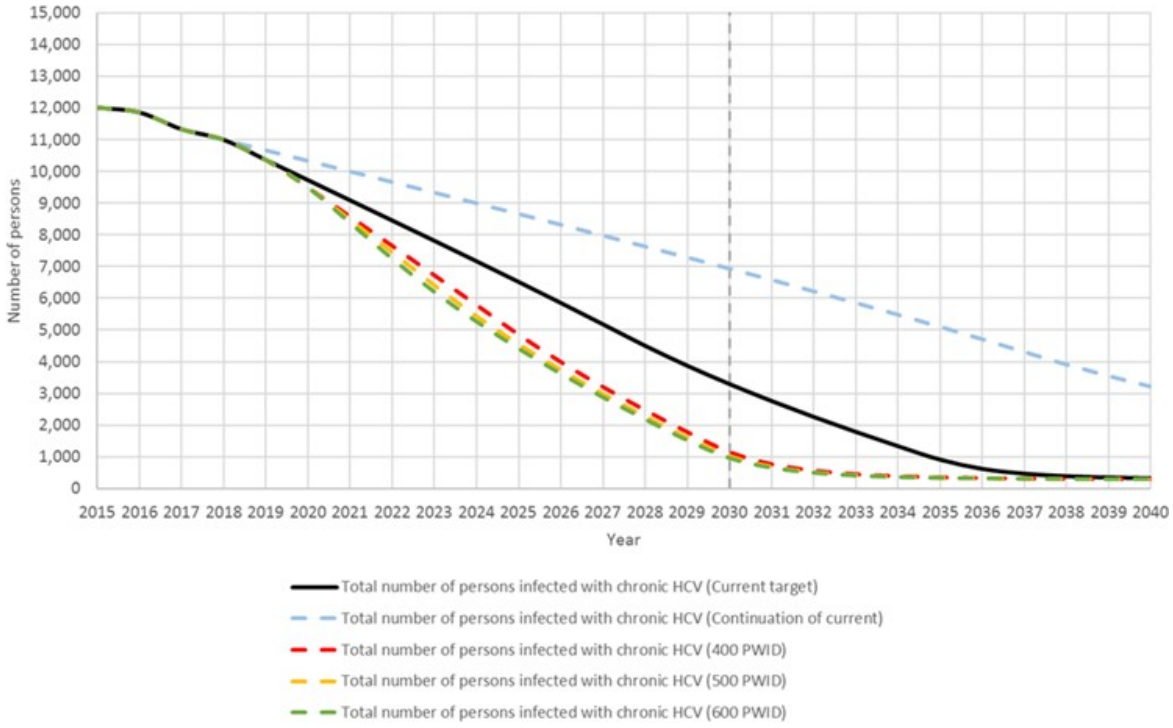
## Figure 1.1 Treatment figures since 2011



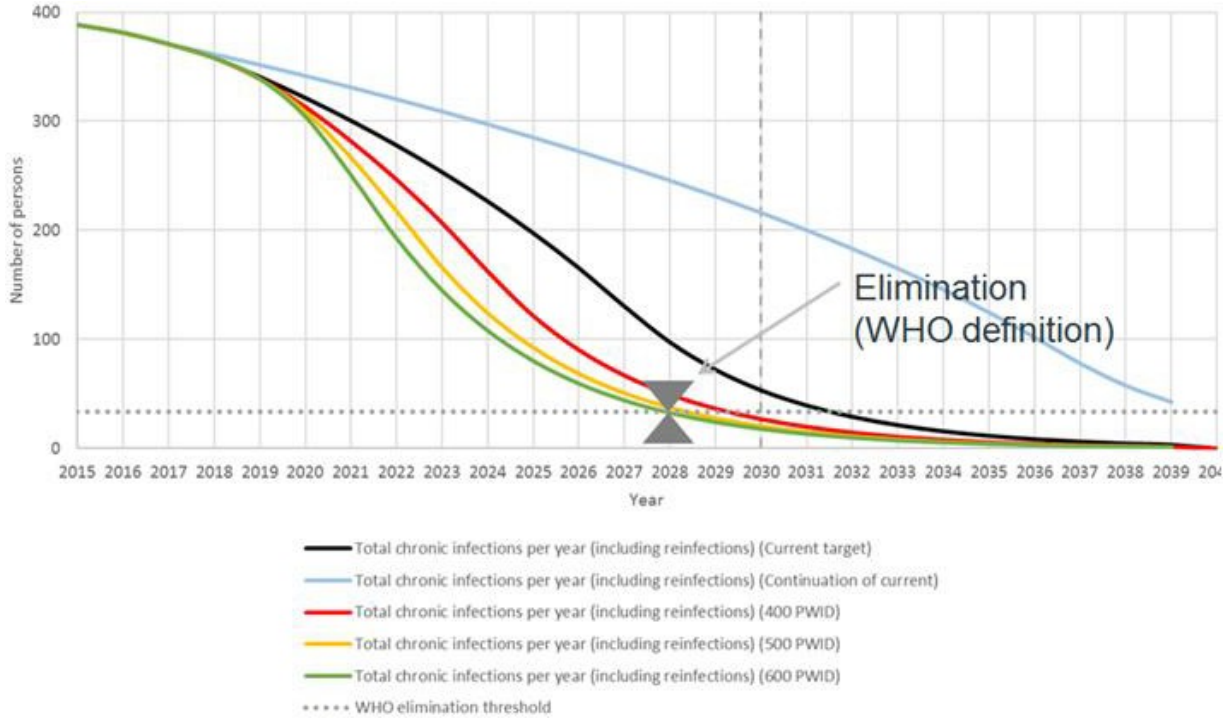

*2014 – no data available

## Figure 1.2 Treatment strategies modelled

## Figure 1.3 Number with chronic HCV infection (Wales)




## Figure 1.4 Incidence of chronic HCV infection – annual (Wales)




## References:

Figure 1.1 – data presented at "Road to elimination; one year on" Job Number: 000/UK/18-10/NM/2116 Date of preparation: 14 October 2018

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i Hepatitis C
HSCS(5) H08
Ymateb gan Fwrdd Iechyd Prifysgol Aneurin Bevan

National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Evidence from Aneurin Bevan University Health Board

## Background

Wales is signed up to a World Health Organisation global health sector strategy, which sets out to eliminate Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) by 2030 (90% reduction in incidence and 65% reduction in mortality). New directly acting anti-viral medications have revolutionised the treatment of HCV so that the disease is now essentially curable in the early stages.

The Welsh Health Circular WHC/2017/048 outlined a series of expected measures from multiple organisations and partnerships to contribute to the elimination target:

1. Reduce and ultimately prevent ongoing transmission of HCV within Wales
2. Identify individuals who are currently infected with HCV including those who have acquired HCV outside the UK and are now resident in Wales

1.

2.1 individuals infected with HCV who were not linked to care

2.

2.2 identifying individuals infected with HCV, who have never been tested and are unaware of the infection

3. Test and treat individuals currently infected with HCV who are actively engaged in behaviours likely to lead to further transmission

The Health, Social Care and Sport Committee will be undertaking a one-day inquiry into Hepatitis C. This paper provides a written evidence to the questions raised in the Committee's terms of reference of the inquiry.

### Current situation

Given the availability of the new directly acting antiviral medication in 2015, each health board was assigned treatment targets. In 2017-18, only one health board achieved the minimum treatment target with Aneurin Bevan University Health Board (ABUHB) being ranked third among all health boards. In 2018-19, only two health boards are on target whereas others are falling behind including ABUHB. Based on the current treatment numbers ABUHB is unlikely to meet the 2018-19 target. The key issue is that not enough people have been referred to

our Blood Bourne Virus (BBV) service to enable the required number of Hep C cases to be treated.

The ABUHB Blood Bourne Virus (BBV) team provides treatment services across Gwent and also covers Brecon and Llandrindod Wells. The current service model includes provision of treatment clinics in both hospital and community health care settings. Regular clinics are held in the Royal Gwent Hospital in Newport, Gwent Drug and Alcohol Services (GDAS) in Tredegar, Gwent Specialist Substance Misuse Service (GSSMS) in Newport and Caldicot GP Practice. Ad hoc clinics are provided in Caerphilly, Blackwood, Ebbw Vale, Blaenavon and various GP surgeries across Gwent. The BBV team also offers an outreach service, home visits and treatment clinics in two prisons, on mental health wards, and at the Wallich drop in centre in Newport for homeless people.

The actions being taken to meet the requirements of the Welsh Health Circular (WHC/2017/048) published in October 2017 and subsequently meet the World Health Organization target to eliminate Hepatitis B and Hepatitis C as significant public health threats by 2030 are:

- ABUHB has been engaged with Public Health Wales led national HCV re-engagement exercise. This involves identifying and offering assessment/treatment to individuals with historical tests indicating exposure to Hepatitis C who may still be infected, but they were not linked to care.

3.

- ABUHB has been working with GDAS to increase Blood Bourne Virus (BBV) testing. There are around 2100 patients accessing GDAS services. In 2017-18, only 18% were tested for BBV, 6% declined the offer, and 66% were not offered the BBV test. The key barrier identified for this low BBV testing was lack of Hep B vaccination for the GDAS staff. ABHUB has agreed funding to offer Hep B vaccination to 50 staff members. This will help to increase BBV testing in GDAS in 2019-20.

4.

- Gwent Specialist Substance Misuse Service (GSSMS) of ABUHB also offers BBV testing and Hep B vaccine to service users. However, the uptake has been very low. The BBV team have been working with GSSMS staff to identify barriers and ABUHB will be putting measures in place to increase uptake.

5.

- People who inject drugs and the homeless population are at high risk of contracting BBV infection. However, due to the chaotic and transient nature of their lifestyles they many go untested for BBV's. ABUHB is setting up a Dried Blood Spot (DBS) Testing Incentive Scheme for service users of the

Needle Exchange service in Newport and the Wallich Homeless drop in centre. The scheme is waiting for the addition of Hep C Polymerase Chain Reaction (PCR) test to the DBS test to enable a complete diagnosis.

6.

- Gwent has an established problem of use of steroid and image enhancing drugs (SIEDs) in Gwent. To address this problem the BBV team have set up a steroid clinic. This clinic offers harm reduction advice, general health screening, ECG and BBV testing.

7.

- ABUHB provide health care services to the two Gwent prisons. BBV testing is offered to all new prisoners. Wherever indicated HCV treatment and Hep B vaccination is offered in the prisons.

8.

- ABUHB provides BBV treatment clinics in both hospital and community health settings across Gwent. This ensures good engagement with service users and the Did Not Attend (DNA) rate is less than 25%. The BBV team has plans to further strengthen provision of treatment clinics in community health care settings to minimise the DNA rates.

9.

- Given the short treatment course for Hepatitis C and few side effects, the compliance with the treatment is good.

## How the knowledge and awareness of the public and health professionals of the Hepatitis C virus can be increased?

- Newport has the third highest ethnic minority community behind Cardiff and Swansea. It has a population of 147,400, of these 12,900 (8.8 %) are from an ethnic minority background. In recent years, there have been a small number of projects around the UK to try to engage with the south Asian community. The projects that are integrated with the mosques seemed to bring the better results. Working in collaboration with a local GP, the ABUHB BBV Team has been running BBV awareness and testing campaign at the local mosques. Two events have been held at two mosques so far. Further events are planned to revisit theses mosques on a rolling basis twice yearly. Other communities have also expressed interest in the project.
- The ABUHB BBV team undertakes the following activities to raise BBV awareness among the professionals

10.

  - Annual Liver Conference
  - Talks at GP annual training days

- Training for the ABUHB clinical staff
- Training for the GDAS and GSSMS clinical staff

11.

## The scope to increase community-based activity e.g. the role of community pharmacies

- ABUHB is aware of developments at the national level to involve community pharmacies in BBV testing.

12.

- There have been discussions going on locally to run a pilot project in Newport using the national service specification and protocols.

13.

## The long-term viability of treatment programmes

- The ABUHB BBV team provides the ABUHB HCV treatment service. It comprises of two full time hepatology clinical nurse specialists. A hepatology consultant supervises the clinical work.

14.

- The funding ABUHB receives to provide a BBV treatment service is sufficient for the current number of patients being treated. However, the anticipated rise in treatment rates could pose a cost pressure and to achieve the WHO elimination target it is imperative that BBV testing and treatment services are adequately resourced to ensure long-term sustainability.

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i Hepatitis C
HSCS(5) H09
Ymateb gan Goleg Nyrsio Brenhinol Cymru

National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Evidence from Royal College of Nursing

# Response from the Royal College of Nursing Wales to the Health, Social Care & Sport Committee's inquiry into Hepatitis C

The Royal College of Nursing Wales is grateful for the opportunity to respond to this consultation and would like to raise a number of points in relation to the inquiry:

## The action being taken to meet the requirements of the Welsh Health Circular and the target set by the World Health Organisation to eliminate Hepatitis B and Hepatitis C as significant public health threats by 2030

There are several initiatives operating in Wales which are helping to meet this aim:

The Wales Liver Disease Delivery Plan through which Health Boards aim to improve and review their liver services using six themes:

- Preventing liver disease & promoting liver health
- Timely detection of liver disease
- Fast & effective care
- Living with liver disease
- Improving information
- Targeting research

There are highly functional blood-borne viruses (BBV) networks across Wales which have a clear national vision.

Routine opt-out BBV screening operates across Wales. A systematic approach is also taken to BBV testing across 'at risk' population, and re-engagement for those previously diagnosed. Further investment is required in BBV teams however to ensure equitable and transparent access.

Rates of sustained virological response (SVR) are high, with effective treatment available in tablet form – these have minimal side-effects and above a 97% chance of eradicating the disease.

## How the knowledge & awareness of the public and health professionals of Hepatitis C can be increased

Education, across the public sphere and within the health profession, is needed to help overturn negative messaging and dispel some of the myths about testing and treatment. Better education and awareness raising is also important in helping to reach those most at risk, especially the vulnerable groups such as the homeless and rough sleepers, who do not always engage with any healthcare sectors.

Increased collaboration with a number of different services/agencies would help increase knowledge and awareness. Some of these include; correctional services, substances misuse units, asylum seeker services, community pharmacies, primary care (GP surgeries), specialist secondary care (e.g. Haemophilia unit) and tier 3 services - for example, charitable organisations.

Health Boards should engage with and promote initiatives such as 'World Hepatitis Day' in conjunction with the World Hepatitis Alliance's annual themes.

It is essential, in order to increase knowledge of health care professionals to have BBV training included in their pre & post graduate syllabus and induction for all new staff starting in all Welsh health boards.

Other examples of good practice which could be further invested and/or replicated across Wales:

- Cardiff Hepatitis Support Network was launched in July 2017, providing an online information hub, along with an e-form for self-referral.
- The Annual All Wales Hepatology Nurse Forum (AWHNF) testing and awareness raising roadshow which operates across Wales.
- BBV training days held on a monthly basis and open to all staff across all sectors of health & social care who want to be involved in BBV testing in Cardiff & Vale.
- All Wales Hepatology Nurse Forum annual conference, which is aimed at health professionals across wales.
- The Cardiff & Vale UHB Hepatitis C social media campaign #GetTestedGetCured which has been effectively supported by the Health Board's communications and media team. This is a long-term campaign which involves infographics being displayed on media screens across Cardiff & Vale UHB.

Increased awareness raising of BBVs amongst younger people is needed, for instance in schools, colleges and universities. This is vitally important as understanding the risks before embarking on risky behaviours may prevent the spread of infection.

## The scope to increase community-based activity

There are many positive aspects relating to existing community-based activity such as:

A complete map of community pharmacies across Wales that carry out needle exchange and 'Opiate Substitute Therapy' (OST) has been established. A BBV Pharmacist lead for Wales has been recruited to oversee and coordinate the national pharmacy projects in BBV screening & treatment. Cardiff have already performed some pilot projects in some community pharmacies with some positive outcomes.

The Harm Reduction Database developed by Public Health Wales as part of their Substance Misuse Programme captures Hepatitis (BBV) activity and risks in the community. Substance misuse services are required to complete these online database forms each time a client/individual is screened for BBVs. This is an ongoing project with progress still to be made but improvements have been seen following biannual Wales network meetings.

## The scope to increase community-based activity includes:

Increasing access to portable fibroscanners; one fibroscanner is used and shared by the specialist nursing team across all the community services in Cardiff and Vale for instance. Having access to additional fibroscanners would enable more community clinics to use the technology in patient assessments.

'Point of care testing' (for example via Oraquick mouth swab) can enable teams to provide Hepatitis C antibody results within 30 minutes and initiate diagnosis or further testing and treatment options where required. A virology point of care testing lead based at University Hospital Wales has been able to oversee the roll-out of the scheme across Cardiff & Vale.

Working with homeless people, rough sleepers and other vulnerable groups such as the pilot project run in Cardiff in 2017 in conjunction with the Salvation Army & Cardiff Council night bus. A double-decker bus provided temporary shelter as well as equipment and volunteers to enable screening for BBVs and fibroscans with a view to improving liver health. Having specialist nursing teams with a presence in homeless shelters and hostels, drug and alcohol units, and prisons is also worthwhile.

Harm reduction advice is key to the prevention of acquiring BBVs and individuals at risk should be aware that following eradication, they can be re- infected with the virus if exposed to further risks.

## The long-term viability of treatment programmes

Treatment has evolved hugely over recent years and is considered to be highly effective in the eradication of the Hepatitis C virus. There are many treatment options with Directly Acting Anti-viral (DAA) treatments all having an efficacy exceeding 97%.

The long-term viability of treatment programmes is dependent on several factors:

Cross-party political support in working towards eradication 2030 must be maintained, and Welsh Government funding for BBV services, medication and awareness raising programmes are essential if the eradication target is to be met.

Adherence to the DAAs is imperative as the risk of treatment failure and/or developing resistance may rise in the future. This can be a challenge in small groups of patients who are already vulnerable.

Annual All Wales Hepatology Nurse Forum (AWHNF) to continue to provide a link between the BBV services across the health boards in order to efficiently liaise when patients geographically move between treatment centres.

## About the Royal College of Nursing

The RCN is the world's largest professional union of nurses, representing over 430,000 nurses, midwives, health visitors and nursing students, including over 25,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

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Ymchwiliad i Hepatitis C
HSCS(5) H10
Ymateb gan Goleg Brenhinol yr Ymarferwyr Cyffredinol

National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Evidence from Royal College of General Practitioners

## RCGP Wales response: Hepatitis C

Royal College of General Practitioners Wales welcomes the opportunity to respond to the Welsh Assembly's Health, Sport and Social Care Committee's consultation on Hepatitis C.

RCGP Wales represents a network of around 2,000 GPs, aiming to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards.

The following response provides comments on the sections of the consultation we feel able to provide meaningful thoughts on. It therefore does not provide answer to each point in turn.

**Point one**: The action being taken to meet the requirements of the Welsh Health Circular published in October 2017 and subsequently meet the World Health Organization target to eliminate Hepatitis B and Hepatitis C as significant public health threats by 2030

1) No comment

**Point two:** How the knowledge and awareness of the public and health professionals of the Hepatitis C virus can be increased.

2) Knowledge and awareness of the Hepatitis C virus is crucially important, not only for healthcare professionals but also for the public.

3) GPs are in a unique position within society to engage with groups at risk of contracting Hepatitis C infection and encourage them to get tested for the virus.

4) RCGP, in conjunction with the British Liver Trust, has developed a Liver Disease toolkit which provides specific guidance on Hepatitis C and its management in primary care. The toolkit is available as an online resource for primary care practitioners and is accessible here.

**Point three:** The scope to increase community-based activity e.g. the role of community pharmacies.

5) RCGP Wales recognises that there is a cohort of the public who are less likely to approach their GP practice for an appointment to help with issues of addiction management, for instance prescription of Methadone. We therefore acknowledge that community pharmacies are well placed to reach these groups and promote public health messages.

**Point four:** The long-term viability of treatment programmes.

6) No comment

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i Hepatitis C
HSCS (05) H11
Ymateb gan Bwrdd Iechyd Addysgu Powys

National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Evidence from Powys Teaching Health Board

# HEALTH, SOCIAL CARE & SPORT COMMITTEE INQUIRY INTO HEPATITIS C

Thank you for your request for evidence in relation to the inquiry on Hepatitis C. I hope the following is useful to you.

## The action being taken to meet the requirements of the Welsh Health Circular published in October 2017 and subsequently meet the World Health Organization targetto eliminate Hepatitis Band Hepatitis C as significant public health threats by 2030

Welsh Health Circular 2017 (048) has two broad areas for action; identify individuals who are currently infected with Hepatitis C (HCV), and test and treat individuals currently infected with HCV or Hepatitis B (HBV) who are actively engaged in behaviours likely to lead to further transmission.

In relation to identifying individuals currently infected with HCV, PTHB is a member of the Wales Implementation Group to Co-ordinate a National Hepatitis C Patient Re-engagement Exercise. Coordinated by Public Health Wales, this group is leading a national re-engagement exercise to encourage into treatment patients with a previous diagnosis of HCV who have no record of successful eradication of the virus. As an active partner in this process, PTHB is currently checking the details of individuals to confirm if they are currently known to services, as well as working with Blood-Borne Virus (BBV) nurse teams in neighbouring health boards to provide individuals with a point of contact to facilitate entry into treatment. This work is in progress, and will continue into 2019/20.

In relation to the testing and treatment of individuals currently infected with HCV who are actively engaged in behaviours likely to lead to further transmission; all clients accessing substance misuse services in Powys are screened for HCV upon entry, and then routinely re-screened at least twice a year. PTHB is also part of an all Wales needle exchange scheme which makes injecting packs for specific injecting behaviours available from community pharmacies and substance misuse service bases across Powys. PTHB is also working more broadly with partners to implement *'Working*

*Together to Reduce Harm: the Substance Misuse Strategy for Wales 2008-2018' and the 'Substance Misuse Delivery Plan: 2016-18'.*

Finally, PTHB is also working with partners via the All Wales Viral Hepatitis Sub-group of the National Liver Disease Implementation Group to develop a model of testing and treatment in community pharmacies for roll-out across Wales.

## How the knowledge and awareness of the public and health professionals of the Hepatitis C virus can be increased

Based on local staff and stakeholder engagement, a number of key factors have been identified that may support an increase in the knowledge and awareness of the public, including:

- Providing support for people with Hepatitis C to talk about their experience, through case studies and peer support, to help "normalise" communication about Hepatitis C and to reach people who may be at greater risk (e.g. injecting drug users) through peer networks and trusted voices;
- Continuing to promote access to general/public sources of health information where information about Hepatitis C isavailable (e.g. NHS Direct Wales) so that people can access information on their own terms and in their own time;
- "Making Every Contact Count" through services that work with people who may be more at risk of infection (e.g. substance misuse services for injecting drug users, maternity services for maternal transmission);
- Consider, at a national level, options for targeted on/ine advertising and search engine optimisation (SEO) (e.g. people who may be searching online for information about risk-associated behaviour); Identifying approaches that helped overcome barriers to access to services (e.g. rural communities can face particular challenges in accessing specialist services for support or advice due to factors such as travel and transport, fear of being recognised when accessing services, perceptions of confidentiality).

## The scope to increase community-based activity e.g. the role of community pharmacies

Community pharmacy BBV testing services have recently been piloted in parts of Cwm Tat UHB, where difficulties in successfully engaging with target groups was identified as a significant issue. C&V UHB is developing and piloting a BBV testing enhanced pharmacy service which is planned to be adopted nationally. The delivery of a BBV testing service via community pharmacies in Powys presents both opportunities and challenges. Community pharmacies are uniquely accessible and established as

providers of harm reduction services, but difficulties associated with pharmacist recruitment and resource availability will need to be addressed if delivery is to be robust. There are currently 9 pharmacies distributed across Powys that provide a needle and syringe service and PTHB will seek to agree the provision of a BBV testing service from some or all of these.

Feedback from areas of the UK where pharmacy BBV testing services operate successfully indicates that the integration of pharmacies intolocal BBV testing and treatment pathways is vital to this success. This will need to be addressed as a matter of priority in anticipation that the national pharmacy service will be available. In addition to this, the treatment pathway for patients identified via pharmacy services will need to be robust and have sufficient capacity to meet increased need.

## The long-term viability of treatment programmes

PTHB does not directly provide specialist HCV treatment programmes and Powys residents are treated by BBV teams in neighbouring health board areas. As such, the Health Board does not have a strong view on the long term viability of treatment programmes as it is not involved in the day to day operation of these specialist services. However, reflecting the complexity of referral and treatment pathways for Powys residents, PTHB would endorse the continued existence of national planning and oversight groups such as the All Wales Viral Hepatitis Sub-group to help to ensure consistent levels of service are offered to individuals with HCV across Wales and that service planning takes place in a coordinated manner.

I hope the information is of use to the Committee. Please do not hesitate to get in touch for any further clarification.

# Ymatebion i'r Ymgynghoriad yn y Gymraeg

# Consultation Responses in the Welsh Language

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i Hepatitis C
HSCS(5) H01
Ymateb gan Fferylliaeth Gymunedol Cymru

National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Evidence from Community Pharmacy Wales

## Rhan 1:  Cyflwyniad

Mae Fferylliaeth Gymunedol Cymru (CPW) yn cynrychioli fferylliaeth gymunedol ar faterion GIG ac yn ceisio sicrhau bod y gwasanaethau gorau bosib, wedi'u darparu gan gontractwyr yng Nghymru, ar gael drwy GIG Cymru. Dyma'r corff sy'n cael ei gydnabod gan Lywodraeth Cymru yn unol ag *Adrannau 83 ac 85 Deddf y Gwasanaeth Iechyd Gwladol 2006* fel cynrychiolwyr rheiny sydd yn darparu gwasanaethau fferyllol.

Fferylliaeth Gymunedol Cymru yw'r unig gorff sy'n cynrychioli bob fferyllfa gymunedol yng Nghymru. Mae'n gweithio gyda Llywodraeth a'i asiantaethau, megis Byrddau Iechyd lleol, i ddiogelu a datblygu gwasanaethau GIG o'r radd flaenaf trwy'r fferyllfa ac i siapio'r cytundeb fferyllfa gymunedol a'i reoliadau perthnasol, er mwyn cyrraedd y safon uchaf o iechyd cyhoeddus a'r canlyniadau gorau bosib i gleifion. Mae CPW yn cynrychioli pob un o'r 716 fferyllfa gymunedol yng Nghymru. Mae fferyllfeydd wedi'u lleoli ar strydoedd fawr, yng nghanol trefi a phentrefi led led Cymru ynghyd a chanol dinasoedd mawr a pharciau manwerthu.

Ynghyd a dosbarthu presgripsiynau, mae fferyllfeydd cymunedol Cymru yn darparu ystod eang o wasanaethau i gleifion ar ran GIG Cymru. Mae'r gwasanaethau GIG Cymru wyneb i wyneb ar gael gan fferyllwyr cymwysedig 6, ac weithiau 7, diwrnod yr wythnos, yn cynnwys gwasanaethau Adolygu'r Defnydd o Feddyginaethau, Atal Cenhedlu Brys, adolygiad o feddyginiaethau wrth ryddhau, gwasanaeth rhoi'r gorau i ysmygu, brechiad rhag y ffliw, Cyflenwad Meddyginiaeth Gofal Lliniarol, Cyflenwad ar frys, camddefnyddio sylweddau a'r gwasanaeth Man Anhwylderau.

Mae CPW yn falch iawn o'r cyfle i ymateb i'r cais hwn am dystiolaeth ysgrifenedig i'r ymchwiliad undydd ar Hepatitis C sy'n cael ei gynnal gan y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon.

## Rhan 2:  Darpariaeth o'r gofynion wedi'u cynnwys yn WHC/2017/048

Mae'r cais am wybodaeth gan y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon yn cyfeirio at yr hyn sy'n cael ei wneud i ymateb i ofynion Cylchlythyr Iechyd Cymru WHC/2017/048 Cyrraedd targed Sefydliad Iechyd y Byd i ddileu hepatitis (B ac C) fel bygythiadau sylweddol i iechyd y cyhoedd.

Ar sawl achlysur yn y gorffennol, mae CPW wedi datgan i Lywodraeth Cymru a'i byrddau iechyd, dyhead i symud oddi wrth wasanaethau syml darparu ac arolygu sy'n cael eu comisiynu ar hyn o bryd i wasanaethau mwy cynhwysfawr sydd wedi eu dylunio i ymateb i anghenion defnyddwyr cyffuriau.

Yn unol ag egwyddorion Gofal Iechyd Darbodus a'r cyfeiriad mae gwasanaethau GIG yng Nghymru yn teithio ynddo, hoffai CPW gweld dull 'un i Gymru' yn nyluniad a chomisiynu gwasanaethau defnyddwyr cyffuriau gan fferyllfeydd cymunedol sy'n defnyddio hygyrchedd y rhwydwaith fferyllfa gymunedol a sgiliau'r tîm fferyllfa yn well.

Mae'r aelodau hynny o'r boblogaeth sy'n ddefnyddwyr cyffuriau yn aml yn wael am ymwneud gyda'r GIG a darparwyr gofal cymdeithasol ac mae CPW felly'n awgrymu'n gryf ei fod yn bwysig i 'wneud pob cysylltiad cyfrif' ac felly dylai gwasanaeth cefnogi cynhwysfawr bod ar gael ym mhob lleoliad lle mae yno gyswllt gyda'r grŵp bregus hyn ac mae hynny'n cynnwys y gymuned fferyllol.

Mae fferyllfeydd cymunedol sy'n darparu gwasanaethau i ddefnyddwyr cyffuriau wedi datblygu perthynas ac ymddiriedolaeth gyda'r unigolion hyn ac mae'r sail yno felly i ddarparu rhagor o gefnogaeth trwy brofi am a thrin hepatitis. Mae llythyr y Prif Swyddog Meddygol yn Hydref 2017 yn llwyr gydnabod dylai "profion ar gyfer yr unigolion hyn a thriniaeth cael ei darparu mewn lleoliad ac amgylchedd sy'n gyfarwydd ac maen nhw'n gyfforddus ynddi, ac yn debygol o fynychu a derbyn triniaeth ganddynt."

Nid yw'n hawdd perswadio'r rheini sydd fwyaf mewn perygl o haint hepatits i gael eu profi ac yn aml yn cymryd sawl drafodaeth dros gyfnod o amser gyda gweithiwr gofal iechyd proffesiynol cyn bod y cleient yn gyfforddus cael prawf. Felly dylai gwasanaeth hepatits cael ei ddylunio o amgylch gofal cleient ac nid cael ei gomisiynu ar sail weithrediadol 'eitem o wasanaeth'. Mae'n bwysig bod Llywodraeth Cymru a'i Byrddau Iechyd yn cydnabod yr her daw gydag ymgysylltu a bod disgwyliadau yn cael eu teilwra'n briodol.

Mae'r datblygiad o feddyginiaeth newydd, gwrth-feirysol sy'n ymateb yn uniongyrchol wedi chwyldroi'r driniaeth o hepatitis C ac felly nid oes rwystrau, heb law am rheiny sydd wedi cael eu rhoi mewn lle can comisiynwyr, i driniaeth cael i gynnal mewn fferyllfa gymunedol yn dilyn canlyniad positif i brawf.

**Hoffai CPW sicrhau bod Gwasanaeth Hepatits Fferyllfa Gymunedol genedlaethol, hyblyg a chynhwysfawr mewn lle sy'n caniatáu i weithwyr gofal iechyd proffesiynol cyd-gynhyrchu a darparu gwasanaeth sy'n ymateb i'r cleient yn y modd gorau bosib.**

Er enghraifft, dylai cleient gallu cael eu profi mewn fferyllfa, cymryd prawf eu hunain mewn fferyllfa, mynd a phrawf i ffwrdd efo nhw a'i ddychwelyd yn ddiweddarach neu fynd a phrofion gyda nhw ar gyfer partneriaid, aelodau teulu a ffrindiau maent yn credu gall fod mewn peryg o ddod i gysylltiad â hepatitis. Dylai unrhyw un sy'n cael canlyniad positif cael y dewis os ydynt eisiau cael eu trin yn y fferyllfa neu gael eu cyfeirio at eu GP/clinig iechyd rhywiol lleol.

Tra byddai CPW yn gefnogol o wasanaethau hepatitis ar gael o bob fferyllfa sy'n darparu offer pigiad di-haint a/neu wasanaeth chwistrellu dan oruchwyliaeth mae'n holl bwysig nad yw'r hyrwyddiad o'r gwasanaethau hyn yn gyfyngedig i ddefnyddwyr gwasanaeth presennol. Dylai bod y rheini sydd ddim yn ymgysylltu gyda'r gwasanaethau yn gyfredol, megis y digartref a gweithwyr rhyw, yn cael eu hysbysu bod eu fferyllfa gymunedol yn darparu gwasanaeth galw i mewn, profion a thriniaeth. Mae'n bwysig bod holl weithwyr gofal hefyd yn ymwybodol eu bod yn gallu cyfeirio unigolion mewn perygl i fferyllfa gymunedol am gefnogaeth.

Hoffai CPW hefyd gweld trefniadau yn eu lle i annog nyrsys firysau gludir yn y gwaed lleol i weithio mewn partneriaeth gyda fferyllfeydd cymunedol enwebedig fel eu bod yn gallu gweithio ar y cyd i ateb gofynion y boblogaeth leol. Felly, mae CPW yn awgrymu bod y Cynllun Fferyllfa Gymunedol Gweithio ar y Cyd yn cael ei ymestyn i gynnwys nyrsys firysau gludir yn y gwaed lleol.

Mae CPW hefyd yn cydnabod twf yn chwistrelliad cyffuriau ymysg grwpiau o bobl sy'n gwneud hynny er mwyn gwella eu hedrychiad neu berfformiad (IPED). Mae hwn yn prif grwp dylai cael ei dargedu fwy os bydd targedau Sefydliad Iechyd y Byd yn cael eu cyrraedd yng Nghymru. Byddai CPW yn awgrymu bod posteri yn cael eu rhoi fyny ym mhob gym, clwb chwaraeon a salon lliw haul er mwyn codi ymwybyddiaeth o'r perygl o gontractio hepatitis, y ffaith bod triniaethau modern yn effeithlon ac yn hawdd i'w defnyddio ac i hyrwyddo gwasanaeth galw mewn am gyngor, profion a thriniaeth mewn fferyllfa leol.

Mae CPW yn falch bod yna ymgysylltiad wedi bod gyda dau fwrdd iechyd blaenllaw ar ddyluniad gwasanaeth cefnogi fferyllfa leol. Ond, hoffem weld cyflwyniad yn cael ei wella a'r gwasanaeth yn cael ei ddylunio i fod yn wasanaeth ehangach a gynhwysfawr wedi ei gefnogi gan farchnata lleol. Mae'r gwasanaeth sydd wedi ei ddylunio ar gyfer treial yn wasanaeth prawf a chyngor yn unig gyda thriniaeth yn cael ei hatal gan rwystrau gweithredol sydd angen cael eu goresgyn ar frys, os yw capasiti'r rhwydwaith fferyllfa gymunedol i gael ei ddefnyddio i gyrraedd targedau Sefydliad Iechyd y Byd.

## Rhan 3: Casgliad

Mae CPW yn credu bod ymgysylltiad effeithiol y rhwydwaith fferyllfa gymunedol i ddarparu Gwasanaeth Cyngor, Prawf a Thriniaeth Hepatitis Fferyllfa Gymunedol yn helpu Llywodraeth Cymru gyrraedd targedau Sefydliad Iechyd y Byd er mwyn ddileu hepatitis fel bygythiad sylweddol i iechyd y cyhoedd.

Mae CPW yn parhau i fod yn ymroddedig i weithio gyda Llywodraeth Cymru a'i Byrddau Iechyd i roi'r trefniadau hyn yn eu lle.

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i Hepatitis C
HSCS(5) H03
Ymateb gan Iechyd Cyhoeddus Cymru

National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Evidence from Public Health Wales

## Adran 1: Y camau sy'n cael eu cymryd i fodloni gofynion Cylchlythyr Iechyd Cymru (WHC/2017/048) a gyhoeddwyd ym mis Hydref 2017 a chyrraedd targed Sefydliad Iechyd y Byd, wedi hynny, i ddileu hepatitis B a hepatitis C fel bygythiadau sylweddol i iechyd y cyhoedd erbyn 2030.

1. Mae Sefydliad Iechyd y Byd wedi cyhoeddi strategaeth fyd-eang i'r sector iechyd ar hepatitis feirysol gyda'r nod o ddileu hepatitis B (HBV) a hepatitis C (HCV) fel bygythiadau sylweddol i iechyd y cyhoedd erbyn 2030. Targed Sefydliad Iechyd y Byd yw gostyngiad o 90% yn nifer yr achosion newydd (mynychder) a gostyngiad o 65% mewn marwolaethau oherwydd hepatitis B ac C erbyn 2030. Mae Cymru wedi ymrwymo i'r strategaeth hon. Cafodd y nod hwn ei gynnwys yn strategaeth tymor hir newydd hyd at 2030 Iechyd Cyhoeddus Cymru, a gyhoeddwyd yn 2018.
2. Mae Cylchlythyr Iechyd Cymru (WHC/2017/048, a gyhoeddwyd ym mis Hydref 2017) yn tynnu sylw at dri maes allweddol lle mae angen gweithredu yng Nghymru er mwyn symud tuag at darged dileu 2030. Y tri maes yw:
    a. Lleihau ac atal HCV rhag cael ei drosglwyddo ymlaen yng Nghymru;
    b. Adnabod unigolion sydd wedi'u heintio â HCV ar hyn o bryd, yn cynnwys y rhai sydd wedi cael eu heintio â HCV y tu allan i'r Deyrnas Unedig ac sydd nawr yn byw yng Nghymru; a
    c. Phrofi a thrin unigolion sydd wedi'u heintio â HCV sydd ar hyn o bryd yn ymddwyn mewn ffyrdd sy'n debygol o arwain at drosglwyddo pellach.
3. Yng Nghymru, mae 'Law yn Llaw at Iechyd – Cynllun Cyflawni ar gyfer Clefyd yr Afu' wedi adeiladu ar y gwaith da a hwyluswyd gan y cynllun, Blood Borne Viral (BBV) Hepatitis Action Plan for Wales 2010-2015. Mae'r cynllun hwn yn cael ei roi ar waith gyda chymorth y Grŵp Gweithredu ar Glefyd yr Afu, sy'n cael ei gadeirio gan y Cyfarwyddwr Gweithredol Gwasanaethau Iechyd Cyhoeddus yn Iechyd Cyhoeddus Cymru ac mae'n cynnwys cynrychiolwyr o bob bwrdd iechyd yng Nghymru, Ymddiriedolaeth Afu Prydain a'r Children's Liver Disease Foundation.  Nododd y Grŵp Gweithredu ar Glefyd yr Afu hepatitis feirysol a gludir yn y gwaed fel un o'r meysydd blaenoriaeth allweddol.
4. I helpu i symud yr agenda hon ymlaen, cafodd yr Is-grŵp Hepatitis Feirysol ei sefydlu. Mae'r is-grŵp hwn, sy'n cael ei gadeirio gan yr arweinydd cenedlaethol ar gyfer hepatitis, yn darparu arweinyddiaeth strategol a chefnogaeth i'r byrddau iechyd i symud ymlaen yn y maes hwn. Ceir

cynrychiolaeth amlddisgyblaethol ar yr is-grŵp, yn cynnwys cynrychiolaeth o Ymddiriedolaeth Hepatitis C. Darperir cymorth epidemiolegol a gweinyddol i'r grŵp gan Iechyd Cyhoeddus Cymru.

5. Mae'r Is-grŵp Hepatitis Feirysol hwn yn adrodd yn rheolaidd i'r Grŵp Gweithredu ar Glefyd yr Afu a chaiff diweddariadau ar waith yr is-grŵp eu cynnwys yn y datganiad cynnydd blynyddol sy'n cael ei gyflwyno gan y Grŵp Gweithredu i Lywodraeth Cymru. Mae'r grŵp wedi hwyluso nifer o ddatblygiadau gan weithio gydag asiantaethau eraill fel sy'n briodol i ddatblygu a chefnogi mwy o brofion a thriniaeth mewn amryw o sefydliadau, yn cynnwys carchardai, gwasanaethau cyffuriau ac alcohol, gwasanaethau trydydd sector a fferyllfeydd cymunedol.
6. Gwnaeth yr Is-grŵp Hepatitis Feirysol helpu hefyd i sicrhau arian a gwasanaeth gweinyddol ar gyfer amryw o brosiectau yn ymwneud â strategaethau profi a thrin ar gyfer hepatitis C, e.e. arian i ddatblygu profion adwaith cadwynol polymerasau o brofion smotiau gwaed wedi sychu, gan roi diagnosis wedi'i gadarnhau yn gyflymach, a hynny yn ei dro yn gallu golygu mynediad cyflymach at driniaeth mewn rhai sefydliadau (e.e. fferyllfeydd cymunedol); a phenodi arweinydd profion pwynt gofal ar gyfer Canolfan Feiroleg Arbennig Cymru i ddatblygu'r gwasanaethau hyn mewn gwahanol sefydliadau ar draws Cymru.
7. Mae'r Is-grŵp Hepatitis Feirysol hefyd yn cyd-drefnu'r casglu data i sicrhau bod y cynllun cenedlaethol yn cael ei lywodraethu'n briodol a bod gwybodaeth berthnasol yn cael ei bwydo'n ôl i Lywodraeth Cymru, y byrddau iechyd a rhanddeiliaid perthnasol eraill. Hefyd, mae'r is-grŵp wedi bod yn gweithio gyda Gwasanaeth Gwybodeg GIG Cymru i ddatblygu ffurflen hepatitis C electronig a fydd yn hwyluso'r gwaith o gasglu data trin cenedlaethol byw yn y dyfodol. Mae'r is-grŵp hefyd wedi cyfrannu tuag at ddatblygu model dileu gan ddefnyddio cwmni annibynnol, a ariannwyd drwy grant heb gyfyngiadau arno oddi wrth y diwydiant fferyllol.
8. Mae'r Is-grŵp Hepatitis Feirysol yn cefnogi'r adolygiadau rheolaidd o'r cynllun cenedlaethol drwy ddarparu cyngor arbenigol ac argymhellion ynglŷn â datblygu, fel a phan y mae hynny'n briodol. Bu'r is-grŵp yn holl-bwysig hefyd yng ngweinyddiaeth y rhith banel sy'n fodd i drafod cleifion cymhleth er mwyn sicrhau bod yr opsiynau trin mwyaf priodol yn cael eu rhoi i'r unigolion hyn.

## Lleihau HCV a'i atal rhag cael ei drosglwyddo ymlaen yng Nghymru

9. Mae dros 90 y cant o'r trosglwyddo hepatitis C ymlaen yn digwydd drwy chwistrellu cyffuriau. Felly, y ffordd fwyaf effeithiol o atal trosglwyddo yw drwy ostwng nifer yr unigolion sy'n chwistrellu a thrwy ddarparu Rhaglenni Nodwyddau a Chwistrellau effeithiol. Mae Iechyd Cyhoeddus Cymru yn darparu cymorth i bob un o'r 270 Rhaglen Nodwyddau a Chwistrellau yng Nghrymu, drwy (yn 2017/18) ddatblygu canllawiau, polisi a monitro. Mae Rhaglenni Nodwyddau a Chwistrellau statudol a gwirfoddol a'r rhai sydd wedi'u lleoli mewn fferyllfeydd cymunedol i gyd yn cofnodi gweithgarwch

unigol ar fodiwl y Gronfa Ddata Lleihau Niwed, sy'n fodd o ddarparu tystiolaeth o natur a graddfa'r defnydd o gyffuriau drwy chwistrellu, yn ogystal â chofnodi'r nodwyddau a'r chwistrellau sy'n cael eu darparu. Caiff adroddiad blynyddol ei gyhoeddi gan Iechyd Cyhoeddus Cymru i fonitro'r cynnydd, (ar gael ar wefan Iechyd Cyhoeddus Cymru ar http://www.wales.nhs.uk/sitesplus/documents/888/HRD%20Report%202017-18%20-%20Final%20.pdf).

10. Yn 2017/18 roedd cyfanswm o 14,000 o ddefnyddwyr yn defnyddio'r gwasanaethau nodwyddau a chwistrellau yn rheolaidd, a thros y pum mlynedd diwethaf bu gostyngiad yng nghyfradd y bobl ifanc sy'n chwistrellu cyffuriau ac yn manteisio ar wasanaethau, o 5.5% yn 2013/14 i 2.7% yn 2017/18.

11. Arweiniodd Iechyd Cyhoeddus Cymru, gyda Llywodraeth Cymru, ar broses gomisiynu genedlaethol yn 2016-7. Dechreuodd y fframwaith nodwyddau a chwistrellau newydd ym mis Gorffennaf 2017 ac mae wedi arwain at gyflwyno 'paciau chwistrellu unwaith' yn ardal pob rhaglen nodwyddau a chwistrellau.

## Adnabod unigolion sydd wedi'u heintio â HCV ar hyn o bryd, yn cynnwys y rhai sydd wedi cael eu heintio â HCV y tu allan i'r Deyrnas Unedig ac sydd nawr yn byw yng Nghymru

12. Gyda dyfodiad meddyginiaethau newydd, hynod effeithiol, y mae'r corff yn gallu'u goddef yn dda, i drin hepatitis C, mae Iechyd Cyhoeddus Cymru yn arwain y gwaith o gyd-drefnu ymarferiad cenedlaethol i ymgysylltu o'r newydd â chleifion, a'i roi ar waith. Nod yr ymarferiad yw canfod unigolion sydd â diagnosis hanesyddol o Hepatitis C nad ydynt, am ba reswm/resymau bynnag, wedi cydweithio'n llwyr â gwasanaethau trin a cheisio dod â nhw yn ôl i mewn i'r gwasanaeth a chynnig triniaeth iddynt gyda'r therapïau newydd sydd ar gael rŵan (fel sy'n briodol).

13. Mae'r gwaith hwn yn cael ei gefnogi gan grŵp gweithredu sy'n cynnwys cynrychiolwyr o Ymddiriedolaeth Hepatitis C, Ymddiriedolaeth Afu Prydain a Phwyllgor Ymarferwyr Cyffredinol Cymru yn ogystal â phob bwrdd iechyd yng Nghymru.

14. Gan ddefnyddio data profi hanesyddol o'r labordy fel man cychwyn, gwnaed gwaith i adnabod yr unigolion hyn. O wanwyn 2019, byddir yn cysylltu â nhw ac yn cynnig iddynt y cyfle i gydweithio o'r newydd â gwasanaethau a chael eu hasesu am driniaeth.

1.

15. Mae'r Is-grŵp Hepatitis Feirysol hefyd wedi cefnogi nifer o gynlluniau/prosiectau peilot i helpu i adnabod a thrin unigolion sydd wedi'u heintio â hepatitis C. Mae hyn yn cynnwys gwerthusiad o wasanaethau cleifion allanol mewn un bwrdd iechyd, a chanfod achosion mewn gofal sylfaenol mewn bwrdd iechyd arall. Hefyd, mae arweinydd prosiect ac ymchwil cenedlaethol wedi cael ei benodi ar gyfer hepatitis i helpu i ddatblygu dulliau gweithredu a rhannu'r dysgu ar draws y byrddau iechyd.

## Profi a thrin unigolion sydd wedi'u heintio â HCV sydd ar hyn o bryd yn ymddwyn mewn ffyrdd sy'n debygol o arwain at drosglwyddo pellach

16. Mae Iechyd Cyhoeddus Cymru wedi datblygu Modiwl Feirysau a Gludir yn y Gwaed yn y Gronfa Ddata Lleihau Niwed, sydd wedi'i roi ar waith ym mhob gwasanaeth camddefnyddio sylweddau arbenigol ar draws Cymru ac mewn nifer o safleoedd fferyllfeydd cymunedol peilot. Rhagwelir y bydd rhaglen genedlaethol i gyflwyno'r modiwl ar draws pob fferyllfa gymunedol berthnasol yn cychwyn yn y blynyddoedd nesaf. O ystyried bod nifer achosion a mynychder haint HCV yn fwyaf uchel ymysg unigolion sydd un ai'n camddefnyddio sylweddau ar hyn o bryd neu wedi gwneud hynny yn y gorffennol, mae'n hanfodol fod y poblogaethau hyn yn cael eu profi fel mater o drefn a'u cyfeirio am driniaeth cyn gynted ag y cânt eu hadnabod. Mae modiwl feirysau a gludir yn y gwaed y Gronfa Ddata Lleihau Niwed yn darparu system i gofnodi profion arferol, yn unol â'r drefn profion arferol optio-allan sydd ar waith ym mhob gwasanaeth camddefnyddio sylweddau yng Nghymru (https://gov.wales/docs/dhss/publications/160906substance-missuse-2016-2018cy.pdf ). Hefyd, mae'r gronfa ddata yn galluogi'r profion a'r cofnod canlyniadau i ddilyn y claf ble bynnag y mae yng Nghymru, a hynny dros amser. Mae'r gronfa ddata yn darparu mecanwaith ar gyfer sgrinio, diagnosio, cyfeirio a cherrig milltir trin, yn cynnwys dyddiad cychwyn, Ymateb Firolegol Cyson (SVR) ac ailheintio. Mae Iechyd Cyhoeddus Cymru yn cyhoeddi adroddiad blynyddol i fonitro'r cynnydd (ar gael ar wefan Iechyd Cyhoeddus Cymru ar : http://www.wales.nhs.uk/sitesplus/documents/888/BBV%20Annual%20report%202017-18%20FOR%20PUBLICATION.pdf ) .

17. Profwyd mwy na 1600 o unigolion a oedd mewn cysylltiad â gwasanaethau camddefnyddio sylweddau yn 2017, ac mae hyn wedi cynyddu dros draean hyd yn hyn yn 2018. Fodd bynnag, mae cyfran sylweddol o unigolion yn dal heb eu profi ac mae'n bwysig bod adnoddau priodol ar gael fel bod modd profi pob cleient sydd 'mewn perygl' yn flynyddol.

18. Yn ychwanegol, mae Iechyd Cyhoeddus Cymru wedi cefnogi Llywodraeth Cymru wrth iddi ailgyflwyno Dangosydd Perfformiad Allweddol (DPA) ar gyfer pob gwasanaeth camddefnyddio sylweddau. Bydd hyn yn hwyluso'r gwaith o brofi pob unigolyn sydd mewn cysylltiad â gwasanaethau o leiaf

unwaith y flwyddyn tan na fyddant mewn perygl o heintiau HCV. Bydd y Dangosyddion yn cael eu monitro ar gyfer pob safle drwy'r Gronfa Ddata Lleihau Niwed, sy'n sicrhau cofnod claf unigol o brofion, diagnosis a thriniaeth. Mae'r system hefyd yn lleihau'r tebygolrwydd y bydd gwasanaethau'n colli profion unigol sy'n adweithiol i HCV, neu'n 'syrthio drwy'r rhwyd', sydd wedi bod yn broblem yn y gorffennol.

19. Ers 2010, mae profion feirysau a gludir yn y gwaed wedi dod yn rhan arferol o ddarpariaeth iechyd carchardai. Ym mis Tachwedd 2016, cyhoeddodd Llywodraeth Cymru newid polisi ffurfiol i optio allan o brofion ar gyfer feirysau a gludir yn y gwaed ar gyfer pawb sy'n cael eu derbyn i'r carchar. Mae pob carchar yng Nghymru yn cynnig sgrinio feirysau a gludir yn y gwaed er bod y lefelau cyflawni yn parhau'n amrywiol. Mae Tabl 1 yn dangos nifer yr unigolion a ddefnyddiodd wasanaethau feirysau a gludir yn y gwaed ym mhob carchar yng Nghymru rhwng 2015 a 2017. Mae'r tabl yn dangos cynnydd yn nifer y dynion a brofwyd ers mis Tachwedd 2016 pan gyflwynwyd y broses sgrinio optio allan. Cyfartaledd cymedrig gwrthgyrff hepatitis C oedd 10% yn 2015, 7% yn 2016 a 10% yn 2017.

## Tabl 1 Nifer yr unigolion a ddefnyddiodd wasanaethau feirysau a gludir yn y gwaed ym mhob carchar yng Nghymru 2015-2017

| Y safle a wnaeth gais | Unigolion yn bresennol, fesul blwyddyn | | | |
|---|---|---|---|---|
| | 2015 | 2016 | 2017 | Cyfanswm |
| CARCHAR BERWYN | 0 | 0 | 264 | **264** |
| CARCHAR CAERDYDD | 238 | 885 | 1290 | **2413** |
| CARCHAR Y PARC | 398 | 857 | 1463 | **2718** |
| CARCHAR PRESCOED | 98 | 114 | 196 | **408** |
| CARCHAR ABERTAWE | 0 | 4 | 162 | **166** |
| CARCHAR BRYNBUGA | 70 | 255 | 71 | **397** |
| **Cyfanswm** | **804** | **2115** | **3446** | **6366** |

2.

20. Mae pob carchar yng Nghymru yn cynnig triniaeth ar gyfer feirysau a gludir yn y gwaed. Mae nyrsys arbenigol yn cynnal clinigau ym mhob carchar i weld y rhai sy'n cael prawf cadarnhaol o wrthgyrff hepatitis C. Mae sganwyr symudol a ddefnyddir o fewn carchardai yn golygu y gall unigolion

drosglwyddo o brofion i driniaeth heb yr angen i adael y carchar yn y rhan fwyaf o achosion.

21. Roedd cynnydd yn nifer y dynion a sgriniwyd ar gyfer feirysau a gludir yn y gwaed yn amlwg yn dilyn cyflwyno'r polisi sgrinio optio allan. Er gwaethaf hyn, mae gweithredu'r profion optio allan ar draws carchardai yn parhau'n amrywiol ac ymddengys nad yw llawer o ddynion wedi cael eu profi. Mae'r syniad o bennu targed dros gyfnod ar gyfer sgrinio feirysau a gludir yn y gwaed mewn carchardai yn cael ei ystyried. Hyd yn hyn, mae carchardai yng Nghymru wedi cynyddu cyfraddau profi heb adnoddau uniongyrchol ychwanegol. Mae angen ystyried sicrhau bod gan garchardai adnoddau digonol i ddygymod â chynnydd parhaus mewn profion mewn carchardai.

## Adran 2: Sut gellir cynyddu gwybodaeth ac ymwybyddiaeth y cyhoedd a gweithwyr iechyd proffesiynol o firws Hepatitis C.

22. Mae Ymddiriedolaeth yr Afu Prydain (BLT) (fel rhan o'i gwaith gyda Grŵp Gweithredu Clefydau'r Afu) yn gweithio yng Nghymru i godi ymwybyddiaeth y cyhoedd o iechyd yr afu, tynnu sylw at brif achosion clefyd yr afu a pha ddewisiadau ffordd o fyw ac atal sydd eu hangen i gynnal iechyd da'r afu. Mae'r Ymddiriedolaeth hefyd yn cyflwyno digwyddiadau sgrinio a sganio *'Love Your Liver'* ledled Cymru, a chynhaliodd sioe deithiol *'Love Your Liver'* ym mis Tachwedd 2018, gyda'r Uned Sganio Symudol yn ymweld â Bangor, Wrecsam, Caerdydd, Pen-y-bont ar Ogwr ac Abertawe.

23. Fel rhan o raglen flaenoriaeth glinigol clefyd yr afu Coleg Brenhinol yr Ymarferwyr Cyffredinol (RCGP) a ariennir gan yr Ymddiriedolaeth, ym mis Gorffennaf 2018, cynhaliodd Cymru un o bedwar digwyddiad addysg gofal sylfaenol rhanbarthol yn y Deyrnas Unedig rhwng y Coleg Brenhinol a'r Ymddiriedolaeth.

24. Ym mis Rhagfyr 2017, cynhaliwyd sioe deithiol arferion da hepatitis C yng Nghaerdydd. Trefnwyd y digwyddiad hwn gan HCV Action ac Iechyd Cyhoeddus Cymru, gyda'r nod o ddod â gweithwyr proffesiynol sy'n gweithio gyda hepatitis C mewn amrywiaeth o gyd-destunau at ei gilydd, nodi heriau ac atebion o ran mynd i'r afael â hepatitis C yn lleol, a dangos a rhannu enghreifftiau o arfer da o ran atal, profi, a thriniaethau. Mae'r adroddiad cryno o'r sioe deithiol ar gael ar wefan HCV action: http://www.hcvaction.org.uk/resource/summary-report-hepatitis-c-good-practice-roadshow-cardiff-december-2017 [cyrchwyd 27/12/2018].

25. Yn ogystal, mae'r arweinydd cenedlaethol ar gyfer hepatitis wedi arwain dau gyfarfod rhwydwaith cenedlaethol y flwyddyn, i helpu i rannu gwersi a ddysgwyd rhwng timau a byrddau iechyd. Gwnaed y rhain yn bosibl drwy grantiau addysgol anghyfyngedig a ddarperir gan y diwydiant fferyllol.

26. Mae'r timau feirysau a gludir yn y gwaed yn rhoi cymorth ar gyfer mentrau codi ymwybyddiaeth. Mae'r rhain yn cynnwys enghreifftiau fel addysgu timau gofal sylfaenol, codi ymwybyddiaeth ar Ddiwrnod Hepatitis y Byd, ymgysylltu â'r cyfryngau ynghylch digwyddiadau codi ymwybyddiaeth, a phrosiect i brofi a chodi ymwybyddiaeth mewn mosg. Fodd bynnag, nid yw'n glir hyd yma beth fu effaith y mentrau hyn.

27. Mae cynyddu ymwybyddiaeth y cyhoedd a gweithwyr iechyd proffesiynol yn un o feysydd heriol y cynllun dileu. Byddai croeso i gymorth ar gyfer ymgyrch codi ymwybyddiaeth benodol. Mae hyn yn arbennig o bwysig o ran dod o hyd i'r cleifion hynny nad oes modd eu hadnabod yn hawdd (e.e. unigolion o wledydd â nifer uchel o achosion, pobl a oedd yn arfer chwistrellu cyffuriau neu a fu'n arbrofi yn gynnar yn eu bywydau, a'r rhai mewn perygl yn sgil trallwysiad gwaed).

## Adran 3: Y cwmpas i gynyddu gweithgarwch cymunedol e.e. rôl fferyllfeydd cymunedol.

28. Mae Is-grŵp Hepatitis Firaol LDIG wedi datblygu protocol cenedlaethol ar gyfer cyflwyno profion hepatitis C yn y gymuned, a gymeradwywyd gan Fwrdd Fferylliaeth Cymru.

29. Gyda chyllid gan LDIG, penodwyd arweinydd fferyllol cenedlaethol ar gyfer hepatitis ac mae bellach yn gweithio ar gyflwyno profion mewn fferyllfeydd cymunedol. Mae map o'r holl fferyllfeydd sy'n cynnal cyfnewidfeydd nodwyddau a therapi amnewid opiad wedi cael ei lunio ar sail data a dynnwyd o'r Gronfa Ddata Lleihau Niwed, a bydd hyn yn cael ei ddefnyddio i hwyluso'r gwaith o gyflwyno. Sicrhawyd cyllid ar gyfer prosiect peilot i brofi'r protocol yn yr amgylchedd byw, a bydd yn cael ei gynnal ym mis Ionawr 2019.

30. Mae timau feirysau a gludir yn y gwaed o bob cwr o Gymru yn ymwybodol o'r protocol ac maent mewn sefyllfa i gynorthwyo'r gwaith o gyflwyno profion yn yr amgylchedd hwn.

31. Mae'r arweinydd fferyllwyr cenedlaethol erbyn hyn yn dechrau gweithio ar lwybr triniaethau a gytunwyd yn genedlaethol mewn fferyllfa gymunedol i'w ddatblygu a'i gyflwyno yn 2020.

## Adran 4: Hyfywedd hirdymor rhaglenni triniaeth.

32. Mae'r Is-grŵp Hepatitis Firaol, drwy'r arweinydd cenedlaethol ar gyfer hepatitis, wedi darparu cymorth gyda'r broses dendro genedlaethol a chyflwyno mynediad teg a thryloyw at driniaethau. Mae hyn wedi arwain at gyflawni arbedion sylweddol i'r GIG yng Nghymru drwy gaffael cenedlaethol, gan gadw at egwyddorion gofal iechyd darbodus, y defnydd o ddewisiadau triniaeth rhatach posibl lle bo'n briodol, a chymryd

penderfyniadau ar lefel uwch i oedi triniaeth mewn cleifion lle gellid fforddio aros ar gyfer dewisiadau rhatach mwy diweddar yn ystod dyddiau cynnar rheoli hepatitis C.

33. Datblygwyd y protocol cenedlaethol ar gyfer triniaethau a llwybrau triniaeth Hepatitis C drwy gydlynu'r rhwydwaith feirysau a gludir yn y gwaed ac arweinyddiaeth glinigol.

34. Mae rhaglenni triniaethau'n cael eu hategu ar hyn o bryd gan gyfuniad o dimau feirysau a gludir yn y gwaed ar lefel byrddau iechyd a rolau cenedlaethol (arweinydd fferyllol, arweinydd prosiect ac ymchwil, arweinydd profion pwynt gofal). Mae Grŵp Gweithredu Clefydau'r Afu yn cefnogi'r rolau cenedlaethol hyn. Mae cyllid ar gyfer y rolau hynny yn ansicr y tu hwnt i 2020. Ni fydd dileu'n digwydd ar y llwybr presennol tan ar ôl 2030. Os yw'r broses brofi a thrin am gael ei huwchraddio i'r pwynt y gellir cyflawni'r gwaith o'i ddileu erbyn 2030, yna mae'n hanfodol bod y rolau hyn yn cael eu cynnal y tu hwnt i 2020.

35. Mae llawer o ddatblygiadau wedi eu cynllunio i gynyddu profion unigolion sydd mewn perygl a'u cysylltu â gofal (e.e. rhagor o brofion mewn carchardai, gwasanaethau cyffuriau ac alcohol, asiantaethau'r trydydd sector, fferyllfeydd cymunedol). Mae'n hollbwysig bod adnoddau priodol yn cael eu darparu ar gyfer y mentrau hyn fel bod cynnydd mewn profion yn yr amgylcheddau hyn yn gynaliadwy.

36. Mae angen i'r datblygiadau i gynyddu profion a thriniaeth ar gyfer unigolion mewn perygl gydweddu'n briodol â buddsoddiad i hyrwyddo negeseuon lleihau niwed er mwyn lleihau'r risg o ailheintio a sicrhau bod y broses ddileu mor gost-effeithiol â phosibl.

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Ymchwiliad i Hepatitis C
HSCS(5) H05
Ymateb gan Brendan Healy, Arweinydd Cenedlaethol ar Hepatitis

National Assembly for Wales
Health, Social Care and Sport Committee
Inquiry into Hepatitis C

Evidence from Brendan Healy, National Lead for Autism

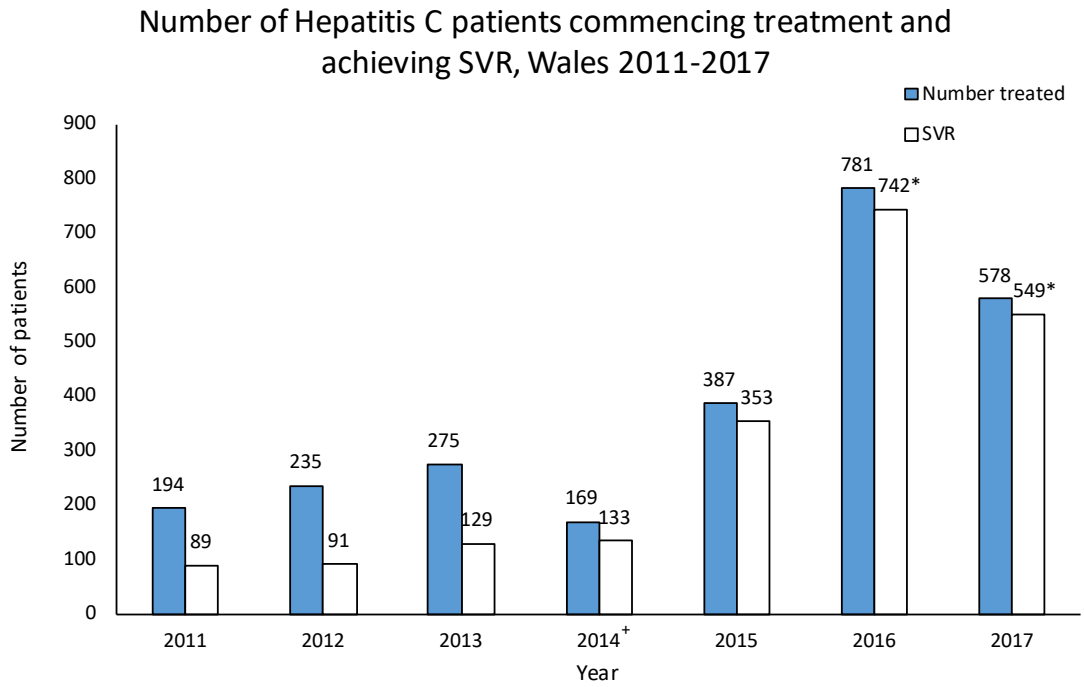
Mae'r cyflwyniad hwn yn cael ei ddarparu i'r Pwyllgor yn rhinwedd fy swydd fel yr Arweinydd Cenedlaethol ar gyfer Hepatitis, gan fy mod wedi cael fy nghomisiynu i'w ddarparu gan y Grŵp Gweithredu Clefyd yr Afu ar gais Llywodraeth Cymru. Fy marn fy hun sy'n cael ei fynegi yn y cyflwyniad hwn, ac mae'n adlewyrchu safbwyntiau a ffurfiwyd o ganlyniad i'r swydd honno. Nid yw, o reidrwydd, yn adlewyrchu barn y sefydliad sydd yn fy nghyflogi (sef Iechyd Cyhoeddus Cymru) nac unrhyw sefydliad arall yr wyf yn gweithio iddo (Bwrdd Iechyd Prifysgol Caerdydd a'r Fro, a Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg).

## Y Sefyllfa bresennol

Gweler ffigur 1 isod i weld y cyfraddau triniaeth ac iachâd ers 2011.

Cyn 2014, roedd cleifion yn cael eu trin gan gyfuniad o gyffuriau o'r enw 'pegylated interferon' (yn cael ei roi drwy bigiad) a 'ribavirin'. Roedd hi'n anodd cymryd y driniaeth, ac roedd y cyfraddau iachâd yn isel, sef 40-80%, ymysg y nifer fach o bobl a allai ei goddef. Mae triniaethau sy'n defnyddio meddyginiaethau gwrthfirysol sy'n gweithredu'n uniongyrchol, heb fod angen 'interferoninterferon', ar gael ers 2015. Mae'r triniaethau i gyd ar ffurf tabled, maent yn hawdd i'w cymryd, maent yn cael eu goddef yn dda, a gall bron pawb sydd wedi'u heintio â hepatitis C eu cymryd ac mae cyfraddau iachâd uchel (>90% ymhob claf a >95% yn y rhan fwyaf o gleifion). Yn 2015, roedd cleifion â'r afiechydon mwyaf datblygiedig yn cael eu trin gyda chyffuriau gwrthfirysol gan ddefnyddio cronfa ganolog gan Lywodraeth Cymru. Yn 2016, roedd cleifion a oedd yn cael gofal, a'r rhan fwyaf ohonynt wedi bod yn cael gofal ers llawer o amser, yn cael eu trin (hynny yw, roedd y llwyth o gleifion a oedd yn aros am driniaeth wedi cael ei glirio). Ers 2017, mae nifer y cleifion sy'n cael eu trin yn adlewyrchu nifer y cleifion sy'n cael eu diagnosio a'u trin bob blwyddyn.

SVR = Sustained Virological Response / Ymateb Firolegol Parhaol, sef llwyth firysol anghanfyddadwy yn y gwaed a gymerir 12 wythnos ar ôl i'r driniaeth ddod i ben ac sy'n cyfateb i iachâd.




**Ffigur 1**

**Nodiadau ar ddehongli**

*i) Cafwyd y data o adroddiadau'r byrddau iechyd. Nid oes data ar gael am un bwrdd iechyd yn 2014+*

*ii) Mae systemau casglu data wedi bod yn cael eu datblygu felly dylid dehongli'r ffigyrau gyda gofal, a gallent fod yn agored i newid. Mae'n bosibl fod rhai unigolion wedi cael eu cyfrif fwy nag unwaith.*

*iii) Mae'n bosibl nad yw blwyddyn yr SVR (ymateb firolegol parhaol) yr un fath â'r flwyddyn pryd dechreuwyd ar driniaeth ar gyfer y blynyddoedd 2011 i 2014.*

*iv) *Amcangyfrifir yr SVR yn 2016/2017 ar sail cyfraddau SVR 2015. Mae gwaith yn mynd ymlaen ar yr union SVR ar gyfer y blynyddoedd hynny.*

Ar ddiwedd 2015, roedd pob Bwrdd Iechyd wedi cael targed isafswm triniaethau. Roedd y targed yn seiliedig ar ddata a oedd ar gael ar y pryd ac a ddefnyddiwyd i ragweld tua faint o achosion o haint sydd ymhob ardal, ac i ddarparu targedau triniaethau a fyddai'n hwyluso mynediad teg a thryloyw at driniaeth ledled Cymru. Mae'r Is-grŵp Hepatitis Firysol o'r Grŵp Gweithredu Clefyd yr Afu yn ymwybodol y bydd angen mireinio'r ffigyrau hyn pan fydd amcangyfrif mwy cadarn ar gael o nifer yr achosion. Mae'r grŵp yn rhagweld y bydd yn gallu ailgyfrifo'r targedau isafswm triniaethau ar ddechrau 2020 pan fydd data ar gael o'r cynnydd yn y profion mewn carchardai, fferyllfeydd cymunedol a gwasanaethau cyffuriau ac alcohol. Mae darparu mwy o brofion yn yr amgylcheddau hyn yn hanfodol er mwyn ei gwneud yn haws i fireinio'r ffigyrau hyn ac i fireinio'r model dileu sydd, ar hyn o bryd, yn seiliedig ar ddata nad yw o bosibl yn rhoi darlun cywir o'r sefyllfa yng Nghymru.

Cyrraedd y targedau isafswm triniaethau:

Blwyddyn 2017/2018

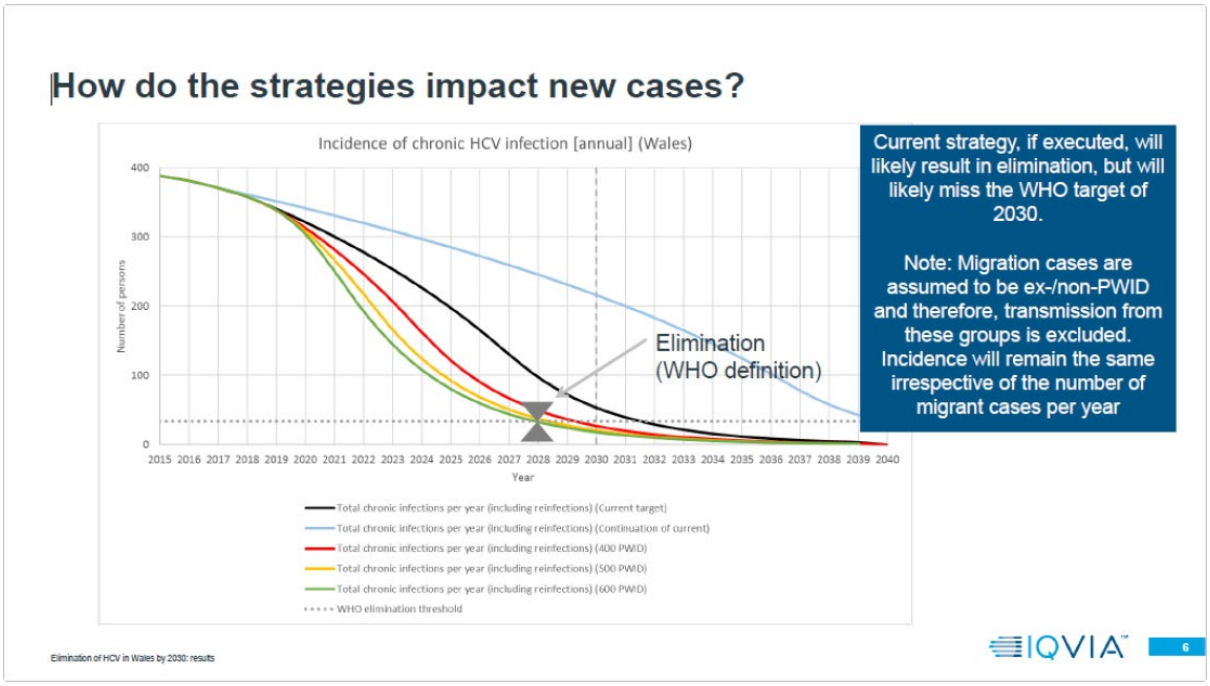
Yn 2017/2018, dim ond un Bwrdd Iechyd wnaeth gyrraedd y targed isafswm triniaethau. Roedd hyn i'w ddisgwyl oherwydd roedd gofyn i'r Byrddau Iechyd newid y ffordd roedd y gwasanaethau'n cael eu rhedeg er mwyn cyrraedd y targed. Roedd rhaid i'r Byrddau Iechyd newid gwasanaethau er mwyn cynyddu'r profion mewn poblogaethau â risg. Hefyd, roedd angen newid y gwasanaethau fel bod cleifion a oedd wedi cael prawf positif yn gallu cael triniaeth.

Blwyddyn 2018/2019

Dim ond dau Fwrdd Iechyd sydd ar y targed i drin yr isafswm a argymhellir o gleifion sydd angen cael eu trin bob blwyddyn er mwyn dileu. Os yw'r trywydd presennol (sy'n seiliedig ar ffigyrau diwedd Tachwedd, sef dwy ran o dair o'r ffordd drwy'r flwyddyn) yn cael ei gynnal, bydd 638 o gleifion yn cael eu trin erbyn diwedd y flwyddyn (sef 262 o gleifion yn llai na'r targed isafswm).

Mae modelau (a ddarperir gan gwmni annibynnol sy'n cael ei ariannu gan gwmni fferyllol), sy'n seiliedig ar y data mwyaf diweddar, yn awgrymu y bydden ni, o drin 900 o gleifion y flwyddyn, yn methu dyddiad dileu Sefydliad Iechyd y Byd (sef 2030), o 1 i 2 flynedd. Ar sail niferoedd y triniaethau cyfredol (2015/16 a 2016/17) ni fydden ni'n gallu dileu tan 2040 (gweler y ffigwr isod). Felly, i fod yn gallu dileu, rhaid cael cynnydd sydyn yn nifer yr unigolion â risg sy'n cael eu profi a'u trin. Mae hyn yn gofyn am fuddsoddiad mewn nifer o wasanaethau a bod y Byrddau Iechyd a'r timau BBV o bob Bwrdd Iechyd yn gweithio gyda'i gilydd i sicrhau bod y timau ymhob ardal yn cael yr adnoddau priodol i ddarparu'r cynnydd angenrheidiol yn y profion a'r triniaethau.

Ffigur 2:

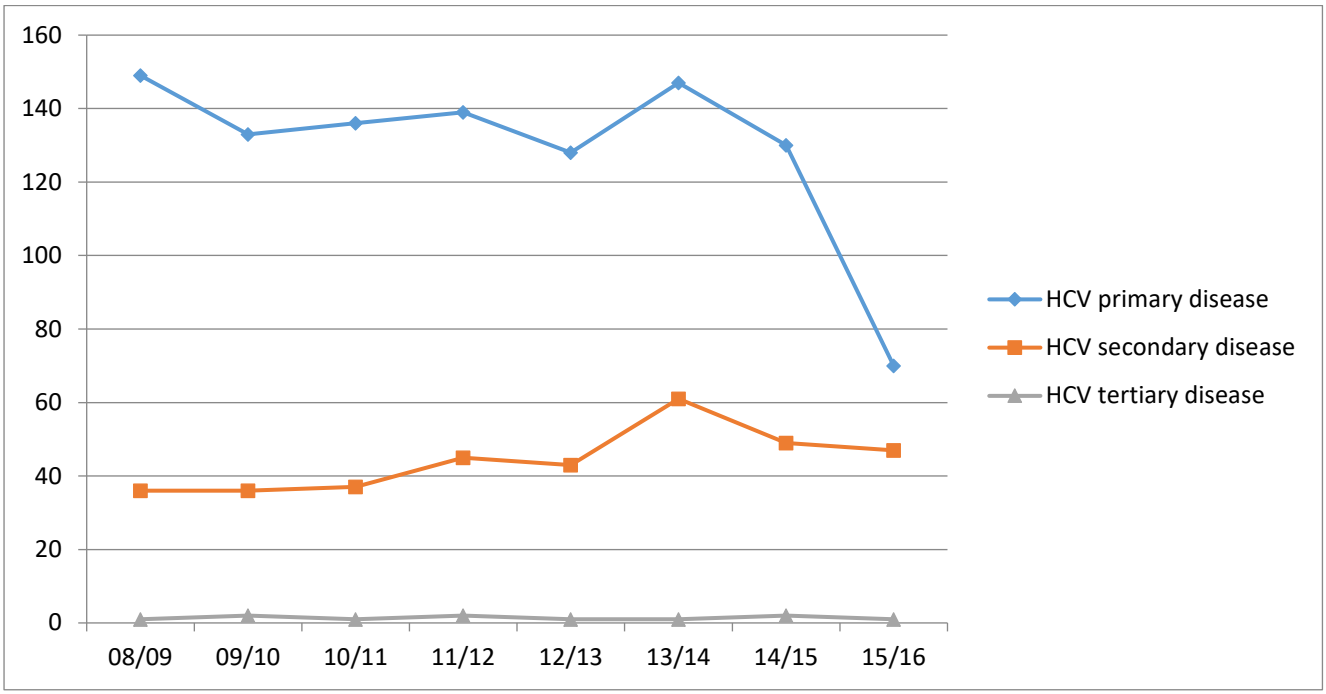



Mae'r graff yn dangos model o nifer yr achosion o hepatitis C yng Nghymru ar sail yr amcangyfrifon cyfredol o nifer yr achosion. Mae'r llinell las yn dangos y trywydd ar gyfer dileu ar sail niferoedd cyfredol gwirioneddol ledled Cymru. Mae'r llinell ddu yn dangos y trywydd ar gyfer dileu ar sail 900 o gleifion yng Nghymru sy'n cael triniaeth bob blwyddyn (y targed isafswm cyfredol). Mae'r llinellau eraill yn dangos y trywydd ar gyfer dileu os yw nifer y bobl sy'n chwistrellu cyffuriau yn cael ei addasu o fewn y model. Oherwydd mai pobl sy'n chwistrellu cyffuriau sy'n gyfrifol am y rhan fwyaf o'r achosion o drosglwyddo hepatitis C ymlaen, mae'n bosibl i driniaethau ymysg y grŵp hwn gyflymu'r dileu heb addasu nifer gyffredinol y triniaethau bob blwyddyn. Gallai hefyd ostwng nifer gyffredinol y bobl sydd angen cael eu trin er mwyn dileu a gostwng cyfanswm cost y rhaglen.

Mae'r rhaglen driniaethau yng Nghymru wedi sicrhau llwyddiant clinigol sylweddol a fydd yn golygu arbed costau i GIG Cymru yn y tymor hir oherwydd na fydd cleifion sydd wedi cael eu hiachauâu o hepatitis C yn datblygu clefyd yr afu yn gysylltiedig â hepatitis C, sy'n gostus i'w reoli (er enghraifft drwy gostau rheoli methiant yr afu a thrawsblaniad afu - sydd hefyd yn adnodd prin a gwerthfawr). Llwyddwyd i gael tua 95% o gyfraddau iachâd yn 2015, sydd o leiaf yn cyfateb i ganolfannau rhyngwladol pwysig eraill. Bydd data ar y cyfraddau iachâd ar gyfer 2017-2018 ar gael yn 2019 (mae'r gwaith yn mynd yn ei flaen ar hyn o bryd).

Mae'r ystadegau cenedlaethol (y DU) yn dangos bod meddyginiaethau newydd yn cael effaith sylweddol ar ganlyniadau clefyd yr afu – sef llai o alw am drawsblaniadau'r afu a gostyngiad yn nifer y marwolaethau'n gysylltiedig â hepatitis C (gweler y graffiau isod).

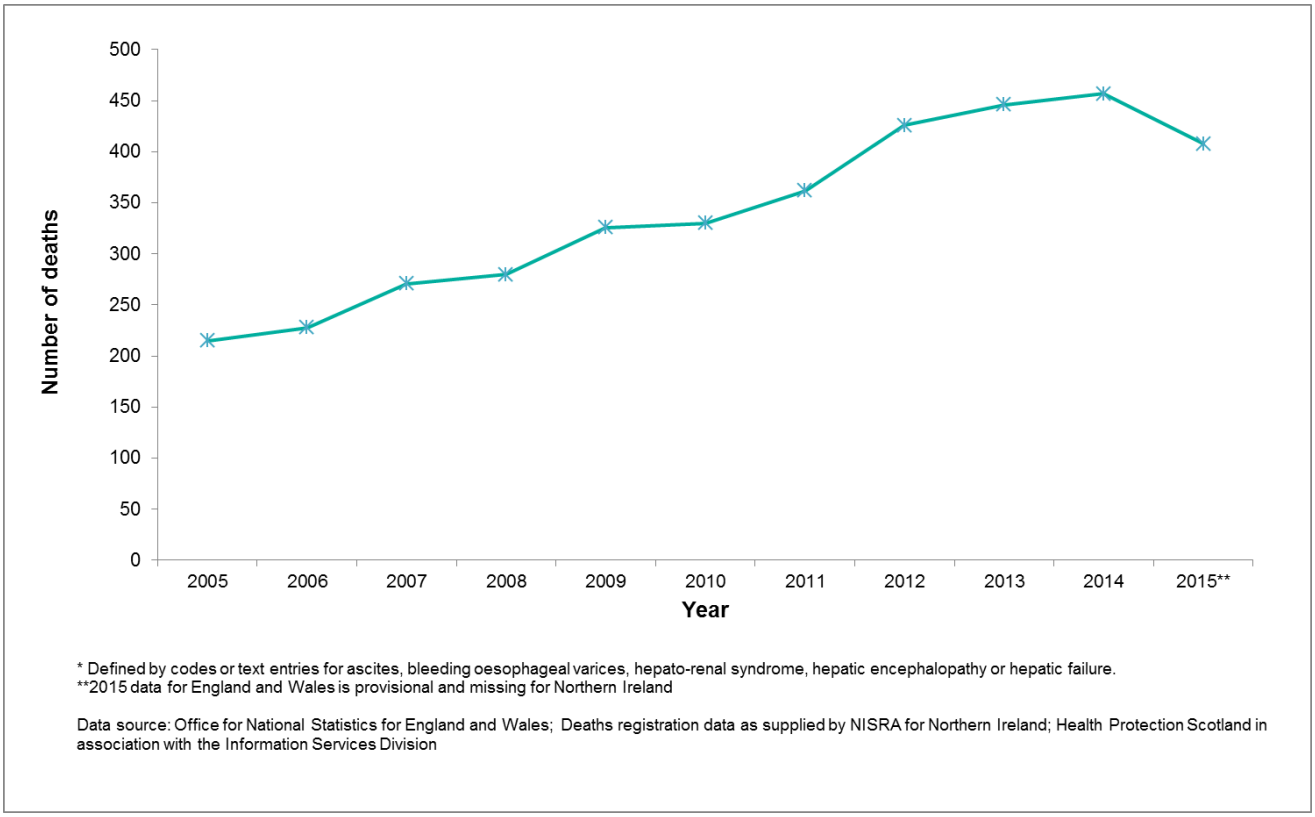
**Ffigur 3: Cleifion ar y Rhestr i gael Trawsblaniad Afu Cyntaf gyda Diagnosis Cyntaf, Eilaidd a Thrydyddol o HCV 2008-2016 (Data Trawsblaniadau'r DU)**




Mae'r graff hwn yn dangos bod nifer y bobl sydd angen trawsblaniad Afu ar gyfer hepatitis C (pan mai hepatitis C yw'r prif beth sydd wedi achosi clefyd yr afu – "clefyd cyntaf HCV") wedi gostwng yn sylweddol ar ôl cyflwyno asiantau gwrthfirysol sy'n gweithredu'n uniongyrchol. Yn y flwyddyn hon, roedd yn fwyaf tebygol yn adlewyrchu cleifion â chlefyd datblygiedig a wellodd yn dilyn triniaeth, a gellid eu tynnu oddi ar y rhestr oherwydd hynny. Gan fod trawsblaniad afu yn adnodd gwerthfawr, mae'r gostyngiad hwn yn y galw yn ganlyniad cadarnhaol iawn i'r triniaethau newydd.

Yn y graff, nid oes newid yn nifer y cleifion sydd angen trawsblaniad afu lle nad hepatitis C yw'r prif beth sydd wedi achosi clefyd yr afu ("clefyd eilaidd HCV" a "chlefyd trydyddol HCV"). Mae hyn yn awgrymu bod y gostyngiad hwn yn yr angen am drawsblaniad yn y grŵp "clefyd cyntaf HCV" yn gysylltiedig â thriniaeth â'r asiantau gwrthfirysol sy'n gweithredu'n uniongyrchol.

**Ffigur 4: Tystysgrifau marwolaeth gyda HCV**




* Defined by codes or text entries for ascites, bleeding oesophageal varices, hepato-renal syndrome, hepatic encephalopathy or hepatic failure.
**2015 data for England and Wales is provisional and missing for Northern Ireland

Data source: Office for National Statistics for England and Wales; Deaths registration data as supplied by NISRA for Northern Ireland; Health Protection Scotland in association with the Information Services Division

Mae'r ffigyrau cenedlaethol (y DU) am farwolaethau a achoswyd gan hepatitis C fel y nodwyd ar dystysgrifau marwolaeth hefyd wedi gostwng yn y 2015 yn dilyn cyflwyno triniaethau gwrthfirysol sy'n gweithredu'n uniongyrchol. Dyma arwydd cadarnhaol arall fod y triniaethau'n cael effaith lesol ar lefel genedlaethol.

**Adran 1: Y camau sy'n cael eu cymryd i gwrdd â gofynion Cylchlythyr Iechyd Cymru (WHC/2017/048) a gyhoeddwyd ym mis Hydref 2017 ac yna i gwrdd â tharged Sefydliad Iechyd y Byd i ddileu Hepatitis B a Hepatitis C fel bygythion sylweddol i iechyd y cyhoedd erbyn 2030.**

1. Mae Sefydliad Iechyd y Byd wedi cyhoeddi strategaeth ar gyfer y sector iechyd rhyngwladol ar hepatitis firysol, sy'n ceisio dileu hepatitis B (HOV) a hepatitis C (HCV) fel bygythion sylweddol i iechyd y cyhoedd erbyn 2030. Targed y Sefydliad yw 90% o ostyngiad yn nifer yr achosion newydd a 65% o ostyngiad yn nifer y marwolaethau oherwydd hepatitis B a C erbyn 2030. Mae Cymru wedi cytuno i fod yn rhan o'r strategaeth.
2. Mae Cylchlythyr Iechyd Cymru (WHC/2017/048, a gyhoeddwyd yn Hydref 2017) yn tynnu sylw at y tri maes lle mae angen cymryd camau yng Nghymru i symud ymlaen at y targed o ddileu erbyn 2030. Dyma'r tri maes:-
    a. Lleihau ac atal HCV rhag cael ei drosglwyddo ymlaen yng Nghymru;
    b. Adnabod unigolion sydd wedi'u heintio â HCV ar hyn o bryd, yn cynnwys y rhai sydd wedi cael eu heintio â HCV y tu allan i'r Deyrnas Unedig ac sydd nawr yn byw yng Nghymru; a
    c. Profi a thrin unigolion sydd wedi'u heintio â HCV ac sydd ar hyn o bryd yn ymddwyn mewn ffyrdd sy'n debygol o arwain at drosglwyddo pellach.

## Lleihau, ac yn y pendraw, atal HCV rhag cael ei drosglwyddo ymlaen yng Nghymru

3. Chwistrellu cyffuriau sy'n gyfrifol am fwy na 90 y cant o'r achosion o drosglwyddo hepatitis C ymlaen. Felly, y ffordd fwyaf effeithiol o atal trosglwyddo yw drwy ostwng nifer yr unigolion sy'n chwistrellu a thrwy ddarparu rhaglenni nodwyddau a chwistrellau effeithiol.
4. Mae gostyngiad mewn HCV yn yr unigolion hyn yn dibynnu ar fwy o brofion mewn lleoliadau priodol (carchardai, gwasanaethau cyffuriau ac alcohol, gwasanaethau cyfnewid nodwyddau, gwasanaethau amnewid opiadau, gwasanaethau cyfiawnder troseddol, asiantaethau'r trydydd sector, fferyllfeydd cymunedol). Mae cyfraddau'r profion yn y lleoliadau hyn yn is na'r safon ar hyn o bryd. Mae gwaith yn cael ei wneud i gynyddu'r nifer sy'n cael profion yn y lleoliadau hyn (e.e. y fanyleb genedlaethol ar gyfer fferyllfeydd cymunedol, mae profion nawr yn ddangosydd perfformiad allweddol ar gyfer gwasanaethau cyffuriau ac alcohol, brechiad dal i fyny ar gyfer hepatitis B i staff a fydd yn cynnal profion, optio allan mewn carchardai). Fodd bynnag, mae angen paru'r mentrau hyn gyda buddsoddiad priodol yn y gwasanaethau er mwyn iddynt gael digon o staff a chyfarpar i hwyluso'r gwaith o brofi'r holl gleientiaid sydd â risg.
5. Ar ôl i unigolion brofi'n bositif, mae angen iddynt fod yn gallu cael triniaeth. Mae angen i bob Bwrdd Iechyd gael mecanwaith gadarn sy'n galluogi unigolion i gael triniaeth yn rhwydd. Mae'n fwyaf tebygol y bydd honno'n cael ei darparu gan wasanaethau gofal eilaidd. Mae gan bob Bwrdd Iechyd (ac eithrio Powys) dîm Firysau a gludir yn y Gwaed, sy'n darparu triniaeth ar gyfer hepatitis C. Mae'r gwaith o drin a rheoli hepatitis C ym Mhowys yn cael ei gefnogi gan dimau firysau a gludir yn y gwaed o'r Byrddau Iechyd cyfagos. Rhaid i'r timau hyn gael yr adnoddau priodol fel eu bod yn gallu darparu triniaeth i unigolion positif yn rhywle maent yn fodlon, ac yn gallu, ei ddefnyddio. Bydd hyn yn fwyaf tebygol o fod yn y gymuned lle maent eisoes yn cael gwasanaeth arall (e.e. fferyllfa gymunedol, gwasanaethau cyffuriau ac alcohol, gwasanaethau cyfnewid nodwyddau, carchar ac ati). Rwy'n meddwl bod angen buddsoddiad ar y timau ymhob Bwrdd Iechyd i sicrhau bod ganddynt y staff priodol i alluogi i hyn ddigwydd.
6. Mae triniaeth mewn fferyllfeydd cymunedol yn ffordd arall o wneud hyn. Bydd y gwaith yn dechrau cyn bo hir ar fanyleb ar gyfer hyn. Mae'r gwaith yn cael ei wneud gan yr Arweinydd Fferyllol Cenedlaethol ar gyfer BBV. Mae'r swydd yn cael ei hariannu tan 2020 gydag arian Grŵp Gweithredu Clefyd yr Afu. Mae'r gwaith o gyflwyno a gweithredu manyleb ar gyfer rhoi triniaeth mewn fferyllfeydd cymunedol yn fater cymhleth. Er mwyn gwneud hyn, mae angen i'r cyllid ar gyfer y swydd barhau y tu hwnt i 2020. Bydd angen i rai o'r penderfyniadau am ddarparu triniaethau yn y lleoliad hwn gael eu gwneud ar lefel uchel felly mae angen cael unigolion mewn amrywiaeth o leoliadau i gyrraedd y nod (e.e. cyfarwyddwyr cyllid Byrddau Iechyd, staff fferyllol uchel ar lefel Genedlaethol, Fferylliaeth Gymunedol Cymru).

7. Hefyd, mae darparu gwasanaethau priodol ar gyfer lleihau niwed yn rhan allweddol o'r strategaeth ddileu. Bydd hynny'n gostwng nifer y bobl sydd angen triniaeth, bydd yn lleihau'r risg o ailgyflwyno'r haint at ôl gostwng nifer yr achosion yn fawr, bydd yn lleihau'r risg o drosglwyddo firws ymwrthol ac yn sicrhau manteision eraill i iechyd drwy atal heintiau eraill rhag cael eu trosglwyddo. Felly, mae angen i'r gwasanaethau hyn gael buddsoddiad / cyllid priodol. Mae'r Is-grŵp Hepatitis Firysol o Grŵp Gweithredu Clefyd yr Afu yn gweithio gyda'r Rhaglen Camddefnyddio Sylweddau, Diogelu Iechyd, Iechyd Cyhoeddus Cymru ar gyfer hyn, ac mae'r strategaeth yn y cyd-destun hwn yn cael ei hybu ganddynt ar y cyd ag unigolion perthnasol yn Llywodraeth Cymru. Dylai Byrddau Cynllunio Ardaloedd Camddefnyddio Sylweddau / Byrddau Iechyd gael grwpiau lleihau niwed, sy'n gynhwysfawr ac effeithiol, a chynlluniau gweithredu lleol, a hynny yn unol â strategaeth Llywodraeth Cymru, i gyd-fynd â fframweithiau ar gyfer trin y camddefnydd o sylweddau a chanllawiau ar yr arferion gorau.

## Canfod unigolion sydd wedi'u heintio â HCV ar hyn o bryd, gan gynnwys unigolion sydd wedi cael HCV y tu allan i'r DU ac sydd nawr yn byw yng Nghymru

8. Mae Iechyd Cyhoeddus Cymru gyda'r Is-grŵp Hepatitis Firysol o Grŵp Gweithredu Clefyd yr Afu yn arwain y gwaith o gydlynu a gweithredu ymarferiad cenedlaethol ar gyfer ailymgysylltu â chleifion. Nod y gwaith yw canfod unigolion sydd â diagnosis hanesyddol o Hepatitis C nad ydynt, am ba reswm/resymau bynnag, wedi cydweithio'n llwyr â gwasanaethau trin a cheisio dod â nhw yn ôl i mewn i'r gwasanaeth. Nid oes penderfyniad eto am enillion y strategaeth hon, ond mae gwaith treialu yn awgrymu ei bod yn annhebygol fod enillion uchel o ran y canrannau. Mae'n debyg y bydd angen rhagor o waith i geisio canfod unigolion sydd yn y gronfa ddata ac sydd â risg yn parhau.
9. Profi a thrin cleifion sydd â risg uchel o haint ac sydd â risg uchel o drosglwyddo ymlaen yw'r flaenoriaeth gyntaf i'r is-grŵp BBV. Felly, mae'r rhan fwyaf o'r gwaith hyd yma wedi canolbwyntio ar ganfod unigolion â'r haint drwy brofi mewn lleoliadau sy'n darparu gwasanaethau i unigolion sy'n chwistrellu cyffuriau (gweler yr adran uchod am fwy o fanylion). Profi a thrin unigolion yn y lleoliad hwn yw'r ffordd gyflymaf o ostwng nifer yr achosion yn gyffredinol. Bydd hyn yn allweddol i gyrraedd targedau Sefydliad Iechyd y Byd ar gyfer dileu (mae pob unigolyn sy'n cael ei drin yn llwyddiannus yn gallu gostwng nifer gyffredinol yr unigolion sydd angen triniaeth gan fod trosglwyddo ymlaen yn cael ei atal). Mae'r llwyddiant yn hyn o beth yn cael ei fonitro drwy'r gronfa ddata lleihau niwed. Mae'r mesurau sydd ar gael i gynyddu'r profion yn y grwpiau hyn yn cynnwys y dangosydd perfformiad allweddol ar gyfer gwasanaethau cyffuriau ac alcohol, optio allan mewn carchardai, manyleb genedlaethol ar gyfer profion mewn fferyllfeydd cymunedol. Fel y dywedwyd eisoes, mae angen

paru hyn â gwasanaethau sy'n gallu cynnig triniaeth i'r unigolion hyn pan fyddant yn cael eu nodi fel rhai sy'n bositif.

10. Nid oes strategaethau wedi cael eu sefydlu'n dda eto i ganfod unigolion positif o wledydd â risg uchel, pobl sydd wedi chwistrellu yn y gorffennol ond nad ydynt yn cael gwasanaethau mwyach, a phobl â ffactorau risg eraill. Mae ansicrwydd o hyd am y ffordd orau o ganfod y bobl hyn, a bydd angen rhagor o wybodaeth ar hyn maes o law. Bwriad yr Is-grŵp Hepatitis Firysol yw troi ei sylw at y grwpiau hyn o bobl pan fydd y gwaith yn mynd ymlaen yn llwyddiannus ar brofi a thrin pobl mewn grwpiau risg uchel sydd eisoes yn cael y gwasanaethau a amlinellir uchod. Wedi dweud hynny, mae gwaith wedi cael ei wneud mewn gwasanaethau lloches, ac mae profion yn cael eu cynnig fel mater o drefn i unigolion sy'n cael y gwasanaethau hynny. Mae gwaith hefyd yn cael ei wneud i annog profion ar fenywod beichiog sydd â risg. Nid oes penderfyniad eto ynghylch a yw profion targedol yn gallu bod yn effeithiol yn y lleoliad hwn. Rwy'n deall nad oedd ymdrechion blaenorol i brofi'n dargedol yn yr amgylchedd hwn (e.e. HIV) wedi bod yn llwyddiannus. Hefyd, gwnaethpwyd rhywfaint o waith treialu ar brofion i unigolion a chodi ymwybyddiaeth ymysg unigolion o wledydd â risg uchel.

## Profi a thrin unigolion sydd wedi'u heintio â HCV ar hyn o bryd ac sy'n cymryd rhan weithredol mewn ymddygiadau sy'n debygol o arwain at ei drosglwyddo ymhellach

11. Fel y soniwyd eisoes, mae'r tri phrif faes datblygu yn hyn o beth yn ymwneud â phrofion optio allan mewn carchardai (mae'r profion wedi cynyddu o ryw 8% i 32% o ganlyniad i hynny), datblygu dangosydd perfformiad allweddol ar gyfer gwasanaethau cyffuriau ac alcohol yn ymwneud â phrofion BBV, a datblygu manyleb genedlaethol ar gyfer profi mewn fferyllfeydd cymunedol.
12. Bydd angen sicrhau bod yr holl ddatblygiadau hyn yn weithredol nawr, a buddsoddiad priodol a digon o adnoddau i wasanaethau fydd yn golygu bod hynny'n bosibl.
13. Hefyd, mae angen datblygu gwasanaethau i hwyluso'r gwaith o drin unigolion positif a ganfuwyd yn y lleoliadau hyn, gyda digon o adnoddau ar gyfer meddyginiaeth, os yw nifer y cleifion sy'n cael triniaeth yn cynyddu'n fawr. Fel y soniwyd eisoes, mae angen datblygu'r timau BBV mewn gofal eilaidd ar gyfer hyn er mwyn sichrau bod triniaeth yn cael ei ddarparu lle mae'r angen, ac ymgysylltiad gan aelodau uchel o'r Bwrdd Iechyd, megis y Cyfarwyddwyr Cyllid, er mwyn cyllidebu a sicrhau digon o arian.

## Y datblygiadau hyd yma

14. Yn fy ngwaith fel Arweinydd Cenedlaethol ar gyfer Hepatitis, rwyf wedi gweithio ag aelodau o Iechyd Cyhoeddus Cymru, cydweithwyr yn Llywodraeth Cymru, aelodau eraill o rwydwaith BBV, y Grŵp Gweithredu Clefyd yr Afu, y labordy microbioleg / firoleg yng Nghaerdydd, yr arweinydd prawf Pwynt Gofal, mewn swyddi datblygu, gwasanaethau a phrotocolau i

gefnogi'r gwaith dileu.  Mae'r rhan fwyaf o'r gwaith yn cael ei wneud drwy'r Is-grŵp Hepatitis Firysol o Grŵp Gweithredu Clefyd yr Afu.

15. Cyflawnwyd y canlynol

- Penodi Arweinydd Fferyllol Cenedlaethol ar gyfer Hepatitis (cafwyd cyllid hyd at 2020)
- Penodi Arweinydd Prosiectau ac Ymchwil Cenedlaethol ar gyfer Hepatitis (cafwyd cyllid hyd at 2020)
- Penodi Arweinydd Profion Pwynt Gofal Cenedlaethol (mae'r cyllid i fod i ddod i ben yn 2019)
- Datblygu protocol cenedlaethol ar gyfer profi am hepatitis mewn fferyllfeydd cymunedol.
- Cael cyllid i ddatblygu profion PCR atgyrchol o brofion smotiau gwaed wedi sychu a fydd yn hwyluso ac yn cyflymu'r mynediad at gadarnhad o ddiagnosis, a fydd yn ei dro yn cyflymu'r mynediad at driniaeth mewn rhai lleoliadau (e.e. fferyllfa gymunedol)
- Cyllid, a gweinyddiaeth ar gyfer amrywiaeth o brosiectau ar strategaethau profi a thrin ar gyfer hepatitis C
- Datblygu protocol a chynllun sy'n cynnwys cymorth gweinyddol i ddarparu rhaglen sydd â'r nod o gael gafael eto ar gleifion sydd â hepatitis C ac sydd o bosibl wedi cael eu colli neu sydd erioed wedi cael cynnig triniaeth ar gyfer hepatitis C (e.e. wedi cael diagnosis pan nad oedd triniaeth ar gael yn hanesyddol)
- Datblygu'r llwybr cenedlaethol ar gyfer trin Hepatitis C a'r protocol argymell triniaeth
- Cydlynu'r rhwydwaith firysau a gludir yn y gwaed.
- Llwyddwyd i gynnal dau gyfarfod rhwydwaith cenedlaethol oherwydd grantiau addysgol digyfyngiad a ddarparwyd gan y diwydiant fferyllol
- Datblygu model dileu gan ddefnyddio cwmni annibynnol a ariannwyd drwy grant heb gyfyngiadau arno oddi wrth y diwydiant fferyllol
- Cymorth i'r broses dendro genedlaethol
- Darparu mynediad teg a thryloyw at driniaeth
- Llunio map o'r holl fferyllf~~y~~eydd cymunedol sy'n gysylltiedig â darparu gwasanaethau amnewid opiadau a chyfnewid nodwyddau
- Gweinyddu'r rhith banel sy'n fodd i drafod cleifion cymhleth er mwyn sicrhau bod yr opsiynau trin mwyaf priodol yn cael eu rhoi i'r unigolion hyn
- Gweinyddu a chasglu ffigyrau cenedlaethol ar niferoedd triniaethau bob mis

- Adrodd ystadegau priodol yn rheolaidd i Lywodraeth Cymru, byrddau iechyd a chyrff cenedlaethol fel y bo'n briodol
- Datblygu ffurflen electronig ar hepatitis C i'w gwneud yn haws i gasglu data cenedlaethol ar driniaethau yn fyw yn y dyfodol
- Gweithio gydag asiantaethau eraill fel y bo'n briodol i ddatblygu a chefnogi mwy o brofion a thriniaethau mewn amrywiaeth o leoliadau, gan gynnwys carchardai, gwasanaethau cyffuriau ac alcohol, gwasanaethau'r trydydd sector a fferyllfeydd cymunedol
- Adroddiadau rheolaidd am weithgarwch, ac adrodd fel mater o drefn i'r Grŵp Gweithredu Clefyd yr Afu
- Casglu data i sicrhau bod yr adran ar firysau a gludir yn y gwaed, yn y cynllun Afu Cenedlaethol, yn cael ei llywodraethu'n briodol
- Adolygiadau rheolaidd o'r cynllun cenedlaethol ar gyfer dileu drwy ddarparu cyngor arbenigol ac argymhellion ynglŷn â datblygu, fel a phan y mae hynny'n briodol.
- Sicrhau arbedion sylweddol i'r GIG yng Nghymru drwy gaffael cenedlaethol, cadw at egwyddorion gofal iechyd darbodus, defnyddio'r triniaethau rhataf posibl pan fo hynny'n briodol, gwneud penderfyniadau ar lefel uwch i oedi triniaeth mewn cleifion a allai fforddio aros am ddewisiadau rhatach mwy diweddar yn ystod y dyddiau cynnar o reoli hepatitis C.
- Sicrhawyd arbedion sylweddol drwy nifer o strategaethau sy'n cynnwys arweinyddiaeth glinigol gref, defnydd darbodus o feddyginiaethau sydd ar gael, caffael ar lefel genedlaethol, a defnyddio gofal cartref. Yn 2017, dangoswyd mai Cymru sydd â'r costau caffael isaf yn y DU am feddyginiaethau newydd ar gyfer hepatitis o ganlyniad i'r ffactorau hyn.

16. O fis Hydref 2015 tan 2017, amcangyfrifir fod cyfanswm yr arbediad i GIG Cymru tua £29 miliwn, gyda £15.9 miliwn o hynny'n dod drwy waith uniongyrchol y grŵp BBV (darparu meddyginiaeth i ofal cartref a dal cleifion yn ôl am driniaeth). Dadansoddiad o'r arbedion:

    - Caffael cenedlaethol – arbedion sylweddol o gymharu â'r pris yn y rhestr - £6M yn 2015/2016, £8.5M yn 2016/2017, Cyfanswm £14.5M
    - Defnyddio gofal cartref – £2.5M yn 2015/2016, £2.3M yn 2016/2017, Cyfanswm £4.8M
    - Presgripsiynau darbodus – defnyddio'r nwyddau priodol rhataf – arbedion yn 2015 £2M, 2016 £5M, Cyfanswm £7M
    - Presgripsiynau darbodus – yn 2016 roedd cleifion â chlefyd genoteip penodol (genoteip 3) a allai aros yn cael eu dal yn ôl am driniaeth ddechrau'r flwyddyn ariannol hyd nes y byddai opsiwn rhatach

diweddarach ar gael – £3.1M (cafodd 204 o gleifion eu trin â'r feddyginiaeth ratach @ £15,623 o arbedion am bob claf)

- Nid yw'r ffigwr hwn yn cynnwys arbedion pellach a gafwyd yn 2017-2018 pryd gohiriwyd trin cleifion â haint genoteip penodol (genoteip 3) a oedd yn fodlon ac yn gallu aros hyd nes roedd dewis rhatach ar gael, gan arwain at arbed tua £13,000 am bob claf.

## Adran 2: Sut mae cynyddu gwybodaeth ac ymwybyddiaeth ymysg y cyhoedd a gweithwyr iechyd am firws Hepatitis C.

17. Mae cynyddu ymwybyddiaeth y cyhoedd a gweithwyr iechyd proffesiynol yn un o'r meysydd mwyaf heriol yn y cynllun dileu.
18. Mae Ymddiriedolaeth yr Afu Prydain (BLT) (fel rhan o'i gwaith gyda Grŵp Gweithredu Clefyd yr Afu) yn gweithio yng Nghymru i godi ymwybyddiaeth y cyhoedd o iechyd yr afu, gan gynnwys yr angen i brofi a thrin unigolion sydd â risg.
19. Ym mis Rhagfyr 2017, cynhaliwyd sioe deithiol yng Nghaerdydd ar arferion da hepatitis C. Trefnwyd y digwyddiad gan HCV Action ac Iechyd Cyhoeddus Cymru, gyda'r nod o ddod â gweithwyr proffesiynol sy'n gweithio gyda hepatitis C mewn amrywiaeth o gyd-destunau at ei gilydd, nodi heriau ac atebion o ran mynd i'r afael â hepatitis C yn lleol, a dangos a rhannu enghreifftiau o arfer da o ran atal, profi, a thrin. Mae'r adroddiad cryno o'r sioe deithiol ar gael ar wefan HCV yn http://www.hcvaction.org.uk/resource/summary-report-hepatitis-c-good-practice-roadshow-cardiff-december-2017 [agorwyd ar 27/12/2018]
20. Hefyd, rwyf wedi trefnu'r cyfarfodydd o'r rhwydwaith cenedlaethol ar gyfer firysau a gludir yn y gwaed (dau yn 2018 a dau wedi'u trefnu ar gyfer 2019), i helpu i rannu'r hyn a ddysgir rhwng timau a byrddau iechyd. Bu'r rhain yn bosibl drwy grantiau addysgol anghyfyngedig a ddarparwyd gan y diwydiant fferyllol.
21. Mae addysg a chodi ymwybyddiaeth yn lleol yn dibynnu ar hyn o bryd ar frwdfrydedd a gwaith y timau BBV lleol. Er y bu rhywfaint o lwyddiant yn hyn o beth, mae'n deg dweud nad codi ymwybyddiaeth ymysg y cyhoedd / hysbysebu yw prif sgiliau'r timau hyn.
22. Hyd yma, cynhaliwyd y mentrau canlynol i godi ymwybyddiaeth (nid yw'r rhestr yn hollgynhwysfawr)
    - Addysgu'r timau gofal sylfaenol
    - Codi ymwybyddiaeth ar Ddiwrnod Hepatitis y Byd
    - Ymgysylltu â'r cyfryngau pan fo Hepatitis C yn y newyddion
    - Cymorth ar gyfer digwyddiadau i godi ymwybyddiaeth o Hepatitis C.
    - Prosiect i brofi a chodi ymwybyddiaeth mewn mosg

23. Mae effaith y mentrau hyn yn ansicr ond nid oes tystiolaeth o effaith sylweddol hyd yma.
24. Dylid ystyried ffyrdd o godi mwy o ymwybyddiaeth, er fy mod yn gwerthfawrogi nad yw hynny mor hawdd ag y mae'n swnio. Yn yr achos penodol hwn, mae angen targedu negeseuon.
25. Gellir ystyried defnyddio'r hyn a ddysgwyd o ymgyrchoedd eraill ar gyfer Iechyd y Cyhoedd, megis yr ymgyrch rhoi'r gorau i ysmygu, ond mae'n bosibl y bydd angen mynd ati mewn ffordd wahanol iawn i negeseuon ac ymgysylltiad cyhoeddus a ddefnyddiwyd o'r blaen oherwydd mae unigolion sydd â risg o hepatitis C yn dod o grwpiau yn y gymdeithas nad ydynt, o bosibl, yn ymateb i ddulliau traddodiadol.
26. Dylid ystyried ariannu ymgyrch codi ymwybyddiaeth wedi'i hanelu'n benodol at y grwpiau mewn cymdeithas sydd â risg o haint. Gallai ymgyrch o'r fath fod yn arbennig o bwysig o ran dod o hyd i gleifion nad oes modd eu hadnabod yn hawdd (e.e. unigolion o wledydd â nifer uchel o achosion, pobl a oedd yn arfer chwistrellu cyffuriau neu a fu'n arbrofi yn gynnar yn eu bywydau, ond nad ydynt yn cael gwasanaethau cymorth mwyach, a'r rhai sydd mewn perygl yn sgil trallwysiad gwaed ac ati).

## Adran 3: Y cyfle i gynyddu gweithgaredd yn y gymuned, e.e. rôl fferyllfeydd cymunedol.

27. Rwyf wedi gweithio gyda'r Is-grŵp Hepatitis Firysol o Grŵp Gweithredu Clefyd yr Afu, Cynghorydd Fferyllfeydd Cymunedol, Fferyllydd Arweiniol - Fferyllfeydd Cymunedol a Gofal Sylfaenol, Bwrdd Iechyd Prifysgol Cwm Taf, cydweithwyr fferyllol eraill BBV, Prif Swyddog Fferyllol Cymru a Fferylliaeth Gymunedol Cymru i ddatblygu manyleb genedlaethol i ddarparu profion hepatitis C mewn fferyllfeydd cymunedol. Erbyn hyn, mae Fferylliaeth Gymunedol Cymru wedi cymeradwyo'r fanyleb.
28. Cafodd y Fferyllydd Cenedlaethol ar gyfer Hepatitis C ei benodi yn Hydref 2018. Bu'n gysylltiedig â'r gwaith o gwblhau'r fanyleb genedlaethol, ac mae nawr yn gweithio ar gyflwyno'r profion mewn fferyllfeydd cymunedol ledled Cymru (i sicrhau bod y fanyleb / gwasanaeth yn weithredol).
29. Sicrhawyd cyllid ar gyfer prosiect peilot i brofi'r protocol yn yr amgylchedd byw, a bydd yn cael ei gynnal ym mis Ionawr.
30. Mae timau firysau a gludir yn y gwaed o bob cwr o Gymru yn ymwybodol o'r protocol ac maent mewn sefyllfa i gynorthwyo'r gwaith o gyflwyno profion yn yr amgylchedd hwn.
31. Mae map o'r holl fferyllfeydd sy'n cynnal cyfnewidfeydd nodwyddau a therapi amnewid opiadau wedi cael ei lunio ar sail data a dynnwyd o'r Gronfa Ddata Lleihau Niwed, a bydd hyn yn cael ei ddefnyddio i hwyluso'r gwaith o gyflwyno. Darparwyd hyn gan Bennaeth y Rhaglen Camddefnyddio Sylweddol, Diogelu Iechyd, Iechyd Cyhoeddus Cymru.

32. Mae'r Fferyllydd Cenedlaethol ar gyfer Hepatitis C hefyd wedi cael y dasg o ddatblygu manyleb genedlaethol ar gyfer trin cleifion positif mewn fferyllfeydd cymunedol. Rhaid goresgyn nifer o rwystrau mewn perthynas â'r datblygiad hwn. 2020 yw'r dyddiad cynharaf ar gyfer y fanyleb. I ddatblygu'r fanyleb hon, mae angen cael ymgysylltiad a chymorth gan nifer o benderfynwyr allweddol, gan gynnwys Cyfarwyddwyr Cyllid Byrddau Iechyd ac aelodau uchel o'r timau fferylliaeth mewn gofal eilaidd a'r gymuned.

## Adran 4: Hyfywedd hirdymor rhaglenni triniaeth.

33. Mae rhaglenni triniaeth yn cael eu hategu ar hyn o bryd gan gyfuniad o dimau firysau a gludir yn y gwaed ar lefel byrddau iechyd a swyddi cenedlaethol (Fferyllydd Cenedlaethol, yr Arweinydd Cenedlaethol ar gyfer Hepatitis, Arweinydd Prosiect ac Ymchwil Cenedlaethol, Arweinydd Cenedlaethol Profion Pwynt Gofal).

34. Mae'r swyddi cenedlaethol yn cael eu cefnogi gan Grŵp Gweithredu Clefyd yr Afu. Mae cyllid ar gyfer y swyddi hynny yn ansicr y tu hwnt i 2020. Ar y trywydd presennol, ni lwyddir i ddileu tan ar ôl 2030. Os yw'r broses brofi a thrin yn cael ei huwchraddio i'r pwynt lle gellir cyflawni'r gwaith o ddileu erbyn 2030, rhaid i'r swyddi hyn gael eu cynnal y tu hwnt i 2020.

35. Ar hyn o bryd, daw'r arian ar gyfer triniaeth drwy'r Byrddau Iechyd. Ond wrth i niferoedd y triniaethau gynyddu, gallai hynny greu pwysau costau. I ddileu, rhaid i'r Byrddau Iechyd gefnogi triniaeth i hepatitis C a pheidio â rhoi cap o gwbl ar niferoedd y triniaethau.

36. Mae amrywiaeth yn yr adnoddau a roddir i'r timau BBV yng Nghymru. Rhaid i bob Bwrdd Iechyd sicrhau bod eu timau BBV yn cael digon o adnoddau i ddelio â'r her o ddileu, ac mae hyn yn cynnwys digon o staff i gefnogi'r gwaith o brofi a thrin mewn lleoliadau cymunedol. Fel yr Arweinydd Cenedlaethol ar gyfer Hepatitis, rwy'n bryderus nad oes gan y timau BBV ddigon o adnoddau ar hyn o bryd.

37. Mae llawer o ddatblygiadau wedi eu cynllunio i gynyddu profion unigolion sydd mewn perygl a'u cysylltu â gofal (e.e. rhagor o brofion mewn carchardai, gwasanaethau cyffuriau ac alcohol, asiantaethau'r trydydd sector, fferyllfeydd cymunedol). Mae'n hollbwysig fod adnoddau priodol yn cael eu darparu ar gyfer y mentrau hyn fel bod y cynnydd mewn profion yn yr amgylcheddau hyn yn gynaliadwy.

38. Mae angen i'r datblygiadau i gynyddu profion a thriniaeth ar gyfer unigolion â risg gael eu paru'n briodol â buddsoddiad i hyrwyddo negeseuon lleihau niwed er mwyn lleihau'r risg o ailheintio a sicrhau bod y broses ddileu mor gost-effeithiol â phosibl.

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