



# SUMMIT CONFERENCE Hepatitis B & Hepatitis C Brussels October 2010 National Hepatitis Programmes Scotland's Hepatitis C Action Plan 2006 -

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Action Plan Governance Board

## **Scotland: General Facts**

**Population:** 5,200,000

Ethnic Groups: 88% - Scottish

12% - Other

Religion: 2/3 report having a religion

Area: 78,772 km<sup>2</sup>

GDP:

Total: \$194 billion

Per capita: \$40,000

Principal sport: soccer

## **Scotland: Governance**

Scottish Parliament

: Health

: Education

: Legal

UK Parliament

: Defence

: Foreign Affairs

: Funding (taxation/interest

rates, etc)

#### **Scotland: Health Service**

- National Health Service since 1948
- Ministers for Health and Public Health
- Private sector very small
- 14 Health Boards
- Each Board has a Public Health Department
- Health Service : 158,000 total

: 47,500 nurses

: 3,800 consultants

#### **Health Protection in Scotland**

- Health Protection: protecting people from exposure to infectious diseases and environmental hazards.
- Local Health Protection: Unit in each Health Board's public health department
- National Health Protection: Health Protection Scotland

# Selected Key Milestones in the lead up to Scotland's Hepatitis C Action Plan

1996-2003: Hepatitis C diagnosis database

Prevalence surveys

**Clinical database** 

2001-2003: Establishment of UK/Scotland patient advocacy

organisations

2004-2007: Clinicians & clinical/care stakeholders galvanised

through

- development of clinical guidelines

- staging of Hepatitis C Consensus Conference

2004: Political engagement through establishment of

**Parliamentary Working Group** 

# **Hepatitis C Action Plan for Scotland:**

## **Aims**

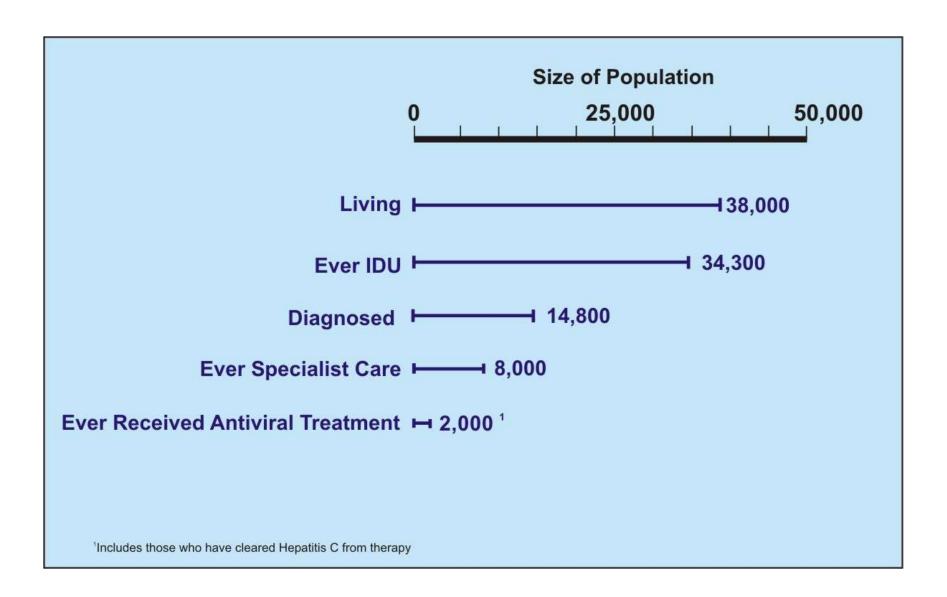
- To prevent the spread of Hepatitis C, particularly among IDUs.
- •To diagnose Hepatitis C infected persons, particularly those who would most benefit from treatment.
- To ensure that those infected receive optimal treatment, care and support.

## **Hepatitis C Action Plan for Scotland**

Phase I: Sept 2006-March 2008 (41 Actions)

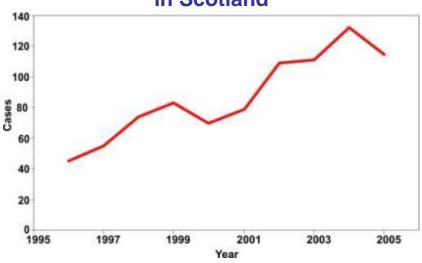
- Gathering evidence to inform Phase II Actions
- Generating Phase II Actions and the Phase
   II Action Plan

# Hepatitis C epidemiological landscape (estimates): Scotland 2006 People with chronic infection

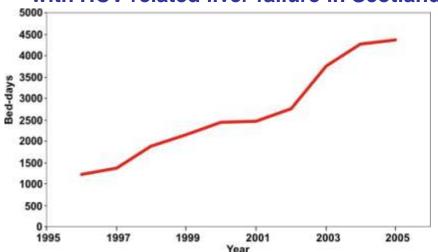


#### **HCV** infection and disease trends

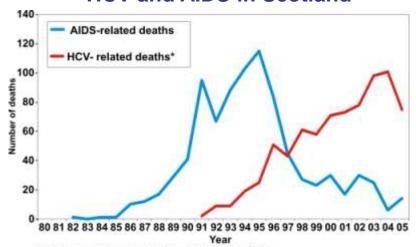
## New cases of HCV-related liver failure in Scotland



## Number of hospital bed-days associated with HCV-related liver failure in Scotland

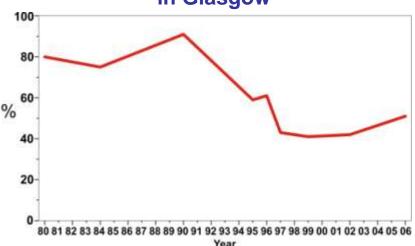


# Annual number of deaths related to HCV and AIDS in Scotland

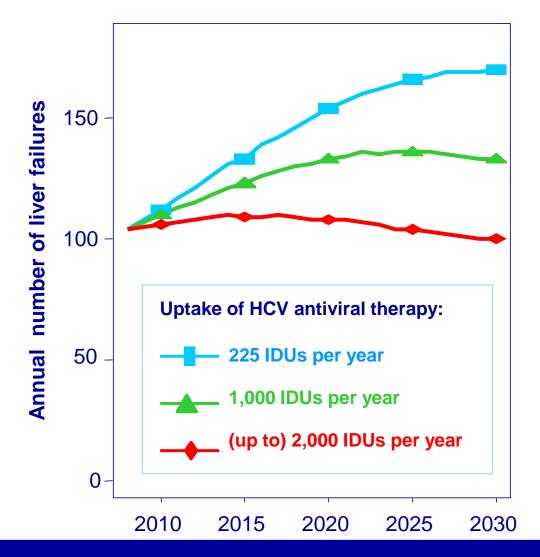


#### \* Primary or secondary cause of death (data to Sept 2005)

# HCV prevalence among IDUs <25 years in Glasgow



# Modelled number of IDUs in Scotland developing liver failure each year with different uptake rates of HCV antiviral therapy, 2008-2030



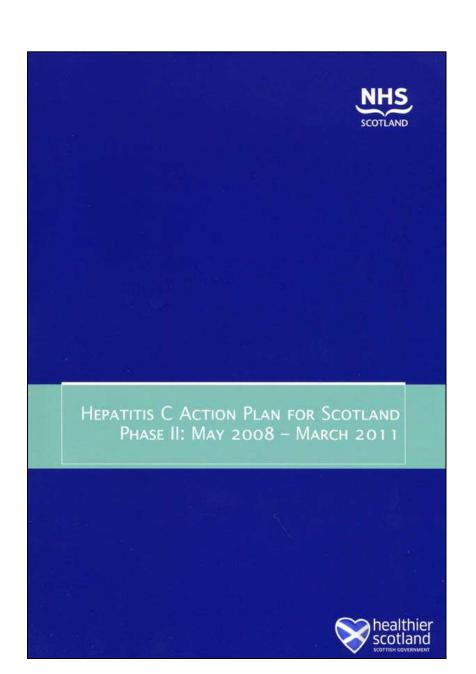
Increasing uptake of therapy to 2,000 per year (2008-2030) will prevent approx. 5,200 cirrhosis cases (including 2,700 liver failures)

# Hepatitis C Action Plan for Scotland

## Phase II

- Launched: May 2008 by Health Minister
- 34 Actions
- All Actions to develop/improve services:
   Prevention
   Diagnosis
   Treatment/Care





# Hepatitis C Action Plan: Phase II 2008-2011 Principles and Characteristics

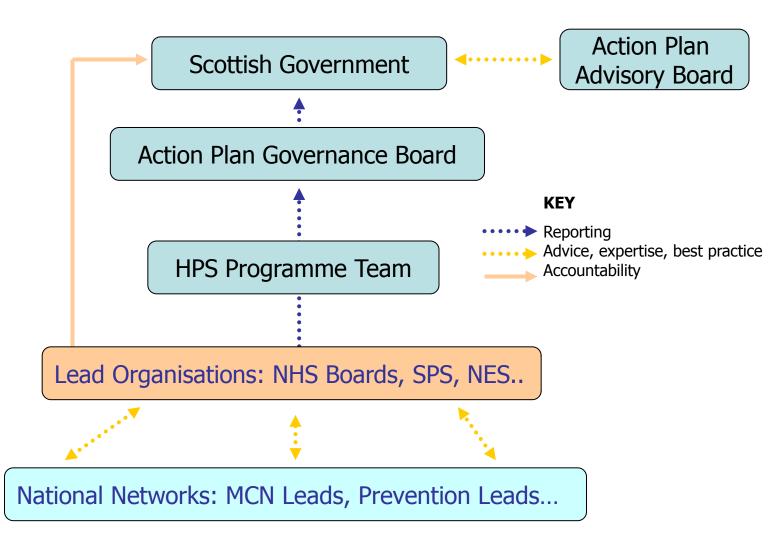
#### The Plan:

- is based on an extensive evidence base and consultation process
- is a high level one
- embraces all service needs
- adopts a multidisciplinary approach
- covers all geographical areas and settings
- is performance managed
- is supported by serious investment
- addresses inequalities

# Scottish Hepatitis C Action Plan: Phase II 2008-2011 Government Investment (£million)

	Year 1	Year 2	Year 3	Total
Testing, treatment, care and support	3.3	10.5	16.3	30.1
Prevention	0.9	3.7	3.6	8.2
Information Generating Initiatives Co-ordination	0.8 0.6	1.5 0.5	1.0 0.5	3.3 1.6
Total	5.6	16.2	21.4	43.2

# Hep C Action Plan Phase II Governance



# Hepatitis C Action Plan for Scotland Achievements to date

#### **Treatment and Care:**

- Managed Care Networks
- National Procurement of antivirals
- Doubling of numbers treated overall (five-fold for prisoners)

#### **Diagnosis:**

- One-third increase in numbers diagnosed
- Roll-out of dried blood spot approach

#### **Prevention:**

- Prevention Networks
- Guidelines for injection equipment provision
- 5-10 fold increase in numbers of sets of injection paraphernalia given to IDUs
- new approaches to gauging incidence of HCV among IDUs

# **Summary 1**

- The foundations have been laid: co-ordination including networks.
- Considerable progress on treatment front.
- Positive signs that progress is being made in identifying infected persons.
- Too early to say if investments in prevention are having appreciable impact but progress made on many actions.

# **Summary 2**

- On reflection four key elements to securing the plan
  - : Epidemiological data
  - : Clinical leadership
  - : Therapeutic developments
  - : Advocacy via patient representative groups and political buy-in
- On reflection three key elements to sustaining the plan and making it successful
  - : Strong governance
  - : Programme Management approach
  - : Adequate funding
- Planning for Phase III including the incorporation of Hepatitis B.