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INTEGRATING HEPATITIS C TESTING AND TREATMENT INTO COMMUNITY HEALTHCARE SETTINGS FOR THOSE WHO INJECT DRUGS: FORMULATING RECOMMENDATIONS

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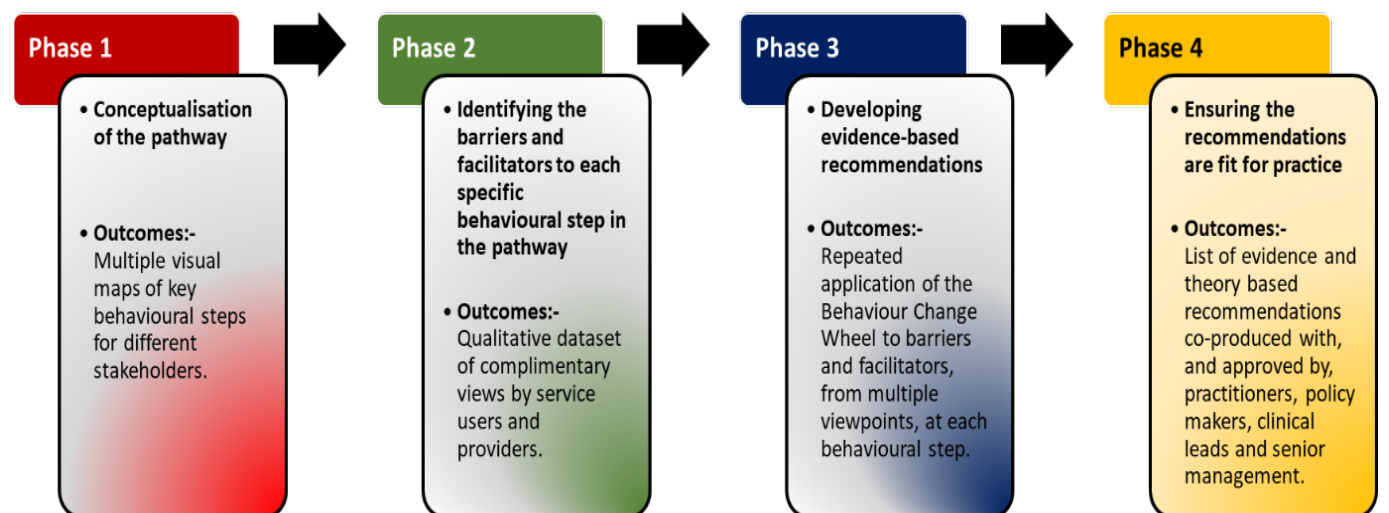
Background

Upscaling outreach healthcare services to integrate hepatitis c virus (HCV) testing and treatment into existing service delivery is instrumental to eliminating HCV. As part of a wider NIHR funded research programme EPIToPe, we report on how we formulated the recommendations for scaling up HCV testing and treatment across community-based needle and syringe exchanges, drug treatment services, pharmacies and in prison, in NHS Tayside, Scotland.

Methods

We applied a four-phased method and analysis approach (diagram 1). (1) Interviewing a range of stakeholders to map out the HCV patient pathway. (2) Conducting interviews and focus groups with 40 staff working across healthcare settings, and 31 HCV service users, to identify barriers and facilitators to each step in the pathway. (3) Determining the root causes of these barriers and facilitators, using theoretical frameworks (Behaviour Change Wheel), and translating these into clearly defined recommendations. (4) Co-producing the final recommendations with local and national stakeholders.

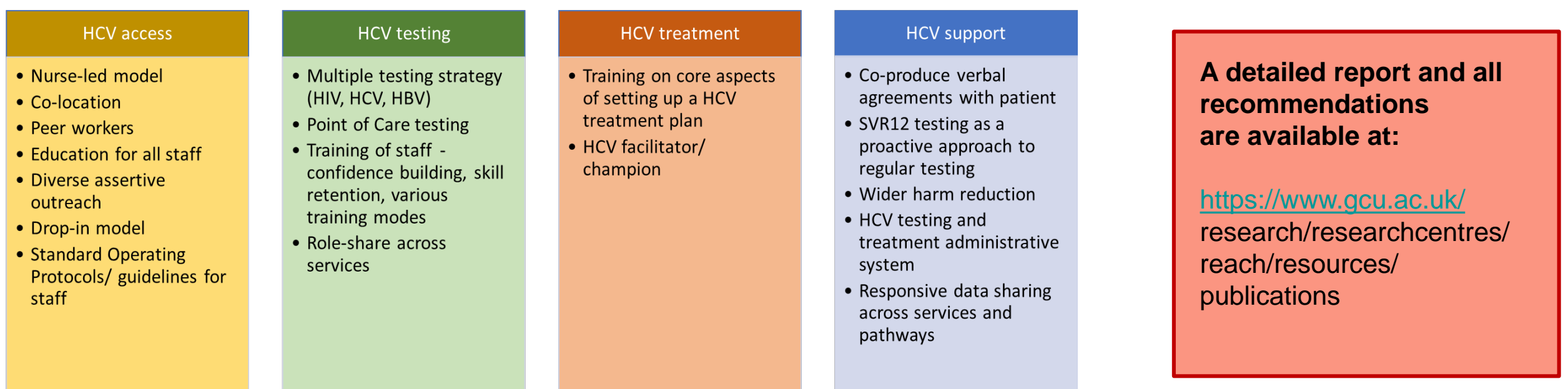
Diagram 1 Phased approach to generating recommendations on healthcare re-design in a complex, interdependent patient pathway



Results

We grouped the recommendations in HCV care areas of Access, Testing, Treatment and ongoing Support (WHO, 2016) (diagram 2).

Diagram 2 Overview of key recommendations



Conclusions

We provided evidence-based and theory-driven recommendations on effectively upscaling HCV services via the lessons learned in NHS Tayside, Scotland. The recommendations were co-produced with a range of national and local HCV stakeholders, thereby ensuring effective knowledge exchange and creating opportunities to demonstrate clinical impacts on research and structured application of research to practice. We advocate this method to policy makers and service providers globally.