WHC/2023/001

CYLCHLYTHYR IECHYD CYMRU

Dyddiad cyhoeddi: Ionawr 2023

STATWS: GWEITHREDU

CATEGORI: IECHYD CYHOEDDUS

Teitl: Cael gwared ar hepatitis (B a C) fel bygythiad i iechyd y cyhoedd yng Nghymru – Camau gweithredu ar gyfer 2022-23 a 2023-24

Dyddiad dod i ben / Adolygu: Bydd cylchlythyr arall yn cael ei gyhoeddi yn 2023.

I'w weithredu gan:
Prif Weithredwyr y Byrddau Iechyd
Cyfarwyddwyr Meddygol y Byrddau Iechyd
Cyfarwyddwyr Nyrsio y Byrddau Iechyd
Prif Swyddogion Gweithredol y Byrddau Iechyd
Cyfarwyddwyr Cyllid y Byrddau Iechyd
Cyfarwyddwyr Cynllunio/Strategaeth y Byrddau Iechyd
Cyfarwyddwyr Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl y Byrddau Iechyd
Cyfarwyddwyr Iechyd y Cyhoedd y Byrddau Iechyd
Cyfarwyddwyr Therapïau a Gwyddorau Iechyd y Byrddau Iechyd
Cyfarwyddwyr Gweithlu'r Byrddau Iechyd
Prif Swyddogion Ysbytai a Phrif Fferyllwyr Cadeiryddion y Byrddau Iechyd
Cadeiryddion Byrddau Cynllunio Ardal Camddefnyddio Sylweddau
Prif Weithredwr Iechyd Cyhoeddus Cymru

Er gwybodaeth:
Ymarferwyr Cyffredinol
Fferyllfeydd Cymunedol
Cydlynwyr Lleihau Niwed
Grŵp Gweithredu Clefydau'r Afu
Grŵp Trosolwg Rhaglen Dileu Hepatitis B a C

Anfonir gan: Syr Frank Atherton, Prif Swyddog Meddygol Cymru

Enw(au) Cyswllt yn Adran Iechyd a Gwasanaethau Cymdeithasol Llywodraeth Cymru: ProsiectauDiogeluIechyd@llyw.cymru

Dogfen(nau) amgaeedig:

Annwyl Gyfaill,

Mae Llywodraeth Cymru yn parhau i fod wedi ymrwymo i gael gwared ar hepatitis B a C fel bygythiad i iechyd y cyhoedd erbyn 2030 fan bellaf. Ysgrifennais atoch ddiwethaf ym mis Hydref 2017 gan amlinellu'r mesurau i'w rhoi ar waith i gyflawni hyn (WHC/2017/48 https://llyw.cymru/cyrraedd-targedau-sefydliad-iechyd-y-byd-ar-gyfer-cael-gwared-ar-hepatitis-b-c-whc2017048. Mae'r diweddariad hwn yn adnewyddu ein hymrwymiad i gael gwared ar hepatitis B a C ac yn amlinellu'r camau gweithredu allweddol sy'n ofynnol gan fyrddau iechyd, Byrddau Cynllunio Ardal ac Iechyd Cyhoeddus Cymru ar gyfer 2022-23 a 2023-24.

Bydd cael gwared ar hepatitis B a C yn arwain at fuddion sylweddol ar gyfer unigolion, iechyd y boblogaeth a'r gymdeithas ehangach. I unigolion, mae buddion atal y feirws a derbyn triniaeth yn amlwg, a hynny o ran eu hiechyd corfforol a'u hiechyd meddwl yn yr hirdymor. Bydd atal y feirws rhag cael ei drosglwyddo i unigolion eraill yn arwain at fuddion ehangach i'r gymdeithas. Mae cael gwared ar y feirws yn gost effeithiol dros ben gan ei fod yn atal clefyd yr afu cysylltiedig â hepatitis, a'i holl gymhlethdodau: clefyd camau terfynol yr afu (sirosis) a charsinoma hepatogellol rhag datblygu. Mae'r rhain yn gostus iawn i'w rheoli, ac yn gofyn am ddefnyddio adnoddau prin. Yn ogystal â'r arbedion cost a fydd yn cael eu gwireddu, bydd atal a thrin hepatitis B a C yn rhyddhau gwelyau ysbyty a thrawsblaniadau afu ar gyfer pobl â chyflyrau eraill.

Dros yr haf eleni, cymeradwyodd 75ain Cynulliad Iechyd y Byd y Strategaethau Sector Iechyd Byd-eang newydd gan gynnwys camau gweithredu a thargedau newydd i ddileu hepatitis feirol: Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030 (who.int) (Saesneg yn unig). Eleni hefyd mae Sefydliad Iechyd y Byd wedi cyhoeddi canllawiau cyfredol ar gyfer haint hepatitis C: WHO publishes updated guidance on hepatitis C infection – with new recommendations on treatment of adolescents and children, simplified service delivery and diagnostics (Saesneg yn unig)

Nid yw'r tasgau strategol a gweithredol allweddol a nodwyd i gael gwared ar hepatitis B a C yn newydd: gwella ymwybyddiaeth, gwella cyllid, a gwella

mynediad at frechlynnau, profion a thriniaethau. Her bwysig i Gymru fydd cyrraedd y rheini nad ydynt ar hyn o bryd yn manteisio ar wasanaethau gofal iechyd a ddarperir yn draddodiadol.

Yn draddodiadol, mae ymyriadau ar gyfer hepatitis B a C wedi'u rhoi gan arbenigwyr drwy wasanaethau ysbyty. Er y bydd gan wasanaethau arbenigol rôl i'w chwarae bob amser wrth geisio dileu hepatitis B a C mae'n rhaid inni symleiddio darpariaeth gwasanaethau, gan gynnwys rhoi profion a thriniaeth yn y lleoliad sydd fwyaf addas ar gyfer yr unigolyn, boed hynny mewn lleoliad gofal sylfaenol, gwasanaeth lleihau niwed neu garchar. Mae'n hanfodol ein bod ni'n adnabod unigolion i'w profi ac yn eu cefnogi i gael triniaethau. Bydd hyn yn gofyn am fuddsoddi mewn cymheiriaid a hwyluswyr taith y claf. Mae angen i ofal a thriniaeth gael eu darparu'n amlach gan unigolion nad ydynt yn arbenigwyr. Gall hyn gynnwys gweithwyr proffesiynol gofal sylfaenol.

Yn 2015 amcangyfrifwyd bod gan rhwng 12,000 a 14,000 o bobl yng Nghymru hepatitis C. Ers hynny, gyda diolch i'ch ymdrechion chi, rydym wedi llwyddo i drin dros 4,000 o bobl. Mae hyn wedi golygu bod llai o unigolion angen triniaeth ar gyfer carsinoma hepatogellol o ganlyniad i hepatitis C, er bod y niferoedd cyffredinol sydd angen triniaeth am garsinoma hepatogellol wedi bod yn cynyddu.

Mae sgrinio rheolaidd am hepatitis B wedi bod yn rhan o'n rhaglen sgrinio cyn geni ers dechrau degawd cyntaf y mileniwm. Yn 2017, daeth y brechiad hepatitis B yn rhan o'n rhaglen imiwneiddio reolaidd i blant. O ganlyniad i'r ymyriadau hyn, mae hepatitis B acíwt yn brin iawn mewn plant yng Nghymru erbyn hyn, ond mae'n parhau i fod yn broblem mewn oedolion heb eu brechu. Mae angen gwneud gwaith pellach i ddeall ei gyffredinrwydd yng Nghymru ond bydd angen cyrraedd grwpiau oedolion tebyg i'r rhai a ddisgrifiwyd uchod.

Er y llwyddiannau lu hyd yma, ac ymroddiad y staff sy'n darparu gwasanaethau allweddol, mae cael gwared ar hepatitis B a C yn parhau i fod yn heriol, ac yn fwy felly o ganlyniad i effaith y pandemig. Mae'r modelu diweddaraf ar gyfer hepatitis C yn unig yn awgrymu efallai bod angen inni gyrraedd 8,000 arall o bobl yng Nghymru. Heb gamau pellach, efallai na fydd yn bosib ei ddileu tan o leiaf 2040.

Mae'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol yn cydnabod bod angen ailgydio yn yr ymdrech i gael gwared ar hepatitis B a C, wrth i'n gwasanaethau adfer ac addasu i gwrdd â'r heriau a ddaeth yn sgil y pandemig. Rwy'n derbyn bod y straen a fu ar ein gwasanaethau yn ystod y pandemig wedi arwain at darfu difrifol, a bydd yn cymryd ymdrech gyfunol i adennill y tir a gollwyd a gwneud cynnydd pellach. Mae'n rhaid imi bwysleisio y bydd hyn yn gofyn am adfer gwasanaethau'n gyflym i lefelau cyn y pandemig a hefyd cynnydd sylweddol yn nifer yr unigolion sy'n cael eu profi a'u trin, gan ganolbwyntio'n benodol ar y poblogaethau sy'n wynebu risg o hepatitis B a C, gan gynnwys y rheini o wledydd â chyffredinrwydd uchel a phobl sydd wedi chwistrellu cyffuriau ar unrhyw adeg yn eu bywydau, neu sy'n gwneud hynny ar hyn o bryd.

Gan gydnabod maint yr her, mae Llywodraeth Cymru wedi sefydlu Grŵp Trosolwg Rhaglen Dileu Hepatitis B a C i roi ffocws strategol o'r newydd ar

gael gwared ar y feirws. Mae'r grŵp yn cael ei gadeirio gan Lywodraeth Cymru a'i aelodau'n cynnwys arweinwyr polisi perthnasol yn Llywodraeth Cymru, cynrychiolwyr o Iechyd Cyhoeddus Cymru, gwasanaethau clinigol yn GIG Cymru (gan gynnwys grwpiau/rhwydweithiau presennol, fel Grŵp Gweithredu Clefyd yr Afu), gwasanaethau allweddol y tu allan i'r GIG, fel gwasanaethau camddefnyddio sylweddau arbenigol a sefydliadau trydydd sector. Bydd y grŵp yn cyflwyno adroddiadau yn rheolaidd i mi ac i'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol.

Cynhaliwyd cyfarfod cyntaf y grŵp hwn ar 15 Tachwedd, ac maent wedi cytuno ar fap trywydd newydd ar gyfer cael gwared ar hepatitis B a C sydd wedi'i amlinellu yn y cylchlythyr hwn: tynnir eich sylw yn benodol at y 13 pwynt gweithredu y bydd y grŵp yn eu monitro. Rwy'n edrych ymlaen at gael eich cymorth ac at weithio gyda'r grŵp i gael gwared ar hepatitis B a C fel bygythiad iechyd y cyhoedd erbyn 2030 fan bellaf. Bydd cylchlythyr ychwanegol yn rhoi diweddariad ar y cynnydd yn cael ei gyhoeddi yn 2023.

Yn gywir,

Syr Frank Atherton
Prif Swyddog Meddygol Cymru

Hepatitis B and C Elimination Roadmap

Hepatitis B and C - Progress in Wales

To support local action, a range of national actions have been progressed:

- The Welsh Government issued health boards with significant uplifts to their allocations for directly acting antivirals when they became available in 2014/15. NHS Wales has since negotiated more cost-effective funding deals with the pharmaceutical industry generating significant savings that could be reinvested in services.

- The Welsh Government invests almost £64m into tackling substance misuse, both through Area Planning Boards (APBs) and a ring-fenced allocation for every health board. Our Substance Misuse Delivery Plan is based on harm reduction principals, which includes work to tackle BBVs and hepatitis B and C elimination. In 2022/23 funding is being made available to secure significant supplies of point of care tests.

- All substance misuse services offer Blood-borne virus (BBV) testing, and every APB has a dedicated Harm Reduction Co-ordinator leading on a range of activities within which hepatitis B and C elimination is a priority.

- A Liver Disease Delivery Plan has been in place since 2015 and the Liver Disease Implementation Group (LDIG) has managed a £1m annual allocation to support its delivery. This has included funding for hepatitis B and C elimination, primarily focusing on funding a number of key national co-ordination posts.

- The Liver Disease Delivery Plan is in the process of being replaced by the Liver Disease Quality Statement. The quality statement, which is due to be published in early December, will set out Welsh Government policy expectation and provide national pathways and service specifications for use in the NHS planning and performance regime. LDIG will oversee implementation of the quality statement

- A vaccine against hepatitis B was introduced into our routine childhood immunisation programme in 2017. Babies at risk of developing hepatitis B infection from infected mothers are given extra doses of the hepatitis B vaccine at birth, four weeks and one year of age.

- Regional targets for control of hepatitis B through immunization have been reached which greatly contributes to the goal of elimination. Uptake of the 6-in-1 vaccine has remained stable at above 95% over the last few years. In the last quarter reported (July-Sept 2021), uptake of three doses of the 6-in-1 vaccine was 95.2% and was 95% or higher in four of the seven health boards and 15 of the 22 Local Authority areas.

- Infection control practices, such as the screening of blood, organ, and tissue donations, have done much to reduce hepatitis B and C spread in the population.

- BBV opt-out testing has been introduced in prisons in Wales, in addition to community substance misuse and allied services. Micro-elimination was for a time achieved in Swansea prison, which was a UK first. A strategy to achieve ongoing micro-elimination is now operational in Swansea, Cardiff and Berwyn prisons. Recent 'surge' testing at Parc Prison resulted in 1,600 people being tested in six days - this approach was evaluated as having been highly effective.

- A national hepatitis C patient re-engagement exercise has commenced (patients who were diagnosed at a time when either treatment wasn't available or wasn't well tolerated were re-contacted and invited for repeat testing and treatment). In phase 1 over 600 letters inviting patients for retesting, were issued which resulted in 140 contacting services and 62 completing treatment. Phase 2 was initiated in January 2022.

- Testing is being delivered in a small number of community pharmacies in accordance with a nationally agreed specification. The current service model will be reviewed to inform wider roll out.

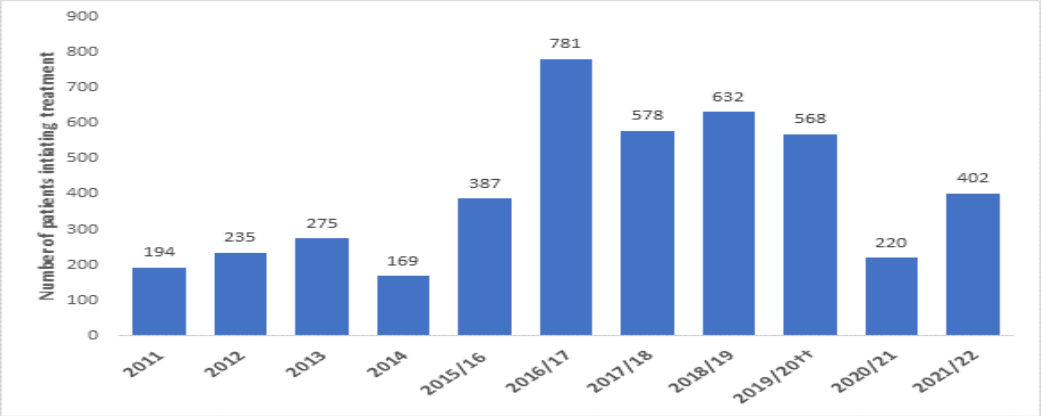
- A key performance indicator (KPI) for APBs, focusing on the offer of a BBV test annually to all those accessing substance misuse services, had been agreed with the initial target set at 50%.

- The Hep C Peer-to-Peer Follow-Me scheme is currently running in Cardiff and Vale University Health Board, with awareness raising in Cardiff homeless hostels and further training from a service user perspective being provided to staff. Once the Cardiff project is established, the Hep C Trust will look to train Hep C Trust volunteers to act as peers elsewhere in Wales, including supporting Salvation Army outreach services.

Impact of the pandemic

Impact on numbers of patients initiating treatment for hepatitis C

Despite the progress described above, informal treatment targets (approx. 900 treatments per year) have never been achieved and the pandemic has had a significant impact on treatment numbers in 2020/21 and 2021/22:



Impact on prevention services

Substance misuse services are key for both prevention and case ascertainment and have been significantly impacted by the pandemic. Needle and syringe programmes have faced significant reductions in individuals and transactions during and following the pandemic. Pre-pandemic (2019-20), 24,196 unique individuals accessed these programmes with 13,091 regular clients and 142,141 transactions, these numbers reduced significantly and continue to be 19% and 27% respectively lower in 2021-22, with a total of 97,337 transactions (a 31.5% reduction).

Impact on testing in substance misuse services

In 2019-20, blood-borne virus (BBV) testing was being offered to 38.9% (4,094 individuals), and 33% (3,475 individuals) were tested against the initial target of 50%. In 2020-21 BBV testing all but ceased across Wales due to the Covid-19 pandemic and therefore numbers were much lower. In 2021-22, provisional data shows 16.2% were offered testing, of which 13.5% of all individuals were tested (2,333 individuals).

Impact on testing in prisons.

Despite the impact the pandemic had on testing in Welsh prisons, there has been a significant increase in testing coverage since 2020. During 2021 50.1% of the prison cohort were tested for BBVs in comparison to 30.9% in the previous year. Testing coverage has nearly been restored to pre-pandemic levels, where 56.6% were tested in 2019.

Next Steps

Action 1 – Develop Joint Recovery Plans

Health boards must lead the development of Joint Recovery Plans for their respective areas, working with the Area Planning Boards and Public Health Wales. These joint recovery plans must be submitted by 31st March 2023 to HealthProtectionProjects@gov.wales for assessment by the Hepatitis B and C Elimination Programme Oversight Group.

The joint recovery plans must cover the following actions:

- A named corporate lead for hepatitis B and C elimination in the health board.

- A list of posts which are resourced to deliver hepatitis B and C elimination and provide evidence of new or planned investment in services to support the elimination agenda (Action 2 below)

- Actions that will be taken to improve access to Needle and Syringe Programmes (Action 3 below)

- Actions that will be taken to improve outreach services including peer support services (Action 4 below)

- Actions that will be taken to improve testing in pharmacies, substance misuse services and prisons. Testing by GPs and testing in sexual health services should also be considered (Actions 5-9 below)

- Actions that will be taken to ensure those referred for treatment are seen in an appropriate time frame and receive treatment in a setting suitable to their needs. In many instances this will mean that patients need to be seen in the community within a few days of their diagnosis and started on treatment in a community setting. Health boards need to ensure that teams are appropriately resourced for this and set up to provide care in line with national rapid treatment guidelines. Achieving this will require reassurance that clinical teams will be adequately resourced to both treat individuals that need to be treated in clinical settings and support treatment in the community (Action 10 below)
- Acknowledgement that the hepatitis C treatment targets set for 2023-24 are minimum targets to be exceeded wherever possible (Action 11 below)

- Assurance on resource to support the national re-engagement programme (Action 12 below).

- Assurance that the e-form will be used for data recording (Action 13 below).

Action 2 – Provide sufficient funding to meet elimination targets

Welsh Government will seek to secure ongoing funding for key national co-ordination posts to assist and enable key delivery partners to deliver against the elimination agenda.

Health boards, Area Planning Boards and Public Health Wales must provide evidence of new investment in services to support the elimination agenda.

Action 3 - Prevent Infection

Health boards and Area Planning Boards must ensure substance misuse service and community pharmacy harm reduction services increase the provision and uptake of needle and syringe programmes (NSPs) across Wales to ensure 100% availability of sterile injecting equipment for every injecting event in line with NICE guidance in order to prevent ongoing transmission.

Action 4 - Increase case finding

Health boards and Area Planning Boards must invest in effective and sustained outreach services to engage with individuals not currently in contact with services, including homeless and unstably housed, young people, those at risk of injecting initiation and sex workers.

The success of peer support workers has been demonstrated. The benefits of a peer support network include increased reach and increased credibility, which has resulted in an increase in individuals initiating and completing therapy in certain settings.

Action 5 - Improve testing models

BBV testing should be available in a variety of settings including community pharmacy, community settings, NSPs, drug and alcohol services and prisons. The model of testing will vary by setting and health boards and Area Planning Boards must support the roll out of testing strategies that have proven to be effective including venepuncture, dried blood spot testing and point-of-care tests..

Action 6 - Improve testing in Community Pharmacies

Testing is currently being delivered in a small number of community pharmacies. Introducing new point-of-care tests is a key way of improving testing in this community setting.

Health boards must ensure point-of-care tests are available in at least 100 community pharmacies from those with the highest numbers of needle and syringe exchange and opioid substitution therapy service users by April 2023.

Welsh Government will work with health boards to agree the priority pharmacies in each health board area.

Action 7 - Improve testing in substance misuse services

The key performance indicator (KPI) for Area Planning Boards is being re-introduced. For 2023/24, a minimum of 50% of service users should be tested, with the longer-term aim of 100% of service users tested routinely (in line with micro-elimination targets).

Action 8 – Improve referral rates from substance misuse services

For 2023/24, 100% of those who have tested positive on the initial screen should be referred for further investigation with a minimum of 80% of those successfully attending an assessment by clinical treatment services.

Action 9 – Improve testing and treatment in Prisons

Micro-elimination of hepatitis C must be achieved and sustained in all Welsh prisons by March 2024. Micro-elimination is defined as:

- 100% of the prison population being offered a hepatitis C test.
- 90% of those having then been tested.
- 90% of those who been diagnosed with hepatitis C having started treatment.

Action 10 – Improve treatment times

Health boards must ensure that individuals referred for further investigation and care should be seen expediently, preferably within days and in a setting suitable to their needs with provision being made for rapid access to therapy where required.

All clinical staff are required to use the e-form on the clinical portal for recording patient care pathways for this and other aspects of care to be monitored.

Action 11 – Increase number of patients successfully treated for hepatitis C

The table below sets health boards annual minimum treatment targets for hepatitis C for 2023/24:

Health Board	Minimum number treated per year
Aneurin Bevan University Health Board.	**80**
Betsi Cadwaladr University Health Board	**205**
Cardiff and Vale University Health Board	**205**
Cwm Taf Morgannwg University Health Board	**135**
Hywel Dda University Health Board	**60**
Powys Teaching Health Board	**10**
Swansea Bay University Health Board	**205**
TOTAL	**900**

Action 12 – Deliver the national re-engagement programme

Health boards to ensure that the remaining 3,000 individuals who may have current infection with hepatitis C are communicated with and are encouraged to come forward for testing. The expectation is that this exercise will be completed by late 2023.

Action 13 – Improve our data

From 1 April 2023, all data on treated patients will be gathered via the e-form, and any not entered via this system will not be counted.

We are aware that there remains considerable uncertainty around the prevalence of both hepatitis C and HIV in Wales. Further evidence is required in this area so that we can truly understand the scale of the task, better understand who to target for testing and know when we have achieved our elimination aims.

Public Health Wales will undertake a seroprevalence survey that aims to estimate the overall prevalence in the general population; and the prevalence in all relevant sub-populations to inform targeted testing and clinical services going forwards. The results from this survey will inform future Welsh Health Circulars.