



Department for Health and Ageing

South Australian Hepatitis C Implementation Plan 2016-2018

South Australia's plan for addressing the
Fourth National Hepatitis C Strategy 2014-2017 and
the Fourth National Aboriginal and Torres Strait
Islander Blood Borne Viruses and Sexually
Transmissible Infections Strategy 2014-2017



Government
of South Australia

SA Health

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Acronyms

ACCHS	Aboriginal community controlled health service
AHCSA	Aboriginal Health Council of SA
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
BBV	blood borne virus
CALD	culturally and linguistically diverse
CASSA	Community Access and Services SA, Vietnamese Community in Australia (SA Chapter Inc)
CDCB	Communicable Disease Control Branch, SA Health
CNP	clean needle program
DASSA	Drug and Alcohol Services South Australia, SA Health
DCS	Department for Correctional Services
GP	general practitioner
HIV	human immunodeficiency virus
MATOD	medication assisted treatment of opioid dependence
MHS	Migrant Health Service, SA Health
NGO	non-government organisation
OST	opioid substitution therapy
PBS	Pharmaceutical Benefits Scheme
PWID	people who inject drugs
S100	section 100
SA	South Australia/n
SAACHAC	South Australian African Communities Health Advisory Committee
SAHMRI	South Australian Health and Medical Research Institute
SAPHS	South Australian Prison Health Service, SA Health
SASBAC	SA STI and BBV Advisory Committee
STI	sexually transmissible infection

Background

This *South Australian Hepatitis C Implementation Plan 2016-2018*¹ articulates local priorities and actions for implementing the *Fourth National Hepatitis C Strategy 2014-2017*, the *Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017*, the draft *SA Prisoner Blood Borne Virus Prevention Action Plan 2016-2019* and other accompanying implementation plans. The *South Australian Hepatitis C Implementation Plan 2016-2018* should be read in conjunction with both National Strategies.

This *South Australian Hepatitis C Implementation Plan 2016-2018* builds on the work carried out under the first *South Australian Hepatitis C Action Plan 2009-2012* and the *South Australian Hepatitis C Implementation and Evaluation Plan 2015-2016*.

Activities under this plan are expected to be funded within existing resources. Some of the actions leverage off existing relationships, or existing work activities, to create new directions or new capacity. If longer term objectives are to be achieved, some activities may require new funding streams.

Goal, objectives and targets

Goal

- > The goal of the *South Australian Hepatitis C Implementation Plan 2016-2018* is aligned to the National Strategies and aims:
- > 'To reduce the transmission of, and morbidity and mortality caused by, hepatitis C, and to minimise the personal and social impact of the epidemic.'

Objectives

The objectives of the *South Australian Hepatitis C Implementation Plan 2016-2018* are aligned to the National Strategies and aim to:

1. Reduce the incidence of hepatitis C
2. Reduce the risk behaviours associated with the transmission of hepatitis C
3. Increase access to appropriate management and care for people with chronic hepatitis C
4. Reduce the burden of disease attributed to chronic hepatitis C
5. Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health.

Targets

In line with the targets of the *National Hepatitis C Strategy 2014-2017*, the objectives of the *South Australian Hepatitis C Implementation Plan 2016-2018* aims to contribute to the national targets to:

1. Reduce the incidence of new hepatitis C infections by 50% [by 2017]
2. Increase the number of people receiving antiviral treatment by 50% each year.

¹ This plan covers a 24 month period from 1 July 2016 to 30 June 2018.

Priority populations

The priority populations for this Implementation Plan are those identified in the *National Hepatitis C Strategy 2014-2017*. They reflect epidemiological data and social contexts that increase the risk of hepatitis C transmission. Individuals may be members of more than one priority population.

Priority populations are:

- > people living with hepatitis C
- > people who inject drugs
- > people who inject or have injected drugs from:
 - o Aboriginal and Torres Strait Islander backgrounds
 - o culturally and linguistically diverse backgrounds
- > young injectors and/or new initiates to injecting
- > older people who inject drugs or have injected drugs
- > sex workers.
- > people in custodial settings.

Roles and responsibilities

The National Strategies and this Implementation Plan acknowledge that achieving specified goals will require collaboration between Commonwealth, State and Territory governments, community organisations, service delivery organisations, professional bodies, research organisations, and people living with BBVs/STIs, their families and communities.

SA Health

SA Health is primarily responsible for delivery of health services and service planning activities. SA Health responses to BBVs and STIs are guided by jurisdictional policy and planning that align with the National Strategies.

Partners

The non-government sector, in particular non-government organisations (NGOs), peak bodies, professional organisations and research facilities, are a strong part of Australia's response to BBVs and STIs, and continue to play a vital role in the implementation and outcomes of the current National Strategies.

Stakeholders directly involved in the development of this plan are listed in *Appendix A*.

Evaluation and reporting

This *South Australian Hepatitis C Implementation Plan 2016-2018* is a working document that can be amended at any time with the endorsement of all parties. The actions will be reviewed and updated annually by the South Australian STI and BBV Advisory Committee. For those NGO partners directly funded by SA Health, the actions in this Implementation Plan may include specific activities within Annual Work Plans, which are reported on each year by 31 August.

Priority area 1: Prevention

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
1. Increase availability, access to and use of sterile injecting equipment among people who inject drugs.	a. Promote & expand access to preventative equipment, including CNPs. Continue to identify new CNP sites and provide appropriate modes of delivery, and pursue continued service improvement initiatives.	State and Territory Governments with Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Support the establishment of new CNPs in Aboriginal community controlled health services (ACCHSs). <p>CASSA</p> <ul style="list-style-type: none"> > Work with DASSA to provide and promote CNPs to CALD target groups and local communities. > Provide peer education and support services to CALD people who inject drugs. . <p>DASSA</p> <ul style="list-style-type: none"> > Expand CNP access via recruitment of new sites with a focus on priority populations, and expand the range of equipment provided at CNP sites. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Provide and promote CNP peer education and support services. > Assist CNP sites to expand access to the full range of preventative equipment <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Work with the Department for Correctional Services (DCS) to develop and progress a joint Prisoner BBV Prevention Action Plan. 	Objectives 1 and 2
	b. Provide relevant training to CNP staff on BBV prevention issues and stigma reduction & expand services especially in high risk contexts.	State and Territory Governments with Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Provide BBV training to ACCHS CNP workers. <p>CASSA</p> <ul style="list-style-type: none"> > Provide blood borne virus training to CNP staff, including prevention, stigma issues in the Vietnamese community and support services available (clinical treatment, counselling). 	Objectives 1 and 2

Priority area 1: Prevention

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<ul style="list-style-type: none"> > Provide blood borne virus training to informal peer educators (volunteers), including prevention and promotion of drugs treatment services. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > In partnership with DASSA, provide viral hepatitis training to the CNP workforce to build their capacity, with a focus on working with priority populations. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Work with CNP providers through SA Health to: <ul style="list-style-type: none"> o Increase CNP providers understanding of the correctional setting and current issues / barriers. o Link prisoners to CNP providers upon release. 	
	<p>c. Explore the removal of barriers to peer distribution of sterile injecting equipment, peer-based CNP services and improve systems required to support these initiatives.</p>	<p>State and Territory Governments, as appropriate, with Partners</p>	<p>CASSA</p> <ul style="list-style-type: none"> > Through using peer educators, provide mobile CNP and fixed site CNP services to distribute sterile injecting equipment. > Continue to explore removing barriers to the peer distribution of sterile injecting equipment. <p>DASSA</p> <ul style="list-style-type: none"> > Continue to support CNP peer education. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Contribute to efforts to removing barriers to peer distribution of injecting equipment. > Enhance the rural distribution of injecting equipment services at Hepatitis SA. 	<p>Objective 2</p>

Priority area 1: Prevention

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Work with DCS to explore barriers for CNP services in the correctional setting, and develop a joint action plan. > Discuss and provide information on community CNPs to prisoners being released, where relevant and where SAPHS is aware of impending release. 	
<p>2. Continue to support increased access to evidence-based harm-reduction and drug treatment programs, including CNPs, peer education and opioid pharmacotherapy programs.</p>	<p>a. Promote evidence-based drug and alcohol treatment, including opioid substitution treatment, for people who inject drugs & are opioid dependent. Support harm-reduction efforts in correctional facilities, and continue to support inmates as they transition back to the community (e.g. through supporting links to CNP and hepatitis C prevention, testing and treatment services in the community).</p>	<p>State and Territory Governments with Partners</p>	<p>CASSA</p> <ul style="list-style-type: none"> > CNP peer educators to distribute information about CASSA's drug treatment services to Vietnamese people who inject drugs. > Peer educators respond to enquiries from CALD people who inject drugs about drug treatment services by providing information and referrals. > Staff to visit and provide information about CASSA's CNP and drug treatment program to inmates from Cadell, Adelaide Pre-release Centre and Adelaide Women's Prison. <p>DASSA</p> <ul style="list-style-type: none"> > Continue to provide medication assisted treatment of opioid dependence (MATOD). > Continue to work in partnership with Prison Health and Hepatitis SA to improve access to the CNP, peer education and related harm reduction services post-release. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Respond to drug treatment enquiries from PWID, by providing information and referrals. > Provide viral hepatitis prevention education in adult and juvenile correctional facilities. 	<p>Objectives 1 and 2</p>

Priority area 1: Prevention

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<p>MOSAIC</p> <ul style="list-style-type: none"> > Provide counselling within prisons, and access to ongoing counselling and case management post release. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Undertake assessment and review throughout the patient journey in the correctional system. > Provide ongoing MATOD program. > Provide ongoing transition of care on discharge to local community prescriber or DASSA. > Work with DCS to increase links and networks with community based hepatitis C related education and peer support providers. 	
	b. Engage with OST, drug and alcohol services, custodial settings and ACCHSs to explore expanding services to address health needs.	All Governments and partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Support establishment of new CNPs in ACCHSs. > Support the development and management of Aboriginal drug and alcohol rehabilitation facility. <p>DASSA</p> <ul style="list-style-type: none"> > Continue to recruit new CNPs with a focus on agencies that engage priority populations. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Provide ongoing MATOD program. 	Objective 2
3. Build greater understanding of, and skills within, priority populations, healthcare professionals and the community	a. Maintain proven effective prevention strategies for priority populations including peer outreach/education.	All Governments and Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Support ACCHSs to establish and operate CNP services. <p>CASSA</p> <ul style="list-style-type: none"> > Provide continuous support and education to CNP peer educators and Vietnamese people who inject drugs. 	Objectives 1 and 2

Priority area 1: Prevention

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
sector as they relate to hepatitis C transmission.			<ul style="list-style-type: none"> > Provide information sessions on blood borne virus prevention and treatment services to the Vietnamese and Burundian workers. <p>DASSA</p> <ul style="list-style-type: none"> > Continue to support CNP outreach services for at-risk priority populations. > Continue to support CNP peer education for priority populations. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Provide prevention services to priority populations. <p>MOSAIC</p> <ul style="list-style-type: none"> > Provide flexible service responses to people at risk of blood borne viruses. <p>PEACE</p> <ul style="list-style-type: none"> > Support SAACHAC to take a lead in promoting outreach services and ‘<i>Know your hepatitis B status</i>’ campaign. > Provide community development activities aimed at enhancing preventative strategies particularly for western African communities. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Ensure nursing and medical staff have ongoing access to workforce development and resources regarding hepatitis C and other BBVs. > Ensure prisoners/remandees have consistent, appropriate and ongoing access to: <ul style="list-style-type: none"> o information and education on BBV prevention and management of hepatitis C, including treatment options o education about preventing and reducing harms associated with high risk behaviours in correctional settings e.g. injecting drug use, tattooing, and unprotected sex. 	

Priority area 1: Prevention

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<ul style="list-style-type: none"> > Work with DCS to explore how prisoners can secure their own personal hygiene equipment (toothbrushes/razors) to reduce shared use and cross-infection. 	
4. Consider the impact of new drug therapies that will cure the large majority of hepatitis C cases.	a. All jurisdictions to actively monitor the progress of new and emerging treatment options and therapies for hepatitis C.	All Governments	<p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Respond to Federal Government decision on funding newer hepatitis C treatment to provide equivalent access to prisoner patients. 	Objective 3

Priority area 2: Testing

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
1. Increase voluntary testing of hepatitis C in priority populations.	a. Contribute to prevention and testing education programs, including in custodial settings and other relevant environments to promote health literacy that focuses on transmission and risk behaviours, testing, treatment options, and, where relevant, the effects and impacts of co-infection.	State and Territory Governments with Partners	<p>Hepatitis SA</p> <ul style="list-style-type: none"> > Provide hepatitis C education activities to the hepatitis C priority population groups. <p>Migrant Health Service</p> <ul style="list-style-type: none"> > Continue to provide hepatitis C screening for all new arrival refugee and asylum seeker clients accessing the MHS, as part of the on arrival health screening. <p>MOSAIC</p> <ul style="list-style-type: none"> > Continue to provide advocacy and assistance in navigating pathways that encourage testing and treatment options. <p>PEACE</p> <ul style="list-style-type: none"> > Continue the 'Know Your Hepatitis' campaign. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue to offer hepatitis C and other BBV testing to all new admissions to prison using standardised order forms. > Consider options for increasing testing uptake. 	Objective 2
	b. Support community-based services that offer hepatitis C testing.	State and Territory Governments	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Support ACCHSs with their primary health care systems for hepatitis C. <p>PEACE</p> <ul style="list-style-type: none"> > Work in partnership with Clinic 275 to replicate the already established multicultural specific community clinic. 	Objectives 1 and 2

Priority area 2: Testing

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
<p>2. Improve referral and access to high quality support services at the time of diagnosis for people with or at risk of hepatitis C to initiate a pathway to care.</p>	<p>a. Improve engagement with those most at risk of & living with hepatitis C to develop appropriate pathways to testing & diagnosis and the development of a comprehensive management plan.</p>	<p>All Governments with Partners</p>	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Support ACCHSs with referral to specialist services such as Viral Hepatitis Nurses. <p>CASSA</p> <ul style="list-style-type: none"> > Through Hoi Sinh Committee, strengthen partnerships with other NGO and government health services to develop appropriate referral pathways to enhance access to services for Vietnamese people. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Provide Hepatitis SA Helpline (including prison line) information, referral and support services. > Facilitate support groups. <p>Migrant Health Service</p> <ul style="list-style-type: none"> > Continue to engage with community based support services – primarily Viral Hepatitis Nurses for hepatitis C positive clients accessing MHS and maintain appropriate referral pathways to ensure successful engagement strategies for vulnerable refugee/asylum seeker clients. <p>MOSAIC</p> <ul style="list-style-type: none"> > Continue to collaborate with all viral hepatitis liaison nurses for best outcomes for clients. <p>PEACE</p> <ul style="list-style-type: none"> > Develop testing and treatment flowchart for priority population and workers engaging with these groups. <p>SA Health</p> <ul style="list-style-type: none"> > Explore the opportunity for all incident hepatitis C cases to be directly referred to the Viral Hepatitis Nurses through the Communicable Disease Control Branch (CDCB) Surveillance Unit. 	<p>Objective 2</p>

Priority area 2: Testing

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Commence all patients diagnosed with hepatitis C on SAPHS Clinical Pathway for hepatitis C. > Continue referral of hepatitis C patients to specialist BBV or Infectious Diseases services via acute hospital sector (outpatient, inpatient or community as required). > Continue to build on in-reach models of specialist assessment and review e.g. Medical and/or Viral Hepatitis Nurses. > Continue to progress solutions to the implementation of health standard video-conferencing across SAPHS to support specialist review. 	
	b. Support hepatitis C testing and management in Aboriginal Medical Services, acknowledging the complex needs of Aboriginal and Torres Strait Islander people who inject drugs.	State and Territory Governments with Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Support ACCHSs with patient information management system (Communicare) for screening and management of hepatitis C. > Develop a Communicare user manual providing a step by step guide for who to test, tests to order, interpretation of results, documentation of results, further tests to confirm a positive case, monitoring tests, clinical review, GP management plan, contact tracing and specialist referral. (Joint AHCSA/ASHM project. Funding and clinical review of content has been provided by ASHM). > Implement the Communicare manuals through Communicare administration (developing new clinical items, disabling existing clinical items) and workforce education and training. > Undertake a case note audit on Communicare, reviewing sections regarding screening, diagnosis and monitoring. 	Objectives 1 and 2

Priority area 2: Testing

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<ul style="list-style-type: none"> > Develop a continuous quality development framework with specific indicators for health services to evaluate and monitor their systems for screening and management of hepatitis C > Support ACCHSs with referral to specialist services such as Viral Hepatitis Nurses. 	
3. Assess the feasibility, accessibility and cost effectiveness of the range of existing and emerging testing methods.	a. Pursue opportunities to increase access to non-invasive liver scans and point of care testing in primary and hospital based settings.	All Governments with Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Liaise with Aboriginal health services, Viral Hepatitis Nurses, Rural Doctors Workforce Agency and other relevant services/organisations. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Promote access points to transient elastography (FibroScan®) for people with hepatitis C. <p>SA Health</p> <ul style="list-style-type: none"> > Recognition of transient elastography (FibroScan®) as an essential tool of hepatitis C assessment and care by ensuring equitable access to this technology. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue to pursue solutions that support in-reach assessment for prisoners requiring FibroScan® – which will reduce resource, security and cost implications to whole of government. > Continue to communicate to DCS the need for reliable transport access to hospital based medical appointments. 	Objective 2
4. Implement targeted initiatives to improve understanding and skills related to hepatitis C testing for priority	a. States and territories and the Commonwealth will work towards developing appropriate initiatives for different settings (e.g. Commonwealth to focus on primary healthcare settings, states and territories to focus on	Commonwealth	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Undertake systems assessments with ACCHSs to better understand dynamics of screening for their clients and community. 	Objective 4

Priority area 2: Testing

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
populations, healthcare professionals and services, and the community sector.	community and hospital settings).		<p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Advocate and highlight that any changes to hepatitis C treatment listings away from S100 to broader PBS listings is likely to have a significant cost implication for funding medication for current prisoners, unless specific inclusions are made to support cost of treatment implications for prison health services. 	

Priority area 3: Management, care and support

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
<p>1. Support and implement models of care for primary healthcare, drug & alcohol services, health services in custodial settings, Aboriginal community controlled health services and community health services.</p>	<p>a. Support primary care based models of care to support people seeking treatment for hepatitis C and ensure adequate training, support and professional development for health professionals and other people working with priority populations.</p>	<p>All Governments and Partners</p>	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Support ACCHSs with strengthening models of care. <p>Migrant Health Service</p> <ul style="list-style-type: none"> > Ensure MHS GPs and nursing staff continue to have opportunities to access appropriate hepatitis C management training in order to provide support at a site level for MHS clients. <p>MOSAIC</p> <ul style="list-style-type: none"> > Provide psychosocial assessments and support to clients in collaboration with other health professionals. > Continue to provide outreach support services in locations such as hepatology and infectious diseases departments and within prisons. <p>SA Health</p> <ul style="list-style-type: none"> > Promote timely, equitable access (across Local Health Networks) for hepatitis C treatment. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Encourage SAPHS Medical Officers to attend Hepatitis Prescribing Courses as available locally via ASHM. > Further develop strong links between SAPHS nursing staff and external viral hepatitis expert knowledge sources (e.g. SA Health Viral Hepatitis Nurses, NGO sector etc.) for information, knowledge and education sharing. 	<p>Objective 3</p>

Priority area 3: Management, care and support

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
	<p>b. Explore, pilot and evaluate new models of care (e.g. nurse led treatment services, peer support models, regular monitoring, liver health assessments) to improve and increase capacity to support appropriate viral hepatitis treatment for priority populations in community and custodial settings.</p>	<p>State and Territory Governments with Partners</p>	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Support new treatment models working with ACCHSs workforce and Viral Hepatitis Nurses. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Contribute advice to the development and evaluation of hepatitis C treatment models of care. <p>Migrant Health Service</p> <ul style="list-style-type: none"> > Support MHS nursing staff currently engaged in supporting clients with hepatitis B to participate in additional training to increase skills and knowledge in hepatitis C. > Aim to provide one to one support (education and counselling) for MHS clients with hepatitis C and link to other existing programs e.g. Viral Hepatitis Nurses program. <p>MOSAIC</p> <ul style="list-style-type: none"> > Continue to provide peer support for individuals as well as in group settings. > Further develop peer support as part of MOSAIC service. <p>PEACE</p> <ul style="list-style-type: none"> > Develop a shared care model as part of the 'Know Your Hepatitis' campaign. > Provide case management services. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue to pursue appropriate electronic health record implementation that supports monitoring and evaluation of prisoner-patients with hepatitis C. 	<p>Objective 3</p>

Priority area 3: Management, care and support

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<ul style="list-style-type: none"> > Pursue in-reach models for Viral Hepatitis Nurses into the correctional setting. > Implement Chronic Disease Management: BBV – Hepatitis C Clinical Pathway, including strengthening nurse-led care for prisoner-patients living with hepatitis C. 	
	c. Include liver disease in the chronic disease management agenda.	All Governments with Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Provide support to ACCHSs to include hepatitis C on GP management plans. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Implement Chronic Disease Management: BBV – Hepatitis C Clinical Pathway. 	Objective 3
2. Implement strategies to increase involvement of primary healthcare professionals in management of people with hepatitis C.	a. Support primary healthcare providers to adopt best practice hepatitis C, risk assessment, diagnosis, assessment, disease monitoring & management & referrals; develop public & primary care communication strategies for hepatitis C treatments & treatment availability.	All Governments with Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Ensure Communicare user manuals reflect best practice for hepatitis C diagnosis, monitoring, and treatment. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Provide hepatitis C workforce development activities for primary healthcare providers. <p>Migrant Health Service</p> <ul style="list-style-type: none"> > Ensure best practice standards in place for screening newly arrived refugees and asylum seekers accessing MHS services. > Provide input into National Screening Guidelines for Refugees and Asylum seekers through the Australian Society of Infectious Disease guidelines review committee. <p>MOSAIC</p> <ul style="list-style-type: none"> > Provide case conferences and collaborative approaches. 	Objectives 3 and 4

Priority area 3: Management, care and support

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<p>PEACE</p> <ul style="list-style-type: none"> > Support workforce development activities to include culturally appropriate practice. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Maintain Viral Hepatitis nursing portfolio holders at each prison site with contemporary knowledge of best practice management of hepatitis C. > Promote relevant expert professional/clinical bodies and education opportunities to Medical and Nursing staff. > Work with SA Health (via CDCB) and NGOs to review and implement current, specific and appropriate materials about hepatitis C for prisoners in correctional settings. 	
	b. Implement & evaluate models and lead community mobilisation efforts for people living with hepatitis C, including peer-based support & education, to facilitate pathways to treatment, care and support including patient self-management.	All Governments with Partners	<p>Hepatitis SA</p> <ul style="list-style-type: none"> > Provide peer based hepatitis C information, education and support services for people living with hepatitis C. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Work with relevant contacts, including DCS, SA Health and NGOs, to support the development of peer-based education and support for people living with hepatitis C within the correctional setting. 	Objectives 3 and 5
	c. Pursue opportunities to establish regular liver health assessments within primary healthcare services to inform treatment decisions.	Commonwealth	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Liaise with Aboriginal health services, Viral Hepatitis Nurses, Rural Doctors Workforce Agency, and other relevant services/organisations. <p>MOSAIC</p> <ul style="list-style-type: none"> > Promote shared care model of care including the self-management tool. 	Objective 3

Priority area 3: Management, care and support

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Implement the Chronic Disease Management: BBV – Hepatitis C Clinical Pathway to support tracking and monitoring of liver health assessments for prisoners-patients with hepatitis C. 	
	d. Work to support community prescribing and community dispensing for hepatitis C medications.	All Governments with Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Promote ASHM training to the ACCHS GP workforce. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Encourage SAPHS Medical Officers to attend Hepatitis Prescribing Courses as available locally via ASHM. <p>SA Health</p> <ul style="list-style-type: none"> > Continue to provide letters from the CDCB to notifying medical practitioners regarding the Viral Hepatitis Nursing Support Program and the High Risk Hepatitis B Immunisation Program. 	Objective 3
3. Improve awareness and knowledge in priority populations about treatment options.	a. Improve awareness & knowledge in priority populations & the community sector about treatment options; improve peer support programs to improve awareness & increase knowledge in relation to prevention, treatment options, management & care.	Civil Society Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > In partnership with SA Health and Nunkuwarrin Yunti produce a short video promoting treatment for hepatitis C targeting Aboriginal people. <p>CASSA</p> <ul style="list-style-type: none"> > Provide community education to the Vietnamese and Burundian community. > Provide refresher training on hepatitis C, treatment options, management and care, to peer educators, alcohol and other drug workers, family support workers, and aged care workers. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Provide hepatitis C treatment awareness, information and education, including peer education service for priority populations. 	Objective 3

Priority area 3: Management, care and support

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<p>MOSAIC</p> <ul style="list-style-type: none"> > Provide psychosocial support groups for people living with hepatitis C. <p>PEACE</p> <ul style="list-style-type: none"> > Provide case management. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Work with DCS, SA Health and NGOs to support the development of peer-based education and support for hepatitis C within the correctional setting. > Work with SA Health (via CDCB) and NGOs to review and implement current, specific and appropriate materials about hepatitis C for prisoners in correctional settings. 	
4. Implement strategies to encourage increased involvement of primary healthcare governance at the local level to ensure better integration of services.	a. Engage with Primary Healthcare Networks on approaches to improve service integration.	Commonwealth, State and Partners	<p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Explore additional opportunities to build hepatitis C related networks, integration and support between SAPHS and Primary Health Care in relation to the creation of a single service. 	Objective 3

Priority area 4: Workforce

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
1. Provide the primary healthcare workforce with support and mentorship to ensure successful testing, management and treatment.	a. Engage with Primary Healthcare Networks to provide professional support and education to manage patients under current and emerging treatment and management models of care.	Commonwealth	<p>SA Health</p> <ul style="list-style-type: none"> > Promote GP training through Primary Health Networks. > Work through NGOs funded to provide workforce development to engage with Primary Healthcare Networks. > Utilise SA Health newsletters and other communication to promote community prescribing and new testing, treatment and care guidelines. 	Objective 3
	b. Support education for primary healthcare nurses on hepatitis C prevention, transmission, diagnosis, assessment and management.	All Governments and Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Deliver education to the Aboriginal primary health care workforce. <p>Migrant Health Service</p> <ul style="list-style-type: none"> > Engage Hepatitis SA to deliver hepatitis C education sessions as part of annual Continuing Professional Development calendar for MHS nursing staff. <p>PEACE</p> <ul style="list-style-type: none"> > Provide ongoing consultation and cross cultural expertise to Clinic 275, GPs and nurses. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Further develop strong links between SAPHS nursing staff and external viral hepatitis expert knowledge sources (e.g. SA Health Viral Hepatitis Nurses, NGO sector etc.) for information, knowledge and education sharing. 	Objectives 1 and 3
	c. Support models of care that integrate primary and tertiary services to support people with hepatitis C to engage in care.	All Governments and Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Support ACCHS with referral to specialist services such as Viral Hepatitis Nurses. > Support the development of liver clinics within ACCHS with visiting specialist services such as Viral Hepatitis Nurses. 	Objective 3

Priority area 4: Workforce

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue to highlight barriers to tertiary healthcare services for prisoners living with hepatitis C, and work to remove those barriers where possible. > Build tertiary sector awareness of need for robust clinical handover between tertiary sector and SAPHS that incorporates both nursing and medical staff to promote optimal continuity of care. > Continue to pursue in-reach models of specialist care into the correctional setting. 	
2. Improve awareness and knowledge of hepatitis C in the health workforce.	a. Promote the use of evidence-based clinical guidelines in the management of hepatitis C; ensure development & dissemination of guidelines, training, resources & support tools for the health workforce to optimise patient outcomes.	All Governments with Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Ensure Communicare user manuals reflect best practice for hepatitis C diagnosis, monitoring, and treatment. <p>CASSA</p> <ul style="list-style-type: none"> > Promote cultural competence amongst health services through the provision of Vietnamese and African Cultural Awareness training on Vietnamese and African cultures. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Promote hepatitis C clinical guidelines to healthcare providers during workforce development activities. > Disseminate guidelines, training resources and support tools to health care workforce to optimise patient outcomes. <p>Migrant Health Service</p> <ul style="list-style-type: none"> > Review MHS internal Screening and Treatment guidelines for refugees and asylum seekers to ensure that they are consistent with national evidence based guidelines for hepatitis C. 	Objectives 1, 3 and 4

Priority area 4: Workforce

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<p>PEACE</p> <ul style="list-style-type: none"> > Promote resources related to cultural awareness and competency. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue to promote Medical Officer and Nursing education opportunities to develop and maintain contemporary knowledge of hepatitis C management and treatment. > Support all SAPHS sites with access to contemporary resources related to hepatitis C management and treatment. 	
3. Support community organisations and the healthcare workforce to increase appropriate engagement with priority populations to improve health literacy and maximise health.	a. Engage with existing community based health services providing professional support and education to manage patients under current and emerging treatment and management models of care.	State and Territory Governments	<p>CASSA</p> <ul style="list-style-type: none"> > Promote cultural competence amongst health services through the provision of Cultural Awareness training on Vietnamese and African cultures. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue to liaise and network with SA Health, a range of community organisations and the broader healthcare workforce regarding the context and needs of both the health workforce within SAPHS and prisoners with hepatitis C. 	Objective 3
	b. Provide workforce development and training for peer educators and workers to support prevention, testing, management and treatment.	Civil Society Partners	<p>Hepatitis SA</p> <ul style="list-style-type: none"> > Provide comprehensive hepatitis C workforce development for peer educators <p>PEACE</p> <ul style="list-style-type: none"> > Support the delivery of cultural diversity training. 	Objective 3

Priority area 5: Enabling environments

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
1. Explore the development of a national hepatitis C public education campaign.	a. Investigate opportunities for evidence-based information strategies to increase awareness of treatment options.	All Governments with Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > In partnership with SA Health and Nunkuwarrin Yunti produce a short video promoting treatment for hepatitis C targeting Aboriginal people. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Participate in the development of evidence based information strategies to increase awareness of treatment options. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Ensure evidence based materials developed regarding treatment are also relevant and specific to correctional settings. 	Objectives 1 and 3
2. Create supportive and enabling environments, promote health and rights of those living with or at risk of hepatitis C, and support access to hepatitis C prevention, treatment and care services.	a. Support advocacy and empowerment of priority populations to remove barriers and encourage access to testing, treatment and care.	All Governments with Partners	<p>CASSA</p> <ul style="list-style-type: none"> > Provide advocacy and support services to Vietnamese clients who access existing services to enhance access to hepatitis C testing and treatment services. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Provide advocacy services and opportunities for the empowerment of priority populations to remove barriers and encourage access to testing, treatment and care. <p>MOSAIC</p> <ul style="list-style-type: none"> > Provide access to counselling and case management services including advocacy for priority populations. > Raise awareness of the social determinants of health impacting on people's lives. <p>PEACE</p> <ul style="list-style-type: none"> > Create opportunities for SAACHAC to lead the community response to BBVs amongst African communities in SA. 	Objective 5

Priority area 5: Enabling environments

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<ul style="list-style-type: none"> > Build capacity of current services to provide culturally appropriate services to priority populations. > Create appropriate prevention and treatment resources for communities with health literacy challenges. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue patient assessment throughout the episode of imprisonment that supports and promotes hepatitis C awareness and knowledge. 	
	b. Develop evidence-based programs to address stigma and discrimination where these impact on the outcomes of the National Strategies.	All Governments with Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Ensure workforce education with Aboriginal health services raises issues of stigma and discrimination. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Provide a positive speaker program to address stigma and discrimination in workforce development activities. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Work to address stigma and discrimination in interactions between correctional services related agencies, SAPHS and the prisoner-patient living with or at risk of hepatitis C. > Work with SA Health to actively pursue implementation and access to health-quality videoconferencing that supports access to hepatitis C prevention, treatment and care services for adult prisoners. 	Objective 5
	c. Identify mechanisms and create opportunities for increasing engagement across sectors, to raise awareness and facilitate a multi-sectoral approach to reducing stigma and discrimination associated with hepatitis C.	All Governments with Partners	<p>Hepatitis SA</p> <ul style="list-style-type: none"> > Participate in multi-sectoral approaches to reduce stigma and discrimination. <p>PEACE</p> <ul style="list-style-type: none"> > Support sector workforce development initiatives that address stigma and discrimination. 	Objective 5

Priority area 5: Enabling environments

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue to work with non-health based staff in the correctional setting to promote non-discriminatory discussion and awareness of hepatitis C. 	
3. Identify and work to address legal barriers to evidence-based prevention activities across jurisdictions.	a. Identify individual, community, system and policy enablers and barriers for priority populations in accessing hepatitis C treatment, testing and care, and develop focussed, evidence-based strategies to address legal, policy and other barriers to prevention for priority populations.	All Governments with Partners	<p>CASSA</p> <ul style="list-style-type: none"> > Working with individual Vietnamese and Burundian people to identify barriers in accessing hepatitis C testing, treatment, management and care. > Through the Hoi Sinh Committee, communicate the identified barriers to relevant government departments and health services. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Contribute advice to the development and evaluation of the SA Prisoner BBV Prevention Action Plan. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue to promote evidence-based prevention of hepatitis C as a key goal in the correctional environment. > Between correctional services related agencies, SAPHS and the prisoner-patient living with or at risk of hepatitis C. 	Objective 5
4. Support the implementation and expansion of post-release testing, management and treatment programs for priority populations in custodial settings.	a. Work with relevant sectors to manage the transition back to the community through supporting links to CNP and hepatitis prevention, testing and treatment services.	State and Territory Governments and Partners	<p>CASSA</p> <ul style="list-style-type: none"> > Continue to work in partnership with DCS to support prisoners during their transition back to the community to ensure this target population can easily access CNP services and/or other hepatitis C prevention, testing and treatment services post-release. <p>DASSA</p> <ul style="list-style-type: none"> > Continue to work in partnership with SAPHS and Hepatitis SA to improve access to the CNP, peer education and related harm reduction services post-release. 	Objective 5

Priority area 5: Enabling environments

Priority Action Area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<p>Hepatitis SA</p> <ul style="list-style-type: none"> > Promote access to CNP and hepatitis C prevention, testing and treatment services to prisoners post-release. <p>MOSAIC</p> <ul style="list-style-type: none"> > Promote seamless transition post-release to continue prevention, testing and treatment options including engagement with support services. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Work with DCS on a joint action plan to improve communication of impending release for prisoners with known release dates. > Consolidate healthcare handover processes with community healthcare providers and Viral Hepatitis Nurses for prisoners known to be living with hepatitis C who consent to clinical handover upon release. > Work across government to improve communication/notification of prisoner release to allow for health discharge planning and communication to occur. 	

Priority area 6: Surveillance, research and evaluation

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
1. Strengthen the hepatitis C component of the National BBV & STI Surveillance and Monitoring Plan.	a. Identify and respond to opportunities to support the development of burden of disease indicators for hepatitis C.	All Governments with Partners	<p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue participation by SA in the National Prison Entrants BBV and Risk Behaviour Survey. 	Objective 4
2. Improve our understanding of the burden of disease attributable to hepatitis C and the associated risk factors.	a. Support evidence-based research to inform and improve understanding of the burden of disease for hepatitis C.	All Governments with Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Undertake a case note audit on Communicare. The audit will cover a range of information including identifying clients with hepatitis C. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Support/promote evidence-based research to inform and improve understanding of the burden of disease for hepatitis C. <p>SA Health</p> <ul style="list-style-type: none"> > Continue support for clinical research. Recognise the opportunity to expand research activity to other tertiary centres and community settings. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Further develop systems that assist with the monitoring and understanding of the burden of hepatitis C disease within the adult public prison correctional setting. 	Objective 4
3. Evaluate health promotion, testing, treatment, care and support and education and awareness programs and activities to ensure they are effective.	a. Monitor and evaluate programs to inform responses to hepatitis C including access to CNP and hepatitis C treatment uptake.	All Governments and Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Evaluate CNP and treatment pathway program activity within Continuous Quality Improvement framework through staff and client feedback as well as clinical indicators on Communicare. <p>DASSA</p> <ul style="list-style-type: none"> > Continue to collect CNP data and participate in the Annual National CNP Survey. 	Objectives 4 and 5

Priority area 6: Surveillance, research and evaluation

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
			<p>SA Health</p> <ul style="list-style-type: none"> > Clinical care providers to contribute to an agreed SA wide dataset for hepatitis C management and care. <p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Ensure the efficacy of group education sessions delivered by, or on behalf of, SAPHS is determined through evaluations completed by presenters and attendees. 	
	<p>b. Increase the evidence on effective targeting approaches for CNP, as well as prevention and treatment promotion.</p>	<p>All Governments and Partners</p>	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Engage with CNPs operating in ACCHS to identify effective engagement approaches. <p>CASSA</p> <ul style="list-style-type: none"> > Continue to work in collaboration with other local health and CNP services to identify best practice approaches to target clients from CALD backgrounds. > Continue to provide outreach and fixed CNP services to the targeted populations and seek feedback from the service users to identify appropriate and effective approaches for engagement. <p>DASSA</p> <ul style="list-style-type: none"> > Continue to monitor CNP data to determine effective reach to priority populations. > Continue to engage CNP sites to identify barriers and enablers to CNP service provision. 	<p>Objectives 4 and 5</p>

Priority area 6: Surveillance, research and evaluation

Priority action area	Mechanism for progressing action	Responsibility	South Australian response and activities 2016-2018	Link to objective
4. Promote balance in research to take account of social, behavioural, epidemiological and clinical research to better inform all aspects of the response.	a. Ensure that negotiated work plans with national research centres are informed by the need for a balanced range of research approaches and types.	Commonwealth	<p>SA Prison Health Service</p> <ul style="list-style-type: none"> > Continue to work proactively with SAHMRI and the Kirby Institute in prison health research activities related to hepatitis C. 	All Objectives
5. Develop appropriate evidence-based public health responses and evaluate the impact of these programs on the increasing morbidity and mortality due to hepatitis C.	a. Ensure that robust evaluation processes are included in programs and activities undertaken to implement the National Strategies.	All Governments and Partners	<p>Aboriginal Health Council of SA</p> <ul style="list-style-type: none"> > Evaluate program activity within Continuous Quality Improvement framework through staff and client feedback as well as clinical indicators on Communicare. <p>CASSA</p> <ul style="list-style-type: none"> > Implement Result Based Accountability to evaluate the impact of alcohol and other drug programs and CNP services on the target group. <p>Hepatitis SA</p> <ul style="list-style-type: none"> > Evaluate all Hepatitis SA services. 	All objectives

Appendix A – Stakeholders

The Hepatitis C Action Plan Implementation Group (HAPI-C) Sub-Committee of SASBAC was tasked with developing the *South Australian Hepatitis C Implementation Plan 2016-2018*.

The following organisations and individuals were directly involved in the development of this plan:

Aboriginal Health Council of SA	Michael Larkin, BBV Coordinator
Community Access and Services SA (Vietnamese Community in Australia/SA)	Lan Mon Nguyen, Managing Director
Drug and Alcohol Services SA, SA Health	Stephen Lymb, Manager, Population Programs
Hepatitis SA	Kerry Paterson, Executive Officer Tess Opie, Education Coordinator Michelle Spudic, CNP Peer Project Coordinator
Migrant Health Service, SA Health	Jan Williams, Clinical Service Coordinator
Relationships Australia SA	Enaam Oudih, Manager, PEACE Multicultural Services Emma Williams, Team Leader, MOSAIC Services
Royal Adelaide Hospital, SA Health	Catherine Ferguson, Clinical Practice Consultant
STI and BBV Section, Communicable Disease Control Branch, SA Health	Daniel Gallant, Manager, STI & BBV Section Tracey Hutt, Senior Project Officer Ann Solly, Project Officer
SA Prison Health Service*, SA Health	Melissa Newman, Nurse Management Facilitator Susan O'Neill, Nurse Management Facilitator
Consumer representative	Debra Landers, Health Consumer Representative

*Note: *SA Prison Health Service is the health service delivered by Central Adelaide Local Health Network to adult prisoners therefore excludes Mt Gambier Prison.*

For more information

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