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Changes in Hepatitis C treatment and the Impact on CNS role



*A bend in the road is not
the **end of the road**
unless you fail to
make the turn.*
~Helen Keller

Modelling and projection for the future

- ▶ Estimates that 216,000 have HCV¹
- ▶ Less than half the population have been diagnosed²
- ▶ **Aim** to increase detection 75-80% and then to treat 80% of prevalent cases
- ▶ It is estimated that achieving these rates of detection and treatment will lead to control of HCV by 2030³

¹Health Protection Agency (HPA). Hepatitis C in the UK 2013 report. 2013

²Hepatitis Awareness Leading Outcomes (HALO). Confronting the silent epidemic: a critical review of hepatitis C management in the UK. 2012

³Wedermeyer et al J Virol Hep 2014

What is a Clinical nurse specialist (CNS) ?

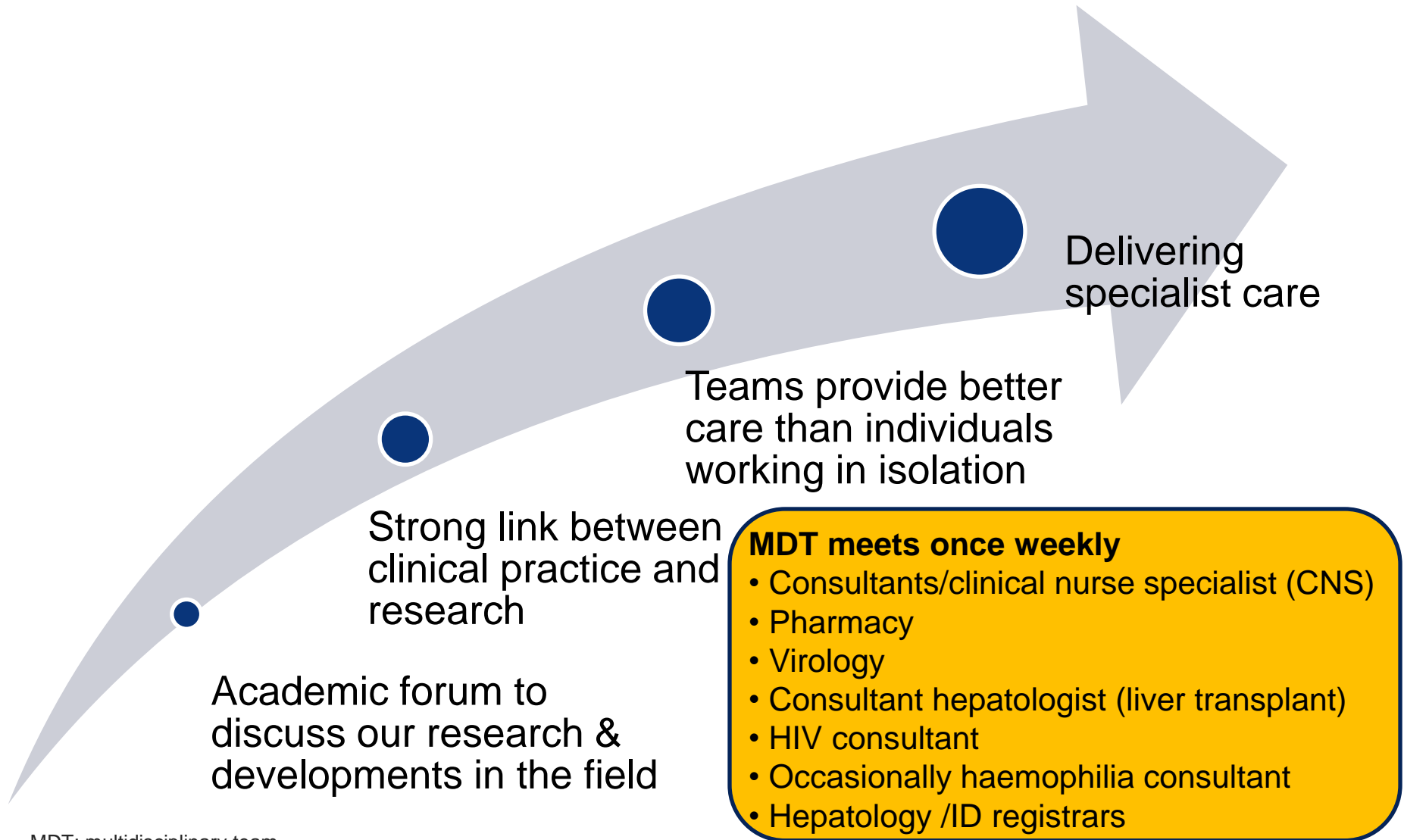
“A nurse who demonstrates a high degree of professional competence and advanced practice in a specialised field of nursing”

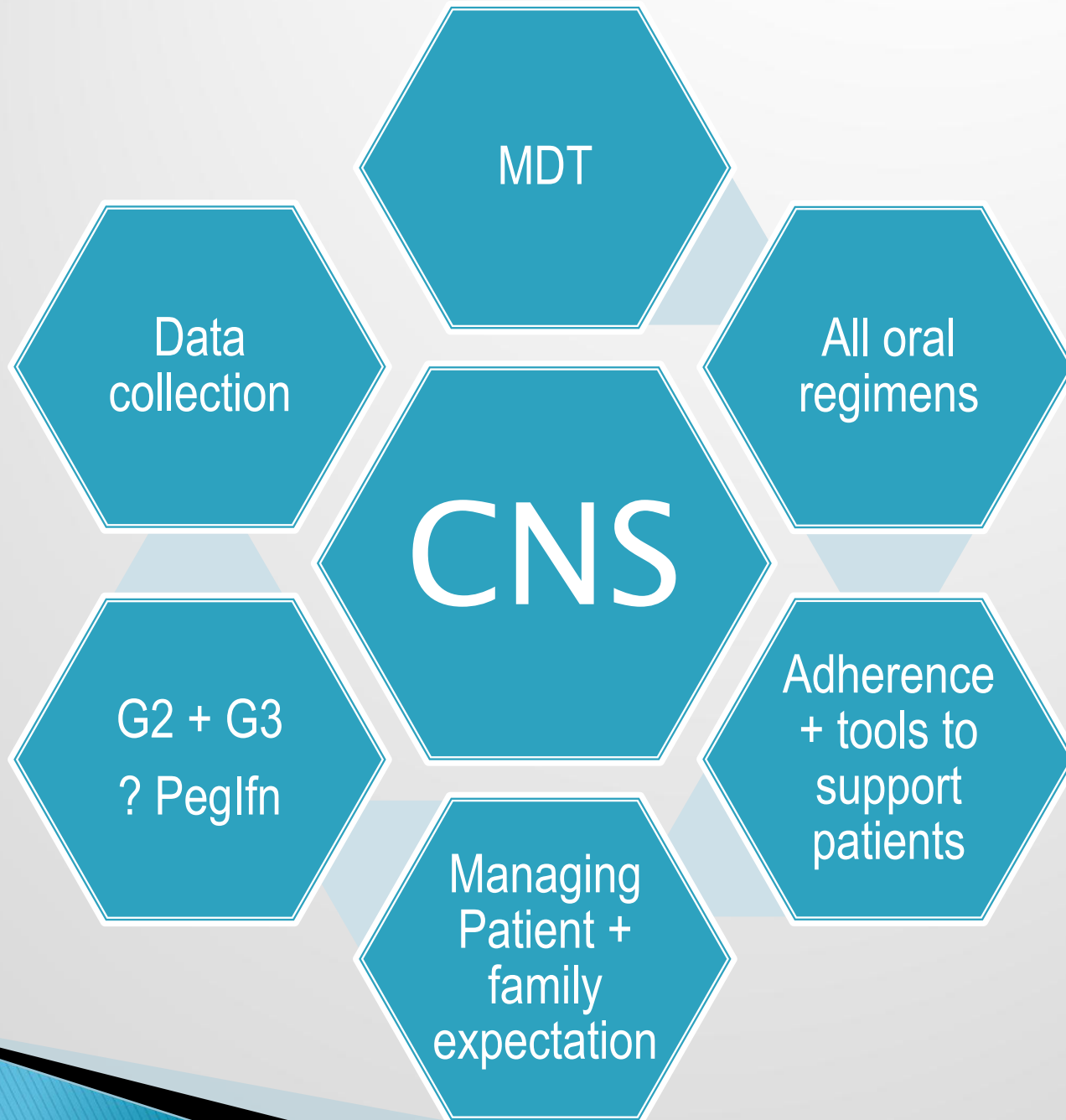
(Trevall and Leary 2009)

The Changing Landscape

- ▶ Consumers are more engaged in healthcare decisions than ever before and are expecting better services and outcomes
- ▶ Demand and expectation of patients is increasing
- ▶ Innovation in healthcare delivery
- ▶ Improved patient safety and quality

MDT provides many opportunities to improve the quality of healthcare





The Future

- Shorter duration of treatment – better tolerability profile
- COST - ?? Will this effect who we treat
- Adherence
- CNS to become more dynamic – work closely with primary care/community groups to raise awareness

Planning Services

- Oral regimens via Pharmacist during supervised consumption
- GP with Special Interest (GPSI) – at surgery
- Liaise with GPs to increase screening/testing streamline pathways (serum markers etc)
- Provide education to community HCPs ie, Practice Nurse's/prisons/probation/local community groups.

Tertiary / DGH

- We should all be giving the same advice
- Patients have higher expectations
- Effective treatments - more complex patient groups ie, renal (increase caseload)
- Screening, will identify patients with cirrhosis – implications!

Conclusions

- Nurses act as an essential link supporting the patient through treatment
- MDT working is a key process through which care is managed within the viral hepatitis service.
- Co-ordinating care of patients with this approach ensures accountability for achieving successful patient quality, safety and treatment outcomes.

CNS's have the opportunity to become more dynamic, validate their unique roles and feel empowered to consistently deliver professional best practice for the patient and service.

Ich danke Ihnen Sehr
Merci Beaucoup

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