length of stay and readmissions to hospital for primary alcohol patients. The team consists of 2 clinical nurse specialists and 6 in reach workers, covering 7 days a week 8am-8pm. Brief interventions are delivered by the in reach workers with the CNS providing specialist alcohol assessments and prescribing advice, all team members refer to the 2 community providers we work closest with. The CNS also took on the responsibility of screening those with alcohol related liver disease indicators via blood test and/or Fibroscan, as per CQUIN CCGX: Alcohol harm reduction: Early identification of liver disease.

Between Jan 1st to the end of March 391 patient referrals where accepted to the ACT within Hull Royal Infirmary and Brief Intervention advice around alcohol consumption was given to patients scoring 7–19 on the Alcohol Use Disorder Identification Tool. 111 were fully assessed by the Alcohol CNS as requiring specialist interventions including substitute prescribing whilst inpatient, alcohol detoxification, nutritional support, relapse prevention prescribing and or-going aftercare. 99 where referred into community alcohol care providers, 50 where followed up in telephone clinics by the CNS post discharge and thus far 12% patients treated in that time frame remain abstinent at 30 days following detoxification. 58% patients have been screened for liver damage, with another 21 awaiting clinics to be restarted following Covid 19. 58% patients have been screened for liver damage, with another 21 awaiting clinics to be restarted following Covid 19 closures, 63% of those screened have so far been identified as having liver disease that requires further staging with the Hepatitis C Trust.

Patients completed a questionnaire detailing HCV risks, after which an oral swab point-of-care test was performed for HCV antibodies (Oraquick®). Patients were offered a Fibro Scan whilst awaiting results and those with a positive swab result had further tests to detect HCV viral load. A food voucher was used as an incentive for testing.

Results A total of 124 patients were tested over 7 days across all sites. Of these, 90 (73%) were male, average age 39.7 years. The population was predominantly White British (84%), with a minority of other backgrounds; Polish 10 (8%), other European 4 (3%), and BAME 9 (7.2%). 82 (66%) disclosed a history of recreational drug use with 10 (8%) currently injecting drugs and 17 (14%) injecting in the last 5 years. Health questionnaires identified 1 HCV risk factor in 45 (36%), 2 in 35 (28%), and 3 or more in 16 (13%). Of the 124 patients tested, 8 (6.5%) were positive for HCV antibodies. We identified and treated 1 active HCV infection, and spontaneous viral clearance in 3 current PWIDs. We were able to re-engage and confirm sustained virological response (SVR) in 4 patients who had been lost to follow-up prior to end of treatment and SVR.

Conclusion The burden of HCV infection falls disproportionately on those experiencing homelessness and substance misuse. We were able to use the COVID-19 pandemic to reach at-risk populations to screen for HCV, facilitate micro-elimination and reinforce harm reduction advice. Our homeless population have multiple risk factors for HCV, with HCV antibodies detected in 6.5% as compared to an estimated prevalence of 0.14% across Surrey (gov.uk ODN-profile tool). New injection networks may emerge given lockdown housing locations and retesting after lockdown will be crucial.

P35 AS ONE DOOR CLOSES, ANOTHER OPENS. COVID-19: A UNIQUE OPPORTUNITY TO SCREEN FOR HEPATITIS C IN DIFFICULT-TO-REACH HOMELESS POPULATIONS

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Introduction The burden of Hepatitis C (HCV) is significant in hard-to-reach populations in whom intravenous drug use (IVDU) is high, including those experiencing homelessness. Despite experiencing the highest risk for HCV, personal and systemic factors make homeless people underserved by standard healthcare provision and engagement is difficult. The COVID-19 pandemic provided a unique opportunity to engage with at-risk populations offered temporary government-funded housing.

P36 LIVER HEALTH IN SURREY HOMELESS POPULATIONS. OUTCOMES OF POP-UP ASSESSMENT CLINICS DELIVERED DURING COVID-19

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Introduction Homeless populations suffer an increased burden of morbidity as compared to the general population, with significant barriers to healthcare access. The Office for National Statistics (ONS) reports premature mortality in this population at a mean age of 45, thirty years earlier than the general population, including a significant burden of drug-related deaths (40%) and alcohol-related deaths (12%) (ONS data 2018). During the initial COVID-19 pandemic with temporary accommodation provided by local councils, there was a unique opportunity to engage this population to assess liver health in Surrey.

Method Pop-up clinics were set up in venues hosting homeless populations in Guildford and Woking between May and June 2020 inclusive. Patients completed a self-assessment questionnaire detailing liver risk factors, including drug and alcohol.