(NDTMS) shows that 84% of C&PI within DTS in England have ever been tested for HCV in 2017–18. We sought to examine recent testing levels and assess testing in those recorded as ‘never injected’.

Methods Gilead has established collaborations with leading DTS providers to support HCV Elimination in England. Through these, we obtained testing data for active clients stratified by injecting status, including:

- Number of clients ‘tested ever’ (recorded in NDTMS)
- Number of clients ‘tested within the past 12 months’ (not recorded in NDTMS)

Results As of February 2020, there were 77,703 active clients across the four DTS providers. Ever tested rates for ‘Current’ injectors were 88%; however only 42% had been tested within the last 12 months (figure 1).

Conclusion While ever tested rates in DTS are high, our analysis of this large dataset shows that less than half of current and previous injectors were tested within the last 12 months. Ensuring clients with continued risk are tested regularly, in line with national guidance, is essential to reduce incidence of HCV. The reporting of annual re-testing rates into routine data sources, and publication in a timely manner, should be a priority. Encouragingly the majority of ‘Never injectors’ have been tested although there remains a significant population that should be tested.

Disclosure of interest statement Data were provided as part of a Gilead partnership with the named drug treatment service providers, which includes funding for data analysts and HCV coordinators.

Abstract P68 Figure 1

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Disclosure of interest statement Data were provided as part of a Gilead partnership with the named drug treatment service providers, which includes funding for data analysts and HCV coordinators.

Background Injecting drug use accounts for ~90% of HCV infections in the UK. Needle and Syringe Programs (NSPs) present a key opportunity for early detection of incident HCV infection in active injectors. Despite this, there are no clear pathways for this vulnerable group. Our aim was to establish a defined blood-borne virus (BBV) testing pathway for people accessing NSPs co-located with drug treatment services (DTS) and streamline care for clients diagnosed with HCV.

Description of Model of Care/Intervention We commissioned a behavioural science research group to conduct an observational study at three NSP sites to map pathways and identify barriers to BBV testing and linkage-to-care (LTC). These outputs informed our multidisciplinary steering committee, consisting of the HCV treatment delivery network, CGL (DTS provider), local NSP staff and Gilead. We agreed an optimised BBV pathway to integrate HCV clinical assessment and treatment into harm reduction within the NSP. We then launched a multifaceted campaign including bespoke training, data support, peer mentorship and disease awareness materials.

Effectiveness Prior to this initiative, BBV testing was ad-hoc and data capture was not required. The project is currently ongoing; 6-month snapshot analysis (Feb2020):

- 732 unique clients attended NSP
- 100% (n=732) offered a BBV test
- 22% (162/732) accepted
- 41% (66/162) HCV antibody positive
- 20% (33/162) HCV PCR positive
- 75% (25/33) referred to the on-site hepatology clinic
- 24% (8/33) started and 6% (2/33) completed treatment

Conclusion Integrated NSP-BBV pathways will be crucial to eliminate HCV given the high prevalence observed. Linkage to care is ongoing; however, to-date, we have successfully initiated therapy in 8 patients at risk of onward transmission. The early data suggest testing uptake in this group is challenging. Phase 2 is focusing on increasing uptake of BBV testing and increasing linkage to treatment within the NSP.

Disclosure of Interest Statement The observational study, CGL coordinators and data analyst were funded by Gilead Sciences as part of the NHS England HCV Elimination Programme.

P69 NEXT: NEEDLE EXCHANGE INITIATIVE TARGETING HEPATITIS C (HCV) INCIDENCE IN PEOPLE WHO INJECT DRUGS (PWID) – PHASE 1

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10.1136/gutjnl-2020-BASL.79

Introduction The COVID 19 pandemic presented a challenge to UK hepatology services to devise new strategies to provide safe and effective outpatient care.1 Most patients could be managed remotely via virtual clinics but a cohort of patients with advanced liver disease need more direct monitoring and assessment.1 We describe a new hepatology ambulatory care unit set up during Covid-19 in a tertiary liver unit and demonstrate its outcomes.

Method The Hepatology Ambulatory Unit (HAU) was managed by two clinical registrars assessing patients face to face...