**Job Description for GP Health Inequalities Fellow: Hepatitis C, Homelessness and Primary Care**

This project is an opportunity to work with primary care practices to address health inequities faced by socially marginalised populations, to improve hepatitis C (HCV) care pathways to support NHS England’s objectives of HCV elimination by 2025 and to improve health outcomes.

**Project Supervisor:** Dr Binta Sultan, Clinical Lead for Hepatitis C, Health Inequalities and Inclusion Health, Transformation Partners in Healthcare, Royal Free NHS Trust. Consultant Physician in Inclusion Health, CNWL NHS Foundation Trust ([LinkedIn](https://uk.linkedin.com/in/binta-sultan-43a65711) profile)

**Duration:** up to 9 months

**Time commitment:** 2PAs flexible depending on the fellow’s availability

**Grade:** GP registrar or above

L**ocation:** Remote, London. Some London travel will be required to engage with key stakeholders and implement the project

**Expertise**: Interest in improving health equity for inclusion health populations. Previous audit or quality improvement experience

**Organisation leading on project:**

Transformation Partners in Health and Care (TPHC) brings together expertise in clinical leadership, city-wide transformation and service improvement, strategic planning, communications, social movements, analytics, and programme management. Working as part of, and on behalf of, health and care partners, it objectively understands all perspectives and draws together an integrated overview, providing system leadership in two main ways:

1) Developing and delivering transformation programmes ‘Once for London’.

2) Convening London-level conversations on system challenges and enabling system leaders to articulate a collective response.

Visit TPHC website to [learn more about our work](https://www.transformationpartners.nhs.uk/).

Commissioned by NHS England Hepatitis C Elimination Programme

**Project team:**

Dr Binta Sultan Clinical Lead TPHC

Theresa Nguyen Project Manager TPHC

Denitsa Petrova Project Support Officer TPHC

GP fellows

Research team from NIHR UCL Health Protection Research Unit

**Project Summary: Developing Primary Care Pathways for Rapid Hepatitis C Testing and Treatment Among Socially Marginalised Populations**

In England, people who inject drugs are at the highest risk of acquiring hepatitis C (HCV). The infection in its early stages can go unnoticed but chronic infection over many years can lead to liver cirrhosis, liver failure and even liver cancer. There has been a revolution in the effectiveness and safety of HCV treatment in the last decade. Short course (8 weeks), highly curative (>95%) oral directly acting antivirals. The costs of these drugs have also fallen in response to government and pharma agreements. This has provided the opportunity to treat many more people safely with the need for less follow up during treatment. Rapid diagnostics for HCV and for liver assessment have resulted in the ability to provide same day diagnosis and therefore reduce loss to follow up.

In response to these innovation the WHO has set a global viral hepatitis elimination agenda of elimination by 2030. The NHS Hepatitis C (HCV) elimination agenda has set a target of elimination of HCV in England by 2025. Alongside this goal there has been resource provided and innovation encouraged to achieve this ambitious public health in the timeframe. There have been great strides made in achieving this goal in England, with a focus now on those who are not known to services or lost to follow up. At the same time there have been challenging contexts in which these programmes have been delivered, increased social marginalisation and poverty. There has been progressive defunding of public health programmes and social safety nets in England and other global North countries. There is rising homelessness and the highest number of drug related deaths ever in England.

People experiencing homelessness have poorer health outcomes and high rates of excess mortality. The average age of death of someone who sleeps rough (street homelessness) is 42 years in the UK, with drug overdose, violence and death by suicide the most frequent cause of death (ONS). There are also high levels of morbidity and mortality from chronic diseases and infections. People affected by homelessness are less likely to be engaged with primary care services and more likely to present to emergency departments with advanced chronic disease.

**Primary Care, HCV and People Experiencing or At Risk of Homelessness**

NHS England are prioritising the development of effective primary care pathways for identifying people living with or at risk of HCV and offering HCV treatment. Primary care is key in public health programmes to support prevention efforts and provide integrated care, enabling meeting the holistic needs of patients and improving health and social care outcomes.

**Summary of Project:**

The pilot project aims to work with two practices that in areas with a high index of deprivation in order to improve HCV testing and treatment pathways for people at risk of or currently experiencing homelessness; a specialist homeless practice and a non-specialist practice. The project team will work closely with the local HCV treatment teams, operational delivery networks (ODN), and the primary care teams to deliver the project.

1. Co-production, with people with lived experience of homelessness and hepatitis C and primary care staff, a complex intervention that consists of HCV education and trauma informed training, HCV testing within a primary care practice, rapid access HCV treatment pathways and collaborative working with housing outreach teams and Hepatitis C Trust peers
2. Implementation of the co-produced complex intervention
3. Evaluation of the complex intervention including qualitative and quantitative assessments

**Role of GP Health Inequalities Fellow:**

The GP fellow will work closely with and be supported by the clinical lead and the project management team from Transformation Partners in Healthcare.

Key roles which will be supported by the project team:

1. Engagement with primary care practices to understand current challenges to delivering HCV care for people at risk of or currently experiencing homelessness
2. Involvement in co-production work; focus groups
3. Support local practice to implement the intervention
4. Involvement in qualitative and quantitative data collection
5. Contribute to write-up of the evaluation of the project
6. Contribute to drafting policy recommendations for delivering HCV care in primary care

**Training and Experience:**

GP fellows will receive training on the needs of health inclusion populations and trauma informed practice as well as practical research training in qualitative and quantitative data collection and analysis.

They will also have the opportunity to work with local HCV GP champions and present the work at regional and national meetings.