

Bristol and Severn HCV Operational Delivery Network ('ODN')

ODN Five Year Plan

This document sets out the basis for a Bristol and Severn Regional five-year plan to:

- Provide improved and enhanced communication to our stakeholders to improve the prevention of HCV;
- Raise awareness of the causes and symptoms of HCV;
- Increase opportunities for testing within the Region;
- Improve diagnosis and treatment rates within the Region.

Introduction

At our regional meeting in September 2018, we discussed the following national issues:

- the Pharma tendering process and hope that we are able to prescribe Pan GT medications to negate the need for genotype testing before the initiation of treatment and speed up pathway to treatment;
- Pharma appearing to be reluctant to provide funding for portable fibroscan machines and would rather support training schemes or point of care testing;
- In order to achieve the WHO elimination target, extra Hep Nurses, BBV Nurses and Pharmacists will be needed to take treatment into the community.

We also discussed the outcome of our Peer Review, and noted the actions to be taken. The review concluded that we need written terms of reference for how the ODN operates, more documented pathways and details of out of hours services for all Trusts. We plan to include this on our ODN website once agreed.

We were very pleased with the awareness initiatives undertaken around World Hepatitis Day, which included presentations within UHBristol and Gloucester, social media postings and even a radio broadcast at Gloucester. It is intended to make this an annual event at UHB.

There was a suggestion that it may be possible to streamline the referral process for uncomplicated patients. At UHBristol these are currently being seen as new by the Hepatology Nurses with advice sought from a Consultant if required. Gloucester and Bath expressed an interest in adopting the UHBristol model, which could be achieved with a requirement for nurse prescriber training. The ODN is to explore the likelihood of Pharma funded training for this.

The meeting were pleased to receive a presentation on a 'rapid' testing facility, which is something the ODN are very interested in progressing with the support of the Bristol Virology PHE lab. With the use of this new technology, it is hoped to decentralise testing taking it directly to point of care in the community and rapidly speeding up diagnosis. Of particular interest is that the machines can process a variety of tests including Ca, HIV and Flu.

We continue to aim to achieve a 30% reduction in HCV incidence by 2020 with ultimate UK elimination by 2025, in accordance with the National HCV plan and WHO target.

Governance

Clinical pathways

HCV treatment providers' practice is reviewed at each 4-monthly regional ODN meeting (increased frequency since Peer Review), by means of regular (at least annual) revision of key areas. The following areas have been discussed as agenda items during 2018-19 (with reference to clinical data from Medway database, patient/referrer/treatment team feedback):

- HCV clinical pathways for treatment referral (including screening methods, e-referral, non-invasive methods fibrosis assessment)
- Optimum HCV treatment monitoring pangenotypic vs current standard
- Management of patients with F3/F4 equivalent fibrosis on fibroscan post-treatment
- Treatment outcomes, including adherence

Prescribing

Our ODN pharmacist (0.8WTE) oversees the following areas and provides regular updates as an agenda item at each regional ODN meeting:

- Consistency of Blueteq prescribing across region, providing response to any queries in this respect raised by NHSE.
- Monitoring of treatment centres' adherence to prescription of lowest-cost acquisition therapies, assisting them with issues of access to VAT-exempt schemes.
- Important drug-drug interactions, ensuring that these are highlighted and management plan made at MDT discussion.

Our ODN compliance with the second-line agent prescribing policy is overseen by a second ODN lead (Dr Paul Richardson, Cheshire and Merseyside ODN Lead).

Data Capture

Utilisation of the UHBristol Medway MDT reporting system facilitates audit of HCV therapy outcomes across the region. The tool has been developed to capture the mandatory demographic data required for the national PHE dataset.

ODN Website

The recent NHSE Peer Review has highlighted a deficiency in the ODN's documentation of clinical guidelines. To address this we have developed an ODN website which can be split into two parts, a patient facing information section and a clinician section which will contain clinical guidelines for the management of hepatitis c and other relevant clinical guidelines. We discussed this at our regional meeting in September 2018 and the website is now live and accessible via: <http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bristol-royal-infirmary/what-we-do/hepc/>. Currently the information available on the website is primarily a patient focused and we are in the process of developing the clinician facing information.

Goals

Awareness

- To increase awareness that DAA-based HCV therapy is highly tolerable and efficacious amongst at-risk groups and healthcare providers/support agencies/charities, with the aim of increasing case identification rates.
- To increase awareness amongst all groups that patients on opiate substitution or with current alcohol dependency problems can safely initiate HCV therapy with appropriate clinical supervision.

Promotion

- To work with all relevant partners to create local initiatives to strengthen community action on HCV and other causes of liver disease (alcohol and obesity/metabolic/fatty liver disease) and to recognise that reducing liver deaths <75y is a key healthcare priority in the next 5 years.
- To empower at-risk groups to seek HCV testing and treatment, notably PWIDs, patients from countries of high HCV prevalence (Southern Asia), patients in prison, homeless or people living in
- temporary hostel/refuge accommodation.

Prevention

- To reduce incident cases of HCV by 30% from baseline by 2020 for the Bristol and Severn HCV ODN
- To eliminate HCV as a major communicable disease in Bristol & Severn by 2025
- To reduce HCV-related deaths <75y by 10% by 2020
- To maintain and improve harm-reduction strategies for PWIDs (i.e. availability OST provision and needle-exchanges) for population of Bristol & Severn HCV ODN.
- To reduce reinfection rates in patients who obtain a sustained viral response (SVR) to treatment.

Screening and care

- To identify the geographical areas of greatest need for enhanced HCV screening in our ODN.
- To increase access to HCV testing in at-risk groups, by enhancing access to dry blood-spot or oral swab testing e.g. via community blood-borne virus nurses, antenatal screening, drug support agencies, healthcare services for the homeless and community pharmacists.
- To increase access to non-invasive measures of fibrosis (e.g. Fibroscan/Fibrotest/FIB4) amongst groups currently not accessing secondary care, to increase identification of patients with HCV-related cirrhosis.
- To plan novel ways of treatment provision by non-specialised groups e.g. drug support agencies/community pharmacists supported by outreach HCV specialist nurse teams to maximise uptake of and compliance with HCV therapy. To provide training and support/oversight for these groups.

Surveillance and Research

- To work with PHE and HPA virology labs within the ODN (Bristol, Gloucester, Salisbury) to collate data on incidence and reinfection rates.
- To work closely with PHE to identify known HCV-infected patients who have not yet been referred for treatment.
- To increase patient access and enrolment to clinical trials of novel HCV therapies, when available.
- To work with potential non-specialised providers to undertake pilot studies of novel models of care in difficult-to-treat groups, to provide evidence to support funding for future treatment programmes for these groups (e.g. mobile treatment services).

Assessment of existing provision – strengths, weaknesses, opportunities and limitations

Strengths

- There is a relatively high level of HCV treatment expertise already established in secondary care across the ODN, with a regional MDT operational since July 2014.
- Community HCV testing using dried blood-spot is already provided by blood-borne virus nurses allied to the regional drug support agencies and prison healthcare teams.
- Two of the region's drug support provider agencies have stayed relatively constant for the last 4 years (e.g. Addaction, Bristol Drugs Project/BDP) and have good insight to the needs of PWIDs.
- There are close links to University-based research teams in both Bristol and Gloucester to support development of future research. Bristol Royal Infirmary has recruited patients to international multicentre randomised controlled trials of novel HCV therapies since 2006.
- HCV action group now exists in Bristol to aid planning of community services and is comprised of representatives of all stakeholder groups.
- Out-reach facilities are now widely available throughout the ODN.

Weaknesses

- No model of care for community-pharmacy delivered care exists yet, other than for OST.
- Peer review has identified ODN's lack of unified clinical guidelines and patient information. This is to be addressed in the ODN website.
- ODN requires defined terms of reference to meet national standards.

Opportunities

- Increasing access to HCV treatment may result in increased patient awareness of need to modify behaviour (e.g. reduce alcohol intake, utilisation of needle exchanges and uptake of OST) to maintain long-term liver health.
- Reducing decompensated cirrhosis due to HCV will reduce inpatient admissions due to decompensation, reduce need for transplantation and also incidence of hepatocellular carcinoma.
- Co-ordinated approach with support agencies will aid development of a unified treatment referral pathway, which will reduce inappropriate referrals to secondary care and also secondary care DNA rates, yet increase uptake of HCV therapy.

- To change the model of HCV care to increase community based care delivered beyond secondary care and closer to patients' homes.

Limitations:

- There are limited resources allocated to Hepatitis C treatment, particularly to provide and sustain outreach work.
- HCV and alcohol-related liver disease are often perceived as 'self-inflicted' conditions which traditionally receive less support from charity agencies and do not always receive high priority for NHS funding compared with other conflicting healthcare priorities.
- In order to achieve a community based model of care we need to engage community pharmacists and increase their knowledge around HCV. Links have now been established with community pharmacists via Avon LPC and we hope to develop these further after an educational event during Q3 2018/19. As a result we hope to engage interested community pharmacist in providing testing and treatment for HCV based in community pharmacies.

Actions

Clinical Governance: Following the recent Peer Review of our ODN, we will undertake the following

- Construct an action plan to embed HCV management guidelines for the region within our ODN, which are readily accessible for all stakeholders via the ODN website (by end of Q3/4).
- Improve the quality of our generic patient information for our patients (by Q3 2018/19).
- Ensure more robust guidance available for clinicians looking after HCV patients on treatment 7 days weekly.
- Enhance informatics to ensure robust data capture SVR results and adherence rates.

Awareness and Promotion

- **WORK WITH DRUG SUPPORT AGENCIES/PRISON HEALTHCARE** to identify 'Liver Health' champions/support workers, who could deliver patient education workshops on Liver Health, including HCV treatment as a topic, to increase uptake of testing/treatment (UHB to lead). **Progress and targets for 2019/20** UHB has supported the drug services in Bristol in the creation of 'Hepatitis C Champions'. These are members of staff from all areas of the over – arching drug service who have been given extra training from the drug service BBV nurse to enable them to feel confident to act as 'Hepatitis C Leads' in their areas. They have also undergone training to test, and in some cases are trained to Fibrosan, using the drug service Fibroscanner. The treatment team nurses provide on-going support to these Champions by welcoming them in to shadow treatment clinics. The champions report the shadowing as being extremely helpful, as it allows them to give up-to-date information regarding treatment options/ side effects. We aim to offer shadowing opportunities to prison staff. *Target 2019-20: continue to support*

Champions and extend to DHI, Addaction, CGL. Continue to plan prison rapid-access treatment programme with Bristol Prison cluster.

- **PROVIDE EDUCATION SEMINARS** to regional GPs and acute medical admissions teams to update them regarding advances in HCV treatment and patient eligibility, to increase screening/referral rates. **Progress and targets for 2019/20:** HCV treatment teams will continue to undertake such training events, including teaching at regional specialist training days in 2018/19 and local grand rounds. We plan to update AMU teams at regional training days in 2018/19 also. UHBristol co-ordinated a regional HCV update event aimed at all HCV stakeholders (focus on non-secondary care providers) on 18.5.2018, with a further national training event for community care providers on 12.6.2018 in Bristol (organised by INHSU). Kat Wolf has arranged to meet local community mental health teams to provide education about the need to test their service users for hepatitis C and the treatment care pathway.

ODN Pharmacist Janki Jethwa presented at 2 large training events for community pharmacists in Bristol and South Gloucestershire. There was a lot of support for pharmacists being able to test. We are looking into hosting testing events in pharmacies with point of care testing. We would hope to target the pharmacies with the highest level of opioid substitution therapy clients.

Targets for 2019-20: Janki Jethwa and new outreach nurse to plan further events including drug support teams, hostels, prison teams, community pharmacies

- **WORK WITH HOMELESSNESS CHARITIES** to provide patient education. **Progress and targets for 2019/20:** Our Community Engagement Officer has worked closely with Homeless Health in Bristol. The Homeless Health Service refers directly into hepatology and patients are able to be seen for treatment in the service next to their hostel. RUH Bath HCV team have close contacts with the homelessness charity in Bath. We also invite local homeless charity representatives to our ODN meeting. Janki Jethwa, or ODN Pharmacist has delivered training to the managers of all the hostels in the Bristol Homelessness Network – raising awareness of hepatitis C and treatment. It is hoped that closer links between hostel staff and the Viral Hepatitis team will help to improve patient adherence to treatment. *Targets for 2019-20: Newly appointed outreach nurse and lead HCV nurse to support work with homeless and coordinate outreach clinics to key sites.*
- **SEEK SUPPORT OF NATIONAL GROUPS/ Pharma education grants** e.g. HepC Trust, Gilead education Fund to support local initiatives. **Progress and targets for 2019/20:** The ODN has secured funding from pharma to hire the Bristol Drugs Project mobile harm –reduction truck, which has 2 clinic areas and an interview room, the truck will be provided with a worker who will be able to FibroScan using BDP’s mobile FibroScan. The truck will be able to access areas of the ODN where there are pockets of individuals who have not been tested/ FibroScanned. The truck has now been used extensively by Royal United Hospitals Bath treatment team. They have made the most effective use of the truck by setting up the test/scan days alongside established homelessness food providers. Our Bath team have also found that working in partnership with the staff from homelessness agencies is essential to

ensure good turn out and publicity for the events. They plan to continue to use the truck in this way. In addition, we are in talking with MDS pharma who may provide a grant for a Cepheid machine which we plan to use at these mobile events and set locations, such as local prisons and community pharmacies, as part of a pangenotypic treatment pilot. *Targets for 2019-20: Complete two planned events in Bristol and Weston using the BDP truck and plan at least 1 additional health promotion event. Utilise the Cepheid machine at these events to engage more patients on to treatment.*

- **UTILISE SOCIAL MEDIA** to inform younger patients with advice from HepC trust. **Progress and targets for 2019/20:** This was discussed at the HCV regional meeting in September 2018 (Q2 2018/19) and a website has been developed which went live in October 2018. The website has information about the hepatitis c virus, links to the treatment centres, descriptions of the common medications used to treat HCV and a self-referral form. The ODN has received a number of self-referrals via the website form. We have worked closely with the UHBristol communications team in planning a communication strategy to ensure appropriate promotion of the website and services provided, and the website is now the first option when searching for 'Bristol Hep C' when searching on Google. In line with World Hepatitis Day UHBristol posted information via the Trust's Facebook page on a promotional event being held at the hospital. Gloucester held a similar event which was broadcast on local radio. UHB also raised awareness of the team and our goal to eliminate HCV via the Trust's Newsbeat article, a weekly bulletin circulating amongst hospital staff. *Targets for 2019-20: Develop the 'clinician facing' view of the website to including specific advice for prison services. We will also encourage the use of the self-referral form by promoting the website in local pharmacies. Together with our PHE representative Natalie Sims we hope to develop a communications strategy to promote another World Hepatitis Day event in July 2019.*

Prevention

- **WORK WITH PHE** to identify and locate all HCV-infected patients not yet referred to treatment services. To examine demography of patients <75y who have died from HCV-related liver disease in last 4 years to identify potential geographical gaps in treatment service provision. **Progress and targets for 2019/20: Achieved: HCV deaths <75y:** This work has already been performed by Dr Julia Maltby and Dr Georgina Beckley for the BANES area (where mortality 75y highest in ODN). Report was presented at ODN meeting 14/09/2017 and included in Q2 CQUIN 2017/18 report. Dr Charles Irish, consultant virologist for Public Health England, Bristol and Dr Maya Gobin, consultant epidemiologist for PHE South-west, now attend our ODN meetings regularly to report on HCV incidence and prevalence. We have also developed close links with Dr Natalie Sims, Health and Wellbeing manager for PHE who is our representative for PHE. Having received the national data download of lost positives during 2018-19, we have sorted through the information and have contacted the GPs for the patients who are still in our ODN. We also receive weekly reports of any positive HCV tests within our ODN. *Targets for 2019-20: Work closely*

with PHE to optimise linkage to care for patients highlighted in the look back exercise and the new positives.

- **IDENTIFY KNOWN CIRRHOSIS PATIENTS** who have not yet commenced HCV therapy and target services to support treatment of these patients (e.g. via drug support agencies, homeless healthcare teams). **Progress and targets 2019/20:** This work continues and we continue to invite homeless charity representatives to our ODN meetings to enhance awareness. See above re work with homelessness agencies. *Targets for 2019-20: Utilise the BDP FibroScan during promotional events to assess patients who are at risk of cirrhosis and link them to care as appropriate.*
- **ENHANCE PATIENT EDUCATION** programmes for those in prisons. **Progress and targets 2019/20:** Pharma teams have offered to sponsor education events in our local prisons to increase awareness of new treatments available for HCV and enhance uptake both in prison and post-release. The local prisons have recruited an advanced clinical specialist nurse in BBV with an interest in hepatitis C who will become our HCV champion for the prison services which now has a Fibroscanner and several staff who are able to scan. ODN Pharmacist Janki Jethwa has developed an ODN leaflet which will soon be available to all centres. *Targets for 2019-20: Upload of ODN leaflet to ODN website for HCV teams in each centre to download to distribute to patients as required.*
- **TARGET HIGH TRANSMISSION RISK PATIENTS** for treatment, by working with the drug support agencies, HIV Coinfection clinic, community pharmacy teams and needle exchanges. **Progress and targets 2019/20:** We examined the uptake of treatment in patients either currently or recently (<2y) injecting drugs in our ODN treatment MDT referral database for the year to April 2017. We identified 114 patients in this group discussed, 101 (89%) of whom were Bristol-based. Although 49% of these patients were approved for treatment, only 46% actually started treatment (26 patients). We discussed these data at our regional HCV ODN meeting on 23.03.2017 and decided that Bristol should be the focus for piloting outreach treatment pathways for these patients in the first instance, due to greatest need. We continue to focus on this group and hope to participate in a study to scale-up screening in primary care in partnership with the University of Bristol (Prof Peter Vickerman). *Target for 2019-20: We will re-audit the number of active PWIDs starting treatment in time for our May 2019 ODN meeting, in the hope that this number will have doubled compared with 2016-17 data. We are also going to pilot a scheme in Bristol for on-site hepatitis C testing, RAPID-C, using the Cepheid machine currently on site. This will focus on current inpatients and frequent attenders to the UHB ED, AMU and those highlighted by specialist nursing teams such as drugs specialist nurses, homelessness team and tissue viability nurses in the hope we can link these high transmission risk patients in to care.*

Screening and Care

- **USE PHE-BASED HCV TESTING DATA** to geographically map areas of greatest need for enhanced screening. **Progress and targets 2019/20:** We are working with Drs

Natalie Sims and Maya Gobin of PHE to produce a local prevalence map according to PHE HCV screening tests. We have received the download of all PHE national HCV RNA data and have reviewed this. At our last ODN meeting we designed an action plan for contacting this group, which we estimate will be 2000-3000 patients. *Target for 2019-20: We also continue to work with our local PHE Virology team, led by Dr Peter Muir, and our IT team, to upload all HCV RNA positive results 2012-17 from Gloucester, Cheltenham, Bath and Bristol labs onto our HCV Medway database. We plan to work with the Salisbury laboratory to capture Yeovil/Somerset data. Charles Irish has agreed to help support discussion of this with the local virology team at Southmead and will estimate additional lab administration costs needed for this activity. Also see above for work with PHE. Working with PHE we hope to optimise opt-out testing within the region, including improving the information transfer from dry blood spot testing within the region.*

- **PILOT A MOBILE HCV TESTING AND TREATMENT FACILITY**, which would include a portable fibroscanner to provide HCV service access for homeless patients. (Achieved in Q3 2018-19)
- **Progress and targets 2019/20:**
 - In 2017, UHBristol HCV nurses supported a PHE/BDP/Bristol CCG –led event to screen homeless groups in the city for blood-borne viruses (using oral swabs/dried blood spots), cirrhosis (mobile Fibroscanner) and TB (mobile chest X-ray). Over 200 at-risk clients were identified and screened in an intensive 72-hour event.
 - PHE reported the outcome in Q4 of 2017/18 at our ODN meeting and we agreed that this model could work across the ODN (especially in the more rural east of region in Wiltshire, centred on Trowbridge).
 - The ODN had secured funding from pharma to hire the Bristol Drugs Project mobile harm –reduction truck, which has 2 clinic areas and an interview room. The truck will be able to access areas of the Forest of Dean where there are pockets of individuals who have not been tested. The plan is to test and fibroscan in one visit – referrals can then be taken directly on the day.
 - *Target from 2019-20: Achieved in Trowbridge – planned for Bristol and Weston next in Q1 2019-2020).*
- **Pilot of Directly observed treatment (DOTs) in Bristol**
 - Unfortunately our application to MSD Pharma was not successful but we have managed to secure funding via the CQUIN to support this project where patients can collect their HCV therapy alongside their supervised opioid substitution therapy. *Targets for 2019-20: We have confirmed the process with Boots Pharmacy and are awaiting suitable patients to recruit on to treatment. We are planning on promoting the scheme in nearby GP practices and engaging with shared care and key workers of patients who may be appropriate.*
- **Mobile Fibroscanning**
 - Bristol Drugs Project (BDP) now has possession of a mobile FibroScan, and 5 members of staff have been trained to scan. Drug Service service users now have direct access to FibroScans. BDP are to include scan results with

referrals for treatment – negating the need for patients' attendance at hospital for a scan.

- The 4 prisons in the ODN area now have access to a fibroscan and a number of staff have been trained to use it. This is already proving to be helpful in speeding up treatment for patients in prison as they no longer need an appointment for a fibroscan at the hospital.
- Use of the BDP mobile harm reduction truck has allowed greater access to mobile fibroscanning across the region.
- UHB staff have been taking the hospital's mobile fibroscanner on outreach trips to local GP surgeries with the result that hospital appointments have been cut to a minimum for patients needing treatment.

Plan **COMMUNITY-BASED HCV TREATMENT DELIVERY** and establish HCV Pathway Mapping Group for each centre to plan this, starting with Bristol. **Progress and targets 2018/19:** We continue to write a new service level agreement to enable supervised prescribing of HCV therapy in the community. We are looking in parallel, at ways to enhance patient' treatment adherence using our local HCV peer-support network (co-ordinated by BDP, DHI, CGL, Turning Point, Addaction). We have initiated discussion with Avon LPC Chief Officer to try to plan a directly-observed-treatment pathway for active-injectors on daily OST collection +/- utilising needle-exchanges in Bristol. We also hope to utilise the programme 'PharmaOutcomes' which is currently in use by community pharmacies in the region as a way for community pharmacies to refer positive HCV patients into the ODN service. The DOTs Boots project has received final approval and we are awaiting recruitment of suitable patients.

Hepatitis C trust representatives have run a half-day 'roadshow' for potential HCV community workers and our ODN on 14.09.2017, together with a national training event for a similar group on 12.6.2018.

We have also recognised the need to liaise closer with community mental health teams to identify patients for treatment and achieved our target in 2017/08 to have a local representative psychiatrist (Dr Jane Hicks Community psychiatrist, Bristol) attend our ODN meetings.

Targets for 2019-20: We will engage with community psychiatry teams in the rest of the ODN to facilitate CPN-supervised HCV treatment for patients resident in long-term care facilities.

- **ENABLE TREATMENT DELIVERY AT SOUTHMEAD HOSPITAL:** To enable HCV treatment to be delivered at Southmead Hospital NBT to increase capacity in ODN to treat Bristol patients (where prevalence is highest) and improve access for low-income patients in Avonmouth and Southmead areas, for whom travel to central Bristol is very costly. To improve access for HIV co-infected patients, whose care is centred at Southmead. To demonstrate the efficacy and cost-effectiveness of a hospital pharmacist-supported clinician-led treatment service. *Targets for 2019-20:*

Plan was to be operational by Q2 2018/19 however due to internal processes at NBT we hope to have this operational in Q1 2019-20.

Surveillance and Research

- Work with HPA virology services to **PROVIDE DATA ON PATIENTS LOST** to follow-up post-treatment regarding reinfection; see Screening and Care section. This is now provided within the new positive data-set reported weekly to the ODN coordinator.
- Engage **SUPPORT OF PHE LOCAL TEAM TO DEVELOP STRATEGIES** to monitor incidence across the ODN; see Screening and Care section above.
- Continue to **RECRUIT PATIENTS TO NATIONAL STUDIES** **Progress and targets for 2019/20:** Await further studies, but note that commercial HCV study numbers in UK are now extremely, due to availability of effective therapies in UK. We are focussing more on novel pangenotypic treatment projects e.g. via community pharmacies, mobile clinic, prisons etc.
- Work with Professor Peter Vickerman to **STUDY OUTCOMES OF PILOT STUDIES** of community-based HCV therapy to guide future practice. Support national treatment for the Homeless project. **Progress and targets for 2019-20:** Await outcome of Prof Vickerman's NIHR bid using Bristol as one of several UK ODNs examining the effects of upscaling screening for HCV on linkage to care. Identify clinical fellow to work with this team, potentially from Primary care research team in Bristol.

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