Amendment to Hep CU Later – Hepatitis C Patient Identification Collaboration – Detect and Protect

Joint Working Outcomes Summary

Hep C U Later is commissioned by the NHS England Hepatitis C Elimination Programme and is an output of an NHS Addictions Provider Alliance (NHS APA initiative) and Gilead Sciences Joint Working Initiative.

Parties to the Joint Working:

1. The Midlands Partnership NHS Foundation Trust (MPFT) of Trust Headquarters, St Georges Hospital, Corporation Street, Stafford ST16 3SR

2. Gilead Sciences Ltd, a company registered in England (registration number: 02543818), having a principal place of business at 280 High Holborn, London WC1V 7EE

Start Date: August 2025
Completion Date: March 2026

UKI-UNB-2819 | Date of Preparation 06/2026

Introduction

The Hep C U Later Drug and Alcohol Focussed Programme:

Hep C U Later, is commissioned by the NHS England Hepatitis C Elimination Team

The NHS Addiction Providers Alliance (NHSAPA) is an alliance of NHS Trusts, providing community drug and alcohol treatment services across England, and is currently chaired by Inclusion (part of the Midlands Partnership NHS Foundation Trust).

This reach currently extends to over 49,000 people who use community drug and alcohol treatment services, across 19 NHS Trusts, 35 community drug service contracts, aligning with 15 of the 23 Operational Delivery Networks (ODNs). The NHS APA members provide community drug and alcohol services to approximately 35% of people engaged with community drug and alcohol services in the English treatment system. The system-wide partnership ensures providers collaborate closely, share learning and co-produce solutions to ultimately drive forward quality care. Hep C U Later is an initiative of the NHS APA.

The aims of the Hep C U Later Drug and Alcohol Focused NHS APA Programme are:

1. Reaching hepatitis C micro-elimination across all NHS APA member services
2. Improving the ability of the NHS APA services to sustain micro-elimination
3. Improving harm reduction in drug and alcohol services and widening opportunities to improve testing, treatment and awareness (outside of drug treatment services).

Hep C U Later – Detect and Protect

Hep C U Later has successfully delivered impactful programmes addressing health inequalities. With NHS England's renewed focus on detecting all forms of viral hepatitis, the programme was extended to target hepatitis B and D, which are often misunderstood and underdiagnosed.

This programme extension to existing joint working aimed to improve hepatitis B, and ultimately hepatitis D, prevention, case finding and treatment. This programme supported the WHO and NHS England goals of increasing testing and treatment, reducing mortality, upskilling the workforce, reducing stigma, and raising awareness.

Although the Hep C U Later Detect and Protect programme was primarily aimed at general practice and the general public who may be at risk of infection, the resources, training and other products were made available to drug treatment services across England, Operational Delivery Networks, charities, sexual health services, community groups, universities and wider stakeholders.

Outcomes Summary:

- **Hepatitis B TV Screen Graphics for Waiting Areas**
  7 downloads since it was launched in later 2025.

- **Hepatitis B Leaflet**
  The printed hepatitis B leaflet has been distributed to a range of organisations and services and is now included in the standard pack of resources sent out to services across England.

  Since their launch in late 2025, 425 leaflets have been distributed across primary care and community drug and alcohol treatment services. There have been 16 downloads of the leaflet since it was launched in late 2025.

- **Hepatitis B Infographic Pack**

  Due to its complexity the infographic pack is not yet finalised at the time of writing this report, however, significant progress has been made with its creation, and it will be available shortly.

- **Attendance and exhibitions at two key conferences to engage professionals with the materials and scope what primary care professionals would find beneficial from future resources**

  Following extensive engagement with professionals GPs fed back they would benefit from increased information around hepatitis B and how to manage and support people affected by hepatitis B. The majority fed back that bite-sized CPD accredited training and detailed information and resources contained in one place would be most beneficial (e.g. Toolkits).

- **Hepatitis B Communications and Engagement Plan**

  This has been finalised and sent to Gilead Sciences. Elements of this plan have been used to engage people with the hepatitis B-related materials.

- **Hepatitis B Social Media Awareness Raising Campaign**

  Hep C U Later have regularly posted key content raising awareness and knowledge of hepatitis B alongside hepatitis C focussed social media. This content has also directed people to key resources.

Project Learnings:

1. Scale through existing system infrastructure (ODNs + APA)

- Leveraging the NHS APA network enabled rapid national reach without building new pathways.
- **Learning:** Future programmes should prioritise embedding within existing networks rather than creating parallel delivery models.

2. Multi-channel engagement is necessary but not sufficient

- Delivery included leaflets, TV screens, conferences, and social media, but measurable engagement remained modest.
- **Learning:** Passive dissemination (assets + awareness) does not guarantee uptake—must be coupled with active implementation

3. Primary care requires simplified, consolidated education

- GP feedback highlighted demand for:
    - Bite-sized CPD-accredited learning
    - Centralised toolkits with practical management guidance
- **Learning:** Education should be:
    - Modular (CPD units)
    - Action-oriented (what to do at point of care)

4. Co-development via stakeholder engagement improves relevance

- Conference engagement directly shaped future outputs (comms strategy, resource design).
- **Learning:** Iterative design with frontline professionals increases alignment to real-world need

5. Broad stakeholder accessibility increases dissemination potential

- Resources were shared beyond primary care (drug services, charities, universities, ODNs).
- **Learning:** Designing assets for cross-sector use increases value, but messaging may need tailoring for each setting to drive action.

Contributions from Each Party:

This was an extension to an existing joint working agreement which provided dedicated Hep C U Later Programme Lead (20 hours per week) to provide strategic leadership / direction of the overall project and management of the team ensuring accountability against tasks and milestones alongside networking and engagement with all system partners.

For additional detail see **Hep CU Later – Hepatitis C Patient Identification Collaboration Joint Working Executive Summary UKI-UNB-2821**

Additional Hep C U Later time and expertise in developing:

Hepatitis B and D TV Screen Graphics	To highlight risks of transmission, where to access testing and the need for hepatitis D reflex testing

Hepatitis B and D Leaflet	To highlight risks of transmission, where to access testing and the need for hepatitis D reflex testing, hepatitis B testing, vaccination and treatment
Conference booking	To engage professionals, carry out scoping work to determine the need for additional assets/products/education and to distribute resources created (leaflet, tv screen graphics, etc)
Communication and Engagement Strategy	Following engagement with professionals at conferences, to create an engagement and communications strategy to direct future work.
Hepatitis D and B social media campaign	To deliver a preliminary social media campaign aimed at professionals and the public raising awareness of basic statistics, general information about hepatitis D and B and how to access testing.
Hepatitis B and D infographics	To develop impactful infographics which can be shared across multiple organisations as a tool to further engage general practice and the public
Engagement with organisations to share key assets	To commence engagement with key organisations for them to raise awareness through their own channels (bulletins, social media, website etc)

Gilead Resources

This was an extension to an existing joint working agreement which provided dedicated Gilead Regional Lead time to the joint working project in providing strategic support – please see **Hep CU Later – Hepatitis C Patient Identification Collaboration Joint Working Executive Summary UKI-UNB-2821 for more detail**

Additional Gilead Financial Contribution

Conference exhibition stands	**£9000**
Banners for conferences	**£150**
Professional printing of materials	**£500**
Postage (to conferences and healthcare organisations)	**£300**
Total	**£9950**