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Executive Summary

Project Title:

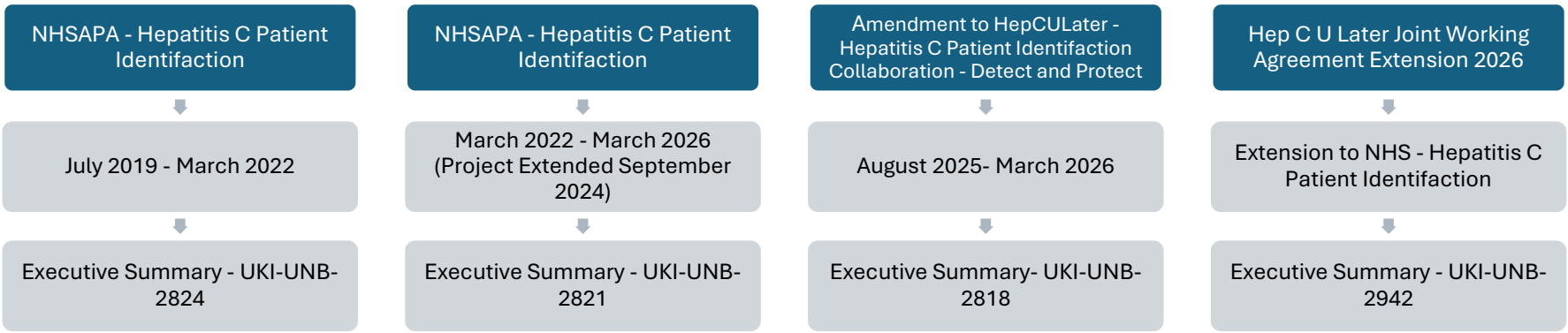
Hep C U Later Joint Working Agreement Extension 2026

Parties to the Joint Working:

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

Anticipated start date: This is an extension to existing agreement
Anticipated end date: 31st March 2028

Timelines of Gilead and NHSAPA / HepCULater / Midlands Partnership NHS Foundation Trust Joint Working



Project Summary

This project places renewed emphasis on **sustaining Hepatitis C micro-elimination gains**, addressing residual and emerging transmission risk, and supporting Trusts and systems that have not yet declared micro-elimination or require targeted support to maintain elimination status.

The overarching aim of the Hep C U Later programme extension is to **improve patient outcomes** and **micro-eliminate hepatitis C across all NHS Addictions Provider Alliance (NHSAPA) member Drug and Alcohol Services**, while sharing learning and expertise to support elimination efforts in **Wales, Scotland and Northern Ireland**.

The programme operates at a system level through the **NHSAPA**, comprising NHS Trusts delivering drug and alcohol treatment across England, and is governed by a multi-organisational Programme Board.

Key Objectives (2026–2028):

- Support progress to ensure remaining people in NHSAPA drug services are cured of Hepatitis C
- Deliver micro-elimination across all NHS Trusts participating in HepCULater Drug and Alcohol Services Programme as defined in the micro-elimination criteria documents that have been previously developed
- Support NHS Trusts to maintain micro-elimination and transition from active case-finding to sustained prevention, surveillance, and rapid re-engagement pathways
- Support the adoption of the agreed Gilead Sciences facilitated Drug Treatment Services Hepatitis C Drug Treatment Provider Forum Service Standards or similar by the English Substance Use Commissioning Group
- HCUL will run an exercise in one large service to analyse the rate of ab/RNA+ve in non-IV structured populations of those who have been tested
- Co-develop opportunities for people outside of drug services to be tested for and cured of hepatitis C including, but not limited to, pharmacies and NSP (Needle and Syringe) providers in partnership with other stakeholders including but not limited to the Hepatitis C Trust
- Drug and Alcohol Sector best practice sharing, capacity building, capability building, BBV awareness and policy advocacy
- For learnings from Hep C U Later to be shared more widely and complement Gilead's patient activation work in Wales, Scotland, and Northern Ireland. This is knowledge transfer and learning, not service delivery

Anticipated Benefits:

Patients:

- Patients will benefit from reduced time from viral infection to diagnosis and improved access to specialist care and treatment to prevent disease progression and complications with the ultimate objective of elimination of Hepatitis C within this patient population

- Patients and the NHS will benefit as earlier diagnosis and care interventions may also prevent onwards transmission of Hepatitis C
- Patients and the NHS will benefit from the development of innovative hepatitis C care pathways
- Although England is the primary delivery setting, the programme has broader relevance across viral hepatitis. Learning from pathway optimisation, patient identification and linkage to care will be applied to inform HCV and wider viral hepatitis system conversations, with transferability to Wales, Scotland and Northern Ireland
- The project will direct public health protection interventions through patient engagement in harm reduction programs and treatment of at-risk individuals
- Faster implementation of NHSE HCV Elimination Programme which benefits World Health Organisation (WHO) and NHSE ambition to eliminate viral hepatitis as public health risk ahead of 2030

MPNHSFT and the NHSAPA:

- Delivery against national hepatitis C elimination objectives, demonstrating tangible contribution to NHSE targets through increased testing, treatment and micro-elimination within drug and alcohol services.
- Strengthened system leadership role, through chairing NHSAPA and acting as programme secretariat and lead contractor, reinforcing MPFT's position as a national leader in substance misuse and hepatitis C elimination.
- Improved patient outcomes within MPFT and other NHSAPA member services delivered services, including increased diagnosis, linkage to care, and successful treatment of hepatitis C.

Gilead:

- Collaboration with NHS partners on nationally aligned elimination priorities, directly supporting NHS England's hepatitis C elimination strategy through joint working.
- Opportunities for shared learning, presentations and publications, with Joint Project Group members able to co-author outputs arising from the programme.
- Demonstration of compliant, high-impact joint working, aligned to ABPI and NHS guidance, supporting Gilead's approach to partnership-based public health initiatives.

Contributions of Each Party:

Gilead:

- There will be no direct financial contribution from Gilead Sciences to this project
- 1 FTE equivalent in Gilead Regional Lead (currently known as Patient Access to Care (PAC) Managers) time dedicated to the joint working project which includes project management support from a Gilead Sciences National Initiatives Lead PAC role (NIL)
- PAC managers work with Hep C U Later programme coordinators and local stakeholders to provide logistical support and expertise and assist in driving the delivery component of the Hep C U Later programme as outlined in the business case to NHSE in the appendices below

- The NIL will support the programme strategically at a national level
- Gilead chairmanship of the drug treatment service Hepatitis C Provider Forum which will meet monthly and of which the Hep C U Later will be a member (3 hrs dedicated time per month)
- This equates to an approximate financial value of Gilead time of £165k per annum.

MPFT:

- Required time for Hep C U Later Programme coordinators / High Intensity Engagement Coordinator to meet, develop and execute local action plans with Gilead Regional Leads and Market Access Leads in support of micro-elimination and sustaining of micro-elimination of HCV across all NHSAPA services partnered with the programme (20 hours per week)
- Based on trust performance and potential for improvement, coordinators will prioritise engagement and support to enable an improved response to Hepatitis C testing and treatment and coordinate and support the activities of the Hep C U Later Data Analysts
- Hep C U Later Programme Lead (20 hours per week) to provide strategic leadership / direction of the project and management of the team ensuring accountability against tasks and milestones alongside networking and engagement with all system partners
- Project Manager to support the administration and project management (10 hours per month)
- Hep C U Later Programme Lead to meet with Gilead National Initiatives Lead monthly to provide a platform for mutual sharing of learnings, best practice, and project management support and sharing of developed resources (2 hours per month) and to update on regional progress, issues or blocks and barriers to facilitate prioritisation of Gilead resources (2 hours per month)
- Hep C U Later Training Manager to be responsible for training and developing packages of care to support best practice interventions (10 hours per week)
- Required Data Analysis (Band 6) time (10 hours per week) to collate and support the sharing of non-identifiable patient data in the form of the dashboard on a page (DOAP)
- Working with trust data leads / business teams to improve and report on Hep C outcomes
- Data Administration embedded into trust for set periods of time when required
- MPFT to contribute to the development of agendas for and send a representative to attend Gilead HCV Drug Treatment Provider Forum monthly and complete any required follow-up actions arising and agreed at these meetings (5 hours per month)
- MPFT to provide at least one representative to engage with and support the delivery of the agreed objectives for Gilead HCV Drug Treatment Provider subgroups (4 hours per month)
- For MPFT to provide staff time to provide strategic support Gilead Sciences Hepatitis C patient activation work within Wales, Scotland, and Northern Ireland where it is jointly agreed there is the capacity to do so and where this would not negatively impact on the resource available to England to include:

    - Meetings to provide consultation/advice from experience
    - Attendance and presentations at in person events such as conferences on work carried out to date
    - Sharing learning from across the programme

    - Sharing resources already developed as part of the prior joint working arrangements
    - Sharing resources already developed as part of the NHSE funded programmes where agreed with NHSE

- In addition, each participating hospital trust with be contributing time and resources to the project to ensure that effective provision is in place to test people at risk, identify and engage people and to ensure specialist treatment is in place at the point of need and that appropriate data is supplied to the Hep C U Later programme team