

Preventing blood-borne viruses through clinical networks: learning from the project

Key findings

Despite a challenging environment the project succeeded in making significant improvements in blood borne viruses interventions at both the level of local clinical services and at wider Trust level. PREVENT has left a legacy of standardised good practice across all services in CNWL and a toolkit for improvement relevant to all substance misuse services.

BBV testing and immunisation should be carried out at a time when a patient has an appointment with the service for other care needs thereby avoiding the high rate of non-attendance by this patient group at appointments specifically set-up for testing/immunisation.

The BBV bundle has been embedded into 'business as usual' and has been added to the electronic assessment pack, ensuring that data will continue to be collected and performance measured after the end of the project.

The National Institute for Health and Clinical Excellence (NICE) are in discussion with the team about guidance on BBV testing and immunisation and the project will therefore contribute to national guidelines.

Successes

- Numbers of patients offered BBV testing rose significantly to 90-99% compared to a national baseline of 40-60%.
- Due to improved training and reconceptualising refusal of test by patients as 'failure of explanation by clinician', the refusal of tests rate dropped from 50% to 0%.
- In one clinic, the number of patients actually tested for Hepatitis C rose from a baseline of 13% to 100%.
- In another clinic, Hepatitis B immunisation rose from 38% at baseline to 71%. Time between entry to treatment and first vaccination was also improved from an average of seven days to just over three days.

- Patient involvement was an excellent way to identify barriers to improvement and ideas for solutions.
- Substance misuse service staff have an improved understanding of quality improvement and can apply this knowledge to improve other areas of healthcare.

Challenges

- The organisational context was particularly challenging for this project. The dedicated specialist BBV nurse posts, the natural champions for the project, were abolished within the first few months of project start-up.
- A competitive tender for services in London Borough of Harrow led to the loss of those services to CNWL which could no longer be included in the project.
- Loss/reduction of expertise at a local level in understanding of BBVs, phlebotomy skills and patient group directive training was challenging.
- The nature of the patient group, who are hard to engage, tend to lead chaotic lifestyles and require services specifically designed to accommodate their lifestyle.
- Some suspicion and low morale among substance misuse staff juggling competing priorities.
- Loss of champions due to job changes or illness had an impact on the adoption and pace of change.

Advice to others doing similar projects

- Obtain commitment from senior managers and clinicians at the outset of the project.
- Provide regular feedback with 'live' evidence to clinical teams.
- Reward good performance by celebrating and acknowledging achievements.
- Be prepared to tackle resistance to change from staff.
- React flexibly to the changing external environment.
- Establish a data collection system that is valid and reliable and not an additional burden on staff.
- Provide feedback and support on the correct use of quality improvement tools such as data collection for PDSAs.