



LJMU Research Online

Lambert, J, McHugh, T, Perry, N, Murphy, L, Walsh, J, Mantoy-Meade, P, van Hout, MC and Cullen, W

Development of Hepfriend; a Dublin community hepatitis c peer support model.

<http://researchonline.ljmu.ac.uk/id/eprint/10123/>

Article

Citation (please note it is advisable to refer to the publisher's version if you intend to cite from this work)

Lambert, J, McHugh, T, Perry, N, Murphy, L, Walsh, J, Mantoy-Meade, P, van Hout, MC and Cullen, W (2018) Development of Hepfriend; a Dublin community hepatitis c peer support model. International Journal of Integrated Care. 18 (S2). ISSN 1568-4156

LJMU has developed [LJMU Research Online](#) for users to access the research output of the University more effectively. Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Users may download and/or print one copy of any article(s) in LJMU Research Online to facilitate their private study or for non-commercial research. You may not engage in further distribution of the material or use it for any profit-making activities or any commercial gain.

The version presented here may differ from the published version or from the version of the record. Please see the repository URL above for details on accessing the published version and note that access may require a subscription.

For more information please contact researchonline@ljmu.ac.uk

<http://researchonline.ljmu.ac.uk/>

POSTER ABSTRACT

Development of hepfriend; a dublin community hepatitis c peer support model

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

John Shearer Lambert¹, Tina McHugh¹, Nicola Perry², Lar Murphy², Julie Walsh³,
Passerose Mantoy-Meade⁴, Marie Claire Van Hout⁵, Walter Cullen⁶

1: Mater Misericordiae University Hospital, University College Dublin, Ireland;

2: Community Response, Alcohol and Liver Service Dublin, Ireland;

3: Coolmine Therapeutic Community, Dublin, Ireland;

4: Chrysalis Community Drug Project, Dublin Ireland;

5: Institute of Public Health ,John Moore's University, Liverpool, United Kingdom;

6: School of Medicine, University College Dublin, Ireland

Introduction: Peer support models are thought to be effective in engaging hard to reach individuals with Hepatitis C. However, in Ireland whilst peer support is used on an 'ad hoc' basis by homeless and addiction specific community based services there is an urgent need to develop an evidence based peer support model to enhance access to the HCV care Pathway to ensure that those with the most significant disease are supported to get appropriate care & treatment

Theory/Method: A community consultation process was initiated by the HepCare Europe team and representation was sought from organisations with expertise in the needs of this particular cohort, in particular input from those with a lived experience of HCV. Through community collaboration & partnership a HepFriend Peer Support model for Dublin was developed between HepCare Europe & three key organisations along with a welcome commitment to deliver a twelve month pilot project in the community. Each organisation has nominated four HepFriend peer workers with a lived experience of HCV to volunteer on the project during the pilot phase; this gives a collective number of twelve HepFriend peer workers. Each peer will work with up to ten individuals giving capacity to work with one hundred and twenty individuals over the course of the pilot. The types of intervention carried out by the volunteers include support and information on the HCV care pathway; peer facilitated referral and attendance at clinical appointment if required. Peers received a 2 day training programme and certification through the Mater Misericordiae University Hospital in Dublin. To date we have a number of instructive case reports to illustrate the value of the peer support intervention. In anticipation of the completed analysis of this project please see case report highlighted below.

Results: On first hospital visit, following three DNA's did not attend Mary 37 years tested 58 kPa on transient elastography exam with evidence of Child-Pugh B with significant clinical

manifestations of liver disease. Mary was assigned a peer worker to ensure adherence to follow up and treatment. Mary was started on treatment within two weeks of her initial appointment and was supported by her peer worker to attend eight clinical appointments and successfully complete treatment and cure over twelve week treatment duration.

Conclusion: Any planned intervention for HCV must engage many services and not just focus on treatment alone, making peer support a particularly important element in working with this vulnerable population.

Lessons Learned: This study suggests that peer support can enhance access and support individuals to navigate the HCV care Pathway.

Limitations: Community based organisations have limited financial resources to implement peer support programmes

Suggestions for future research: Scale up of HCV peer support model to ensure that those with the most significant disease are supported to get appropriate care & treatment.

Keywords: Peer; HCV; Homeless; Addiction; Cure
