



**Hepatitis C in the Eastern Regional Health Authority:
Results of a Multiagency Consultation Event**

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Executive Summary

Hepatitis C is a major cause of morbidity and mortality worldwide and its optimum care poses a challenge to those involved in the planning and delivery of health and social care services.

'Open space' is a qualitative methodology used to enable a large and diverse group of people to explore complicated issues in a limited time. Organic and self-organising, the agenda is set by participants, who subsequently facilitate qualitative discussion at impromptu workshops, the contents of which are simultaneously documented. The technique has been used extensively in areas such as social and commercial sectors.

A total of 60 health and social care professionals and service-users attended a one-day 'Open Space event' which examined two related issues: important considerations in formulating a region-wide policy on hepatitis C and optimum approaches to these considerations. Each issue was discussed during a half-day session. Participants recorded the proceedings manually and these proceedings were subsequently reviewed by a team of qualitative researchers. The proceedings were subjected to thematic analysis and the dominant themes to emerge are presented in this report.

The important issues identified by the event were:

- the role of health promotion
- the role of the media
- enhanced service provision
- the importance of research and its link to policy.

The important actions to address these issues were identified as:

- the role of peer support
- education and training
- the provision of health professionals to coordinate and facilitate liaison and communication between services
- improving access to services

- examining the role of psychological and complementary approaches to treatment
- expanding opportunities for prevention.

Open space technology has identified a range of issues that may be of benefit to health care planners locally and internationally in formulating a response to hepatitis C infections.

Introduction

Hepatitis C virus is an important emerging problem for public health.¹ Since its identification in 1989,² its epidemiology has been investigated in many populations. The major groups at risk of infection are people who inject illicit drugs and people who have received contaminated blood products.^{3 4}

Of those exposed to hepatitis C, it is estimated that the majority will become chronic carriers⁵ with an increased risk of developing cirrhosis and hepatocellular carcinoma^{6 7}. The disease is characterised by slow progression to liver failure over a period of 10-40 years⁸⁻¹³. Cirrhosis develops approximately 18 years after initial exposure to percutaneous risk factors¹⁴.

It is estimated that hepatitis C infections will be responsible for a considerable economic burden on health services in coming years^{15 16}. In the UK, hepatitis C has been identified as one of the more important challenges facing those involved in caring for, or planning the care provided to, current or former injecting drug users¹⁷. A national strategy and an action plan to implement this strategy has been published recently in the UK^{18 19}.

Globally, an estimated 170 million persons are chronically infected with hepatitis C and 3 to 4 million persons are newly infected each year. Hepatitis C is a common infection among injecting drug users^{20 21} and in Ireland, recent reports estimate 62-81% of injecting drug users in Ireland have been infected with hepatitis C²²⁻²⁴.

This report describes the process and outcomes of an exercise to assess health and social care needs regarding hepatitis C infection in the Eastern Regional Health Authority (ERHA) Area of Ireland. Assessing the health needs of a population facilitates an evidence-based approach to the delivery of health services²⁵ and to be successful, requires the involvement of professionals, service users and other community participants^{26 27}.

A novel and innovative approach was used in this regard. 'Open Space' is a qualitative methodology that facilitates communication and action between people. Open Space enables people to create inspired meetings and events around shared issues and passions. It works to support the natural creativity and leadership in people. It creates an environment where participants set their own agenda and join in discussions that interest them or leave discussions that don't. It has been used extensively in other environments, including by business, statutory organisations and non governmental organisations, to 'open a space' where ordinary people can create extraordinary results in comparatively short time periods ²⁸. In Ireland, the approach has been used by statutory agencies in a range of health and social care issues, including suicide, older people, alcohol and health provision to young people.

This report aims to describe the 'Open Space' process in determining important considerations in formulating a policy on hepatitis C in ERHA area and optimum approaches to these considerations. The information contained in this report is likely to be of use to those involved in the planning and delivery of health and social care services and to service users where hepatitis C is concerned, in identifying development priorities.

Methods

Context and setting

The Blood Borne Virus Forum (BBVF) was established in November 2001, to respond to evidence of rising incidence of HIV and hepatitis C infections in the community. It consisted of members from voluntary, statutory and community origins.

The role of the BBVF is to:

- Develop and raise awareness about blood borne viruses
- Generate collective action, to meet the challenges of HIV and hepatitis C in a sensitive and appropriate manner
- Promote a holistic approach to care and service provision, that is accessible and inclusive.

To date, the BBVF has developed a number of hepatitis C awareness days in the community and has also held consultative 'Open Space' events to explore issues relating to blood borne virus infection.

In the middle part of 2003, the BBVF convened a subgroup (*'Hepatitis C Scientific Advisory Subgroup'*) to gain insight into existing health and social care structures for the care of people at risk of hepatitis C in Ireland.

During discussions, the *Hepatitis C Scientific Advisory Subgroup* became aware of a significant 'scoping' exercise that had recently been carried out by the ERHA.

The aim of the exercise was to determine the level and range of services available to people affected by hepatitis C, in particular to those at risk of infection due to drug misuse. Through this exercise, services that were provided in primary care and secondary care were identified. In addition, a number of gaps were identified in current service provision including: a need for more widely disseminated information, advice and support for drug users about hepatitis C, expanded peer education, difficulty between referral and initiation of antiviral treatment and a perception that there are little or no services available.

A representative from ERHA was invited to participate in the work of this subgroup. This partnership resulted in a decision to co-facilitate a wide and inclusive consultation process to identify the key issues implicit in optimum care of people at risk of hepatitis C and potential strategies to facilitate such care.

'Open Space Technology'

To access knowledge of a range of health and social care professionals and services users on how agencies needed to move forward on this very complex subject, 'Open Space Technology' was used. Integral to this approach is the principle that while participants are invited to discuss a central theme, neither organisers nor participants have knowledge of where discussions on this theme should take proceedings.

While Open Space Technology appears to lack structure and is welcoming of surprises, it adopts a rigorous structure to respond to the needs of the people and the work in hand. It is structured to support those invited from all avenues of life affected by the issue both professionally and personally. It recognises them as the most qualified and capable of directing change, it supports them to self organise around what they understand to be the most important issues that need to be addressed.

After a brief introduction of the topic, the facilitator for the conference explains the Open Space methodology in detail, and the space is then opened for participants to do that which they, as experts, know needs to be done.

The seating in the room for Open Space conferencing is always organised in one large circle with a centre space completely free. Participants on entering the room are presented with an agenda with suggested breakout times (incorporating allocated times for refreshments) and rooms. Otherwise the agenda is completely open waiting for the actual work of the day to be decided by participants.

'The Open Space Event'

The consultation event was held over one day and used the principles of Open Space Technology outlined in the previous section. The event examined two related issues, *'significant issues in formulating a region-wide policy on hepatitis C'* and *'optimum approaches to these issues'*, which were discussed in the morning and afternoon respectively, with the afternoon session adopting an action-oriented focus. Figure 1 summarises the process and subsequent analysis of data.

The Open Space Day was co-hosted by the BBVF and ERHA. Members of the Hepatitis C Scientific Advisory Subgroup of the BBVF acted as the support team for the day's proceedings.

At the outset, people were invited to sit in a circle and to identify significant issues that were then placed on a bulletin board. A common 'marketplace' of topics for discussions developed as a result. Participants very quickly became involved in volunteering to hold workshops on topics relating to the theme of the day that were of significant personal importance. Forty-two proposals for discussion workshops were posted on the 'marketplace' wall and these were grouped into 16 themes by the conference organisers, with each theme forming the basis of a discussion by an individual group.

A group facilitator was appointed by each group prior to its discussion. The role of the facilitator included the recording of all points raised during the discussion using flipchart and to agree a brief summary (three to five points) with the group at its conclusion. At the conclusion of the session, these notes were put on to the walls of the conference room.

The discussion groups put their own title on each workshop.

The lead facilitator invited everyone to return from lunch ten minutes before the afternoon session to read the notes from all the morning sessions, after which the afternoon work began. This followed the same pattern as the morning with one

significant exception. It was stressed that the afternoon sessions were '*Priority Action Sessions*' or '*Action Oriented Workshops*' rather than discussion sessions.

Consequently, at the opening of the afternoon session the group was asked to reflect on the discussion session in which they had participated and on the information they had gathered from reading the notes on the walls. They were then asked to consider what priority actions they perceived were necessary to ensure that gaps that had been identified within current structures or systems could be effectively breached and to propose an appropriate 'Action Oriented Workshop'. Where proposals for workshop were discussion focused rather than action oriented, participants were asked to clarify or reword their suggestions.

Sixteen proposals for discussion workshops were posted on the 'marketplace' wall and these were grouped into 8 themes by the conference organisers. Again, flip chart paper was provided and facilitators were asked to bring back clear proposals for actions, including a clear outline of how they considered these actions should be put in place. These workshops were organised to last approximately one hour.

The final session of the day was an opportunity for all participants to return to large circle plenary discussion on personal experience of the process, although it was made clear that it was not mandatory to speak. The conference organisers thanked participants for attending and for the work they had carried out during the day and informed them of how they hoped their work would inform future region-wide policy regarding hepatitis C.

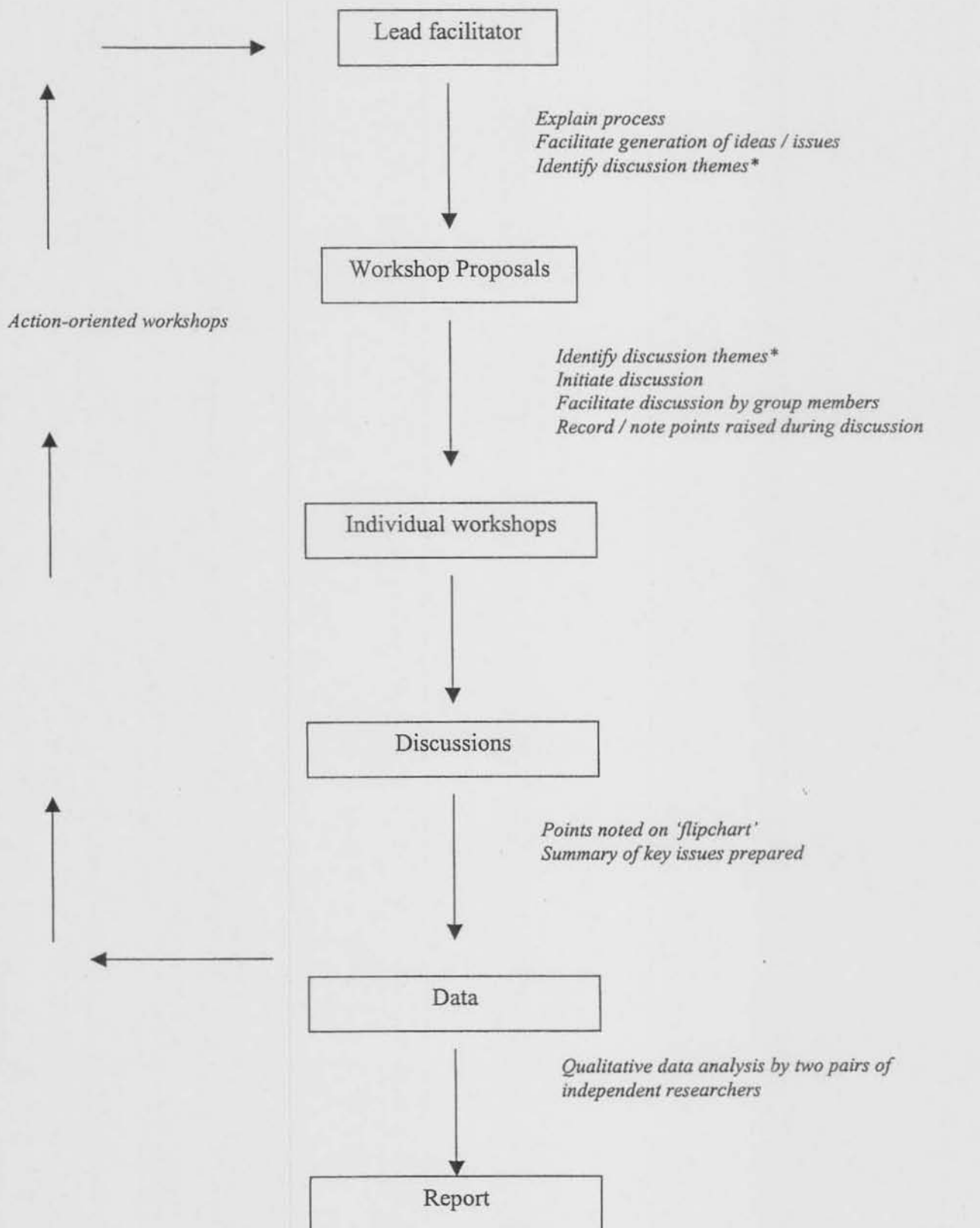
Data analysis

All of the data captured by the process, including proposals, workshop titles and flip chart notes recording individual discussions were collected and transcribed manually according to the sequence of the day.

A framework approach to qualitative data analysis was used. Two researchers (TB, CC) reviewed the data from the 'discussion sessions' independently using Nud*ist qualitative data analysis software and identified common themes. An additional two

researchers (OC, JF) independently reviewed the data from the 'action-oriented' sessions manually to identify common themes. The themes on which researchers converged are presented in the following section of this report.

Figure 1. Diagrammatic representation of 'Open Space Event'



Results

Participants

A total of 155 people (from statutory, community and voluntary sectors) were invited to participate in the Open Space Event. Sixty people registered for the event, however to preserve anonymity, other people did not register for the event but still participated. The range of participants reflected the groups that had been invited to attend (see Table 1). A full listing of the agencies that were represented at the event is provided in appendix 1.

Table 1. Groups who were invited to attend and who attended the open space event.

Health and social care professional group	Invited	Attended
Addiction counsellors	Yes	Yes
Addiction outreach workers	Yes	Yes
Addiction services managers	Yes	Yes
Community Drugs Teams	Yes	Yes
Drug Treatment Services managers	Yes	Yes
Drugs Service co-coordinators (Prisons)	Yes	Yes
General practitioners	Yes	Yes
GP Co-ordinators Addiction Services	Yes	Yes
Health services researchers	Yes	Yes
Hepatitis C liaison nurses	Yes	Yes
Homeless service providers	Yes	Yes
Local Drugs Task Force co-coordinators	Yes	Yes
Public Health specialists	Yes	Yes
Regional Drugs Task Force co-ordinators	Yes	Yes
Service planners	Yes	Yes
Service user representatives	Yes	Yes
Specialist hepatology units	Yes	Yes
Specialist psychiatry services	Yes	Yes

Discussion sessions

During the morning session, the topics of discussion were compiled into 16 workshops on the following issues:

- Information and education
- De-stigmatising hepatitis C and normalising public perception / media / dissemination of accurate information
- Family problems, information, advice, consequences etc.
- Safety and anonymity
- Awareness among drug using community
- Process of service provision step-by-step guide / access to services
- Spread of hepatitis C in prison
- Prevention initiatives
- Health promotion messages for active drug users (e.g. women in same families sharing razors) and also messages to service providers (dentists, barbers etc.)
- What my organisation has done or is doing and how does this connect into systematic approaches to service deliver
- Hepatitis C and sexuality
- Provision within health services of psychological supports and complementary therapies
- Education of teenagers and young people
- Research / creation of a national database / epidemiology studies
- Assisting and supporting clients to accept responsibility and supporting them in attending clinics/services and overcoming their fears / role of Hepatitis Liaison Nurse (HCLN) / need for additional HCLNs
- Increase awareness about re-infection and dispelling misconceptions that it's okay to share with other hepatitis C (genotype differentiation), success rate of interferon – does it last?

The key themes identified during these discussions are outlined below.

Theme one: Health promotion

Health promotion, education, information and prevention were the most frequently raised issues during the morning sessions. Participants felt that these were important, as the general consensus was that different groups were misinformed about the transmission of hepatitis C as well as being unaware of the services available.

Participants felt there was a need to produce information that was clear, user friendly, de-stigmatising, up-to-date and jargon-free. A need for information to be produced in different formats (e.g. tapes, cartoon strips, mass media) to target those with literacy problems was also highlighted.

Furthermore, many of the participants in several sessions felt that peer education was one of the most appropriate ways of delivering information to different groups, while the efficacy of a hepatitis C helpline was also mentioned. It was also suggested that information could be conveyed via voluntary organisations, schools, GP surgeries, STD clinics, youth centres, parents, community or sporting groups, universities, criminal justice system, a hepatitis C website and a hepatitis C awareness day.

It was pointed out that any health promotion strategy around hepatitis C would need to target different groups. These included:

- Women within families
- Families affected by hepatitis C
- Young/teenage drug users
- Parents, especially young parents
- Service providers (dentists, barbers etc.)
- Workers in health care services and drug services
- Non-IDUs/recreational drug users
- Injecting drug users
- Gay community

- Immigrants
- People with co-infection
- Prison officers.

The need for health promotion in relation to hepatitis C in prisons was the focus of one of the discussion groups. The participants in this group felt that hepatitis C was a serious public health issue within the prison system and that prisoners were often misinformed about different harm reduction strategies (e.g. the use of bleach). The participants stressed that prisoners were a captive audience for health promotion.

In all the discussion groups, a number of topics were highlighted that would need to be addressed by any health promotion campaign. These included:

- Isolating hepatitis C education away from drug use or HIV education
- Information targeted at injecting drug users and recreational drug users addressing the sharing of all aspects of paraphernalia and the fatalistic attitude among injecting drug users in relation to hepatitis C
- Sexual transmission and safer sex
- Information on the risks of re-infection and of infection of more than one genotype
- Information on the disease process and tests and their meaning
- Information on biopsies and stages of biopsy results to dispels myths, misconceptions and fears around this procedure and stages of biopsy results
- Transmission (especially within domestic settings, mother to child, sexual and litigation)
- Interferon treatment and success rate
- New treatments and complementary / complementary approaches to treatment
- Self care
- Co-infection and treatment implications
- Differences with HIV infection
- Information on lifestyle changes (e.g. implications for diet)
- Implications of having a test (e.g. on work, travel, family, community, insurance)
- Awareness around alcohol and impact on treatment

Theme two: The role of the media

As already mentioned, the mass media was highlighted as one of the main ways of disseminating accurate information to the public in relation to hepatitis C. Some participants mentioned that a mass media campaign should address public fears around hepatitis C, contribute to destigmatising or normalising hepatitis C and target two clear groups (past and current drug users and people acquiring hepatitis C through other routes, i.e. non-drug related groups).

Theme three: Service provision

Service provision for those with hepatitis C was discussed at length by the majority of participants in the morning sessions. It was felt that service provision was not equitable and accessible for all. Specific inequities identified included services provided to those living in Dublin compared to those outside Dublin, services provided to those with iatrogenic infection compared to those with other routes of infection and services provided to those in prison compared to those outside prison.

Generally participants felt that there was a need for a more coordinated, multi-disciplinary approach to supporting those living with hepatitis C, which does not operate on a two-tier system (i.e. iatrogenic infections and infections arising from blood products compared to infections associated with other risk activity). Participants advocated that services needed to be increased and be client-led, accessible and take a holistic approach while addressing clients' psychosocial and physical needs simultaneously.

The dominant feeling was that services needed to be developed in the following ways to meet the needs of different groups:

- **Information**

- Clear step-by-step guide to services clearly stating what organisations offer and how they interlink

- Information on local waiting lists for testing and treatment

Clear, user-friendly information on liver biopsies to dispel fears and myths around the procedure.

- Prevention

Prevention initiatives relating to young people

Prevention initiatives within the criminal justice system

Examine possibility of introducing prevention programmes as part of formal education structures and back to school initiatives.

- Harm reduction

Services promoting harm reduction (e.g. needle exchanges, safe disposal of injecting equipment, safe injecting workshops, safe injecting rooms etc.)

Development of harm reduction services in prison, including needle exchanges.

- Testing and treatment

Appropriate referral and easier assessment (e.g. examine complementary options available to testing such as swab testing)

Increasing testing and treatment in primary health care services, evening clinics, drug clinics, AIDS services and community centres

Need to follow-up people after diagnosis

Tracking of those in HCV testing/treatment

Need to develop a range of psychological supports including access to psychiatrists, psychologists and counsellors

Expanding treatment provision for active drug users and homeless people

Treatment services in prison

Development of outreach programmes

Development of peer education and training

More emphasis placed on complementary treatments.

- Staffing

More hepatitis C liaison nurses.

The development of support services and networks was also frequently noted by participants. Participants felt that there was a need to facilitate the uptake and access to services, assist clients in feeling more comfortable when using the services and support clients in attending appointments. Participants stated there was more support

needed for pre and post testing, for those living with hepatitis C and for those who have become drug free and wish to be re-diagnosed.

It was also suggested that the role of complementary therapies should be explored. One session advised that complementary therapies should be provided within the health care system.

Some participants were concerned at a perceived lack of co-ordination between different services and favoured developing links between the criminal justice system and health services and secondary care and community groups.

It was also advised that more planning was needed for the future including implementing formal structures and standardised protocols for management.

Theme four: Research and policy

During several sessions, participants expressed the need for more research in relation to hepatitis C which could be used to influence policy and decision-making. Participants welcomed the move to make hepatitis C a notifiable disease, and many of the participants advocated the need for the development of a national database. It was recommended that a national database should collect information on the numbers affected, services provided and the uptake of services. However some of the participants were concerned about the implications for data protection, informed consent, access to information and other ethical issues.

Other priority areas for research that were identified included:

- Vaccine development
- Prevalence and knowledge of hepatitis C
- Evaluation of people's experience of services for those with hepatitis C
- Complementary therapies
- Models of best practice based on guidelines.

Finally, it transpired in several of the discussions that it would not be possible to develop any services unless appropriate resources were made available.

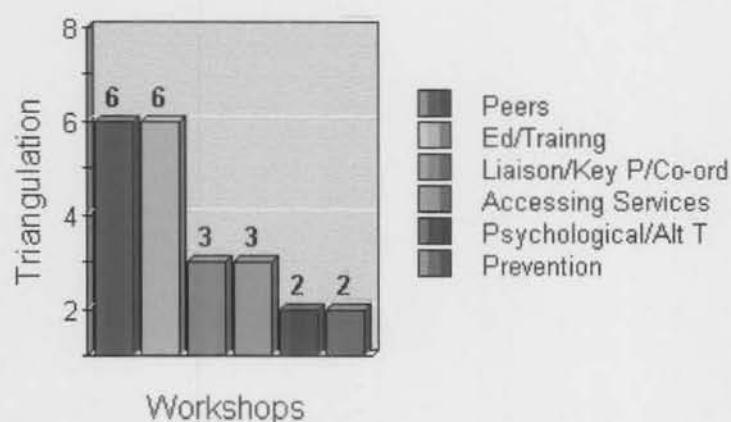
Action-oriented sessions

The afternoon format was identical to that of the morning with one significant difference, instead of being invited to come together for discussions the participants were requested to form workshops to work toward developing strategies for the implementation of proposals. Eight Priority Action Focused workshops were convened with this task in mind and they were:

- Education awareness and information for families / partners / community arts
- Design a spiders web model using the internet to categorise all services in a way that is user friendly / becomes an easy tool for easy referral and support of clients
- Shared care / preventing duplication of services / join up and integrate services – multi-disciplinary specialist teams
- How to include policy makers in implementing a strategy and how to make it work and make feedback happen / monitoring and evaluation / developing an Irish Advisory Group on hepatitis C to inform policy makers
- Organisation / structured approach ...who is in charge / service provider co-ordinating services
- Health promotion and harm reduction to include peer support / education / safe injecting workshops and rooms / out of hours services
- Empowering clients to co-ordinate their own care / set up forum for active injecting drug users with hepatitis C
- Research and funding of psychological and complementary therapies.

All of these workshops made proposals as to forming a strategy within the particular focus of the specific workshop. However in taking an overview of these workshops it was possible to see triangulation of themes across workshops (see Figure 2) and the principle themes identified by this process are outlined below.

Figure 2. Triangulation of themes across eight workshops.



Theme one: Peers

The use of peers was one of the most pronounced of these themes. Six of the eight workshops identified it as a way forward in relation to promotion of harm reduction and prevention and advocacy. The proposals included a peer advocacy or buddy system and that funding and training be made available to support this initiative. They proposed peers be involved in the development of hepatitis C material with mindfulness of audience literacy levels, and that all of the information on this be accessible within a hepatitis C services website.

Theme two: Education / training

This topic received the same attention as the previous one with six of the eight workshops giving it their attention focusing on the general public, service users and multi-disciplinary care.

Theme three: Liaison nurse / key person / coordinator and collaborative care

In three of the eight workshops reference to the need for a liaison nurse / key person / co-ordinator to form a link between services with regard to hepatitis C was made.

- Workshop 3 focused on shared care with a strong emphasis on the role of a liaison nurse or key worker
- Workshop 5 spoke of the need for the employment of a co-ordinator to facilitate communication between health provider and the screening team
- Workshop 6 proposed that hepatitis C liaison nurses hold information sessions for service users and providers.

One workshop in particular discussed in detail the issue of 'shared care', an approach to care whereby different agencies share both relevant information and planned care pathways, to ensure optimum service delivery in an appropriate and timely fashion to service users. The importance of good communication in 'shared care' was emphasised and a tension between sharing of information and maintaining patient confidentiality was acknowledged. From this, a number of tools for developing communication were put forward:

- The appointment of key professionals (such as hepatitis C liaison nurses) to act as mediators between services
- The development of policies to guide sound communication between agencies
- The designation of a core group of multi-disciplines, accountable for the development and monitoring of collaborative practices
- Broader collaboration between agencies, to improve access to services by all sectors of the community.

Theme four: Accessing services

Difficulties associated with accessing services were identified in three of the eight workshops. Here it was proposed that a 'three step guide to accessing services' be developed that would be linked into a hepatitis C website. It was also proposed that supports be put in place to assist non-nationals to access services.

Theme five: Psychological and complementary therapies

A workshop was held specifically on this issue however it also received attention in two other workshops. The issues were perceived as either an adjunct to or as a complementary to conventional medicine with an emphasis on funding for research and development. They also suggested that this be part of a shared care approach and

they highlighted the need for a position paper on the work and benefits of complementary therapies and their potential impact on quality of life.

Theme six: Prevention

The issue of prevention was raised in two of the eight workshops. They proposed peer work be linked in with multi- media prevention messages. They also focused on the need for position papers in this area in relation to monitoring and evaluation.

Discussion

Key findings

This report has described the process and outcome of using Open Space Technology to inform hepatitis C policy development in Ireland. A wide range of health and social care professionals and service users participated in the process, Open Space Technology was used to harness their views and standardised qualitative approaches to data analysis were adopted. In this regard, the considerable range of themes identified by the process is hardly surprising.

While prioritisation of themes was beyond the scope of the event, some themes should be highlighted. In terms of important considerations in formulating a region-wide policy on hepatitis C, health promotion, the role of the media, service provision (particularly regarding information, prevention, harm reduction, testing and treatment and staffing), and research and policy have been identified as key domains. In terms of optimum approaches to these considerations, peer support, education and training, health professionals to coordinate and facilitate liaison between services, improving access to services, examining the role of psychological and complementary approaches to treatment and expanding opportunities for prevention have been identified as key domains.

Next steps

As a result of its earlier scoping exercise and leading on from the consultation process described in this report, ERHA have convened a working group to develop a regional policy on hepatitis C. This group has representation across the statutory, community and voluntary sectors and its broad objectives are:

- To develop a draft hepatitis C policy for the Eastern Region by bringing together issues relating to prevention, control, screening, surveillance and treatment and to produce a document for consultation with the statutory, community and voluntary sectors;

- To further explore and build on the audit of services available to those affected by hepatitis C. There are a number of client groups affected by hepatitis C and the development of regional policy on hepatitis C should include services for all people affected by hepatitis C;
- To ensure information, advice and support is provided for people affected by hepatitis C in specialist drug services / addiction centres / prison services and existing structures within primary care as well as providing support to their general health (physical, emotional, social care). This should ensure that appropriate services are provided in the appropriate setting for the user;
- Evaluate models of best practice in hepatitis C both nationally and internationally to identify the components of best practice with a view to developing appropriate services in the appropriate setting to meet service user needs.

Hepatitis C is an important issue for population health in Ireland. The consultation event reported in this document represents a real and worked example of engagement between service planners and individuals and groups affected by hepatitis C. It has outlined a range of important considerations to be addressed in developing any policy regarding hepatitis C and has identified a number of key actions that may enable successful implementation of any such policy.

In this regard, the findings contained in this report may prove central to the effective development and implementation of health and social care policy regarding hepatitis C in Ireland and elsewhere.

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Appendix 1. Listing of some of the agencies represented among the participants.

- Asylum Seekers Health Screening Unit
- Ballymun Youth Action Project
- Beaumont Hospital Hepatology Unit
- Community Addiction Response Programme ('CARP')
- Chrysalis
- Community Response
- Crosscare
- Cuan Dara Detox Centre
- Department of General Practice, University College Dublin
- Department of Health and Children
- Donore Community Drugs Team
- Drug Treatment Centre Board, Trinity Court
- Dublin AIDS Alliance
- Dublin North East Local Drugs Task Force
- East Coast Area Health Board Addiction Services
- ERHA
- Focus Ireland
- Gay Men's Health Project
- Health Research Board
- HepCATS
- Hands On Peer Education ('HOPE')
- Irish Kidney Association
- Mater Hospital Centre for Liver Disease
- Merchant's Quay Ireland
- National Advisory Committee on Drugs
- National Disease Surveillance Centre
- Northern Area Health Board Addiction Services
- Open Heart House
- Probation & Welfare Services
- Soilse
- South Western Area Health Board Addiction Services
- St. Dominic's Community Response
- St. James's Hospital Hepatology Unit
- St. Vincent's University Hospital Hepatology Unit
- Union of Improved Services Communication and Education ('UISCE')
- Western Health Board Regional Drugs Task Force
- Women's Health Project



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