



**ACT**  
Government

**ACT Health**

# **STIBBV Policy Workshop #2: Viral hepatitis**

**Commissioning services to meet the needs of people living with or at increased risk of viral hepatitis in the ACT**

**Health Protection Service, ACT Health Directorate**

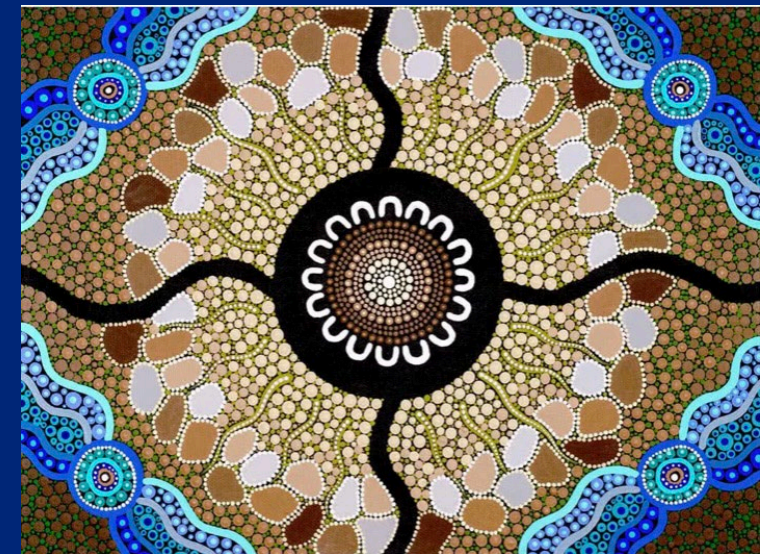


**ACT**  
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# Country

*'Meeting Place'*  
By Leah Brideson



David R Horton (creator), AIATSIS, 1996



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Community Services

## Purpose of the session

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- Provide a refresher about commissioning and commissioning process in the STIBBV subsector.
- Provide an overview of data specific to viral hepatitis burden of disease in the ACT.
- Reflect on what we have heard from the sector to date.
- Structured question and discussion session to elicit specific information to inform commissioning in the STIBBV subsector.

# Housekeeping and introductions

# Who we are as a service sector and what we do?

# The ACT viral hepatitis service sector

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## Primary health services

- General Practitioners (private and bulk-billing)
- Non-government primary health services (e.g Hepatitis ACT and Directions ACT)
- Publicly funded primary health services (e.g ACT Walk-in-Clinics and Justice Health)

## Speciality services

- Canberra Sexual Health Center (only ACT specialist service)

## Tertiary Services

- Hospital services including emergency departments and the Canberra Hospital Liver Clinic

# Key service types

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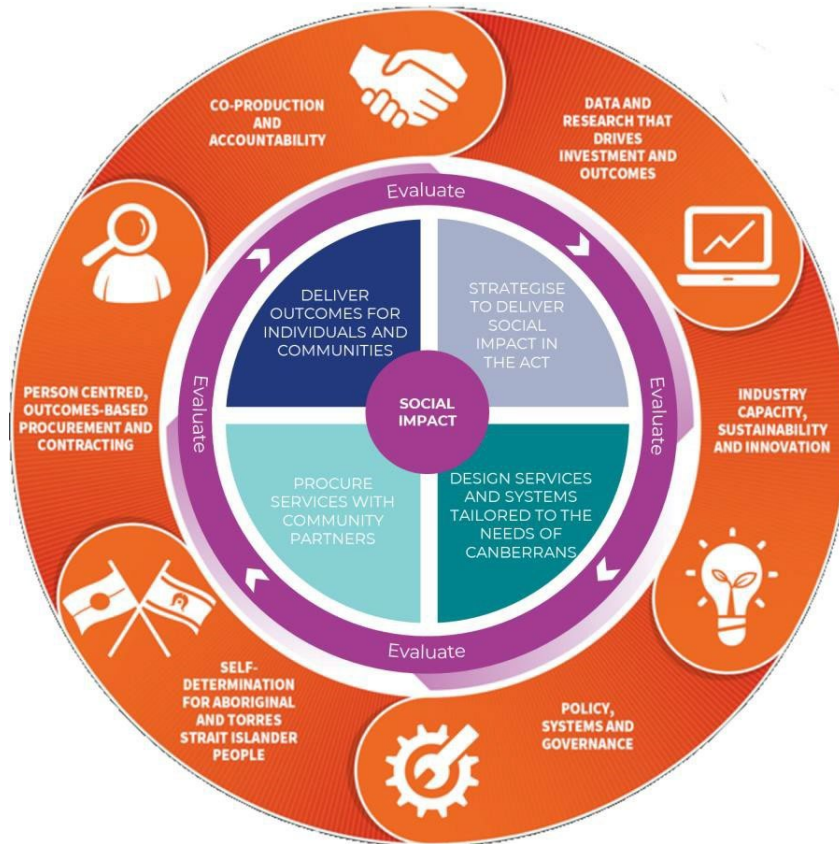
1. Clinical services (screening, diagnosis and treatment)
2. Prevention and harm reduction initiatives (including provision of condoms, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and needle syringe programs)
3. Health promotion and education programs
4. Support and advocacy
5. Community development and engagement activities
6. Workforce training and development
7. Clinical and practice support services
8. Disease surveillance, data management and research

# Sector stakeholders

Primary stakeholders for commissioning	Potential ACT Government Stakeholders	other non-Government stakeholders
<b>The STIBBV Health Advisory Committee</b>		
<b>Consumers</b>	STIBBV Policy Unit (ACTHD)	The Junction Youth Health Service (Anglicare)
<b>Meridian Incorporated</b>	Communicable Disease Control (ACTHD)	Winnunga Nimmitjiah Aboriginal Health Service
<b>Sexual Health and Family Planning ACT</b>	Canberra Sexual Health Clinic (CHS)	Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
<b>Hepatitis ACT</b>	The Liver Clinic/Emergency and gynaecology departments (CHS)	Directions ACT
<b>Capital Health Network-HIV Program</b>	The Women's Health Service (CHS)	Sex Worker Outreach Program (SWOP)
<b>Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)</b>	Health System Strategies and Program Support (Health planning) (ACTHD)	The Scarlett Alliance
<b>Haemophilia Foundation ACT</b>	Justice Health	The Youth Coalition of the ACT
	Other commissioning subsectors/business units (including AoD, Family & Inclusion, Chronic Conditions, Aboriginal and Torres Strait Islander Health & Mental Health)	Health Care Consumers Association
	The Commissioning Team (ACTHD)	A Gender Agenda
	ACT Walk-in Centers	The Kirby Institute
	The School Youth Health Nurse Program (CHS)	Gugan-Gulwan Youth Aboriginal Corporation
	The Child at Risk Health Unit (CHS)	Companion House
	Forensic and Medical Sexual Assault Care (CHS)	Multicultural Hub Canberra

# Commissioning...a refresher

# The Commissioning Cycle



## Commissioning cycle

### 1. Strategise

- Data gathering
- Understand current services and population need
- Identify current over-servicing and service gaps
- Identify current and emerging priorities
- Define system outcomes we are seeking to achieve
- Engage with service providers, service users and other stakeholders to test and refine understanding

### 2. Design

### 3. Procure

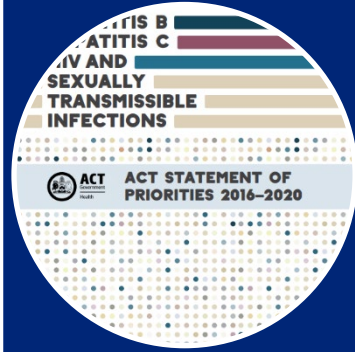
### 4. Deliver

Continuous evaluation

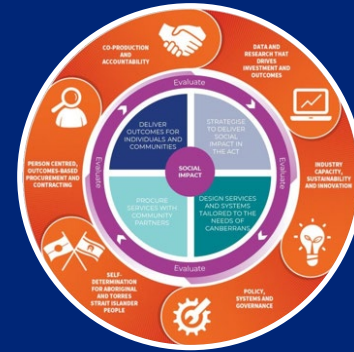
# Strategic alignment



The Kirby  
Institute  
ACT  
Surveillance  
Report



Statement of  
Priorities



Commissioning



Sexual Health  
Services Plan



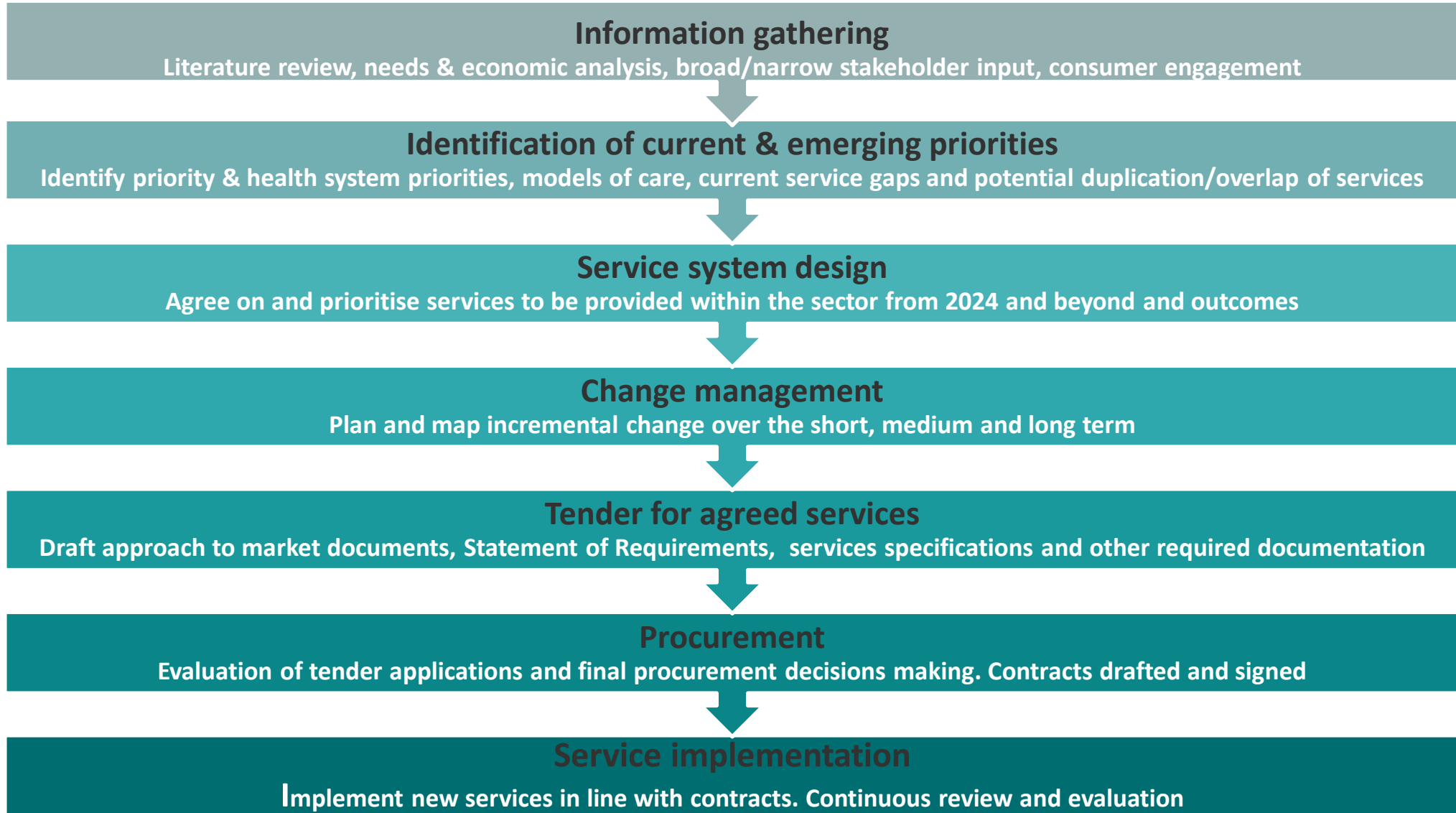
## Scope for commissioning in the STIBBV subsector

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- To define scope for commissioning activities, the following World Health Organization definition will apply:

*‘sexually transmissible infections (STIs) and blood borne viruses (BBVs) are infections which are spread through unprotected sexual contact and through contact with infected blood and blood products. Some STIs and BBVs can also be transmitted from mother to infant during pregnancy and childbirth.’*

# Framework for Commissioning in the STIBBV subsector



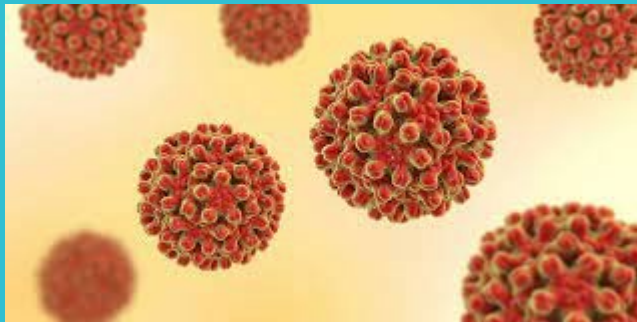
# Questions, comments and queries???

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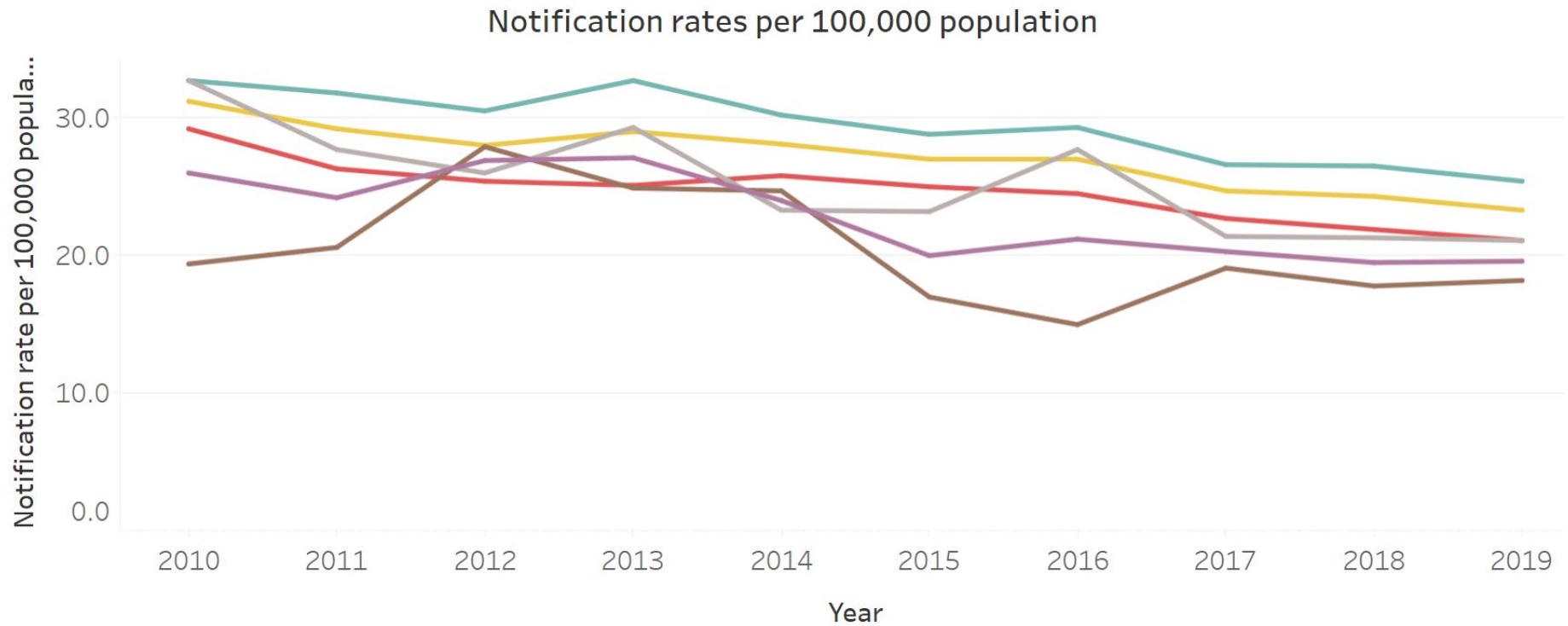


# Setting the scene

## Viral hepatitis in the ACT



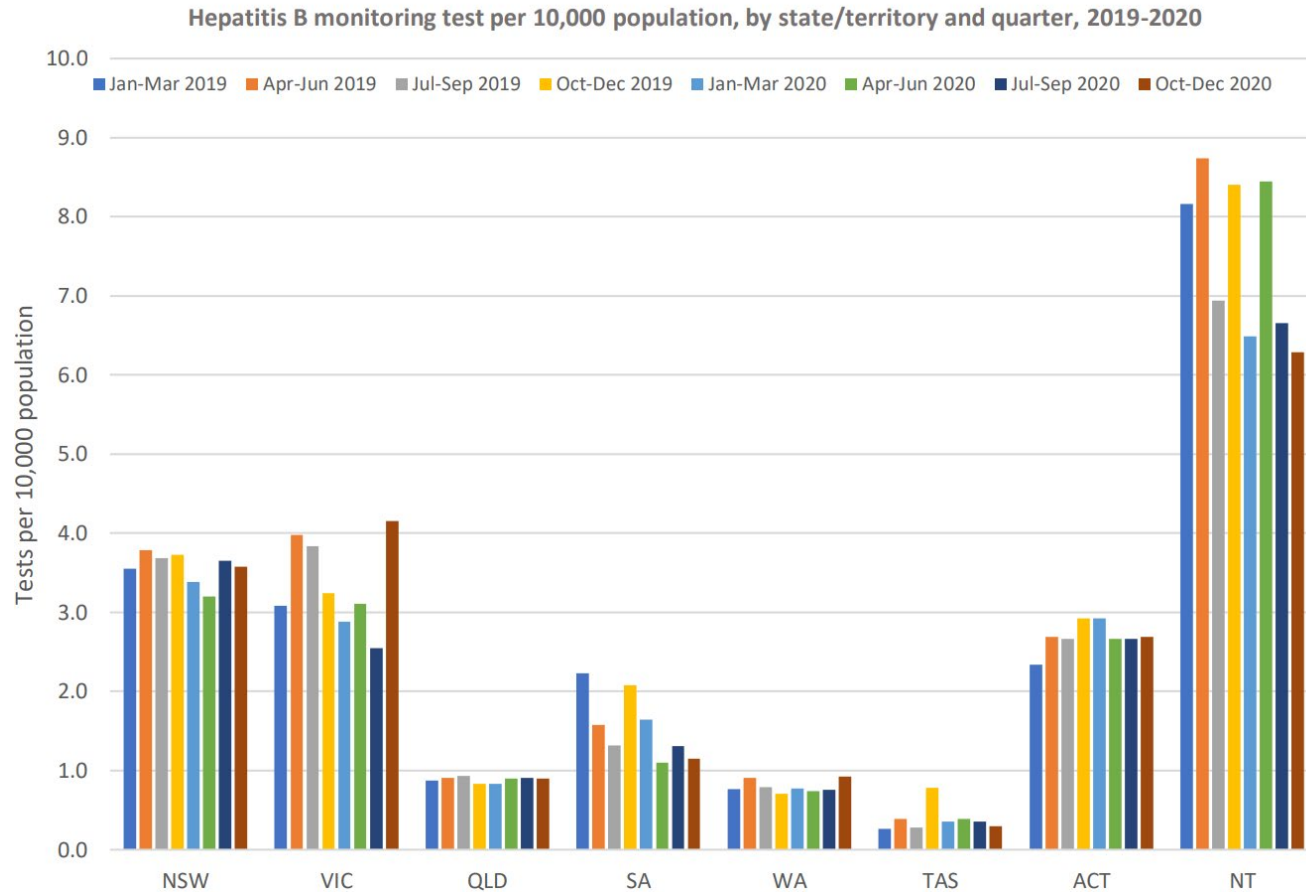
# Hepatitis B in the ACT



## Population



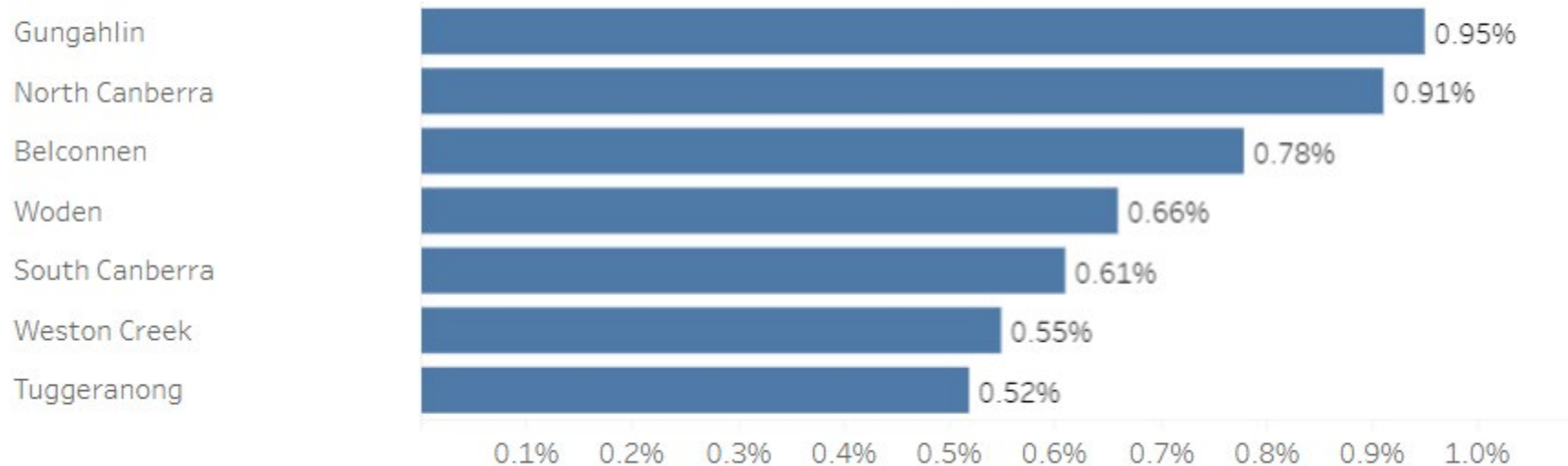
# Hepatitis B in the ACT: Monitoring



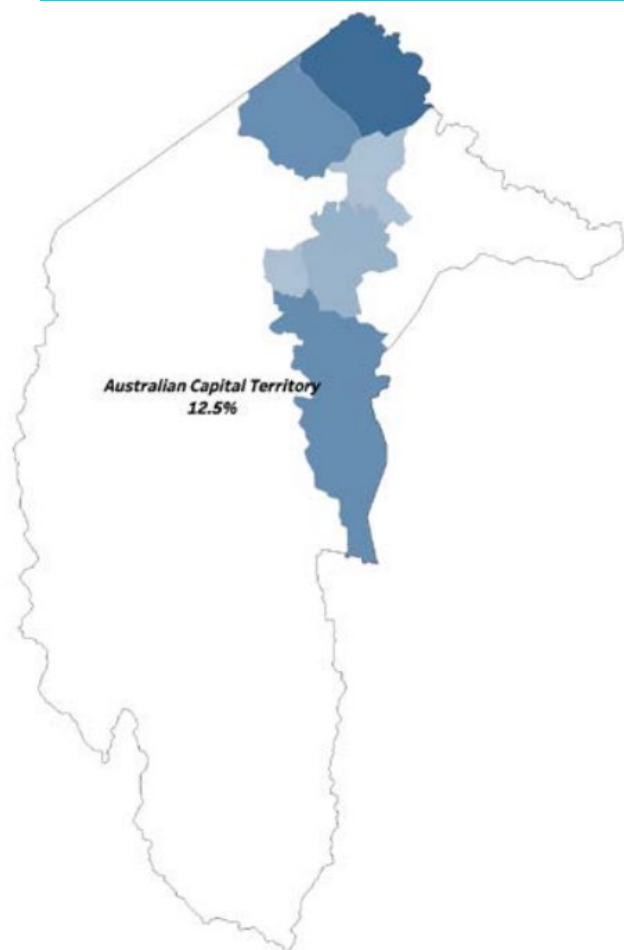
MaLachlan, J. (2021). Impacts of COVID 19 on BBVSTI testing, care and treatment: Medicare data analysis. WHO Collaborating Center for Viral Hepatitis. Doherty Institute for Infection and Immunity.

# Hepatitis B in the ACT: Prevalence

Australian Capital Territory  
CHB Prevalence (%)



# Hepatitis B in the ACT: Treatment uptake



PHN and SA3	Total population	People living with CHB	CHB prevalence (%)	Treatment uptake (%)	Care uptake (%)
<b>Australian Capital Territory PHN</b>	<b>431,702</b>	<b>3,211</b>	<b>0.74%</b>	<b>12.5%</b>	<b>25.7%</b>
Belconnen	102,583	805	0.78%	12.9%	28.6%
Gungahlin	85,615	816	0.95%	17.4%	31.6%
North Canberra	59,995	544	0.91%	7.0%	15.3%
South Canberra	30,849	187	0.61%	8.6%	23.6%
Tuggeranong	86,271	453	0.52%	13.0%	27.4%
Weston Creek	28,895	158	0.55%	7.0%	13.3%
Woden	37,495	249	0.66%	8.4%	15.3%

Data source: CHB prevalence estimates based on mathematical modelling incorporating population-specific prevalence and ABS population data. Treatment data sourced from Department of Human Services Medicare statistics.

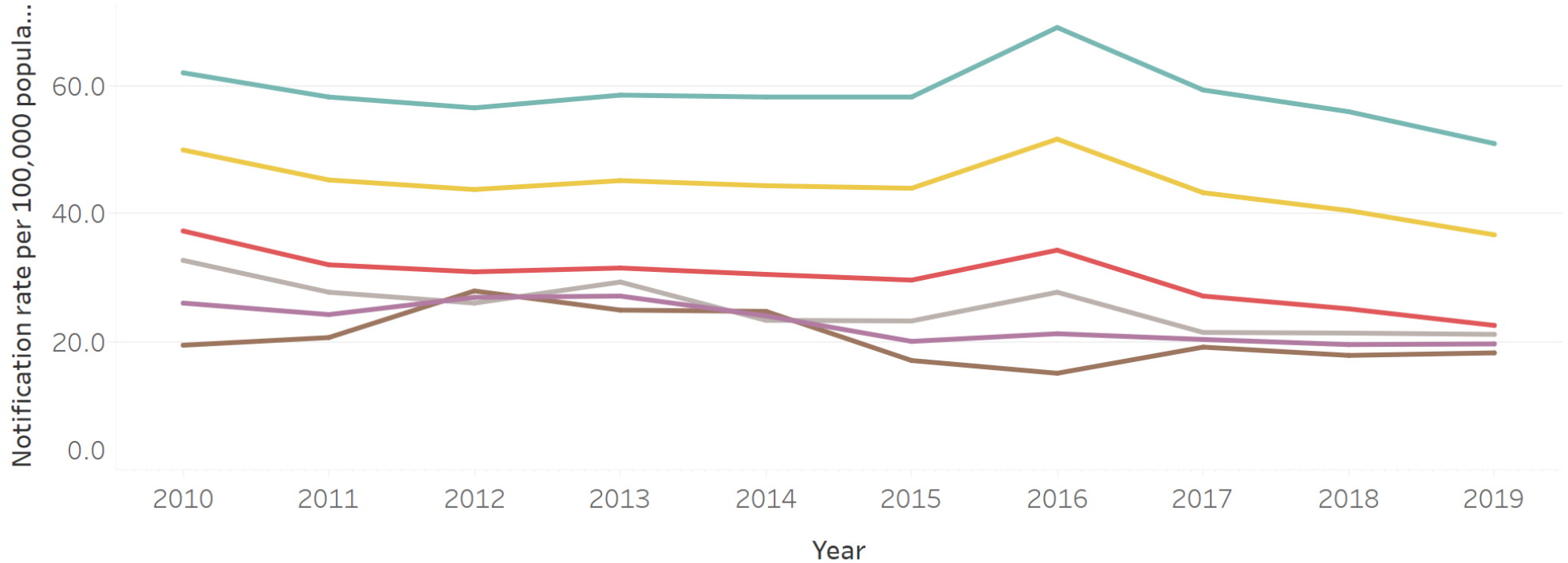
Note: Totals may not add up due to inclusion of people without an SA3 of residence recorded in source data.

# Data suppressed where number receiving treatment or care was <6. SA3s not listed where population <3000.

Source: MacLachlan JH, Stewart S, Cowie BC. Viral Hepatitis Mapping Project: National Report 2020. Darlinghurst, NSW, Australia: Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM), 2020; <https://www.ashm.org.au/programs/Viral-Hepatitis-Mapping-Project/>

# Data –HEPATITIS C IN THE ACT)

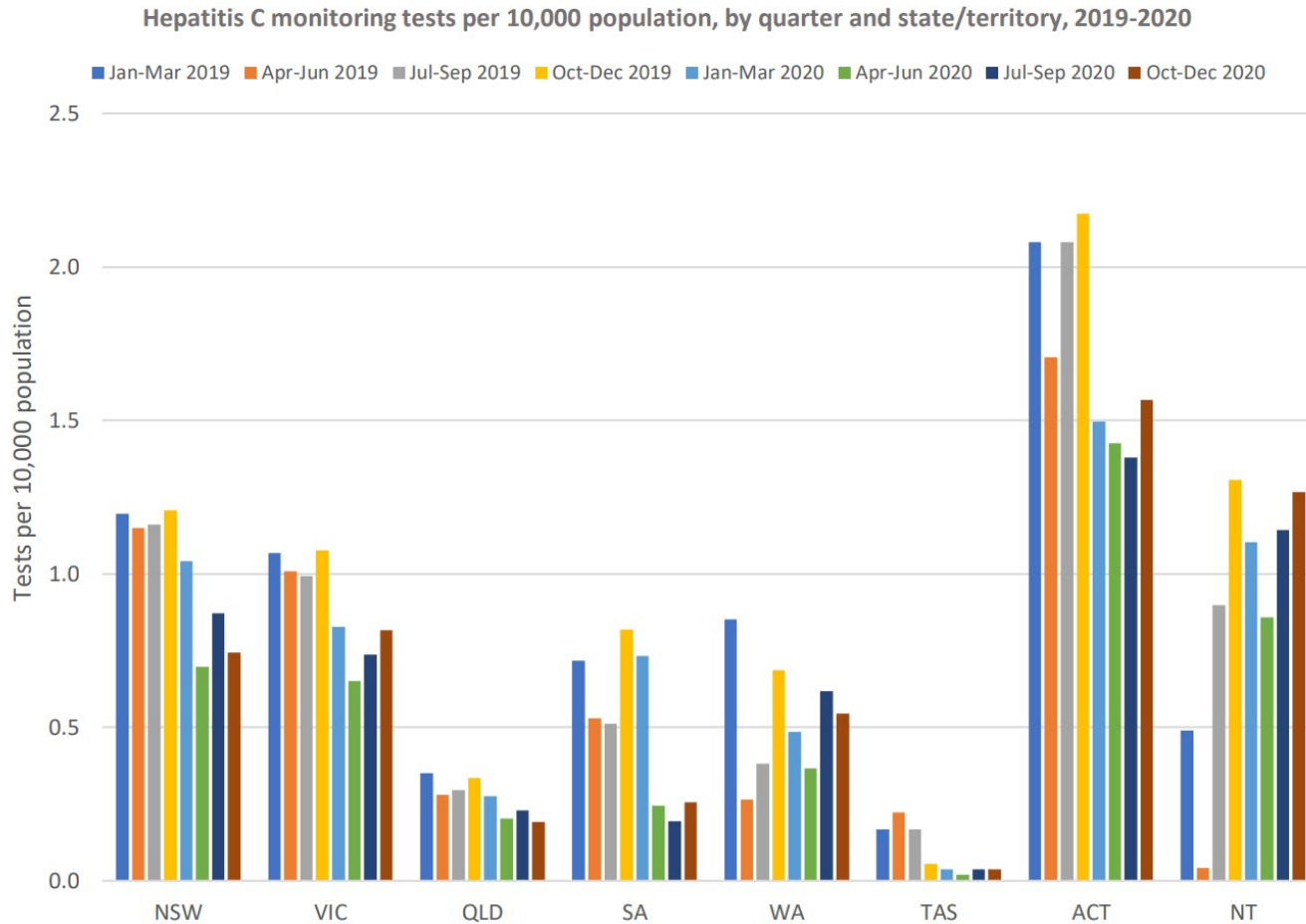
Notification rates per 100,000 population



Population

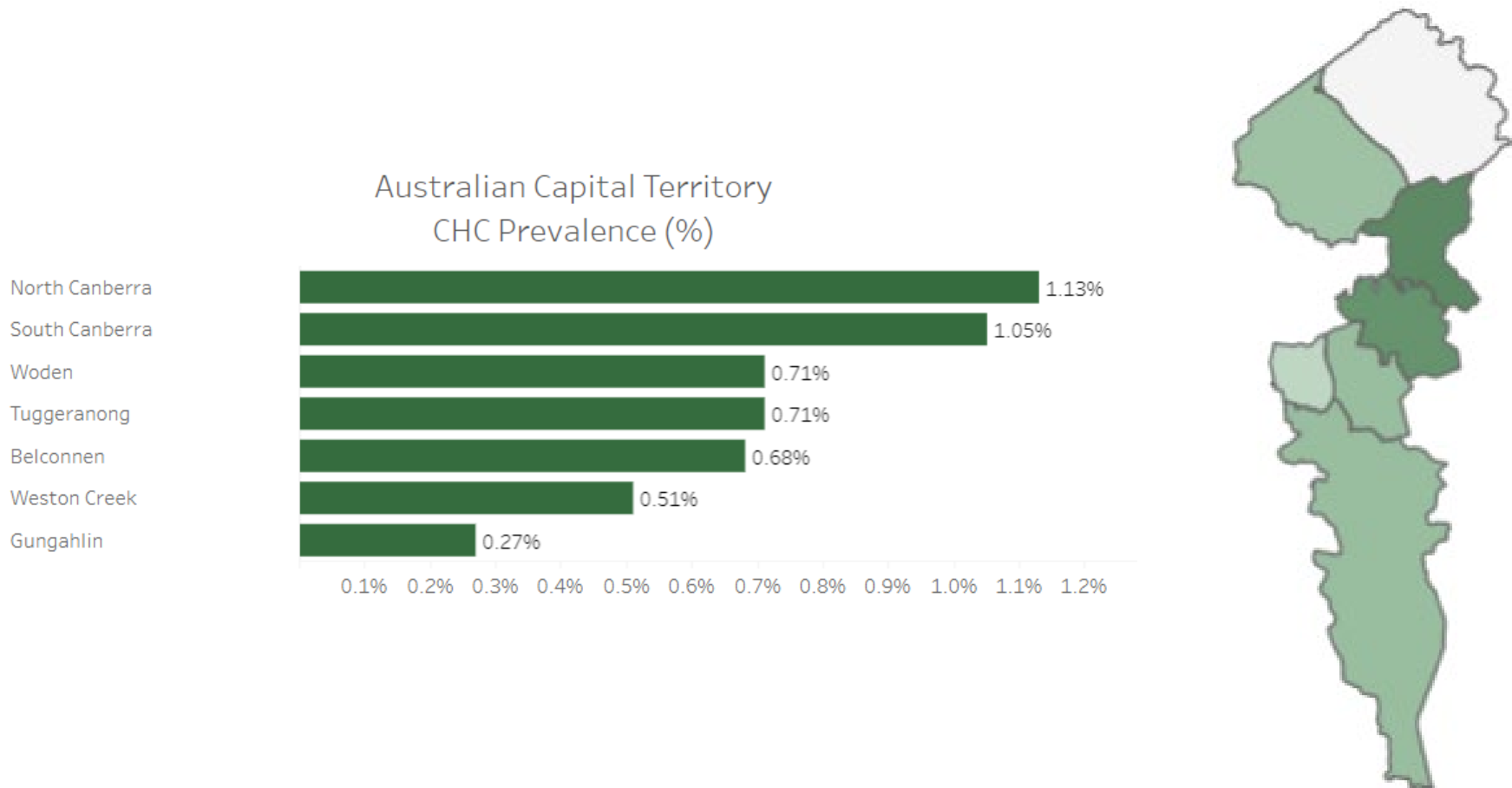
- ACT
- ACT male
- Male
- ACT female
- Female
- Overall

# Hepatitis C in the ACT: Testing

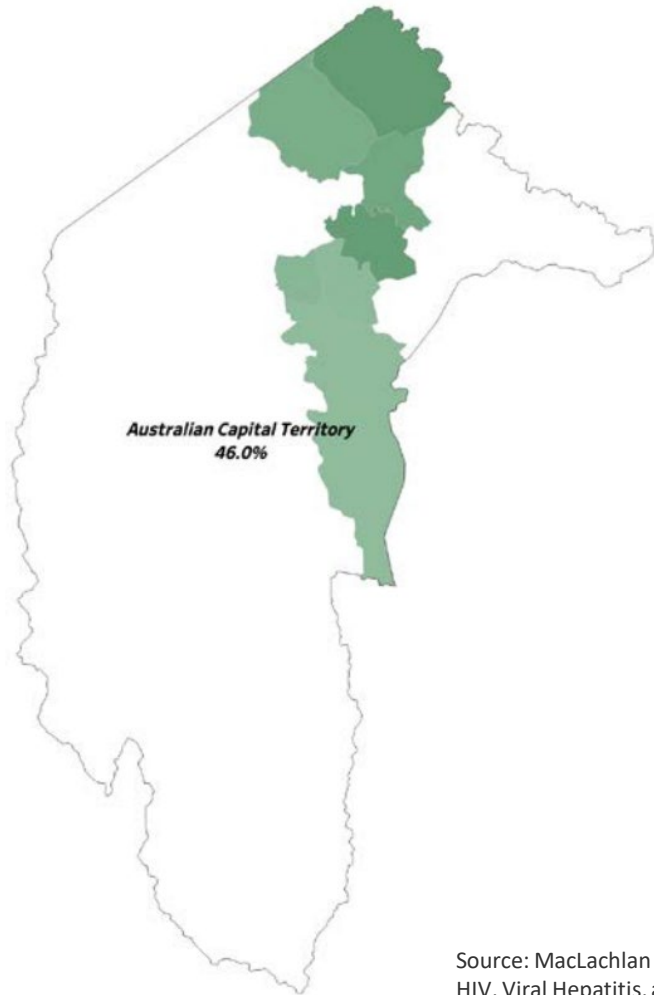


MacLachlan, J. (2021). Impacts of COVID 19 on BBVSTI testing, care and treatment: Medicare data analysis. WHO Collaborating Center for Viral Hepatitis. Doherty Institute for Infection and Immunity.

# Hepatitis C in the ACT: Prevalence



# Hepatitis C in the ACT: Treatment uptake



PHN and SA3	Total population, 2016	People living with CHC, 2016	CHC prevalence, 2016 (%)	People treated, Mar 2016 – Dec 2020	Treatment uptake, end 2020 (%)
<b>Australian Capital Territory PHN</b>	<b>410,111</b>	<b>2,832</b>	<b>0.69%</b>	<b>1,303</b>	<b>46.0%</b>
Belconnen	99,776	677	0.68%	313	46.2%
Gungahlin	73,603	202	0.27%	107	53.0%
North Canberra	55,048	623	1.13%	303	48.6%
South Canberra	28,030	296	1.05%	154	52.1%
Tuggeranong	88,446	629	0.71%	256	40.7%
Weston Creek	29,103	150	0.51%	64	42.8%
Woden	36,104	256	0.71%	106	41.4%

Data source: CHC prevalence estimates based on published national estimates and notifications distribution. Treatment data sourced from Department of Human Services Medicare statistics.

Note: Totals may not add up due to inclusion of people without an SA3 of residence recorded in source data.

Source: MacLachlan JH, Stewart S, Cowie BC. Viral Hepatitis Mapping Project: National Report 2020. Darlinghurst, NSW, Australia: Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM), 2020; <https://www.ashm.org.au/programs/Viral-Hepatitis-Mapping-Project/>

# Questions, comments and queries???

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# Priority populations

# Hepatitis B priority populations in Australia

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## People living with hepatitis B

- Majority are overseas-born or are Aboriginal and Torres Strait Islander people

## Culturally and linguistically diverse people

- Majority of hepatitis B in Australia is experienced by people born overseas in hepatitis B endemic areas

## Aboriginal and Torres Strait Islander people

- Hepatitis B continues to disproportionately impact Aboriginal and Torres Strait Islander people, particularly those from rural and remote communities.

## Unvaccinated adults

- The vast majority of people who develop chronic hepatitis B acquire the infection at birth or in childhood.

# Hepatitis C priority populations in Australia

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## **People living with hepatitis C**

- Individuals who are fully diagnosed, partially diagnosed (no RNA test) and not yet diagnosed

## **People who currently inject or have previously injected drugs**

- Receptive needle and syringe sharing is the primary cause of transmission in Australia.

## **People in custodial setting**

- Heightened risk of hepatitis C transmission due to the high hepatitis C prevalence among prison entrants and limited harm reduction programs

## **Aboriginal and Torres Strait Islander people**

- Lack of access to testing and treatment, over-representation in custodial settings and complex social and medical factors increase risk

## **Culturally and linguistically diverse people**

- Including people born in countries with high hepatitis C prevalence

# Questions, comments and queries???

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# Potential priorities to address through commissioning

## What we've heard from the sector thus far

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- Need better data around access to STIBBV services for priority population groups
- Increased capacity for hepatitis screening including point of care testing at established syringe exchange centres
- Scale up of Hepatitis B services and programs from people from CALD backgrounds
- We need to better engage people in the viral hepatitis care cascade
- Strengthening STIBBV screening/treatment capacity in primary care to reduce the burden of chronic disease on the tertiary hospital system.
- Need for innovative models of care (e.g nurse or peer led viral hepatitis care)
- Need for flexible models of care where people live, work and learn
- Need for integration of viral hepatitis services with other health and community services including AoD and homelessness/housing services.

## What we know from the data

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- In viral hepatitis, and particularly in hepatitis C, retention of clients in treatment programs throughout the care cascade remains a priority.
- Identifying hepatitis B amongst overseas-born and migrant communities remains a priority.
- Viral hepatitis incidence, prevalence and treatment uptake differs between subareas in the ACT.
- Priority populations continue to experience barriers to access of viral hepatitis services, particularly harm minimisation services for people who are incarcerated.

# Questions, comments and queries???

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# Discussion...

## Question 1 (15 minutes)

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### How are current services working well to meet viral hepatitis-related need in the ACT? What are our strengths as a sector?

- What is working well and what does success look like in the sector?
- What priority population groups are currently being appropriately or over-serviced?
- What type/mode/models of service are yielding the strongest impact?
- Where are the strong referral pathways?
- How can we leverage and build on successes further through commissioning?

## Question 2 (15 minutes)

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### What challenges are services facing which impacts their ability to meet viral hepatitis-related need in the ACT?

- What are services struggling with?
- What priority population groups are currently being under or inadequately serviced?
- Where are the friction points within and between services?
- What/where are the current service/service system shortfalls?
- Where can services improve to better meet community need?
- Where do referral pathways need development?
- Where is further integration or coordination of services required?

## Question 3 (15 minutes)

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**What structural/contextual issues are having an impact on the viral hepatitis service system (either positively or negatively)?**

- E.g. service frameworks, regulation, funding, the policy landscape, the broader political sphere, media etc
- What could be done to capitalise on or mediate the identified issues?

## Question 4 (15 minutes)

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**What are the short (0-2yrs), medium (3-5yrs) and long-term (6-10yrs) priorities to address viral hepatitis related need in the ACT?**

- What are your top 2 priorities for either the short, medium, or long term?
- What would constitute an easy win (cheap and quick to implement)?
- What would constitute a longer-term win (more expensive and time/resource-intensive to implement)?
- What specific actions could we take as a sector to address the priority areas identified?

## Question 5 (15 minutes)

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**What outcome measures will best determine and describe success and impact of services and why?**

- Quantitative (what/who/how?)
- Qualitative measures (what/who/how?)

# Next steps...

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## Phase 1 (strategise)

### Next workshops:

- HIV next Wednesday 9<sup>th</sup> March

### July 2022-Dev 2023 contract variations

- Consultation and drafting March-May
- Final sign off June 2022

### Consumer engagement:

- Engaging consultant: February-March 2022
- Phase 1 (surveys): March-April 2022
- Consumer one-on-one interviews and focus groups: April-May 2022

## Phase 2 (collaborative design)

- Five smaller round table discussions to be scheduled monthly between June and October
- Decisions from those will be distributed for wider consultation Nov-Dec 2022

## Phase 3 (procurement)

- Approach to market documents: January-March 2023
- Subsector tender process March-September 2023
- Tender application review: October 2023
- Final procurement decisions and contract drafting: November-December 2023

## Phase 4 (deliver outcomes)

- Implementation of new contracts: January 2024

\*\*\* We are also currently consulting for the next iteration of the Hepatitis B, Hepatitis C, HIV and viral hepatitis: ACT Statement of Priorities which is due for release later this year

# Commissioning Evaluation

## The ACT Health Directorate is undertaking an evaluation of Commissioning

- The baseline survey (left) is now available on the ACT Health Commissioning website and has also been widely circulated to NGO partners.
- The Post-Activity Survey (left) should be undertaken by all attendees post any commissioning engagement activity.

The screenshot shows the ACT Commissioning website. The header includes the ACT logo, the word 'Commissioning', and a search bar. The navigation menu contains: Home, News, Our Journey, Background and Document Library, Sectors in Progress, Commissioning in Practice, Commissioning Conversations, Frequently Asked Questions, and Evaluation of Commissioning. The main content area is titled 'Baseline Survey' and includes the following text:

A short baseline survey has been developed to gather perspectives on commissioning from Government and NGO Sector staff before most commissioning processes get underway.

The survey comprises ten (10) questions and is focused on existing relationships and the current level of confidence with commissioning. It is being undertaken via Microsoft Forms and is expected to take approximately 4-5 minutes to complete. Your response will be collected anonymously.

The Baseline Survey can be accessed by following this [link](#).

Follow up annual surveys will seek to measure the change in confidence and relationship between Government and NGO Sector Partners as a result of commissioning.

If you have any questions about the Baseline Survey please do not hesitate to contact the CSD Commissioning Team at [CSDCommissioning@act.gov.au](mailto:CSDCommissioning@act.gov.au).

## Commissioning Process - Post-Activity Survey

The survey will take approximately 5-10 minutes to complete.

Commissioning is a different way for Government to work with stakeholders to plan, design and procure services for the community. Commissioning Teams are undertaking this survey to gather participants views on how the commissioning activity you recently took part in went for you. This will assist us in understanding what worked well and what could have been done better, which will enable us to make changes for future activities to ensure that processes are effective and in-line with the Shared Priorities and Principles for Commissioning.

We recognise that commissioning and collaborative design processes may be new concepts to many of you. This is why we have included options to let us know if you are "unsure" about how to answer a question. This is a completely reasonable response and will support our understanding of general perceptions of commissioning over time as future evaluation surveys are undertaken. A further comment box is attached to each question if you would like to provide additional details.

Your response will be collected anonymously so please be mindful of making comments which may identify you if you would prefer to not be identified

## <https://www.communityservices.act.gov.au/commissioning/evaluation-of-commissioning/baseline-survey>

## [Commissioning Process - Post-Activity Survey \(office.com\)](https://www.office.com)

# Questions, comments and queries???

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# References

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- ACT Health Directorate. (2021). Commissioning for outcomes. <https://www.communityservices.act.gov.au/commissioning>
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- Ward, J. S., Hengel, B., Ah Chee, D., Havnen, O., & Boffa, J. D. (2020). Setting the record straight: viral hepatitis and sexual abuse in Aboriginal and Torres Strait Islander communities. *Medical Journal of Australia*, 212(5), 205-207.

## Images

<https://www.healio.com/news/infectious-disease/20211230/adults-on-probation-disproportionately-impacted-by-hepatitis-c>

<https://www.gavi.org/vaccineswork/routine-vaccines/extraordinary-impact-hepatitis-b>

[https://www.google.com.au/search?q=%3F&safe=active&sxsrf=APq-WBvp\\_KJJrAWmubi3gsSJxexL48vedw:1645930033089&source=lnms&tbm=isch&sa=X&ved=2ahUKEwjusmX7572AhU3wjgGHR2yB2cQ\\_AUoAnoECAEQBA#imgrc=f1w-9FUXA\\_gWRM](https://www.google.com.au/search?q=%3F&safe=active&sxsrf=APq-WBvp_KJJrAWmubi3gsSJxexL48vedw:1645930033089&source=lnms&tbm=isch&sa=X&ved=2ahUKEwjusmX7572AhU3wjgGHR2yB2cQ_AUoAnoECAEQBA#imgrc=f1w-9FUXA_gWRM)

[https://www.google.com.au/search?q=%3F&safe=active&sxsrf=APq-WBvp\\_KJJrAWmubi3gsSJxexL48vedw:1645930033089&source=lnms&tbm=isch&sa=X&ved=2ahUKEwjusmX7572AhU3wjgGHR2yB2cQ\\_AUoAnoECAEQBA#imgrc=as1T5pbsnk4wiM](https://www.google.com.au/search?q=%3F&safe=active&sxsrf=APq-WBvp_KJJrAWmubi3gsSJxexL48vedw:1645930033089&source=lnms&tbm=isch&sa=X&ved=2ahUKEwjusmX7572AhU3wjgGHR2yB2cQ_AUoAnoECAEQBA#imgrc=as1T5pbsnk4wiM)