


Despite newly testing positive for **hepatitis C** at a laboratory in Nottingham in 2000–2002, just 1 out of 61 patients whose tests were requested by a drug or alcohol service started treatment within a period which ranged from six months to two and a half years after the diagnosis. ❶ For 35, **researchers** could find no evidence that they had been referred for appropriate specialist care. Of the remainder, only nine could be confirmed as attending local specialists for treatment and just one (1.6%) had started treatment. This was the worst record of any of the major sources of test samples. For GPs, the proportion starting treatment was 21%, for prisons 8%, and for secondary medical units such as genitourinary clinics, 10%. Though the researchers only had access to local records, they wrote to the clinicians who asked for the tests to check on cases which did not seem to have been referred. The replies suggested that in over half the 96 cases of non-referral, patients had simply not been informed of their test results.

These “alarmingly low” figures do not appear atypical, indicating that the Department of Health’s hepatitis C action plan for England published in 2004 faces a considerable legacy of under-performance. The All-Party Parliamentary Hepatology Group **reported** that in 2006, nine in ten primary care trusts in England which replied to their survey had yet to fully implement the plan. ❷ Fewer than two thirds of trusts replied, so the true figure is probably lower. Replies revealed widespread failure to set up relevant clinical networks and under-capacity leading to long waits for treatment, helping to explain findings in Nottingham and elsewhere.

❶ Irving W.L. *et al.* “Clinical pathways for patients with newly diagnosed hepatitis C – what actually happens.” *Journal of Viral Hepatitis*: 2006, 13(4), p. 264-271 

❷ All-Party Parliamentary Hepatology Group. *A matter of chance. An audit of hepatitis C healthcare in England*. 2006. Copies www.library.nhs.uk.