

Answering the call: empowering people in custody to access timely hepatitis C care through a patient-initiated, peer-led referral system

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IMAGES BELOW FROM ASSORTED
HNSW AND JHNSW COLLABORATIONS

Background

Healthcare delivery in custodial settings can be fragmented, particularly for hepatitis C, which relies on timely testing, treatment initiation, and continuity across transfers and release. People in custody often report uncertainty about their hepatitis C status, delays in follow up, and limited ways to raise concerns about their care.

Aboriginal people are disproportionately affected by hepatitis C and continue to face structural and cultural barriers to accessing treatment in custody. These challenges highlight the need for simple, accessible pathways that strengthen patient agency while supporting a coordinated clinical response.



Description of model of care/intervention/program

This project established a patient initiated, peer led telephone referral pathway through a partnership between Justice Health and Forensic Mental Health Network and Hepatitis NSW.

People in custody can contact the Hepatitis NSW Infoline through a dedicated free call number on the Common Auto Dial List, removing the need for phone credit or prior approval.

The confidential Infoline is staffed by peer workers who escalate hepatitis C concerns to the Justice Health Harm Reduction Projects Manager.

Requests are documented, triaged, and directed to the relevant Population Health Nurse at the correctional centre.

Population Health Nurses undertake clinical follow up, including assessment, blood borne virus screening, treatment initiation or continuation, and coordination of care across transfers or release.

Outcomes are communicated back to Hepatitis NSW, maintaining a feedback loop between community advocacy and custodial health services.

Effectiveness

Advocacy requests received Feb 2025 to June 2026



Population Health Nurse actions



Conclusion and next steps

This model demonstrates how collaboration between a peer led community organisation, a harm reduction coordination function, and Population Health nursing teams can strengthen engagement and continuity of hepatitis C care in custody.

Next steps include formal evaluation of patient experience, exploring whether the approach can support other health priorities, and continued partnership with Aboriginal stakeholders to strengthen cultural safety and equity.



HNSW AND JHNSW STAFF AT DILLWYNIA WOMEN'S CORRECTIONAL CENTRE