



Minutes

Title of meeting	National Strategy Group for Viral Hepatitis (NSGVH)
Date	30 May 2017
Time	11.00 hrs
Venue	LG21 Wellington House
Attendees	Will Irving (Chair) [Virologist, University of Nottingham] Mary Ramsay (deputy chair) [Consultant Epidemiologist, PHE] Charles Gore [CE, Hepatitis C Trust] Ray Poll [nurse consultant, Sheffield] Ahmed El Sharkawy [Hepatologist & Chair of BVHG, Birmingham] Graham Foster [Prof of hepatology, NHS England ODN clinical lead; London] Claire Foreman [Senior programme manager, blood & infection, NHS specialised commissioning NHS England] Peter Huskinson [SRO for hepatitis C in NHS England] Matthew Hickman [Prof of Epidemiology & Public Health, Bristol] Rosanna O'Connor [PHE Director for alcohol, drugs and tobacco] Mike Gent [PHE – CCDC Leeds, chair of PHE hepatitis leads group] Richard Tedder [PHE blood-borne viruses lead] Samreen Ijaz [PHE; clinical scientist, blood-borne viruses unit, NIS] George Leahy [PHE Deputy Director of Health Protection] Eamonn O'Moore [PHE lead for Health & Justice] Sema Mandal [PHE hepatitis Consultant lead] Koye Balogun [PHE; clinical scientist, immunisation, hepatitis, blood safety] Helen Harris [PHE clinical scientist - Epidemiology/Research Associate, NIS] Ruth Parry (secretariat) [PHE – scientist/scientific secretariat, NIS] Kathryn Callaghan (DH observer)
Dialled in	Monica Desai [PHE – consultant epidemiologist, HIV & STI Department, NIS] Peter Moss [Consultant in Infectious Diseases, Hull & East Yorkshire Hospitals NHS Trust; Chair of the Infectious Diseases Clinical Reference Group]
Apologies	Iain Brew [GP at HMP Leeds, General Practitioner with Special Interest in Hepatitis C]

1.0 Welcome and introductions

The Chair welcomed the group to the first meeting of the NSGVH and invited everyone to introduce themselves. The Chair indicated that he would re-order the agenda.

3.0 Code of practice

The group reviewed the proposed code of practice and agreed it was acceptable with the addition of 'academic institutes' to the second bullet point in point 2. The addition of 'royalties' to be added to the list of conflicts of interest was requested. Members agreed to adhere to the Code of Practice.

Action 1.1 – All members to send details of any conflicts of interest to the secretariat.

4.0 Terms of Reference (ToR)

- It was made clear at the outset that whilst AGH spent a good deal of time considering guidance for healthcare workers infected with hepatitis B or C viruses, this was not within the remit of NSGVH and now rested with the UK panel for healthcare workers infected with blood-borne viruses (UKAP).
- Suggested changes to the wording (**in bold**) -
 - In 2) strategic goals '....aims to reduce the incidence, **prevalence** [bold] and consequences....'
 - In 2) strategic goals '...individuals ~~chronically~~ [deleted] **persistently** [bold] infected with hepatitis B and hepatitis C
 - In 5) '...delivery of hepatitis functions...' was felt to be a clumsy form of words - suggested that 'hepatitis functions' could be replaced with 'hepatitis work areas', 'services' or 'roles'.
 - Remove the letters (A-E) and just refer to viral hepatitis
 - In 9) change to "The **draft** [bold] minutes will be circulated within 6 weeks of the meeting."
- Reporting structure/how the group exerts influence:
 - The group is truly multi-agency, but has no executive power. The expectation is that individual members will report back to the organisations they represent. By combining resources the group has the potential to find significant solutions to really difficult problems. In a landscape in which everything is devolved to as local a level as possible, the local PHE Centres are key. The group can make statements with authority, which can be used in negotiations. When we have something to say, we will find a way of communicating.
 - A web page might be helpful, but may not be possible due to the limitations of using gov.uk.
- Mission statement:
 - There was some discussion of whether a 'mission statement' was needed, but it was suggested that it was a means of public communication of who we are and what we do, so perhaps it would be useful.
- Objectives:
 - ii. '....progress in tackling hepatitis C' – remove 'C'.

Action 1.2 – SM to write a mission statement to be shared with the rest of the group before the next meeting.

Subsequently the following was agreed: "The new National Strategic Group on Viral Hepatitis (NSGVH) is committed to working towards the World Health Organization (WHO) goal to eliminate viral hepatitis as a major public health threat globally. It brings together partner organisations to improve health services, minimise the number of new infections and reduce the health consequences of viral hepatitis for people in England."

2.0 Review of membership

Clinical Commissioning Groups (CCGs) were identified as being absent from the group. Peter Kohn had been invited and had agreed to join, but was not present today.

Other suggestions were:

- Representatives of local authorities (it would be difficult to identify one person in particular)
- Association of Directors of Public Health (ADPH) (the ADPH may be able to help, but as with Las, it might be difficult to identify a single person who could represent the whole group)
- Primary care (although Iain Brew may be able to represent primary care)
- The Health Protection Research Unit (HPRU)
- Food Standards Agency (FSA) (may have an interest in HAV and HEV and could be invited for discussions of those viruses)
- Migrant health (representation from the PHE migrant health team could be requested)
- NICE (the DH NICE sponsor team could be asked if they had any interest)
- Pharma (not considered appropriate)
- Devolved Administrations (Das) (could view the minutes and act as observer if there was interest)

6.0 World Hepatitis Day

This will be observed on 28 July this year and the theme is the elimination agenda. Three possibilities were proposed for a NSGVH response which could be used/quoted in PHE communications around the day. After discussion it was agreed to make a statement which would confirm the group's commitments to 'Support WHO in their goal to eliminate viral hepatitis as a major public health threat' but to add on comments indicating that we would do this by bringing together key stakeholders/supporting partner agencies. It needs to be clear that any such statement refers to England. Taking these comments into account we will seek advice from a Communications expert on suitable wording and circulate to the group, leaving the Chair and secretariat to sign off. This can be linked with the publication of the HCV data and a 'go and get tested' message.

Action 1.3 – HH to ask Communications to develop a statement for use on World Hepatitis Day based on the discussions of the group, circulate to the group for comment and have signed off by the Chair and secretariat before 28 July.

4.0 Terms of Reference (continued)

- Strategic direction for PHE:

This section will be removed

- Membership:

External membership should include specialist nursing and GPs.

xii. To be prefaced by 'clinicians including'

Perhaps UKAP could be invited for specific agenda items.

Include research

- Governance:

No one person can endorse anything in the meeting on behalf of the organisation which they represent

In order to test how effectively the group is working it was suggested that we seek feedback, on an annual basis from the group's stakeholders.

- Meeting arrangements:

Agreed:

Action 1.4 – Secretariat to make the suggested changes to the ToR and agree with the Chair, to be signed off by the group at the next meeting

5.0 Draft priority areas for NSGVH

SM presented a spreadsheet partly populated with areas for consideration under each of the hepatitis viruses A to E, based on the WHO 'strategic directions and priority actions' as described in the 'Global health sector strategy on viral hepatitis 2016 to 2021' and including domains along the care pathway such as treatment and testing.

HAV:

There was some discussion of the current outbreak in MSM and the issue of the shortage of vaccine. This group cannot do anything about vaccine supply and any changes to commissioning and funding need to take place quickly and there is not time for this group to contribute. It was concluded that although this was a priority area, there was little that the group could do but they would keep it under review.

HCV:

The main issues are around diagnosis, getting people into treatment and care, new technologies for testing, testing in different settings and mapping of coverage of drug services. There is an issue in that the people with the highest risk are in prisons, where there is an opt-out testing programme. One of the problems is the prison system and prison security. Some of the key enablers and barriers include whether the governor is 'on board', whether non healthcare staff (for example security staff) are engaged.

Action 1.5 – It was agreed to focus on hepatitis C at the next meeting and for a summary of research to be presented including the findings of the HepCAT study, the ERADICATE trial, the HepFree study and work of the HPRU.

Action 1.6 – Members to email any gaps they have identified in the priority areas spreadsheet to the group and the Secretariat will combine them for consideration at the next meeting.

7.0 Any other business

The single item of other business was not discussed as there was insufficient time.

8.0 Date of the next meeting

The aim will be to have the next meeting in the first two weeks of September. The secretariat will set up a Doodle Poll as soon as the availability of the chair and deputy chair are known.