



Terms of reference of the National Strategic Group for Viral Hepatitis (NSGVH)

1) Purpose of the NSGVH

NSGVH is a UK Health Security Agency (UKHSA) supported, cross-agency expert group on viral hepatitis with external membership from academia, NHS England, local government, integrated care boards (ICBs), patient representative groups and other organisations, to provide strategic direction and advice around viral hepatitis. Although it has no statutory basis, the group will provide a strategic forum for the exploration and development of operational and implementation issues and commitments to be enacted at local, regional and national level. The group provides oversight of actions, shares information and practice and facilitates and augments individual and partnership actions. It has replaced the DH Advisory Group on Hepatitis and the PHE Blood-Borne Infections Programme Board and provides advice to UKHSA, DH, NHS England and to the wider health system.

2) Strategic goals

The strategy group aims to help reduce the incidence, prevalence and consequences of infection from viral hepatitis in England by supporting multi-agency efforts towards achievement of 3 main strategic goals:

1. Reduction of the incidence of viral hepatitis.
2. Reduction of the undiagnosed proportion of individuals persistently infected with hepatitis B and hepatitis C.
3. To support improvements in the management (assessment, referral and treatment) of individuals with persistent hepatitis infection.

These build on the Department of Health's 2004 'Hepatitis C Action Plan for England'. The National Strategic Group on Viral Hepatitis (NSGVH) would also reflect on the policy context around viral hepatitis.

3) Mission statement

The National Strategic Group for 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, minimise the

number of new infections and reduce the health consequences of viral hepatitis for people in England.

The NSGVH have the collective vision that all people at risk of hepatitis virus (A, B, C, D and E) infection should have access to testing. If positive, they should be advised on prevention of onward transmission and placed on a treatment pathway. If negative, action should be taken to reduce subsequent risk of infection.

4) Objectives

The overarching aims of the NSGVH will be achieved through the following objectives:

- i. providing space for the development of strategic direction for policy and operational issues around viral hepatitis in relation to the evidence base, including prevention
- ii. reviewing cross-organisational activities and progress in tackling hepatitis
- iii. providing expert advice, information and guidance to partners and stakeholders, including the DH and the NHS
- iv. supporting development of guidance for the public health management of hepatitis
- v. supporting development of surveillance activities, including molecular epidemiology to monitor the diversity of circulating viruses, uptake of prevention and treatment activities, and mathematical modelling to monitor the current and future burden (and costs) of chronic viral hepatitis infection, in order to inform health care planning and resource allocation
- vi. promoting improved validated diagnostic and reference services including antiviral resistance testing
- vii. promoting the evaluation of major intervention programmes including screening, vaccination, substance abuse harm minimisation, and antiviral treatment

The NSGVH will develop a grid for priority work areas for each of hepatitis A to E viruses.

5) Membership

UKHSA membership includes senior representation from the relevant areas, including:

- i. Immunisation and Vaccine Preventable Diseases Division
- ii. Blood Safety, Hepatitis, STI and HIV Division
- iii. Virus Reference Department, including the Blood-borne Virus Unit
- iv. Health and Justice, Vulnerable People and Inclusion Health Division
- v. UKHSA Viral Hepatitis Leads Group (representation via the chair)

External membership would include representation from partners and stakeholders including:

- vi. academic expertise in public health, microbiology and clinical medicine including HPRU directors
- vii. NHS England and NHS England Specialised Commissioning

- viii. ICB representative
- ix. patient support groups and third sector
- x. LGA or local authority commissioners for drug services and sexual health or Director of Public Health
- xi. clinicians including hepatologists, virologists, infectious diseases physicians, specialist nursing including British Viral Hepatitis Group (BVHG) representation
- xii. primary care: GPs with special interest or RCGP representative
- xiii. the UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP) may be invited for specific agenda items
- xiv. DHSC Office for Health Improvement and Disparities: Alcohol and Drugs Treatment and Recovery, Addiction and Inclusion Directorate

Observers include representatives from DHSC. The devolved administrations may be invited depending on agenda item.

Other UKHSA internal leads, for example: Field Epidemiology Services, Policy, Strategy and Planning, Health Equity, Specialist Microbiology, Sexual and Reproductive Health; Healthcare Public Health; lead for liver disease, and external academics may be co-opted for specific projects or agenda items, where appropriate.

On occasion, the agenda items and remit of the National Strategic Group on Viral Hepatitis may be relevant to other expert groups, for example, Advisory Committee on the Safety of Blood, Tissue and Organs (SaBTO), Joint Committee on Vaccination and Immunisation (JCVI), Advisory Committee on Dangerous Pathogens (ACDP), UK panel for healthcare workers infected with blood-borne viruses (UKAP), Food Standards Agency (FSA), Department for Environment, Food and Rural Affairs (DEFRA).

To ensure these expert groups are appropriately sighted on discussions on relevant topics and are able to contribute if appropriate, meeting minutes or short report on the relevant topic may be shared with them by the chair of the National Strategic Group on Viral Hepatitis and/or an invitation extended to the chair of the expert group to attend a NSGVH meeting where the topic is tabled for discussion, noting that there may already be cross-membership between expert groups.

6) Governance

The committee will assume that the nominated members are endorsed by the organisations they represent.

The committee will assume that all members will enable the active participation of their represented organisation. This will be delivered through preparation in advance of meetings and dissemination following meetings.

The committee does not have autonomous or delegated decision-making powers and so will seek to develop consensus statements and provide products and resources for use by partner agencies in delivery of their strategic intentions in relation to viral hepatitis.

The chair is external to UKHSA (currently Will Irving, Professor of Virology). The deputy chair is internal to UKHSA, at deputy director or director level, (currently Dr Mary Ramsay).

Accountability within UKHSA will be to the Public Health Programmes Directorate, within UKHSA's governance structure.

7) Meeting arrangements

The group will meet between 2 and 4 times a year dependant on need, with additional meetings and subgroups formed ad hoc.

Meeting arrangements, reporting and conduct will be in accordance with the UKHSA governance structure and the adopted code of practice.

Secretariat support is provided by a member of the Immunisation and Vaccine Preventable Diseases Division within the Public Health Programmes Directorate.

8) Papers for meetings

The agenda will be circulated 5 working days before meeting.

The draft minutes will be circulated within 6 weeks of the meeting.

Agenda items will be requested 4 weeks in advance.

9) Review date

The terms of reference will be reviewed after 2 years.

Last reviewed and approved 7 March 2023.