



Terms of Reference of the National Strategic Group on Viral Hepatitis (NSGVH)

1) Purpose of the NSGVH

The National Strategic Group on Viral Hepatitis (NSGVH) is a UK Health Security Agency (UKHSA) supported, cross-agency expert group on viral hepatitis with external membership from academia, commissioning bodies (NHS England, Local Government, Integrated Care Boards), patient representative and people with lived experience groups, and clinicians, 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 activities, shares information and practice, and facilitates and augments individual and partnership actions. It replaces the Department of Health Advisory Group on Hepatitis and the Public Health England (PHE) Blood-Borne Infections Programme Board. The NSGVH provides advice to UKHSA, Department of Health and Social Care (DHSC), NHS England and to the wider health system.

2) Strategic Goals

The 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 three main strategic goals:

- reduction of the incidence of viral hepatitis;
- reduction of the undiagnosed proportion of individuals persistently infected with hepatitis B and hepatitis C;
- improvements in the management (assessment, referral, and treatment) of individuals with acute and chronic /persistent viral hepatitis infection.

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

3) Mission Statement

The NSGVH is committed to working towards the World Health Organisation (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 and diagnosis; if positive, they should be advised on prevention of onward transmission and placed on a care and treatment pathway to reduce the harmful impacts of infection; if negative, they should be supported in reducing 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 elimination, prevention and control interventions and programmes;
- ii. reviewing cross-organisational activities and progress in tackling hepatitis;
- iii. providing expert advice, information and guidance to partners and stakeholders, including the DHSC, Local Authorities 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.
- viii. promoting a person-centred approach to hepatitis strategies, including reducing and addressing stigma and health inequalities to improve the overall wellbeing of people living with hepatitis.

The NSGVH will develop a grid for priority work areas for each of hepatitis A-E viruses which will be reviewed annually.

5) Membership

UKHSA Membership includes senior representation from the relevant areas including:

- i. Immunisation & Vaccine Preventable Diseases Division,
- ii. Blood Safety, Hepatitis, STI & HIV Division
- iii. Virus Reference Department, including the Blood-borne Virus Unit

- iv. Health Equity and Inclusion Health Division
- v. UKHSA Viral Hepatitis Leads Group

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/NHS England Specialised Commissioning
- viii. Integrated Care Boards (ICB)
- ix. Groups representing patients and people with lived experience including the British Liver Trust and The Hepatitis C Trust
- x. Local Government / Local Authority commissioners for drug services and sexual health / Director of Public Health
- xi. Clinicians including hepatologists, virologists, infectious diseases physicians, specialist nurses including British Viral Hepatitis Group (BVHG) representation.
- xii. Primary care: GPs with special interest / RCGP
- xiii. The UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP) may be invited for specific agenda items

Observers include representatives from DHSC; the devolved administrations may be invited depending on agenda items.

Other UKHSA internal leads, e.g. Field Epidemiology Services, Policy, Strategy and Planning, Specialist Microbiology, Statistics, Modelling and Economics; and external academics may be co-opted for specific projects or agenda items, where appropriate.

On occasion, the agenda items and remit of the NSGVH may be relevant to other expert groups, e.g. 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 & 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 / short report on the relevant topic may be shared with them by the chair of the NSGVH 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 group will assume that the nominated members are endorsed by the organisations they represent.

The group 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 group 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 co-chairs are external to UKHSA (currently Professors Philippa Matthews and Matthew Hickman); the deputy chair is internal to UKHSA, deputy director / director level, (currently Dr Sema Mandal).

Accountability within UKHSA will be to the Public Health Programmes Directorate of the Chief Medical Advisor's Group, within UKHSA's governance structure.

While not a statutory scientific advisory committee, the chair and members are expected to follow the principles set out in the Code of Practice for Scientific Advisory Committees and Councils¹.

7) Meeting arrangements

The group will meet between two and four times a year dependant on need. Additional meetings and subgroups may be convened on an ad hoc basis.

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 staff from the Blood Safety, Hepatitis, STI and HIV Division and/or Immunisation and Vaccine Preventable Diseases Division within the Public Health Programmes Directorate.

8) Papers for meetings

Agenda items will be requested 4 weeks in advance. The agenda will be circulated five working days before meeting. The draft minutes will be circulated within 6 weeks of the meeting to members and attendees.

A summarised and redacted version of the minutes will be published online and will be public facing. The public can request more detailed minutes from the NSGVH secretariat.

9) Review date

The Terms of Reference will be reviewed after two years.

Last reviewed and approved: 01/09/2025

¹ [Code of Practice for Scientific Advisory Committees and Councils: CoPSAC 2021 - GOV.UK](#)