

**NICE GUIDANCE
HEPATITIS B AND C: WAYS TO OFFER AND PROMOTE
TESTING**

1st Meeting of the Programme Development Group

Thursday 5th May 2011

Bollin, NICE Offices, Manchester

Attendees:	<p><i>Programme Development Group (PDG) Members:</i> Matt Hickman (Chair), Vijay Anand, Neil Connelly, Nat Wright, James Windsor, Richard Grieve, Opal Greyson, Kylie Reed, April Wareham, Emily Kam-Yin Lam, Salim Khakoo, Danny Morris, Cristina Osorio, Will Irving, Deirdre Kelly, Kate Drysdale, Helen Wilks</p> <p><i>NICE:</i> Antony Morgan, Dylan Jones, Kay Nolan, Alastair Fischer, Victoria Axe, Nick Doyle, Linda Sheppard (arrived 10.45), David Pearson (arrived at 11am)</p> <p><i>Contractors:</i> Lisa Jones, Alec Miners, Peter Vickerman, Natasha Martin</p>
Apologies:	<p><i>PDG Members:</i> Daniela De Angelis, Erika Duffell</p> <p><i>NICE:</i></p> <p><i>Contractors:</i></p>

Author	Victoria Axe
File Ref	Hepatitis PDG 1 – Final Minutes
Version	Final
Audience	PDG members, NICE team, the public (via web publication)

Item		Action
<p>1. Welcome, Introductions and focus of the Meeting</p>	<p>The Chair welcomed the group to the first PDG meeting and outlined the focus of the day as follows:</p> <ul style="list-style-type: none"> • <i>To be given an overview of where we are in the process and how things will progress from here</i> • <i>To be given an introduction to NICE's equity obligations</i> • <i>To be provided within an initial insight into economic modelling structures and to discuss the currently accepted care pathways</i> • <i>To be briefed on associated pieces of NICE guidance and to discuss their relevance.</i> • <i>To start to draft tentative recommendations</i> 	
<p>2. Declarations of Interests</p>	<p>It was requested that everyone provided DOI forms. All different conflicts of interest were explained. The Chair had reviewed all of the declarations of interests made in writing before the meeting. It was felt that none prevented members from participating in the meeting.</p> <p>The following written interests were declared prior to the meeting:</p> <p><u>Personal pecuniary interest</u></p> <p>Will Irving - I have acted as a paid consultant (2009-10) for GSK in a study entitled "Thrombocytopaenia in patients with chronic HCV infection". Monies earned from this consultancy were paid into my University research account to support my research laboratory</p> <p>Deidre Kelly - I provide occasional consultancy/advice for the design and implementation of clinical trials in children with viral hepatitis B & C for: Novartis and Roche. I am on the advisory panel for immunisation best practice for Hepatitis B in infants for Sanofi Pateur MSD.</p> <p>Helen Wilks - I work substantively for the NHS, Torbay Care Trust, for the Primary Care Substance Misuse Team as a Trainer. I also work on an occasional basis as an independent Harm Reduction Training Consultant. Some of these have received sponsorship money from companies.</p> <p>Nat Wright – was in paid employment from the Royal College of Practitioners – treatment for drug users.</p> <p>Salim Khakoo – received payments of his published documents on Hep C</p>	

	<p><u>Personal family interest</u></p> <p>Will Irving - My wife owns shares in GSK</p> <p>Alastair Fisher – Step daughter works in Health Policy</p> <p><u>Non-personal pecuniary interest</u></p> <p>Opal Greyson - Received an award “to set up a Hepatitis C testing service for the sub Asian community in Bedford” sum of £6250</p> <p>April Wareham - The National Users’ Network has received funding in the past from Schering-Plough to finance our website. We may apply to other pharmaceutical companies for additional running costs. We have no salaried workers. The National User’ Network also make occasional statements.</p> <p>Will Irving - My research work has been supported by several grants from pharmaceutical companies. In particular, the Trent Cohort Study of Patients with Hepatitis C Infection, which I chair, has received support from Roche, Schering-Plough, Pfizer, and GSK</p> <p>Deirdre Kelly – The Liver Unit at Birmingham Children’s Hospital receives grants/payment of trial expenses for clinical trials in viral hepatitis from Roche, Novartis, Gilead Sciences, Bristol Myers Squibb, Schering Plough</p> <p>Helen Wilks - I co-chair the National Needle Exchange Forum (for England).</p> <p>Kay Nolan – Worked for the HPA in Prison Infection, Hep Testing and Prison Survey</p> <p>Kate Drysdale – worked with HPA for Hep B vaccinations</p> <p><u>Personal non-pecuniary interest</u></p> <p>Will Irving - I chaired the Advisory Group on Hepatitis working group on hepatitis B and C infection in black and ethnic minority communities. As a result of this, I co-authored and edited the final report “Case-finding for hepatitis B and C virus infection in minority ethnic populations in the United Kingdom”. This has not been released publicly, but has been sent to the Department of Health, the Chief Medical Officer, and the National Screening Committee.</p> <p>I also contributed to the Advisory Council on the Misuse of Drugs working group on Prevention of hepatitis C in injecting</p>	
--	--	--

	<p>drug users. The report of this group has been made public.</p> <p>Danny Morris - I'm currently working for Correlation II European Network Social Inclusion and Health in partnership with the Eurasian Harm Reduction Network as a project manager and consultant writing a 'Hepatitis C Treatment and Care' training manual targeting ministries of health, policy makers, health care professional and harm reduction workers with a focus on enhancing testing and treatment for injecting drug users across Central and Eastern Europe. This work in particular has required extensive literature searching and evaluation of evidence to ensure the promotion of optimal HCV testing and treatment and might be considered an advocate in this regard as actively promoting, through this work, the benefits of HCV and HBV testing although this isn't UK based.</p> <p>Kylie Reed - I am a doctor and work with clients who are at-risk of hepatitis B and C infection, so I am necessarily "a member of a professional organisation with a direct interest in the matter under consideration", although this would not bias my judgement in giving advice or considering the evidence.</p> <p>Richard Grieve – Published documents on Hep C and was a consultant for the NICE advisory programme in Hep C.</p> <p>Nat Wright – Published documents on Hep C</p> <p>Salim Khakoo – Published documents on Hep C</p> <p>Matt Hickman – Published documents on Hep B and C</p> <p>Lisa Jones – Conducted research on needle and syringe use</p> <p>April Wareham – took part in a RCGP harm reduction course for GPs.</p> <p>Natasha Martin and Peter Vickerman – have published papers and are part of a research group in regards to Hep B and C</p> <p>The PDG members were asked to verbally declare these declarations of interest again.</p> <p>PDG members were asked to inform the Chair if any new declarations of interest arise in the future.</p>	
<p>3. Where we are now</p>	<p>AM gave a presentation on orientation – process and key dates. This included the development phase, drafting recommendations, the different sections of guidance documents and the roles and responsibilities of NICE.</p>	

	<p>It was suggested that the final meeting be moved from 29th and 20th August to 12th and 13th September.</p> <p>Action – AM to circulate the September 2012 meeting dates to PDG members</p>	<p>AM</p>
<p>4. Equality Impact Assessment</p>	<p>Nick Doyle gave a presentation on Equality Impact Assessment and NICE Guidance and examples of equality issues were provided by the NICE team.</p> <p>It was suggested that the PDG need more detail on socio-economic groups.</p> <p>It was confirmed that the NICE team will help the PDG group make these equality points clearer. NICE will lead on equalities issues however it is important that these are always discussed with members of the PDG.</p> <p>It was queried as to why the agenda states equity not equality. Equity and Equality were defined by ND. Equity is used internationally and covers things we can identify that are unjust and unfair and can be managed.</p> <p>It was queried whether mental illness was a disability and decided that this is a broad interpretation and depends on the individual. Drug using status has been defined as a mental health disorder (under WHO classification) but is not covered under discrimination act and does not affect benefits.</p> <p>Action: EIA items to be put in future agendas</p>	<p>AM</p>
<p>5. Initial thoughts on the current care pathway</p>	<p>AF gave a presentation on health economics for finding and treating people with hepatitis B and C. This included the economic problem of scarcity, explanation of QALYs, cost modelling and prioritisation.</p> <p>Alec Miners asked for a discussion on the boundaries of cost, components, a range of outcomes and the cost benefits of gaining the outcomes.</p> <p>The PDG was asked to take a public sector perspective not a full society perspective.</p> <p>The PDG was asked to keep prisoners in mind throughout discussions.</p> <p>The team from LSHTM gave a presentation on the Economic modelling of HCV/HBV.</p> <p>LSHTM stated that they are looking for volunteers from the PDG to offer advice for the model. LSHTM also asked what</p>	

	<p>specific interventions the PDG would be interested in evaluating.</p> <p>It was suggested that the 95% figure needs to be corrected to 70%.</p> <p>Lisa Jones briefly discussed her effectiveness reviews.</p> <p>Action: put on the agenda for July examples of public health sector perspective – i.e. “putting crime in made it cost effective”.</p>	AM
<p>6. Discussion on care pathway</p>	<p>Discussions were raised about the appropriateness of the dynamic modelling for HCB. An economic modelling group would be set up to discuss further.</p> <p>It was mentioned that a clinical guideline will be developed on Hep B but would be published after the public health guideline. It was important to ensure that the respective groups were in regular communication.</p> <p>There was a discussion on vaccination and whether this should be included in the economic model. NICE stated that mother/child transmission is outside the scope, although it would be important to recognise the implications of this in the considerations section of the guidance.</p> <p>The PDG raised the issue of whether incentivisation would be an effective approach to encourage at risk groups to come forward for testing.</p> <p>Action: Discuss screening including antenatal screening and universal vaccination in further meetings.</p> <p>Action: PDG members to bring forward any further topics they feel should be discussed in relation to the economic modelling.</p>	<p>Chair/AM</p> <p>PDG members</p>
<p>7. Overview of associated NICE recommendations</p>	<p>Linda Sheppard gave a presentation on an overview of associated NICE documents.</p> <p>Action: Presentations to be emailed to the PDG team</p>	AM
<p>8. Questions and discussions</p>	<p>The problem of duplicating evidence was raised. It was confirmed that NICE will make sure that duplicated work is minimised.</p> <p>National screening programmes and targeted screenings</p>	

	were discussed. NICE confirmed the distinction between opportunistic case finding and screening.	
9. Drafting recommendations	<p>Dylan Jones gave a presentation on drafting recommendations.</p> <p>The issue of raising awareness was discussed. A member of the PDG confirmed that awareness raising proved successful in encouraging testing in HIV.</p> <p>The PDG were split into 3 groups and asked to discuss general recommendations.</p> <p>Group 1: Matt Hickman, Vijay Anand, Neil Connelly, Nat Wright, James Windsor, Richard Grieve</p> <p>Group 2: Opal Greyson, Kylie Reed, April Wareham, Emily Kam-Yin Lam, Helen Wilks, Salim Khakoo</p> <p>Group 3: Danny Morris, Cristina Osorio, Will Irving, Deirdre Kelly, Kate Drysdale</p> <p>Action: NICE to write a document including relevant elements of previous recommendations and present at the next meeting for further discussion.</p>	NICE Project Team
10. Next steps	AM reassured the PDG that this was the first PDG meeting and therefore there is still much to cover.	
11. AOB	<p>AM stated that for efficiency savings all papers will now be emailed.</p> <p>Action: PDG members who wish to have papers printed and posted should email Melinda Kay.</p> <p>PDG member who have any problems with expenses should email Melinda Kay.</p>	PDG members
12. Close	The meeting closed at 16.10pm.	

Next meeting

PDG2: Cancelled

PDG 3: 28th July 2011, NICE Offices (Dee Room), Manchester
Papers to be emailed 15th July, 2011