

RESTRICTED - APPOINTMENTS

1. Dr Metters DCMO

From: Mr Robb HP3B

2. Dr Shepherd PS/CMO

Date: 18 August 1997

Copies: see attached list

ADVISORY GROUP ON HEPATITIS: MEMBERSHIP AND TERMS OF REFERENCE

Issue

1. We are seeking CMO's agreement for HP3 officials to review the membership and terms of reference of the Advisory Group on Hepatitis (AGH). It would be appropriate to do this now because most of the members are long-serving and/or are reaching/have reached retirement age. We would therefore like to take the opportunity to consider widening the Group's range of expertise and clarifying its terms of reference; the chairmanship is also a matter to be considered to ensure that the new Group keeps to its terms of reference and that its business is conducted effectively.

Recommendation

2. We recommend that CMO agrees that HP3 officials review the AGH's membership and terms of reference, in consultation with colleagues in DH and the Territorial Health Departments.

Clearance

3. This recommendation has been agreed with colleagues in the Territorial Health Departments. Scottish Office will be making a parallel submission to Sir David Carter. The other Departments have already indicated that they are content for the review to proceed.

Background

4. The AGH was set up in 1980 with the remit *to provide medical advice to the Chief Medical Officers of the Health Departments of the United Kingdom on all aspects of communicable hepatitis*. At present it is chaired by Professor Jangu E Banatvala, Department of Virology, St Thomas' Hospital, London. There are currently 8 other members covering virology (research and clinical), hepatology, occupational health and surgery (see **Annex A** for the current membership list). The Secretariat is provided by HP3 officials. Officials from DH, the territorial health departments, the Ministry of Defence (medical interests) and the Health Education Authority attend meetings as observers.

The Chair

5. Professor Banatvala has chaired the AGH since September 1990. He takes a keen interest in the Group's work and has generally been helpful in his dealings with the media. However, the current membership includes some strong personalities and he has not always been fully effective in conducting the Group's business. The upshot has been that some recent meetings have been unproductive or the Group's advice unclear, and the Group has had to be asked to revisit some issues.

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6. A review would identify suitable alternative external candidates for chairman and consider the option of having an internal chairman at senior DH official level, such as Dr Metters, DCMO. A decision to terminate Professor Banatvala's appointment would need to be handled sensitively.

Views of AGH

7. At his request, Professor Banatvala met with CMO in September 1996 to express the Group's concerns about the AGH's role. The Group was concerned that the AGH's advice was not reaching TOTO and Ministers, and being acted upon quickly enough. He envisaged a more high profile role for the Group. The AGH's views are a further indication that it would be timely to carry out a review.

Membership

8. Most of the members are long-serving and/or are reaching/have reached retirement age and have served the equivalent of several terms. For example, 2 of the members have served on the Group since it was established in 1980. The review would present an opportunity to consider bringing in new blood.

9. The Group is lacking expertise in public health and paediatric hepatology, and is arguably over-represented on the virological side. In the review we would identify the range of expertise needed and suitable candidates to enable the committee to carry out its functions. We would also consider the need for a wider geographical spread of expertise in line with the committee's UK remit. (Currently 7 of the 9 members, including the chairman are from London and there are no members from outside England).

10. There may be a risk that changing a significant number of members in one go could result in very different advice to the Department. The National Screening Committee has recently recommended the adoption of universal antenatal screening for hepatitis B, and we will be carrying this forward with NHSE colleagues. But decisions have yet to be made on some other issues about which current AGH members feel strongly, such as universal immunisation against hepatitis B which is being considered by the Joint Committee on Vaccination and Immunisation. The other ongoing major item of business is that of hepatitis B infected health care workers where further research will be taken forward, although in this area the AGH's advice has not always been fully thought through.

11. In line with good public appointments practice, fixed terms of appointments would be introduced with those current members who have already served the equivalent of several terms or who have retired or are about to, recommended for replacement.

Observers

12. Officials would consider which other Government Departments and Non-Departmental Public Bodies had a key interest which required observer status on the committee. The Health Education Authority, for example, currently has observer status but until recently has not sent a representative and is only likely to have an occasional interest. The review would also clarify the basis on which PHLS staff would attend, whether as individual expert members, institutional members or as observers.

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Terms of reference

13. The current terms of reference (see paragraph 4) are very wide and not especially helpful to the Group or those outside it in having a clear idea of the Group's role. We suggest that the terms of reference are more focused to cover the Group's important function of advising on the prevention and control of viral hepatitis, particularly in relation to immunisation and the protection of patients from infected health care workers, and to take account of the AGH's relationship with other advisory committees (eg. the Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation, the Joint Committee on Vaccination and Immunisation and the UK Advisory Panel for Health Care Workers infected with Bloodborne Viruses).

Conclusion

14. We recommend that CMO agrees to a review of the AGH's membership and terms of reference by HP3 officials in consultation with colleagues in DH and the Territorial Health Departments.

15. We suggest that CMO writes to inform the AGH of the review before its next meeting in October/November. We will submit a draft letter and progress report to CMO before that meeting. Final proposals for changes to the membership and terms of reference will be put to CMO and Ministers later in the year.

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