Department
of Health

From the Lord Prior of Brampton
Parliamentary Under Secretary of State for NHS Productivity (Lords)

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Dear Baroness,

Thank you for your question on the progress made by the government to implement the recommendations of the Lancet Commission on liver disease on 9 December. This subject raised a number of important questions, which I was unable to do full justice to on the floor of the House.

First, I wanted to reiterate the Government's commitment to address the incidence of liver disease. Managing long term conditions is now a central task of the NHS, and as I mentioned, Public Health England will be producing a framework for liver disease sometime next year.

Hepatitis B vaccination

As you will be aware, vaccination against hepatitis B has been in place for many years as a selective programme for those at highest risk. This includes babies of hepatitis B positive women and drug users.

The Joint Committee on Vaccination and Immunisation, our expert group, has recommended a universal programme for children using a six-in-one (hexavalent) vaccine, that combines hepatitis B with diphtheria, tetanus, whooping cough, polio and haemophilus influenzae type b, which are already part of our childhood programme. The Committee advised that introduction of this vaccine would be subject to it being procured at a cost-effective price. Work is in hand to see if this is possible. Such a programme would protect children from the risk of acquiring hepatitis B, although most cases - more than 90% - of chronic infection caused by vaccine-preventable hepatitis B are as a result of transmission outside the UK.

Our current hepatitis B neonatal selective vaccination programme provides protection to babies born to hepatitis B positive women. We have observed improvements in this programme, with a sustained increase in vaccine uptake of four doses by 24 months from 54% uptake in 2010/11 to 74% in 2014/15. This is encouraging, as these infants are at greatest risk of hepatitis B from infected mothers at or around the time of birth. An annual increase in uptake of a 12 month old hepatitis B dried blood testing service in these infants, provided free by Public Health England, is indicative of increased awareness among GPs. In 2014/15 GP payments were introduced for vaccination and testing in the neonatal programme and may have contributed to this increase.

Advice for hepatitis B positive pregnant women about the importance of their children being vaccinated against hepatitis B is provided during their antenatal care and after delivery by their GP. Information is also available on NHS England and PHE's website.

Foetal Alcohol Syndrome

In your question, you also made reference to the incidence of Foetal Alcohol Syndrome. Drinking during pregnancy can be associated with miscarriage, low birth weight, Foetal Alcohol Syndrome, and Foetal Alcohol Spectrum Disorders. Advice on alcohol consumption and other health issues during pregnancy is routinely provided by midwives, health visitors and GPs. Typically, during appointments with their midwife, pregnant women receive advice on how to stay healthy throughout the pregnancy, which includes the Chief Medical Officer's advice that women who are pregnant or trying to conceive should avoid alcohol altogether. As Foetal Alcohol Syndrome cannot easily be identified at birth, prevalence figures are not routinely collected. The World Health Organisation is starting a global prevalence study on Foetal Alcohol Spectrum Disorder, recognising that this information is lacking in many countries. We welcome this study and will consider participating.

North-west of England liver transplant centre

Lord Hunt asked why the north-west of England does not have a liver transplant centre and whether the Government will make sure that the north-west gets such a centre. NHS England commissions six centres in England to undertake liver transplantation in adults. These centres are in London, Leeds, Cambridge, Newcastle and Birmingham. Specialised Services such as Liver Transplant require some centralisation to ensure specialised teams can maintain skills to support patients receiving complex surgery. Centres are required between them to offer a service to all of England.

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NHS England undertook an internal review of this service in 2013/14 in response to the strategy 'Taking Organ Transplantation to 2020' and continues to work closely with NHS Blood and Transplant (NHS BT) on delivering this strategy. This is to ensure that there is an increase in donation matched to capacity in the liver transplant centres, to maximise transplantation. NHS England routinely monitors the capacity within the liver transplantation services and is assured that the existing services in England can develop capacity to meet the expected increase in organ donation and transplantation, thereby maintaining expertise and the excellent survival outcomes seen across the current service. NHS England continues to monitor access and outcomes for patients throughout England and will review the overall position with regard to access to transplantation and, in collaboration with NHS BT, donation from areas with lower than expected rates during 2016/17.

Thank you again for your question. I hope this letter provides the clarification and information desired.

I am copying in to all peers who participated in the debate and I am placing a copy of this letter in the Library.

Yours ever

LORD PRIOR