

Schedule 2 Part A Service Specification

Service Specification No.	8
Service	Hepatitis B screening and vaccination in the Sheffield Roma Slovak community
Commissioner Lead	Sarah Burt – Senior Commissioning Manager Dr Andrew McGinty – GP and Clinical Lead
Provider Lead	General practices
Period	1 st April 2019 - 31 st March 2020
Date of Review	In year

1. Population Needs

National/local context and evidence base

- 1.1 This is a locally commissioned service for a GP practice-led Hepatitis B screening and vaccination service targeted to a section of the population with high prevalence for new arrivals into Sheffield. The service will screen and vaccinate children and adults - new patients registered from 1/4/16. There are three elements to the service:
- A payment per adult screen (in the expectation that children will be referred for blood sampling to Sheffield Children's Hospital)
 - A payment per vaccine for children and adult
 - A payment for an advice package for those testing positive.
- 1.2 The regimen recommended in the Green Book for most adults in an at-risk group is the accelerated schedule. Ideally a booster dose at 12 months is recommended to ensure long term protection. This is offset by slightly reduced immunogenicity after 3 doses when compared with standard schedule:

Dose regimen	Cost	Seroprotection rates (from SPC)
Accelerated schedule 3 doses at: 0, 1 and 2 months Fourth dose at 12 months where at continued risk	Engerix B® 4 x 20mcg PFS £46.52 HB VaxPro® 4 x 10mcg PFS £44.20	From Engerix B SPC (no data in HBVaxPro SPC) at month 1: 15 % at month 3: 89 % at month 13: 95.8 %
Standard Schedule 3 doses at: 0, 1 and 6 months No booster doses required	Engerix B® 3 x 20mcg PFS £38.98 HB VaxPro® 3 x 10mcg PFS £36.60	From Engerix B SPC (no data in HBVaxPro SPC) at month 7: ≥ 96 %

- 1.3 Hepatitis B is an acute viral infection of the liver. It is blood-borne, transmitted either at birth (from infected mothers to babies) or via sexual contact or use of contaminated needles. The risk of Hepatitis B is exacerbated by people living in deprived circumstances in overcrowded homes. Individuals can carry (and pass on) the infection throughout their lives, especially if they are children when they are infected. Around 20% of people with chronic hepatitis B will go on to develop scarring of the liver (cirrhosis), which can take 20 years to develop, and around 1 in 10 people with cirrhosis will develop liver cancer. Hepatitis B is preventable through an effective vaccine. Vaccinating those at risk of Hepatitis B is crucial to prevent ill health, to reduce transmission of this infectious disease and to minimise the costs to health services of expensive treatments for cirrhosis and liver cancer.

- 1.4 Prevalence of Hepatitis B in the local Roma Slovak population has been shown to be high through work done in Page Hall Medical Centre (at around 4% compared with 0.3% for the general population).¹ Based on this data, an estimated 240 of Sheffield's estimated current 3,000 Roma Slovak population could currently have chronic Hepatitis B infection. Of these, around 72 are likely to develop liver failure from which 18 will die within 5 years of diagnosis. Between 12 and 24 could have hepatocellular carcinoma which has an extremely poor prognosis (average survival from diagnosis is 6 months.)
- 1.5 Prevention and treatment is therefore a pressing and urgent issue of health inequality and in particular for the small number of Sheffield practices with significant numbers of Roma Slovak patients (see spreadsheet). However the scheme is offered to all practices so that the at-risk patient population has equal access to a service, regardless of where registered.

2.1 **NHS Outcomes Framework Domains & Indicators**

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 **Local defined outcomes**

Specifically we will look to evaluate as a result of this scheme overall:

- % Roma Slovak population screened
- % identified with no immunity vaccinated
- % identified immune and at no further risk
- % identified with chronic disease referred
- % of those with chronic disease seen at hospital first and follow up

3. **Scope**

3.1 **Aims and objectives of service**

To identify, treat and reduce the spread of Hepatitis B in Sheffield by systematically screening for undiagnosed infection in a targeted community identified with high prevalence and to thereby reduce the ill health effects and mortality for a population group that already experiences poorer health outcomes.

3.2 **Service description/care pathway**

Practices are required to:

- Screen and vaccinate all Roma Slovak patients for Hepatitis B at first registration
- Vaccinate patients with no immunity against Hepatitis B (screening and first vaccination will be given together where possible)
- For those with likely Hepatitis B

¹ Data from UK antenatal screening programme

Repeat bloods and add Liver Function Test
Refer to secondary care and notify Public Health England
Give lifestyle advice

- Offer a catch-up service to all patients from this community already registered with the practice and flag those who have not taken up the offer, or with partly-completed vaccination schedules, for opportunistic follow up.
- The service should be supported by patient information in both English and Slovakian available from: www.hitsheffield.org/

3.3 Population covered

All Roma Slovak patients, both adults and children

3.4 Any acceptance and exclusion criteria and thresholds

It is expected that children under 16 will be referred to the Sheffield Children's hospital for blood sampling.

Newborns are offered the vaccination through the newborn vaccination programme. Any children who have received the vaccination through this process will be excluded from the LCS.

3.5 Interdependence with other services/providers

Patients may move without completing their vaccination schedule. Especially where patients move within the city, practices are asked to confirm at new patient check what doses have been given to date, to avoid unnecessary duplication of treatment.

Dr Andrew McGinty, as CCG lead, will liaise with NHS Sheffield Public Health to support community engagement with practices, as needed.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

Screening for Hepatitis B would be in keeping with both NICE and WHO recommendations as well as the Foundation for Liver Research and the British Liver Trust, who advocate reaching out to communities of high prevalence to facilitate screening and management.²

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

The general poor health of this community has been highlighted in a number of documents and work with Roma Slovak communities is made more difficult by communication difficulties and the population being highly mobile.³

4.3 Applicable local standards

Preferred Read codes

TPP

EMIS

² Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection. NICE public health guidance 43. December 2012.

Hepatitis B: Out of the shadows. A report into the impact of Hepatitis B on the nation's health. Foundation for Liver Research. October 2004.

<http://www.who.int/csr/disease/hepatitis/whocdscsrlyo20022/en/index4.html#world>

³ G Gill (2009) The Health Needs of the Roma Slovak Community in Sheffield. Community Practitioner

Main spoken language Slovak	XaP9z	13uL.
Main spoken language Czech	XaG5s	13I3.
Main spoken language Bulgarian	XaP48	13u0.
Main spoken language Romanian	XaP49	13u1.
Number offered screening	XALFK	90p2.
Hepatitis screening declined	XaLND	813u.
Hepatitis B surface antigen	43B4	43B4.
Hepatitis B immunisation declined	XaLIH	813r.
Hepatitis B contact	Xa1pO	65pl.
Positive patient advice given (use Hepatitis B screening Counselling)	XaLTv	677R.

Activity Planning Assumptions

Practices are expected to offer 3 doses per patient and ideally a 4th booster dose.

Payment will be for a maximum of 4 doses per patient.

Practices will be paid quarterly in arrears based on reported activity levels at the end of each quarter.

5. Location of Provider Premises

The Provider's premises are located at:

All general practices.

Schedule 2 Part B Indicative Activity Plan

This population is predominantly registered with only a few GP practices. For other individual practices, the numbers are estimated to be small

Schedule 2 Part G Other Locally Agreed Policies and Procedures

Policy	Date	Weblink
Hepatitis B screening and vaccination policies for the Roma Slovak population in Sheffield (search Hepatitis B)	Dec 2014	www.sheffieldccgportal.co.uk

Schedule 3 Payment

Part A Local Prices

Service Description	Currency	Price	Basis for payment	Regime for future years
LCS primary care Hepatitis B screening and vaccination service for Roma Slovak community	Adult		As per Contract Team LCS database	N/A
	Per adult screen	£9		
	Per adult vaccination	£7		
	Advice to patient testing positive for Hep B	£63		
	Child (up to 16 years)			
<i>Child screen by Children's Hospital</i>	<i>No payment</i>			
Per vaccination	£5			

Part F Expected Annual Contract Value

Service	Expected annual contract value
LCS primary care Hepatitis B screening and vaccination service for Roma Slovak community	For those practices with which the target patient population is currently registered, the separate spreadsheet outlines indicative contract value. Activity is not capped.

Schedule 4 Part C Local Quality Requirements

Quality Requirement	Threshold	Method of Measurement	Consequence of breach
Domain 1: Preventing people dying prematurely			
% new registrations from 1/4/2017 given first dose vaccination and tested	No minimum but aim it to achieve at least 80% completing vaccination	Practice report (will be captured via online database)	As per clause GC9
Domain 2: Enhancing the quality of life of people with long-term conditions			
Domain 3: Helping people to recover from episodes of ill health or following injury			
Domain 4: Ensuring that people have a positive experience of care			
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm			

SCHEDULE 6 Part C Reporting Requirements

Activity Information required

Information required	Reporting Period	Format of Report	Timing and Method for delivery of Report
Number of adults screened	Monthly	Electronic	Via LCS database by 15 th day of the month
Number declined vaccination	Monthly	Electronic	Via LCS database by 15 th day of the month
Number tested positive	Monthly	Electronic	Via LCS database by 15 th day of the month
Number of adult vaccinations	Monthly	Electronic	Via LCS database by 15 th day of the month
Number of positive patients given advice package	Monthly	Electronic	Via LCS database by 15 th day of the month
Number of children (0-15) screened	Monthly	Electronic	Via LCS database by 15 th day of the month
Number declined vaccination	Monthly	Electronic	Via LCS database by 15 th day of the month
Number tested positive	Monthly	Electronic	Via LCS database by 15 th day of the month
Number of child vaccinations	Monthly	Electronic	Via LCS database by 15 th day of the month