Paper for NHS Lanarkshire Board Meeting to be held on 30 October 2019

Implementation of the recommendations made in the report of the Incident Management Team of the investigation of a hepatitis C infected healthcare worker situation and the associated patient notification exercise

A copy of the redacted version of the report is appended to this paper. A small amount of redaction was required to protect the confidentiality of two patients and the healthcare worker.

Please note that NHS Lanarkshire has not disclosed the name, discipline or sex of the healthcare worker involved in this incident.

1. Background

An NHS Lanarkshire employed healthcare worker was identified in January 2008 to have hepatitis C infection as a result of routine testing by Salus, the NHS Lanarkshire occupational health service, in preparation for starting a locum post. The HCW was non-infectious for hepatitis B infection and HIV negative.

A detailed investigation was carried by NHS Lanarkshire and Health Protection Scotland to establish if there was any evidence of healthcare worker to patient transmission of infection. A record linkage exercise using data from the Scottish hepatitis C database and Scottish Morbidity Records data for all patients admitted under the care of the healthcare worker. This investigation did not identify any evidence that healthcare worker to patient transmission of hepatitis C infection had taken place.

A report was submitted to the UK Advisory Panel on Healthcare Workers Infected with Blood Borne Viruses (UKAP). UKAP advised that as there was no evidence of healthcare worker to patient transmission a patient notification exercise was not indicated.

During 2015 two patients were identified for whom, based on epidemiological and virological findings, it was concluded that healthcare worker to patient transmission of hepatitis C infection during surgery had probably occurred. UKAP endorsed a proposal by NHS Lanarkshire to carry out a patient notification exercise.

2. Patient notification exercise

A patient notification exercise went live on Tuesday 23 February 2016 with a press release being issued and a press conference held. Letters were sent to 8,432 patients in Lanarkshire, other parts of Scotland and other UK countries. This covered the period of time when the healthcare worker was an NHS Lanarkshire employee and when they did a three months long locum post out with Lanarkshire.

125 clinics were held in ten locations across Lanarkshire from 25 February to 17 March 2016 involving 150 members of staff. An incident room operated from 23 February to 25 March.

3. Uptake of testing

The uptake for hepatitis C testing for Lanarkshire residents was 81%, 5,899 of 7,311 Lanarkshire residents who were sent a letter were tested, with the uptake being 78% for all patients – 6,553 of 8,432 patients. These are very high uptake percentages for a patient notification exercise and they were achieved in Lanarkshire by integrated working across acute care, primary care and corporate divisions and with partners, including Health Protection Scotland and NHS24, and across Scotland and the other UK countries, by good joint working and local leadership. The results of tests were provided to all patients tested.

4. Outcome of testing

No further cases of probable HCW to patient transmission were identified during the patient notification exercise, nor in subsequent years.

5. NHS Lanarkshire Incident Management Team Report

A report covering the investigations which had taken place and the preparation for and delivery of the patient notification exercise, with associated recommendations, was submitted to UKAP in October 2016. A redacted version of the report is appended to this paper.

6. Implementation of the recommendations of the NHS Lanarkshire IMT Report

The following tables provide details of the responses that have been made to report recommendations by NHS Lanarkshire, UKAP, National Services Scotland and Health Protection Scotland. Reporting on the implementation of recommendations has been delayed due to the time required by UKAP to undertake a review of policy and publish updated guidance. UKAP published updated guidance in July 2019 and this provided the final response to two of the key recommendations and enabled this paper to be completed and submitted to NHS Lanarkshire Board.

Abbreviations used in the following tables:

BBV	Blood borne virus(es)
CMO	Chief Medical Officer
CQC	Care Quality Commission
EPP	Exposure prone procedure
HCW	Healthcare worker
IMT	Incident Management Team
NSS	National Services Scotland
PHE	Public Health England
PNE	Patient notification exercise
UKAP	UK Advisory Panel for healthcare workers infected with bloodborne viruses

Recommendation 1	NHS Lanarkshire and Health Protection Scotland should collaborate to analyse factors influencing the uptake of testing.
Response by NHS Lanarkshire and HPS	In 2017 a working group consisting of members of staff from NHS Lanarkshire and Health Protection Scotland was established and this work was undertaken. The aims of the of the study were to analyse the results of the patient notification exercise to: (1) characterise those who were contacted and who were tested for hepatitis C and (2) identify factors associated with not being tested following contact through a patient notification exercise, particularly whether access to a testing clinic was associated with test uptake. A scientific paper has been written and will be submitted for publication after the redacted version of the report of the Incident Management Team has been put in the public domain.

To protect confidentiality of the healthcare worker Recommendation 2 was redacted in the redacted version of the IMT report. The details in the table below indicate the way in which confirmation was obtained that the recommendation had been fully understood and considered.

Recommendation 2	This recommendation has been redacted as it contains confidential information about the healthcare worker, however, it relates to situations in which UKAP should consider if a patient notification exercise should be advised.
	Each of the responses referred to below required to be redacted as they contained confidential information about the healthcare worker.
UKAP response – letter of 18 January 2017	A detailed response was provided by UKAP.
NHS Lanarkshire letter of 27 February 2017	Clarity was sought regarding UKAP's understanding of specific points being made.
UKAP response – letter of 19 April 2017	Further response and assurance provided by UKAP that the recommendation, and specific aspects of the context, had been understood and noted including the following which are extracts from UKAP's response: "UKAP note your comment re the potential for this ..." "... and reiterate that this could be considered as part of the 'other relevant considerations' to be taken into account by ICT." [ICT – Incident Control Team]
NHS Lanarkshire comment on 13 November 2018.	No further follow up is required by NHS Lanarkshire regarding Recommendation 2.

Recommendation 3	NHS Lanarkshire should offer to work with UKAP to contribute to the development of the UKAP toolkit using the knowledge, understanding and resources developed by NHS Lanarkshire during the preparation for and delivery of the PNE.
Response by NHS Lanarkshire	UKAP noted in a letter to Dr Logan dated 18 January 2017: Many thanks for your letter to UKAP, comprehensive lookback report, and presentation to the panel on 23rd November 2016 regarding case 08-26. The report is an excellent documentation of the patient notification (PNE) process that you undertook and will be useful to others conducting similar exercises. and in its letter to Dr Logan of 19 April 2017: The Secretariat will refer upon their learning from the experience of this particular case of 08/26, including the IMT's recommendations, when reviewing aspects of the current guidance on the management of BBV infected HCWs, which will be undertaken in due course. Updated guidance was published by UKAP in July 2019: **BBVs in healthcare workers: health clearance and management** Guidance for health clearance of healthcare workers (HCWs) and management of those infected with bloodborne viruses (BBVs) hepatitis B, hepatitis C and HIV. https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management In addition to the guidance document UKAP published a quick reference guide. NHS Lanarkshire has incorporated good practice and learning from the patient notification into a policy document on patient mailing. https://www.nhslanarkshire.scot.nhs.uk/download/patient-mailing-policy/ Publication via the NHS Lanarkshire website of the redacted version of the IMT report will make it available to other health protection teams and it can then be used as a resource to support learning, to promote preparation for investigations and patient notification exercises and to use in the event of such incidents and exercises.
Part of the 18 December 2018 UKAP response to Recommendation 5	Wider work by PHE is on-going and covers roles / responsibilities of organisations involved in all PNE exercises (not just infectious agents) in England; a toolkit is likely to be published in early 2019 (PHE are currently waiting to undertake consultation with external partner organisations following a national breast screening incident).
NHS Lanarkshire position as of 21 October 2019	The above PNE toolkit has not yet been published, however, when it is published it will be circulated to relevant members of staff in NHS Lanarkshire. Work will continue through the Scottish Health Protection Network Sexual Health & Blood Borne Viruses Strategic Leads Group, which NHS Lanarkshire is a member of, to develop resources which support the prevention, detection and management of incidents which involve, or may involve, transmission of blood borne virus infection associated with healthcare.

Recommendation 4	National Services Scotland should consider how best to note and make relevant members of staff aware that prior to 1987 the [redacted] that a patient was admitted under was coded using the [redacted]'s national insurance number (or a coded version of this) and not, as currently, the [redacted]'s [redacted] number.
Response by National Services Scotland	In 2016 information was noted by National Services Scotland (NSS) regarding this aspect of the coding of a patient hospital admission record prior to 1987 so that the information would be available to NSS data analysts in future and this aspect of patient record coding was also highlighted to NSS data analysts.

Recommendation 5	UKAP should link with the Expert Advisory Group on AIDS, the Advisory Group on Hepatitis, and the four UK Departments of Health to review the current policy of non-disclosure to patients of information about levels of risk which have been assessed as being very low or very, very low.
UKAP response – letter of 18 January 2017	The duty of candour defined by the CQC in reference to the Health and Social Care Act Regulation 20[1] states in subsection 20(2) that when a [notifiable] safety incident has occurred, the relevant person must be informed. It defines a notifiable safety event as 'one that could result in or appear to have resulted in the death of a person using the service or severe harm, moderate harm, or prolonged psychological harm'. It does not quantify this harm further. The statutory duty of candour is similarly described in Scottish legislation governed by the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016. Calman risk criteria, which are commonly used in clinical practice, define a rare event as 1/1000 to 1/10,000 and a very [rare] risk as less than 1/10,000. As described above, UKAP advises a practical and proportionate investigation to the risk of transmission. PNEs can result in high levels of anxiety for notified patients, as well as providing benefits in terms of candour and diagnosis. PNE without testing can result in high levels of anxiety for patients, despite practice of candour. PHE is undertaking a review of all PNEs at present and the structure of responses to PNEs, which will review some of these questions. Of note, the Expert Advisory Group on AIDS (EAGA) and the Advisory Group on Hepatitis (AGH) are no longer functioning bodies.
NHS Lanarkshire letter of 27 February 2017	The various points made in response to this recommendation are noted including the point that PHE is undertaking a review of all PNEs. It is presumed that PHE is undertaking this review on behalf of UKAP, however, it would be helpful if this could be confirmed. There is an outstanding question of whether current UKAP policy is compatible with duty of candour legislation. It would be helpful if UKAP could provide a definitive statement regarding this as it is relevant to the information we are required to provide Lanarkshire residents with. We have received several complaints in relation to patients not being informed in 2008 of the possible risk to which they had been exposed. These patients are of the view that they should have been informed in 2008 even though, at that time, there was no evidence that transmission of infection from the HCW to a patient had occurred. The question therefore is: *If, in the future, we had a recurrence of the situation that arose in 2008 – of a hepatitis C infected HCW but no evidence of transmission of infection to patients – would current legislation require patients to be informed of this situation?* The argument in favour of informing patients is detailed in Section F.10 The case [for] a PNE in the absence of evidence of transmission (pp 133-136).
UKAP response –	Duty of candour

[1] Health and Social Care act 2008 (Regulated) Regulations 2014: Regulation 20: Duty of Candour. http://www.cqc.uk/content/regulation-20-duty-candour

letter of 19 April 2017	UKAP note the issues raised about the duty of candour and particularly the issues in incidents where the risk to patients is considered very, very low. Public Health England (PHE) is currently undertaking a review of Patient Notification Exercises (BBVs and other infectious agents) in England; as part of this work, discussions are taking place with the Care Quality Commission (CQC) regarding the interpretation of duty of candour requirements and the potential impact in these very low risk situations. We noted that there may be differences in the legislation in the four devolved administrations, but that the findings of PHE work would be shared with colleagues.
NHS Lanarkshire comment on 13 November 2018.	There are several questions in relation to the response to Recommendation 5 that it would be helpful to have answered: Has the review of patient notification exercises (BBVs and other infectious agents) in England which was being undertaken by Public Health England been completed ? Was the review being undertaken by PHE on behalf of UKAP ? Is a copy of a report of the review available ? Have the discussions that were taking place between PHE and the Care Quality Commission (CQC) regarding the interpretation of duty of candour requirements and the potential impact in very low risk situations been concluded ? Has the CQC issued a statement or issued guidance in relation to duty of candour and very low risk, or very, very low risk situations ? Is UKAP able to make a definitive statement that UKAP policy is compatible with duty of candour legislation as enacted across the UK ? Is UKAP now in a position to answer the following question, which has previously been asked: *If, in the future, we had a recurrence of the situation that arose in 2008 – of a hepatitis C infected HCW but no evidence of transmission of infection to patients – would current legislation require patients to be informed of this situation?*
UKAP response on 18 December 2018	• *Has the review of patient notification exercises (BBVs and other infectious agents) in England which was being undertaken by Public Health England been completed ?* UKAP is no longer recommending automatic crossmatching exercises in instances of newly identified BBV infected HCWs or automatic PNEs for HIV infected HCWs performing category 3 EPPs--recommendations which were endorsed by CMOs this year and will be made official early in 2019. Wider work by PHE is on-going and covers roles / responsibilities of organisations involved in all PNE exercises (not just infectious agents) in England; a toolkit is likely to be published in early 2019 (PHE are currently waiting to undertake consultation with external

	partner organisations following a national breast screening incident). • *Was the review being undertaken by PHE on behalf of UKAP ?* The recommendations around crossmatching exercises and PNEs for EPP 3 HIV infected HCWs were based on a review of evidence by UKAP from previous lookbacks in UKAP case history . • *Is a copy of a report of the review available?* Not for the review of UKAP PNEs - Only for wider PNE work, as above. • *Have the discussions that were taking place between PHE and the Care Quality Commission (CQC) regarding the interpretation of duty of candour requirements and the potential impact in very low risk situations been concluded?* UKAP are aware that discussions / workshop to explore this further issue, including some scenarios which are pertinent to UKAP, are taking place. We will consider the outcome of these discussions and the implications for further work of UKAP. • *Has the CQC issued a statement or issued guidance in relation to duty of candour and very low risk, or very, very low risk situations?* As above – not currently aware that they have issued anything. UKAP has based recommendations on scientific evidence of (very low/negligible) risk. It is the providers' role to determine whether the level of risk that "harm could have occurred" is sufficient to launch DoC. This does not preclude a provider being transparent and informing patients – they may not need to follow DoC process. • *Is UKAP able to make a definitive statement that UKAP policy is compatible with duty of candour legislation as enacted across the UK?* As above. • *Is UKAP now in a position to answer the following question, which has previously been asked: If, in the future, we had a recurrence of the situation that arose in 2008 – of a hepatitis C infected HCW but no evidence of transmission of infection to patients – would current legislation require patients to be informed of this situation?* In the new guidance, UKAP will no longer recommend crossmatching exercises and will only recommend PNEs if there were areas of concern in the initial investigation relating to probity/infection control etc, that would increase the risk of transmission or if an index case was identified. UKAP has revised its guidance on the basis of scientific evidence and expert advice. Duty of candour is statutory organisational duty that should be considered as part of a local risk assessment. It is for each organisation to consider on a case by case basis whether the risk of transmission is such that it appears to have resulted in or could result

	in one of the defined outcomes stipulated in the legislation.
NHS Lanarkshire position as of 22 October 2019	A request has been made to UKAP for the following report which has been written by UKAP to be put in the public domain and published on the UKAP website: *An evaluation of the 2007 Department of Health policy on hepatitis C virus (HCV) clearance for HCWs performing exposure prone procedures (EPPs)* United Kingdom Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP), 2017 A favourable response has been received from the UKAP chair and the report is due to be published by Public Health England. UKAP has reviewed the policy regarding the management of incidents involving healthcare workers with a bloodborne virus infection and issued updated guidance in July 2019: **BBVs in healthcare workers: health clearance and management** *Guidance for health clearance of healthcare workers (HCWs) and management of those infected with bloodborne viruses (BBVs) hepatitis B, hepatitis C and HIV.* In addition to the guidance document UKAP published a quick reference guide. The PNE toolkit referred to above has not yet been published, however, when it is published it will be circulated to relevant members of staff in NHS Lanarkshire. UKAP has not provided definitive responses to some of the specific questions asked in relation to Recommendation 5. It advises that a case by case assessment if required to assess the risk of possible transmission of BBV infection in each incident and to make a decision as to whether Duty of Candour legislation requires patients to be informed of a situation in which the risk of transmission of infection has been assessed as being very low or very, very low. Informal advice from the NHS Scotland Central Legal Office is that case law may be required to determine whether Duty of Candour legislation applies to situations where the risk of transmission of infection to patients has been assessed as being very low, or very, very low. On 22 October 2019 the Chief Medical Officer for Scotland issued a letter to NHS Boards which highlighted the publication of the updated UKAP guidance. See the end of the Recommendation 10 table for further details. Recommendation 5 has been implemented by UKAP in that it has reviewed the policy of non-disclosure to patients of information about levels of risk which have been assessed as being very low or very, very low as part of the process of updating the guidance.

Recommendation 6	UKAP should consider how best to engage with patients and members of the public in order to inform policy development and in order to make UKAP policy and the process of policy review and development open, honest and transparent.
UKAP response – letter of 18 January 2017	UKAP aims to appoint a lay chair after a period of leadership by an interim chair. The UKAP report and UKAP policies are published on the UKAP or Department of Health (DH) website to ensure that UKAP's processes are seen as open and transparent.
NHS Lanarkshire letter of 27 February 2017	The points made in the UKAP response are noted, however, allowing for these the need for UKAP to engage with patients and members of the public is reiterated.
UKAP response – letter of 19 April 2017	UKAP is continuing work to explore the appointment of a lay chair to the panel. In light of changes to the Secretariat, this may not be immediate, but will be considered as part of the panel's forward plan.
NHS Lanarkshire comment on 13 November 2018.	What is UKAP's current plan for the appointment of a lay chair? Aside from a plan to appoint a lay chair, the issue of engagement with patients and members of the public in order to inform policy development and in order to make UKAP policy, and the process of policy review and development open and transparent does not appear to have been accepted as an important issue.
UKAP response on 18 December 2018	UKAP is holding a full panel meeting in January where we will discuss UKAP's future remit and a review as to whether or not the panel should appoint a lay chair.
NHS Lanarkshire position as of 21 October 2019	The UKAP remit, as detailed on the UKAP web page, was not amended following the January 2019 meeting and a lay chair has not been appointed. Preparation is being made for a further role and remit of UKAP review meeting which is due to be held in May 2020. UKAP has considered this recommendation and whilst it may have decided not to actively engage with patients and members of the public NHS Lanarkshire will not pursue further follow up of this recommendation.

Recommendation 7	UKAP should consider whether recurrent record linkage exercises should be advocated when a hepatitis C infected healthcare worker is identified and a PNE is not advised.
UKAP response – letter of 18 January 2017	Current UKAP guidance recommends that record linkage exercises are undertaken after a period during which a patient, who could have been infected by a HCW, has had the time to seroconvert and present to healthcare services. Not all acutely infected patients will present to services and be diagnosed. Therefore, the stopping point for a record-linkage exercise will by definition not capture undiagnosed infected patients. However, hepatitis C (and Hepatitis B and HIV) has a long incubation period, during which the infected person may be asymptomatic. Therefore, to provide a practical and proportionate response, UKAP needs to advise an end-point for a record-linkage exercise. In exceptional circumstances, repeat linkage to allow for more time to have elapsed is merited. The Secretariat have, however, decided to put forward recurrent record linkage exercises to the Panel as an item for discussion.
NHS Lanarkshire letter of 27 February 2017	The points made by UKAP are noted, however, they seem to be contradictory. It is noted that the issue of this recommendation is to be considered further by UKAP.
UKAP response – letter of 19 April 2017	We discussed the idea of recurrent crossmatching exercises and you explained that this would be relatively straightforward in Scotland; however, we need to consider the practical implications of other nations where centralised databases of cases do not exist and so the resources required to repeat this might be considerable. These issues will be discussed with the UKAP panel.
NHS Lanarkshire comment on 13 November 2018.	The rationale for Recommendation 7 is made on page 116 of the IMT report. The response given on 18 January 2017 by UKAP appears to suggest a lack of understanding by the IMT of the fact that patients who may have become infected may not yet be diagnosed at the time of a record linkage exercise, however, understanding of this fact is one of the reasons why this recommendation was made to UKAP. This issue was to be discussed by UKAP – has a discussion taken place and, if so, what was the conclusion ?
UKAP response on 18 December 2019	We are no longer recommending crossmatching exercises for UKAP case investigations due to lack of utility from evidence from past UKAP cases. This has been endorsed by the chief medical officers. If an index case were identified (i.e. patient presenting with HCV infection and the only plausible source of infection to be from a HCW or them being linked to a known HCV+ HCW) then a full investigation and PNE would be recommended. In the absence of identified index case / evidence of iatrogenic transmission, we have removed the need for routine cross-matching to be undertaken.
NHS Lanarkshire position as of 23 January 2019	Due to the change in UKAP guidance a cross-matching exercise would not be recommended in the absence of an index case as described above or evidence of healthcare worker to patient transmission of BBV infection, hence, it would not be possible to carry out recurrent cross-matching exercises. An issue remains regarding a possible indication to carry out recurrent cross-matching exercises in cases where an index case as described above is identified or there is evidence of healthcare worker to patient transmission of BBV infection. For example, recurrent cross-matching may identify patients who have become infected with a BBV and been

	diagnosed with their details recorded on a disease database who had acquired a BBV infection associated with healthcare but who were not diagnosed at the time of an earlier cross-matching exercise. The need for such an approach would be assessed on a case by case basis.

Recommendation 8	UKAP should consider whether to seek representation from the Association of Directors of Public Health and/or from a health protection team consultant in communicable disease control or a consultant in public health medicine.
UKAP response – letter of 18 January 2017	UKAP has membership on its panel of a Consultant in Communicable Disease Control, but we are also reviewing the current panel memberships and expertise.
NHS Lanarkshire letter of 27 February 2017	The UKAP response is noted.
NHS Lanarkshire comment on 13 November 2018.	No further follow up is required by NHS Lanarkshire regarding Recommendation 8.

Recommendation 9	Health Protection Scotland should work with NHS Boards, including NHS Lanarkshire, and with National Records Scotland to review issues that may arise during public health incidents in relation to data sharing and data linking, within Scotland and with other UK countries and [redacted], which are not already covered by existing guidance and protocols.
Response provided by NHS Lanarkshire following discussion with Health Protection Scotland	The document Information: To share or not to share? The Information Governance Review provides useful guidance on the need to share information in general and with specific reference to public health and health protection. The following two paragraphs are taken from the Introduction: "However, people also expect professionals to share information with other members of the care team, who need to co-operate to provide a seamless, integrated service. So good sharing of information, when sharing is appropriate, is as important as maintaining confidentiality. All organisations providing health or social care services must succeed in both respects if they are not to fail the people that they exist to serve." "Over recent years, there has been a growing perception that information governance was being cited as an impediment to sharing information, even when sharing would have been in the patient's best interests. In January 2012 the NHS Future Forum work stream on information identified this as an issue and recommended a review "to ensure that there is an appropriate balance between the protection of patient information and the use and sharing of information to improve patient care". The Government accepted this recommendation and asked Dame Fiona [Caldicott] to lead the work, which became known as the Caldicott2 review." Chapter 8 of The Information Governance Review covers Public Health and section 8.2 covers sharing information for health protection. The first paragraphs states: "Healthcare professionals who are responsible for health protection sometimes need to know personal confidential data about specific individuals. For example during an outbreak of an infectious disease, public health staff may need to identify people who are at risk, perhaps because they have not been vaccinated, or because they have been exposed to an infectious disease or environmental hazard." Health Protection Scotland has well established Information Governance structures and processes and reviews these on an on going basis to ensure that guidance and protocols relating to data sharing and data linking are fit for purpose and takes into account the learning that arises from incidents involving NHS Boards, National Records Scotland and other UK countries.

Recommendation 10	UKAP should work with the Expert Advisory Group on AIDS, the Advisory Group on Hepatitis, and the four UK Departments of Health to review the current policy regarding the testing of healthcare workers who perform exposure prone procedures for blood borne viruses.
UKAP response – letter of 18 January 2017	UKAP has conducted a review of the 2007 policy on screening of HCW who perform EPP to advise the four Chief Medical Officers about the screening options for the pre-2007 cohort. This report will be presented to the CMOs for endorsement when finalised. Of note, EAGA and AGH are no longer functioning bodies.
NHS Lanarkshire letter of 27 February 2017	*Section 17. The need for regular testing of healthcare workers who carry out EPPs* (pp 119-139) details the rationale for the review recommended. The response made by UKAP to this recommendation focuses on a review of screening options for the pre-2007 cohort of HCWs who carry out EPPs. There are strong arguments in favour of regular testing of HCWs who carry out EPPs - even though UKAP and the four CMOs may decide against such a policy the IMT recommends that a detailed review of this policy is conducted with relevant organisations and expertise being members of the review group.
UKAP response – letter of 19 April 2017	A review of the pre-2007 cohort of HCWs is being completed and UKAP's recommendations will be presented to the four CMOs.
NHS Lanarkshire comment on 13 November 2018.	Recommendation 10 was for UKAP to work with appropriate expert input and the four UK Departments of Health to review the current policy regarding the testing of healthcare workers who perform exposure prone procedures for blood borne viruses. UKAP has referred to a review of the pre-2007 cohort of HCWs taking place. Has the review been completed ? Has the review been presented to the four CMOs ? Is a copy of the report of the review available ? NHS Lanarkshire is concerned that UKAP has not understood the rationale for a review of this aspect of UKAP policy. The case for such a review is detailed in the IMT report: *Section 17. The need for regular testing of healthcare workers who carry out EPPs* (pp 119-139). The response provided to date appears to be a response to a different recommendation or questions such as: *"Should the pre-2007 cohort of HCWs who perform EPPs have a single screening test ?".* One of the questions a review of screening policy for HCWs who perform EPPs would consider is what are the arguments for and against regular testing, (for example every five years if an EPP HCW has not had a known BBV risk exposure incident which resulted in BBV testing). Answering this question would involve seeking to learn from countries such as Australia and Canada (Ontario) which have introduced such a policy.
UKAP response on	• *Recommendation 10 was for UKAP to work with appropriate expert*

18 December 2019	*input and the four UK Departments of Health to review the current policy regarding the testing of healthcare workers who perform exposure prone procedures for blood borne viruses. UKAP has referred to a review of the pre-2007 cohort of HCWs taking place.* • *Has the review been completed ?* A review was undertaken for the screening of pre-2007 EPP HCWs. UKAP recommended that no recurrent/one-off testing is required for pre-2007 HCWs to demonstrate HCV clearance. This recommendation was endorsed by CMOs this year after reviewing the evidence. • *Has the review been presented to the four CMOs ?* Yes • *Is a copy of the report of the review available ?* *We have attached the review document within our email to you but stress that it is confidential and not to be shared outside the IMT.* [See NHS Lanarkshire comment below.] • *NHS Lanarkshire is concerned that UKAP has not understood the rationale for a review of this aspect of UKAP policy. The case for such a review is detailed in the IMT report: Section 17. The need for regular testing of healthcare workers who carry out EPPs (pp 119-139).* New guidance emphasises the need for HCWs to seek testing if they are aware of exposure risks; we hope that the removal of routine recommendation for crossmatching / PNE will remove the stigma / stress that might deter HCWs from seeking testing. HCWs are also under legal obligation to report and seek follow-up following significant occupational exposures. We will also use the publication of updated guidance as an opportunity to 'bust myths' about BBVs in HCWs (particularly about restrictions that might be put in place for HCWs who test +ve for HCV or HBV; and to emphasise that highly effective treatment is available for both infections) • *The response provided to date appears to be a response to a different recommendation or questions such as: "Should the pre-2007 cohort of HCWs who perform EPPs have a single screening test ?".* *One of the questions a review of screening policy for HCWs who perform EPPs would consider is what are the arguments for and against regular testing, (for example every five years if an EPP HCW has not had a known BBV risk exposure incident which resulted in BBV testing). Answering this question would involve seeking to learn from countries such as Australia and Canada (Ontario) which have introduced such a policy.* The review considered a number of options: whether all HCWs should be screened on a one-off basis, on a repeated basis, and even considered restricting screening to EPP performing HCWs in high risk specialities.

	UKAP could not recommend screening all existing HCWs employed pre-2007 as the risk of transmission from the majority of EPP performing HCWs is likely negligible and restricting an intervention to those specialising in the higher risk specialities was not considered cost effective.
NHS Lanarkshire position as of 22 October 2019	The review document referred to by UKAP above is entitled: *An evaluation of the 2007 Department of Health policy on hepatitis C virus (HCV) clearance for HCWs performing exposure prone procedures (EPPs)* United Kingdom Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP), 2017 A request has been made to UKAP for the review report to be put in the public domain by publishing it on the UKAP website. A favourable response has been received from the UKAP chair and the report is due to be published by Public Health England. Information about the Expert Advisory Group on AIDS (EAGA) and the Advisory Group on Hepatitis (AGH) which are no longer functioning bodies has been removed from the UKAP website. UKAP has reviewed the policy regarding the testing of healthcare workers who perform exposure prone procedures for blood borne viruses, and thereby implemented Recommendation 10, and issued updated guidance in July 2019: **BBVs in healthcare workers: health clearance and management** Guidance for health clearance of healthcare workers (HCWs) and management of those infected with bloodborne viruses (BBVs) hepatitis B, hepatitis C and HIV. https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management In addition to the guidance document UKAP published a quick reference guide. The updated guidance does not recommend routine, regular testing of healthcare workers who perform exposure prone procedures for blood borne viruses. On 22 October 2019 the Chief Medical Officer for Scotland issued a letter to NHS Board senior managers and lead clinicians regarding the updated guidance which UKAP has published highlighting changes to advice on the management of healthcare workers living with hepatitis B and changes to recommendations for lookback and patient notification exercises when a healthcare worker is diagnosed with a blood borne virus infection. Actions relating to the updated guidance are being systematically followed up by Salus, the NHS Lanarkshire Occupational Health Service, and the NHS Lanarkshire Splashes, Sharps and Needlestick Injuries Prevention Group.

Recommendation 11	The NHS Lanarkshire occupational health and safety service, Salus, should review the costs and benefits of establishing and maintaining a list of NHS Lanarkshire healthcare workers who carry out exposure prone procedures.
Response by Salus and the NHS Lanarkshire Department of Public Health	This recommendation was examined by Salus and the NHS Lanarkshire Department of Public Health in 2017. Current HR and Salus systems do not provide a way of recording which posts or post-holders undertake exposure prone procedures. Challenges include the turnover of members of staff, especially among junior training posts, the changes which may take place in the remit of a post or a particular post-holder's remit, and the range of different disciplines which carry out exposure prone procedures. Whilst there may be some added benefit of being able to contact, for example by email, all healthcare workers who carry out exposure prone procedures separately from others, the added benefit is likely to be minimal when assessed against other options which exist for highlighting to all members of staff risks of blood borne viruses exposure associated with exposure to blood and other body fluids with risks to healthcare workers who carry out exposure prone procedures being highlighted at the same time.. A SSNIP (Splashes, Sharps and Needlestick Injuries Prevention) Group has been established and meets quarterly. The group has multidisciplinary membership and works with clinical leads, practice development and education, clinical quality, procurement and communications to promote the implementation of policy to prevent splashes, sharps and needlestick injuries occurring and to ensure members of staff are adequately trained and know how to respond if an incident does occur.

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