

National Institute for Health and Care Excellence

NICE Quality Standards Consultation – Hepatitis B

Closing date: 5pm – Monday 7 April 2014

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Please note: comments submitted on the draft quality standard are published on the NICE website.	
Would your organisation like to express an interest in formally supporting this quality standard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For information about endorsing quality standards please visit http://www.nice.org.uk/guidance/qualitystandards/indevelopment	

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Please provide comments on the draft quality standard on the form below, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, section 1 Introduction). If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor). If your comment relates to the standard as a whole then please put 'general'.

In order to guide your comments, please refer to the general points for consideration on the NICE website as well as the specific questions detailed within the quality standard.

Section	Comments
e.g. Section 1 Introduction or quality statement 1 (measure)	e.g. Comment about quality statement 1.
Overall Comment	The Faculty of Forensic and Legal Medicine (FFLM) would support the introduction of Universal vaccination but if not we would support the identification and vaccination of high risk patients. .
Statement 1	The FFLM proposes that if immigration detainees are found to be HBsAg negative and at increased risk of hepatitis B that they should be allowed to complete the three doses of hepatitis B vaccine before deportation.
Statement 2	The FFLM proposes that if immigration detainees are found to be HBSAg positive that they should be referred to a hepatologist or similar specialist and that they would be allowed to complete any treatment deemed necessary by that specialist before deportation.
Statement 2 – service providers	What is the proposed route of referral for service providers in the private sector who provide screening tests for hepatitis B at the service user's request? There needs to be clarification as to whether the mechanism would be to refer back to the GP or onwards to a specialist if the service user was found to be HBsAg positive.
Statement 2 – service users	The FFLM proposes that there should be a robust mechanism of referral by GPs such that all service users needing onward referral should be referred. There should not be a two tier system within primary care and that the decision whether to offer treatment or not should be made by the specialist and not the GP. This comment is made with particular reference to service users with drug and or alcohol problems.

Closing date: Please forward this electronically by 5pm on **Monday 7 April 2014** at the very latest to QSconsultations@nice.org.uk

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.