To: **Richard Brittain**
Assistant Coroner
for the coroner area of Inner London North
London Borough of Camden 5 Pancras Square
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Sent by email

[redacted]
Director, Specialised Commissioning
NHS England
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3 September 2026

Dear Mr Brittain

Re: Prevention of Future Deaths Report

Thank you for your regulation 28 letter dated 11th May 2026 regarding the evidence and findings relating to the death of Mr Tran. In light of the issues you raise it is important to start by setting out NHS England's Specialised Commissioning Responsibilities regarding hepatology services. These services, and other secondary care clinical services, are commissioned locally by Integrated Care Boards, with NHS England responsible for setting national standards and clinical policy. Viral Hepatitis Elimination is a national programme led by NHS England's Specialised Commissioning Team. This team delivers and oversees work contributing to the ambition of eliminating the disease as a public health issue (as a part of the World Health Programme) by 2030.

In relation to your queries following the death of Mr Tran:

1. There is a lack of national guidance regarding which services should be responsible for monitoring and prescribing in relation to hepatitis B reactivation prevention (*directed to the British Viral Hepatitis Group – BVHG – a part of the British Association for Study of the Liver – BASL*)

   As BASL / BVHG colleagues will have noted, there is a wide range of services which might prescribe antiviral medication to prevent reactivation of hepatitis B (including, but not limited to, haematology, rheumatology, renal, gastroenterology, oncology and non-liver transplant services). Specialist societies (and some NHS Trusts) include guidance on the need for antiviral therapy, though this is not consistent.

Patients diagnosed with chronic hepatitis B will be engaged with local hepatology services, who can oversee any prescribing. A second group, who test negative for virus antigen but still have measurable antibodies would not usually be engaged with hepatology services – instead receiving antiviral for the prevention of virus reactivation by their other specialist team.

Action: In addition to supporting the workforce intervention by BASL / BVHG, NHS England will:

i. Develop and publish a NHS Circular to relevant regional and local commissioners highlighting the issue of antiviral prescribing for the prevention of reactivation of hepatitis B. This will be for their onward communication to NHS Trust providers, recommending that advice and guidance is sought from Hepatology teams in each NHS Trust in relation to prevention of reactivation.
ii. Write to our nationally commissioned Viral Hepatitis Operational Delivery Networks (ODNs), and further engage them during their national Network Meeting in November, to ensure that they proactively follow this issue up within all NHS Trusts in England and report back to the Viral Hepatitis national team on progress and engagement with other specialties.
iii. We will include this pathway on the Viral Hepatitis Patient Management System (currently in development, as an expansion to the existing Hepatitis C Patient Registry). Through this we should have full sight of preventative prescribing commencing and ending.

2. There is a large population of patients who are found to have hepatitis B infection through opt-out screening in Emergency Departments but there is a lack of Specialised Commissioning to maintain subsequent engagement with services. I have heard that this differs from the position with regards to hepatitis C and HIV services, even though these patient populations are smaller (*concern directed to UKHSA and subsequently NHS England after initial input from UKHSA*)

   HIV and hepatitis C have both been subject to national action plans for several years. HIV has a UK Government supported ‘National HIV Action Plan’, and in 2016 the UK Government made a commitment to the elimination of hepatitis C as a public health issue when new curative medicines became available, and the NHS entered into a strategic procurement of these medicines with the pharmaceutical industry.

   Hepatitis B has never had this level of focus, remaining a part of local commissioning for hepatology provision, until NHS England prioritised hepatitis B for additional national improvement and oversight in 2025. Since that time, we have worked with other Government Departments, stakeholders and patient groups across England to define the necessary steps to improve England’s response to hepatitis B diagnosis, treatment and surveillance. There is further work to be done, but the current activity includes:

i. Time Limited Working Groups (multi agency, with clinical and 'lived experience' membership) covering patient-led system navigation support, vaccination, Primary Care and medicines – with linkage to the Secondary / specialist care consensus work (London, but with applicability to England)

ii. Engagement with local commissioners through NHS England structures, re-emphasizing the respective commissioning and delivery responsibilities of nationally retained services and locally delegated services.

iii. Meeting with clinical networks is imminent, in the geographies most affected by the increase in need following the implementation of ED BBV opt out testing (derived from UKHSA data relating to rates of positive tests and through direct feedback from Clinicians). The 'Top 7' Viral Hepatitis Networks (which, with further data analysis and consultation, may become 10) will work with the national NHS England Viral Hep Elimination Programme to develop immediate system 'fixes', funded through dedicated business cases, whilst further work is carried out with local (ICB) commissioners.

iv. National Viral Hep Network Meeting – planned for November 2026 – will have dedicated sessions on defining and quantifying the issues relating to increased HBV diagnosis, sharing of good practice, and discussing further potential for targeted interventions.

v. Other clinical professionals are being supported to provide increased and improved care in relation to HBV, through a commissioned accredited training programme and an expansion of our GP Champion Programme.

We are committed to achieving expanded and improved care for people living with hepatitis B and are particularly cognisant of the multiple health inclusion needs of this population. Please do revert back to us should you have any further questions regarding this response.

Yours sincerely,

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National Specialised Commissioning Directorate

NHS England

[redacted]

Deputy National Medical Director (Specialised Services), NHS England