

POH(3)5079/4

Mrs Marion Roe MP

23 AUG 2001

Jean Marion

Thank you for your letter of 20 June to Alan Milburn enclosing correspondence from your constituents Mr and Mrs **GRO-A** of **GRO-A** about people with haemophilia. I have been asked to reply on behalf of Yvette Cooper who is on maternity leave and I apologise for the delay in doing so.

I was so sorry to read that Mr **GRO-A** himself is infected with hepatitis C following a blood transfusion, and I can well understand his distress.

The Government takes the issues around haemophilia and blood products very seriously, and has great sympathy for anyone who has suffered harm as a result of NHS treatment. I am only too well aware of the hardship and great distress that people with haemophilia and their families have suffered, first from HIV and then from hepatitis C. We deeply regret that so many people were infected with hepatitis C through blood products.

Mr **GRO-A** refers to the provision of recombinant treatment for everyone who needs it. We are currently giving careful consideration to the case for extending the provision of recombinant clotting factors to all haemophiliac patients in England. There is a worldwide shortage of recombinant products, and current concerns are about ensuring there are sufficient supplies for those new patients and those aged under 16. The Department of Health is working with the professionals, organisations and industry to help ensure that the needs of haemophilia patients are met, and that those for whom recombinant coagulation factors are required are able to get them.

Your constituent also mentions the Government's decision that there will not be a public inquiry into this issue. The facts have been set out clearly on many occasions through debates in both Houses, at meetings with Department of Health Ministers and in correspondence.

As Mr **GRO-A** says in his letter, a number of other countries have held public inquiries into a similar situation and some have offered compensation to those infected. However, these are matters for those countries to decide, taking account of their particular national circumstances. Whilst the Government has great sympathy for those infected with hepatitis C and has considered the call for a public inquiry very carefully, we do not think it is the way to go forward.

Mr **GRO-A** also suggests that compensation should be paid to haemophiliacs who contracted hepatitis C following NHS treatment. My understanding is that during the 1970s and 1980s, before clotting factors were virally activated little was known about hepatitis C. Although it was known as "non A, non B" hepatitis, it was not specifically identified as hepatitis C until 1989.

The technology to make blood clotting products free from hepatitis C in sufficient quantities to treat people with haemophilia in the UK was not possible until the mid 1980s and it was not until 1987 that there was positive proof of means of eliminating the virus. As soon as the technology became available to make blood products free from hepatitis C, the NHS introduced it. I am afraid that there is therefore no legal liability to justify compensation for people with haemophilia and hepatitis C.

It is certainly a tragedy and one unfortunately which resulted from what was state-of-the-art-treatment beginning in the early 1960s and up to the middle of the 1980s. It remains our policy, however that compensation or other financial help to patients is only given when the NHS has been at fault. We do not believe that we should make an exception to that general rule in the case of people infected with hepatitis C.

However, Yvette Cooper is very much aware of the needs of the people with haemophilia and she is determined to provide support in a number of constructive ways, including the development of projects with the Haemophilia Society.

I am sorry to send what I know will be a disappointing reply for Mr **GRO-A**. Please thank him for writing, and pass on my best wishes to him.



GRO-C

JOHN HUTTON