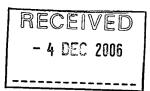
From the Minister of State Caroline Flint MP





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## Dear Mr Mounson

Thank you for your recent letter, further to my letter of 24 October to Margaret Unwin, about calls for a public inquiry into contaminated blood products and requesting information about briefings to Ministers in relation to these calls.

Both my predecessors and I have considered a very substantial published body of evidence on the developing understanding of non-A non-B hepatitis, later known as hepatitis C, and the emerging knowledge of the viral risks associated with pooled blood products. In addition, the Department commissioned the report *Self Sufficiency in Blood Products in England and Wales*, and the documents it references reflect the evidence available. As you are aware, further documents relating to contaminated blood products were recovered from solicitors earlier this year. I have arranged for these documents to be sent to you directly. Again, these documents reflect the knowledge available at that time which supported the treatment of haemophiliacs.

As you know, work is underway to identify any other existing Departmental files and papers on blood policy. This work is currently ongoing. However, we will continue to keep the Haemophilia Society updated on this work.

In light of the substantial numbers of documents and reports available, the Government does not consider that a public inquiry would add significantly to our understanding of how the blood supply became infected with hepatitis C, or the steps needed to deal with problems of this kind now or in the future. In summary:

• in the 1970s and early 1980s, non-A non-B hepatitis was initially viewed as a mild and often asymptomatic disease. As I wrote in my previous letter, this view only changed as a result of research during the 1980s which made it apparent that non-A non-B hepatitis was more serious than initially thought;



- viral inactivation processes, heat treatment and screening tests were developed and introduced as soon as practicable; and
- practice in terms of communications between health professionals and patients, and assessing and communicating the risks of medical treatment, has changed significantly since the 1980s when these infections occurred and important lessons have been learnt. For example, you will be familiar with our approach towards the risks around vCJD transmission and communicating information to clinicians and patients.

We do have great sympathy for patients infected with hepatitis C through NHS treatment. We have responded to concerns raised by patients and made funding available for the provision of recombinant treatment. In addition, we set up the hepatitis C ex-gratia financial assistance scheme in July 2004.

You ask when the call for a public inquiry was last considered and request copies of any Ministerial briefings on this issue. Earlier this year, Ministers considered a submission on this issue.

Although you did not specifically request it, we have considered your request for copies of briefing papers under the terms of the Freedom of Information Act. We consider that the information requested is exempt from disclosure under section 35 of the Act. Section 35 covers the formulation and development of government policy. However, this exemption is a qualified exemption and the Department is required to assess as objectively as possible whether the balance of public interest favours disclosing or withholding the information.

We recognise that there is a general public interest in promoting transparency of the process by which Government policy is formulated and developed. However, we are also mindful, that disclosure of this information could hinder the Department's decision-making process and could deter civil servants from making a candid and rigorous assessment of the current situation and providing appropriate advice to Ministers.

In addition, there is a strong public interest in officials being able to provide frank advice to Ministers in an environment which is as free as possible from public controversy on issues about which opinions may be strongly held. We feel that the public interest test illustrates that, on balance, it would not be in the public interest to release this information at this time.

I regret that this is not the reply for which you hope. However, I hope that you find the documents which follow of interest, and that this reply further clarifies the Department's position on the matter.

GRO-C CAROLINE FLINT