From the Parliamentary Under Secretary of State
Lord Hunt of Kings Heath

Department of Health

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Clive Soley MP

12 APR 2001

Dear Clive,

Thank you for your letter of 12 March enclosing correspondence from Mr GRO-A of National Birchgrove Group, GRO-A West Midlands about people with haemophilia infected with hepatitis C and HIV and the call for compensation and a public inquiry.

We have great sympathy for everyone who has suffered harm as a result of NHS treatment. 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.

The Haemophilia Society presented their case on behalf of people with haemophilia infected with hepatitis C when they met with the Secretary of State in 1997. The decision not to introduce a special payment scheme was very difficult. Ministers gave a great deal of careful thought to the position but concluded that the introduction of the special scheme for people with haemophilia infected with HIV in the 1980s was unique. Although both viruses are blood borne the circumstances of haemophilia and HIV in the 1980s were unique. Those who had the virus faced the rapid onset of AIDS, there was no treatment at the time and life expectancy was short.

I am aware that hepatitis C also brings great difficulty, especially when the person learns about their infection and at the onset of symptoms. It is also particularly distressing that any infection should have occurred when treatments and quality of life had seemed to be improving for people with haemophilia. We concluded after a great deal of careful consideration that the HIV scheme was a one-off provision in the face of exceptional circumstances.

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.

In his letter your constituent has asked for a public inquiry. A number of other countries have held public inquiries into a similar situation and have offered compensation to those infected. These are however matters for those countries to decide taking into account their own particular circumstances. Whilst the government has great sympathy for those infected with hepatitis C and has considered the call for a public enquiry very carefully, we do not think it is the way to go forward.

We remain very much aware of the needs of people with haemophilia and we are determined to provide support in a number of constructive ways, including the development of projects with the Haemophilia Society. I met with the Society and the UK Haemophilia Centre Doctors Organisation recently to discuss ways of working towards improvements in NHS care.

GRO-C

PHILIP HUNT.