

POH(6)2081/95

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From the Parliamentary Under

Secretary of State for Health (Lords)

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La Robar.

Thank you for your letter of 16 October to Virginia Bottomley enclosing correspondence from Mr George Hart FLMLS CMLM of Windy Ridge, Moreton Road, Bovinger, Ongar, Essex about the cost of introducing routine screening of all donated blood for the presence of the hepatitis C antibody.

The decision on whether and when to introduce any new screening test for blood donors is almost invariably a complex one and the Department has to strike a balance between the benefit to recipients, the amount of potential waste of good quality donations and the costs involved. The Department has various committees of internationally recognised experts to advise on the best way forward. On the basis of their advice, routine screening was not introduced immediately when the first unsatisfactory version of the screening tests were available, but only when better and additional tests made it appropriate to do so.

The cost benefit of the screening was also considered in greater detail that could be given in the article enclosed with your letter, which drew together all the cost benefit factors. You will appreciate that in the health field the benefits derived from specific medical interventions cannot be assessed very easily and judgements have to be made on the best available evidence.

You may be interested to know that most countries in Europe have reached similar conclusions to those of the UK in introducing routine screening of blood donations for Hepatitis C.

The NHS contrives to have increased funding to meet the extra demands on the service, including new developments. Each new development is not necessarily funded separately.

CARING FOR THE 1990s



Our blood supply is among the safest in the world. In order to maintain this enviable record we must be prepared to respond to advances in blood virology such as the development of effective kits to indicate the presence of transmittable viruses.

BARONESS HOOPER