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From: Jane Verity
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Rosemary Jenkins

Lords Unstarred Question on the Treatment and Services for HCV.

1. Lord Hunt has asked for a package of care to be worked up for all patients infected with HCV. We enclose a short minute for Lord Hunt to consider sending to SofS asking him to agree to a statement in the Lords on Wednesday that pulls together the elements of a co-ordinated approach to the problems associated with HCV.
2. Much of the work to put this programme of care is already being considered or developed. It is important that the programme is flexible to meet the needs of the various groups of patients with HCV and that it builds on the examples of good practice that are available.
3. There are 3 areas which are only in their very initial stages and need ministerial approval and possibly financial support to develop further. SofS should be asked if he would be content for Lord Hunt to announce that funding to implement the NICE recommendations and to improve counselling and treatment facilities will be included in the general allocation for health authorities from April 2001.
4. We attach a draft minute for PS(L) to consider sending to SofS and an outline of a care package for all people with HCV.

*Nothing
sep. identified
in alloc.*

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Secretary of State

From: Lord Hunt

Date:

Lords Unstarred Question on the Treatment and Services for HCV.

There is an unstarred question on Wednesday 1 November on the treatment and services for those with Hepatitis C (HCV). I propose that this opportunity be used to announce a co-ordinated approach to a package of care for those with HCV.

This would be proactive in the light of the mounting interest concerning the issues of compensation for victims of CJD and the current court action for compensation for those infected with HCV through blood products. NICE are also due to publish their recommendations on the use of combination therapy for the treatment of patients with HCV on 31 October.

The care pathway would ensure that patients infected with HCV should be referred to the nearest clinician with a particular interest in the infection. Patients have access to counselling from a health carer with knowledge and experience of HCV. All patients have access to the appropriate diagnostic and therapeutic options available in the management of HCV infection.

In particular, do you agree to-

1. An awareness and prevention campaign; this item was lost in the SR round but would cost in the region of XXXX.
2. An announcement that funding will be available within Health Authorities general allocations to implement the NICE recommendations on combination therapy and to develop improved treatment and counselling services for HCV patients.
3. That we announce our involvement in discussions with the Commissioners to develop a commissioning framework for hepatology services with a view to including hepatology in the Specialist Commissioning Arrangements and with the Profession to consider the development of hepatology as a sub-speciality of gastroenterology.

Phillip Hunt

*will imply a
new priority not
previously identified +
not associated with dedicated
resources - will result in
mixed signals + ~~loss of~~ Q's have much
expectation that new patients will
receive clinical priority*

*five-empson
Nothing
identified*

Overall package.

Patients infected with HCV should be referred to the nearest clinician with a particular interest in the infection. Patients must have access to counselling from a health carer with knowledge and experience of HCV. All patients must have access to the appropriate diagnostic and therapeutic options available in the management of HCV infection.

Prevention

Vicky/Hugh would you like to insert something here. Perhaps a bid for an awareness campaign??? A national screening programme???

Testing & Diagnosis

Currently diagnosis takes place in a variety of situations depending on a patient's background i.e. drug clinics, GUM clinics, out patient clinics of gastroenterology or hepatology departments. These clinics are usually supported a clinical nurse practitioner. NICE are expected to raise the need to improve laboratories and testing facilities.

Counselling

Patients should be counselled on the implications of HCV positively, the natural history of the infection and advised on the precautions for the prevention of transmission. Counselling should take place in an environment appropriate to the patient for example in drug misuse centres or in haemophilia support centres. NICE will highlight the need for counselling centres and lobbying groups have suggested that counselling services provided by GPs vary considerably.

Treatment

NICE will publish their guidelines on 31 October which will recommend the use of combination therapy. For patients for whom combination or monotherapy is not suitable a range of therapeutic interventions should be offered.

Commissioning services

The Regional Specialised Commissioning Groups have recently begun to discuss the possibility of defining hepatology under the Regional Specialised Commissioning arrangements. This has been recognised as a natural way forward and would allow us to ensure that Regions undertake health care needs assessments and commission services accordingly.

The Profession

The Department has been instrumental in the commissioning of clinical guidelines on the treatment of hepatitis C. The guidelines followed a workshop that included The RC of Physicians (RCP), the British Society of Gastroenterology (BSG), The British Liver Trust (BLT) and the British Association for the study of the Liver (BASL). Although the guidelines have been very delayed, partly due to the licensing of



combination therapy, they are expected to be published shortly and will provide healthcare providers with authoritative guidance.

The British Association for the Study of the Liver (BASL), on behalf of the profession, are considering the need for recognition of Hepatology as a sub-speciality of Gastroenterology with specific training requirements. This is a move towards regional liver centres. Officials are contributing to these discussions and will balance these with plans to commission services on a regional basis.

Research

In 1997, the Department commissioned research projects totalling £1 million, to increase knowledge about the natural history, prevalence, transmission and treatment of hepatitis C so that prevention activities and treatment and care services are based on the best scientific and medical evidence available. A further round of research costing £0.5 m has been commissioned this year. This is targeted on hepatitis C and intravenous drug misuse. Five projects, covering the prevalence and incidence of HCV in drug users, risk factors and behaviours, primary prevention by counselling, and testing methods will all be underway by the beginning of 2001.

Voluntary Organisations

It is essential that we continue to support the patients' organisations through Section 64 funding. The British Liver Trust, Mainliners and the Haemophilia Society are the main patient advocates.