Ramsey. PS(H) is suggesting an increase in expenditure on Hep C etc, improve our position - unclear yet.

Restricted - Policy GRO-C

To: SofS

From: PS(H)

Date: 23 January 1997

Copies: M(H)
PS(L)
PS(C)
Permanent Secretary
Chief Executive
Chief Medical Officer

HEPATITIS C HANDLING

I attach a submission on handling Hepatitis C. Our current position is that the Department is reviewing the situation, and that hepatologists are working up clinical guidelines for the medical profession due out this autumn.

The reason for concern is the potential timebomb of an estimated 150,000 to 300,000 people who may be infected. The attached submission goes through the issue in detail and sets out officials' recommended action.

I broadly support its recommendations, which are:

- to update public health guidance on hepatitis C as and when opportunities arise;
- not to issue specific purchasing guidance to the NHS, but to make clear that decisions should be made locally (with no blanket bans), supported by the clinical guidance which the profession are developing;
- to make clear that action is being taken on Hepatitis C and that its profile both within and beyond the NHS is being raised in a responsible way.

However, some awkward questions will remain. Firstly, the issue of access to the only licensed treatment (alpha interferon) is likely to continue. Alpha interferon is far from perfect. It is only effective in 20-25% of cases and brings with it significant resource implications; a course of Alpha Interferon treatment costs between £2,000 and £5,000 per patient. This results in differing views on its cost-effectiveness, with purchasers in some areas simply refusing to pay for it; leading to Hepatitis C patients in adjacent health authorities being treated very differently.

Secondly, there are two main groups of patients; haemophiliacs and others who were infected as a result of (NHS) treatment, and injecting drug misusers who have shared equipment. Morally, one might distinguish between these two groups (especially given the resource implications of treatment), but providing different treatment to people depending on how they were infected would be controversial.

Thirdly, unfavourable comparisons are regularly made with the much stronger response given to the similar but much more well-known case of HIV/AIDS.

Hepatitis C is a similar virus in many ways, but it affects far more people, albeit with a much lower mortality rate. One area which has attracted particular criticism is the amount of funding of research into Hepatitis C, especially given that so little is known about this virus. £1m has been allocated for research into the actual extent of Hepatitis C infection in the population, and its natural history and routes of transmission, but this seems inadequate in comparison to the much higher amounts (£25m) allocated for research into HIV/AIDS.

Overall, our position of reviewing the situation together with supporting the development of clinical guidelines seems reasonable, provided that we can ensure that decisions about Hepatitis C treatment remain in local hands, and that we are kept aware of any hard cases which arise. However, I think that we could improve our position by increasing the amount spent on research into Hepatitis C. I suggest that officials could be asked to look at increasing the resources available for this.

GRO-C

J.H.