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*From the Parliamentary Under Secretary of State*

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Caroline Spelman MP

01 OCT 1998

*Dear Mr Spelman*

Thank you for your letter of 14 July to Frank Dobson on behalf of Mr **GRO-A** of 3 **GRO-A** about the provision of recombinant Factor VII and the request for a special payment scheme for those with haemophilia who were infected with hepatitis C through NHS treatment.

On the question of recombinant Factor VIII, I am afraid there is very little which I can add to Baroness Jay's letter of 18 May, which was in response to your 8 April letter on behalf of Mr **GRO-A**. I do recognise the wishes expressed by those people with haemophilia who are not within the groups covered by the new arrangement for the provision of the synthetic product. However, there is no clinical evidence to support a case for its general provision.

We have had to make a very difficult decision in response to the request for a special payment scheme for haemophiliacs infected with hepatitis C through NHS treatment. Many representations were received and Ministers thought long and hard about the issues involved. The Government's position is that compensation or other financial help to patients is only given when the NHS or individuals working in it have been at fault. The needs of people whose condition results from inadvertent harm are met from the benefits available to the population in general. We had to conclude that haemophiliacs infected with hepatitis should not be treated as an exception to that rule.

Frank Dobson explained to the Haemophilia Society, who had initiated the request, that we found this a very difficult decision to make and that we looked at a number of different approaches to the question of special payments, but that none of them seemed the right thing to do.

One argument which was put to us, and which you mention, is that the position of those infected with hepatitis C is comparable to that of those infected with HIV. We could not share that view, however. The particular stigma surrounding HIV at the time the decision was taken, the fact that it was generally considered a sexually transmitted disease and that haemophiliacs could have inadvertently infected their partners, were all important considerations which do not apply to anything like the same extent to hepatitis C.



The Haemophilia Society have been developing a project which aims to meet the advice and information needs of young people with haemophilia who have been infected with hepatitis C, and we have offered support for this. We believe this approach is a forward looking one, which will help to improve the health, education and employment prospects of these young people. I am sure that you and Mr **GRO-A** will share our hopes for its success.

I recognise however that Mr **GRO-A** will wish that we had been able to do more in his particular case. The decisions were difficult ones to make and the most careful consideration was given to all the points raised with us.

*Yours sincerely*

**GRO-C**

THE BARONESS HAYMAN