

Dr Shepherd PS/CMO

From: Dr J S Metters DCMO  
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Copies to: Dr Winyard  
Dr Bourdillon  
Dr Leese  
Miss C Phillips  
Mr Walden  
Miss Mithani  
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Mrs Griffin  
Dr Toy

### **FOLLOW-UP TO THE SECRETARY OF STATE'S MEETING ON HEPATITIS C**

1. CMO asked me to suggest how action on the last two paragraphs of the note of Secretary of State's meeting on 12 February should be taken forward. Copy attached for those who have not seen it.

#### **Clinical Guidance**

2. The proposal to expand GPs' role in identifying, diagnosing, treating and referring patients with HCV is consistent with principles of a primary care-led NHS. But the "how" will not be clear until after RCP's conference in June. Thereafter it may be necessary to engage GMSC and RCGP in discussions before mechanisms were decided. The lead on these aspects falls on the Executive side and to PCR and SCS colleagues. They will wish to take this forward and do what strategic planning is possible, even before the RCP meeting.

3. There will also be the question of how this guidance ties in with other priorities planned by the Executive.

4. On the particular of whether CMO should write to RCGP. We know that RCP are in communication with RCGP already, and discussions with PRCP and the Chairman of Council of RCGP might be better than a letter.

#### **Government's Action on Researching, Preventing, Diagnosing and Treating HCV**

5. Action here touches several Divisions; HP, CA-OPU, SCS, RDD, but the underlying theme is one of prevention on which HP have the lead. Miss Mithani and Dr Nicholas might be asked to bring together the statement of action thus far.

**CMO Letter to District Directors of Public Health**

6. Secretary of State does not want a separate HCV prevention campaign which would unnecessarily raise the profile, and thus public concern. It occurs to me that a letter to District Directors of Public Health setting out action thus far and future plans, may well provoke the unwelcome publicity that Secretary of State would prefer to avoid. Some DDsPH are already known to be critical of present policy, believing that more active steps should be taken to identify those who are unaware of their HCV infection. The letter would be bound to reach the ACMD who are pressing for more action. CMO may want to suggest that a letter to DDsPH should be deferred until at least we have advice from RCP.

Happy to discuss.

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