Monday 15 October 2001

PQ 1141/2001/2002
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Hepatitis C

3.28 p.m.

Lord Morris of Manchester asked Her Majesty's Government:

> What further consideration they are giving to the Haemophilia Society's call for a public inquiry into the infection of haemophilia patients with hepatitis C by contaminated National Health Service blood products.

The Parliamentary Under-Secretary of State, Department of Health (Lord Hunt of Kings Heath): My Lords, the Government have great sympathy with haemophilia patients who were infected with hepatitis C before the means existed to remove the virus from blood products. We have given careful consideration to the call for a public inquiry but do not believe that that is the way forward. The facts have been set out clearly on many occasions in debates in both Houses, in meetings with Ministers from the Department of Health and in correspondence.

Lord Morris of Manchester: My Lords, is it not grossly damaging to the reputation of the National Health Service that we still await a public inquiry into its worst-ever treatment disaster—one that has already taken more than 100 lives among the now more that 1,000 haemophilia patients who have died from contaminated NHS blood products? And will my noble friend respond to the deeply disquieting recent disclosure made by my former ministerial colleague, the noble Lord, Lord Owen, to the BBC's "Face the Facts" programme, when he said that money laid aside, when he was health minister, to protect haemophilia patients from infection from blood-borne infection was diverted to other purposes? Is this not still further evidence that an in-house departmental inquiry is no substitute for the public inquiry the Haemophilia Society is seeking?

Lord Hunt of Kings Heath: My Lords, I believe that all the facts have been produced in various debates in your Lordships' House and in the other place. There can be no doubt that any Minister who had a decision to make on the issue cannot but deeply regret that so many people with haemophilia were infected with hepatitis C through blood products. As soon as the technology became available to make blood products free from hepatitis C, it was introduced by the National Health Service.

I have asked officials to look into statements made by the noble Lord, Lord Owen. We shall respond to those statements in due course. My understanding is that the resources promised by the noble Lord when he was Minister of Health were allocated to the then regional transfusion centres to increase production of plasma for the bioproducts laboratory. That resource was used and, as a result, production was increased considerably. However, because of the rapid growth in demand for those products we did not achieve self-sufficiency in this country. Even if that was achieved in the late 1970s, the fact that heat treatment did not take place until the mid-1980s meant that self-sufficiency would not have prevented haemophiliacs being infected with hepatitis C.

Lord Clement-Jones: My Lords, can the Minister tell the House what moral distinction the Government make between their decision to set up a £60 million compensation fund for those who contracted new variant CJD and their adamant refusal to do the same for those who contracted hepatitis C through contaminated blood products? Is that not a case of double standards?

Lord Hunt of Kings Heath: No, my Lords. Such decisions are always difficult and no Minister would ever make them lightly. The plight of individuals and families affected by new variant CJD was the result of a unique set of circumstances. The Government considered that society as a whole should bear a moral responsibility. New variant CJD is a particularly distressing condition. Even though we were advised that we were unlikely to be legally liable, we considered it right to make payment to the victims and their families.

Baroness Gardner of Parkes: My Lords, can the Minister tell the House whether the situation in this country is different from that in France where I understand that the Government knowingly allowed HIV-transmissible injections to be used for haemophiliac patients? I believe that one of their Ministers admitted to that. Are we sure that that was never knowingly done in this country? Can the Minister tell the House the number of relative cases of hepatitis C as opposed to the number of HIV/AIDS cases that have been transmitted to haemophiliacs through blood products?

Lord Hunt of Kings Heath: My Lords, clearly, circumstances have differed in every country which has had to face up to this problem. In the early 1970s, clinicians knew that there was a risk of hepatitis. However, there was great demand and, indeed, enthusiasm, for the new treatment from haemophiliacs and doctors. The impact of hepatitis C was not fully understood at that time and its effects were unclear. It was not until the mid-1980s and the attempt to prevent HIV that heat treatment was first used. It was not until then that there was a process which could have prevented the hepatitis C infection.

Lords Oral PQ 1141/2001/2002

Date of Answer 15 October 2001

The Lord Morris of Manchester – To ask Her Majesty's Government what further consideration they are giving to the Haemophilia Society's call for a public inquiry into the infection of haemophilia patients with hepatitis C by contaminated National Health Service blood products.

LORD HUNT

WE HAVE GIVEN CAREFUL CONSIDERATION TO THE CALL FOR A PUBLIC INQUIRY BUT DO NOT BELIEVE THAT THIS IS THE WAY TO GO FORWARD. THE FACTS HAVE BEEN SET OUT CLEARLY ON MANY OCCASIONS THROUGH DEBATES IN BOTH HOUSES, AT MEETINGS WITH DEPARTMENT OF HEALTH MINISTERS AND IN CORRESPONDENCE.

LORDS STARRED QUESTION PQ 1141 – Briefing

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Key Facts

- Approximately 6-7,000 people have haemophilia.

- 500 are infected with HIV (800 have already died). Most of those with HIV are co-infected hepatitis C. (5% to 6% of all haemophiliacs are co-infected).

- About 4000 haemophiliacs (55% to 60%) have hepatitis C.

- Approximately 2000 – 3000 of haemophiliacs (30% to 35%) have neither HIV nor hepatitis C.

- An estimated 200,000 to 300,000 people in the population as a whole are infected with hepatitis C. The majority of the people infected are unaware of their hepatitis C status.

Patient Group

People with haemophilia are mostly male, with the women being carriers. Some female carriers also present mild symptoms of the disease.

- The number of people with haemophilia is likely to be increasing slightly. With the development of blood products to treat the disorder in the 1960s/70s, people with haemophilia increasingly had families. While genetic counselling and termination is a possibility, this is often difficult in a family with a history of haemophilia

- In about one third of cases there is no family history of haemophilia, and the condition has arisen as a result of spontaneous genetic mutation .

Bullet Points:

- In the light of patients' worries about the theoretical risk of the transmission of vCJD through human blood products, HAs and NHS Trusts were asked to provide Recombinant Factor 8 for new patients and children under 16 from April 1998. Factor 9 on the same basis from 1999. The Government is currently giving careful consideration to the case for extending the provision of recombinant clotting factors to all haemophiliac patients in England.

- There is a world-wide shortage of RF products, and current concerns are about ensuring there are sufficient supplies for those new patients and those aged under 16. The DH is working with the professionals, organisations and industry to help ensure that the needs of haemophilia patients are met, and that those for whom RF products are required are able to get them.

- A combination therapy (interferon with ribaravin) was licensed for treatment of hepatitis C in 1999. NICE recommended in October 2000 that patients suffering from moderate or severe hepatitis C should be given the combination therapy and we asked the NHS to put this in place quickly.

- All blood products supplied to the NHS are now made from imported plasma. In addition all blood for transfusion is now being leucodepleted (removal of the white blood cells). These measures were put in place to reduce the theoretical risk of transmitting vCJD.

SELF SUFFICIENCY

Accusation

1. Lord Owen has said publicly that when he was Minister for Health he allocated "millions of pounds" to make the UK self sufficient in clotting factors within 18 months. This commitment was announced in Parliament but was not fulfilled by the Department of Health.

Bull Points

- the money announced by David Owen - up to £500,000 about half of which would be recurring - was allocated to Regional Transfusion Centres to increase plasma supplies to BPL;

- the stated reason for seeking to achieve self sufficiency was to reduce the cost of importing products. There is no indication that safety was a consideration;

- the money was linked to a target of 275,000 blood donations to be used annually for the preparation of Anti-Haemophilic Globulin (ie Factor 8) concentrate and 100,000 for cyroprecipitate.

- this target was achieved within the 2 year timescale envisaged by David Owen. However, it was not enough to achieve self sufficiency, demand for clotting factors increased dramatically during the 1970s partly because treatment practices were developing (such as prophylactic treatment of children with large quantities of clotting agent);

- self sufficiency continued to be the aim of subsequent Ministers and production of clotting factors by the NHS continued to increase.

However, the NHS was never able to produce enough to meet demand and reliance on commercially produced clotting factors continued.

Facts

David Owen's Commitment

2. David Owen's commitment was spelt out in a series of written PQ answers in 1975:

22 January 1975: "The amount of Factor 8…produced within the NHS is not sufficient…. At present the demand for AHG concentrate *[a form of Factor 8]* is being met by imported material but this is very expensive and….health authorities feel they cannot afford to buy as much as they would wish to given the various claims on their resources. I believe it is vitally important that the NHS should become self sufficient as soon as practicable in the production of Factor 8, including AHG concentrate. This will stop us being dependent on imports and make the best known treatment more readily available to people suffering from haemophilia. I have therefore authorised the allocation of special finance to boost our own production with the objective of becoming self sufficient over the next few years."

25 February 1975: "I have authorised the allocation of special finance up to £500,000 about half of which would be recurring to increase the existing production of Factor 8 especially in the form of AHG within the NHS……If we were to go for all-commercial purchase of this factor it would cost an additional £1.5 to £2m annually".

The same message was repeated in a number of subsequent written answers.

Implementation

3. In 1973, the Department convened a group of experts on haemophilia which recommended that the NHS should become self sufficient as soon as possible in the production of AHG. This required:

- a substantial increase in the amount of plasma reaching BPL from Regional Transfusion Centres (RTCs);
- more equipment for RTCs to separate whole blood into red cells and plasma;
- more equipment at BPL for processing the extra plasma.

The expert group recommended minimum targets of 275,000 blood donations to be used annually for the preparation of AHG concentrate and 100,000 for cyroprecipitate.

4. The cost was estimated as up to £0.5m in England and Wales spread over 2 years, part of it recurring.

5. On 24 December 1974, the Department wrote to Regional Health Authorities (then responsible for blood collection) stating that:

- there is an immediate need to produce more AHG (equivalent to 275,000 blood donations annually) and albumin
- it would be considerably cheaper to produce these blood products within the NHS than to buy them from commercial sources

- that it had been decided exceptionally to earmark up to £0.5m with the primary aim of making the NHS self sufficient in AHG concentrate within 2-3 years.

6. A further letter to RHAs was issued on 21 March 1975 setting production targets for each Region and seeking bids for the earmarked finance.

7. Papers from the time show that funding was allocated to RHA's, that their performance against targets was closely monitored and that update reports were provided to the Minister. The outcome was that BPL effectively doubled its production of Factor 8 concentrate from 5 million international units to 11m iu in the target period (1976-1977). However, this was not sufficient to meet the growing demand for clotting factors.

8. A letter from the then Minister, Roland Moyle, to the Haemophilia Society in November 1978, states that the target which the David Owen money was intended to achieve [275,000 donations] was met "well within the target date, since when production has increased steadily". By September 1978, "the annual rate of production of NHS concentrate and cryoprecipitate was over 430,000 and 200,000 donations equivalent respectively". However, there was "still insufficient Factor 8 concentrate produced by the NHS to meet the needs of all haemophiliacs, partly due to the way in which treatment has been extended". Current levels of production, demand and resources were therefore being reviewed by the Department.

This position was also stated in replies to written answers in December 1978.

9. Self sufficiency continued to be the aim of Ministers throughout the 1980s and substantial investment was put into in a new plant for BPL which opened in the mid 1980s. NHS production of clotting factors continued to rise. However, so did demand for the product. Self sufficiency turned out to be a continually moving target which was never achieved.

PQ 1141 Supplementaries

SELF SUFFICIENCY:

1. Will you review your decision not to hold a public inquiry in the light of the Noble Lord Owen's recent public statements?

We have examined the Department of Health's files for that period. These indicate that the resources promised by the Noble Lord when he was Minister of Health were allocated to the then Regional Transfusion Centres to increase production of plasma for the Bio Products Laboratory. The money was linked to a target of 275,000 blood donations to be used annually for the preparation of Anti-Haemophilic Globulin concentrate and 100,000 donations for cyroprecipitate. This target was achieved within the 2 year timescale envisaged by the Noble Lord and, as a direct result, the Bio Products Laboratory increased its production of concentrate from 5 million international units in 1976 to 11 million international units in 1977. However, given the rapid growth in demand for these products at the time, this was not enough to achieve self sufficiency.

Although self sufficiency continued to be the aim of Ministers for a number of years, and NHS production of concentrate continued to increase, the rising demand for clotting factors meant that commercial products continued to be imported.

None of this evidence, which I am happy to make available to the Noble Lord, suggests that Parliament was misled or that a public inquiry is warranted.

2. Was the failure to achieve self sufficiency in the 1970s considered by Frank Dobson in his 1997 review which looked at the case for compensation for haemophiliacs with hepatitis C and a public inquiry?

No. The evidence is that considerable efforts were made to achieve NHS self sufficiency in clotting factors in the 1970s. The fact that self sufficiency was not achieved appears to have been linked to the massive increase in demand for clotting factors at the time not to any failure to implement Ministerial initiatives. The case remains that there is no evidence of liability for the tragic infection of haemophiliacs with hepatitis C and I cannot see that a public inquiry is warranted.

Public Inquiry

3. Scotland have had an inquiry into hepatitis C. Why not in England? [Report published 24 October 2000]

The Scottish investigation was not a general inquiry into the history of hepatitis C and blood products. It looked specifically into whether Scottish haemophilia patients were exposed to the risks of hepatitis C longer than they should have been, given the state of knowledge at the time and the fact that Scotland developed successful heat treatment later than England. I do not think that there is a case for saying that there needs to be a similar investigation into the situation in England.

Having considered the report, Scottish Ministers concluded that:

- there was no evidence that the relevant authorities did anything other than their best for patients;

- consequently, the NHS should not pay compensation for non-negligent harm to the small number of haemophiliacs in Scotland who contracted hepatitis C during the period covered by the report.

COMPENSATION

4. Is there not a moral case for compensating haemophiliacs infected with hepatitis C?

We deeply regret that so many people with haemophilia were infected with hepatitis C through blood products. But the fact is that as soon as a technology became available to make blood products free from hepatitis C the NHS introduced it. There is therefore no legal liability to justify compensation for people with haemophilia and hepatitis C.

When the Government came into office they reviewed the decision taken by the previous Government not to offer financial assistance to haemophiliacs infected with hepatitis C through blood products. We met the Haemophilia Society and spent some time carefully considering the evidence they presented. The decision – and it wasn't an easy one to take – was that we could not make an exception in this case to the general rule that compensation or financial help is only given when the NHS, or individuals working in it, have been at fault.

Background Note:

It should be noted that the hepatitis C compensation issue is going to the **Joint Ministerial Committee on 22 October because the Scottish Parliament's Health Committee have recommended compensation**

for all patients infected with hepatitis C through blood or blood products. Meanwhile, this line to take sets out the position as stated by Ministers on numerous occasions over the past 4 years.

5. No fault compensation

The Government has every sympathy with people who suffer adversely as a consequence of medical treatment and understand and shares the anxieties of those who are concerned with the difficulties associated with compensation.

The Government hold the view that where a patient has suffered damage as a result of negligence then they should be able to seek redress. However, the current position is that compensation can only be paid where negligence has been proved and liability established.

6. As a result of Mr Justice Burton's Judgement on 26 March 2001, will the Government now compensate those people with haemophilia who have hepatitis C through infected blood products?

The two issues are quite distinct. The technology to make blood products free from hepatitis C, in sufficient quantities to treat all haemophiliacs in the UK, was simply not possible prior to 1985. Once it was, the NHS introduced it. The Government policy in this case is that compensation or other financial help is not payable. The previous Government reached the same conclusion. This Judgement does not affect this decision as the Consumer Protection Act did not come into force until March 1988.

7. The Government decided not to appeal against the High Court Judgement made on 26 March. What are the implications of this on the NHS?

The Government decided not to seek leave to appeal against the Judgement given by Mr Justice Burton on 26 March. This follows the successful claim against the National Blood Authority by 114 people infected with hepatitis C through blood transfusions between 1 March 1988 and 1 September 1991.

Although an appeal would have provided an opportunity to seek clarification on some aspects of the judgement that may have a bearing on the future liability of NHS bodies, the Government did not wish to subject the claimants to a further period of uncertainly whilst an appeal was underway.

We are continuing to focus on the implications of this judgement.

8. There is no difference between haemophiliacs who acquired HIV through blood products and those who acquired hepatitis C the same way. why are those with hepatitis C not being compensated?

In general, compensation is only given for those who suffer negligent damage from NHS treatment. In the late 80s/early 90s a special payments scheme was set up for those haemophiliacs who were infected with HIV through blood products. This was because of the exceptional circumstances – life expectancy at the time for haemophiliacs with HIV was dramatically reduced and there was no treatment. In addition, there was huge stigma attached to those infected no matter how the infection was acquired.

9. Compensation for haemophiliacs with hepatitis C: Why is this different from Variant CJD?

The decision not to compensate people with hepatitis C stems from the well-established policy that compensation or other financial help to patients is only paid when the NHS or individuals working in it are at fault. It was simply not possible prior to 1985 to make blood products free from hepatitis C in sufficient quantities to treat all haemophiliacs in the UK.

The plight of individuals and families affected by vCJD is, by contrast the result of a unique set of circumstances for which society as a whole must bear a moral responsibility. Variant CJD is a particularly distressing condition. It is incurable, inevitably fatal and devastating in its impact on sufferers and their families alike. Furthermore, many of its victims are young people with most of their adult lives before them. The Government considers - even though we are advised that we are unlikely to be legally liable - that it is right to make payment to the victims and their families in recognition of their wholly exceptional situation and the fact that the Government is their last resort for help.

10. What is the Government response to the Haemophilia Society's "Carpet of Lilies" Campaign?

The Government is well aware of all the invaluable work the Haemophilia Society does on behalf of the haemophilia community. I am also well of the Society's "Carpet of Lilies" Campaign which centres on three issues – compensation for all haemophiliacs who contracted hepatitis C through contaminated blood products, the call for a public inquiry into these events and to ensure the provision of recombinant clotting factors for all adult haemophilia patients in England.

I have already answered the question regarding a public inquiry. We deeply regret that so many people with haemophilia were infected with hepatitis C through blood products. But the fact is that as soon as a technology became available to make blood products free from hepatitis C the NHS introduced it. There is therefore no legal liability to justify compensation for people with haemophilia and hepatitis C.

When the Government came into office they reviewed the decision taken by the previous Government not to offer financial assistance to haemophiliacs infected with hepatitis C through blood products. We met the haemophilia society and spent some time carefully considering the evidence they presented. The decision – and it wasn't an easy one to take – was that we could not make an exception in this case to the general rule that compensation or financial help is only given when the NHS, or individuals working in it, have been at fault.

Finally, we are currently actively considering whether all adult haemophilia patients in England should also be treated with recombinant clotting factors when sufficient supplies are available.

Background Note:

<u>Carpet of Lilies – PM's Question Time</u>

The Haemophilia Society's campaign "Carpet of Lilies" has been the subject of an Early Day Motion supported by around 50 MPs. On the day of the first Prime Minister's Question Time after the summer recess the

Society will be asking all parliamentary supporters to wear a white lily badge and ribbon, particularly in the Chamber of the House of Commons during the Question Time. The Society will also be asking all of those wearing a white lily to attend a photo call at Westminster. National and regional media are to be invited.

Treatment – Recombinant (Sythetic) Factor 8 and 9

11. The Department of Health knew in the late 1970s that Factor 8 (clotting factor) carried a high risk of contamination. Why was nothing done about it?

The technology for eliminating hepatitis C from blood products whilst maintaining their effectiveness was not developed until the mid 1980s. The risk from hepatitis was widely known but it was simply not possible until the mid 1980s to produce effective clotting factors for the treatment of haemophilia which were free from that risk.

12. Recombinant treatment is now available in Scotland, Wales and Northern Ireland and to under 16s in England. Why not to everyone with haemophilia?

There is a world-wide shortage of RF products, and current concerns are about ensuring there are sufficient supplies for those new patients and those aged under 16. The DH is working with the professionals, organisations and industry to help ensure that the needs of haemophilia patients are met, and that those for whom RF products are required are able to get them.

13. It is understood that it will cost the NHS £47 million to supply clotting products to all haemophiliacs. Is this the reason for the delay?

The Government is not delaying a decision on the provision of recombinant clotting factors. It is actively considering the issue. All haemophiliacs are already receiving treatment for their condition.

14. Why is Recombinant Factor 8 not exempt from VAT?

VAT is a matter for Treasury Ministers.

15. Are there medical or clinical reasons why Recombinant Factor 8 and 9 is not being made available to all haemophiliacs already?

There is no evidence that recombinant clotting factors are more efficaceous than plasma-based products. However, we recognised the fears of parents of children and indeed all those receiving blood products about infectious agents, which may as yet be unrecognised and transmissible through blood.

16. What is Recombinant Factor 8?

Recombinant clotting products are commercially produced through genetic engineering outside the human body. They are not generally entirely free from human products as they contain small amounts of human albumin as a stabiliser.

PREVIOUS LORDS PQS

LORD MORRIS OF MANCHESTER – HAEMOPHILIA AND HEPATITIS C

It should be noted that Lord Morris is President of the Haemophilia Society and continues to press the case for financial assistance for haemophiliacs with hepatitis C.

PQ 3552 – March 1998

Lord Morris of Manchester – HMG whether they have received any representations from the Haemophilia Society concerning people with haemophilia infected with hepatitis C through the NHS, and what reply was given.

Baroness Jay – The Haemophilia Society made representations concerning this. SoS also met representatives of the Society on 10 September 1997 to hear their accounts of the effects on the lives of those with haemophilia and their families.

Lords debate 5 June 1998

Lord Morris of Manchester – what new help is intended for people with haemophilia who were infected with hepatitis C in the course of NHS treatment or, in the case of those who have died, for their dependants.

PQ4698 – June 1998

Lord Morris of Manchester – What further representations have they had from the Haemophilia Society following the debate on 5 June about financial assistance.

Baroness Jay – We will be replying to the Haemophilia Society after considering the points raised in their letter of 24 June.

PQ 5867 – November 1998

Lord Morris of Manchester – whether they will place a copy of Baroness Hayman's reply to the Haemophilia Society letter of 24 June in the Library of the House.

Baroness Hayman – a copy will be placed in the Library.

PQ5082 – June 1988

Lord Morris of Manchester – How many people with haemophilia have been infected with hepatitis C.

Baroness Jay - 4,000 people with haemophilia were infected with hepatitis C through blood products. Haemophilia Society assess that the total figure is 4,800.

PQ 2447 June 1999

Lord Morris of Manchester – Where was if officially stated that the social stigma of HIV were important considerations in the grant of special payment to NHS patients infected with HIV.

Baroness Hayman – SoS gave the view when he wrote to the Haemophilia Society on 28 July 1998.

PQ 2609 June 1999

Lord Morris of Manchester – Any change in policy between this and the last Government in relation to social stigma to the giving of special treatment and financial help.

Baroness Hayman – made careful assessment of request for scheme for hep C. Took account of high level of stigma attached to HIV in the 80's when scheme was introduced.

PQ 2610 - June 1999

Lord Morris of Manchester – will Government consult the Haemophilia Society about remedying the social stigma which can attach to infection with hepatitis C.

Baroness Hayman – We are working with the Society and providing funding for their youth information project.

PQ 2839 – July 1999

Lord Morris of Manchester – representations received about the distinction between people with haemophilia with HIV and hep C.

Baroness Hayman – We have had a letter from the Haemophilia Society on this. The representations have not convinced the government to alter its decision about the special payments scheme.

PQ 3435 October 1999

Lord Morris of Manchester – how many England, Welsh and Northern Irish patients were given clotting factor treatment in Scotland 1985 – 1987

Lord Hunt – 190 vials heated at less than the current conditions were sent to England and Wales. Northern Ireland was and still is supplied with clotting factors made in Scotland.

PQ 3436 – October 1999

Lord Morris of Manchester – review treatment of people with hep C so that they are not denied Interferon/ribavirin on grounds of cost.

Reply - The therapy received Marketing Authorisation in May 1999. The NHS Health Technology is funding research to establish the effectiveness of early treatment of hepatitis C with alpha interferon or with interferon and ribavirin. NICE is considering the treatment for hepatitis C.

PQ 235 – November 1999

Lord Lester of Herne Hill – publish documents relevant to the death of people with hep C after being given Factor 8 referred to in Observer article.

Reply – The documents, a letter from Dr Richard Lane of the Blood Products Laboratory to DH officials and a paper by officials advising Ministers on the future of BPL have been placed in the House of Lords Library.

Lords Unstarred question - 20 March 2000

Lord Morris of Manchester - what further help is the Government considering for people who were infected with hepatitis C by contaminated NHS blood products and the dependants of those who have since died.

Lords Oral PQ 115 – 18 December 2000

Lord Morris of Manchester – what recent new help they have given to those who were infected with hepatitis "C" by contaminated National Health Service blood products and the dependants of those who have since died in consequence of their infection.

PQ 832 – 29 January 2001

Lord Morris of Manchester - what recent meetings Health Ministers have had with the haemophilia community to discuss their concerns; and whether there is any action they will be taking as a result of these meetings.

Lord Hunt – On January 24 I met the Haemophilia Society, the UK Haemophilia Centre Doctors Organisation and thye Royal College of Nursing Haemophilia Nurses Association to discuss the case for extending provision of recombinant clotting factors to all haemophilia patients in England. We are currently giving careful consideration to this issue.

PQ 922 & 923 – February 2001

Lord Morris of Manchester - how many adults with haemophilia in England are currently receiving (a) plasma-derived haemophilia treatment products and (b) recombinant treatment products.

Lord Morris of Manchester - To ask Her Majesty's Government what would be the additional cost to the National Health Service of treating with recombinant genetically engineered products all adults with haemophilia in England currently receiving plasma treatment products.

Lord Hunt – Based on figures provided by the UK Haemophilia Centre Doctors Organisation, we estimate that approx 13% of adults haemophilia A patients and 4% haemophilia B patients in England are currently receiving recombinant clotting factors. We estimate that the additional cost of providing all adult haemophilia patients with recombinant clotting factors ar aqround £50 million per annum.

PQ 921 - February 2001

Lord Morris of Manchester - Further to the Written Answer by the Lord Hunt of Kings Heath on 29th January on haemophilia patients and vCJD in blood products, what consultations the Department of Health had with the Haemophilia Society, as the national patient group, to help determine what information should be provided to haemophilia patients about the fact that a blood donor whose plasma was used in haemophilia products had been found to have vCJD; and whether in future the Department will consult the Haemophilia Society on the management of such incidents.

Lord Hunt – The DH had discussions with the UK Haemophilia Doctors Organisation on their strategy for providing information to patients but not directly with the Haemophilia Society. The CJD Incident Panel is currently developing a framework for the management of such incidents. This will be subject to consultation with interested bodies, including the Haemophilia Society.

PQ 924 & 925 – February 2001

Lord Morris of Manchester - what differences exist between the provision of recombinant genetically engineered haemophilia treatment product in England, Scotland, Wales and Northern Ireland.

Lord Morris of Manchester - further to the Written Answer by the Lord Hunt of Kings Heath on 29th January on haemophilia patients and vCJD in blood products whether all adults with haemophilia in England will in future be treated with recombinant genetically engineered treatment products, as is provided for children under 16 in England and all haemophilia patients in Scotland, Wales and Northern Ireland.

Lord Hunt – In England, all new haemophilia patients and children under 16 are treated with recombinant clotting factors. Scotland, Wales and Northern Ireland provide, or are in the process of providing, recombinant clotting factors for all haemophilia patients. The Government are currently considering whether all adult haemophilia patients in England should also be treated wwith recombinant clotting factors.

Lords Oral PQ 1524 – 26 March 2001

Lord Morris of Manchester – what new help they are considering for people with haemophilia who have been infected with life-threatening illnesses by contaminated National Health Service blood products.

Lord Hunt – In England, all new haemophilia patients and children under 16 are treated with recombinant clotting factors. Scotland, Wales and Northern Ireland provide, or are in the process of providing, recombinant clotting factors for all haemophilia patients. The government is currently considering whether all adult haemophilia patients in England should also be treated with recombinant clotting factors when sufficient supplies are available.

Lords Oral PQ 1754 - 29 March 2001

The Lord Morris of Manchester – To ask Her Majesty's Government what consideration they have now been able to give to the judgement of Mr Justice Burton in the High Court on 26 March concerning contaminated blood supplied by the National Blood Authority.

Lord Hunt - The judgement is very long and complex and we are unable to offer any comment until we have had the opportunity to assess it carefully.

Lords Oral PQ 2032 – 23 April 2001 (debate)

The Lord Morris of Manchester - To ask Her Majesty's Government what further help they are considering for people who were infected with hepatitis C by contaminated blood products and the dependants of those who have since died in consequence of their infection.

Lord Hunt

From: Jill Taylor PH6

Date: 9 October 2001

Cc: Vicki King PH 6.6
Charles Lister PH6.6
Robert Finch PH6.6
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LORDS ORAL PQ 1141 – LORD MORRIS

1.This PQ from Lord Morris is about the call for a public inquiry by the Haemophilia Society into the infection of haemophiliacs with hepatitis C from infected blood products and is almost certainly as a result of statements made by Lord Owen to the media in August.

2. Lord Owen stated in a newspaper article and in a BBC R4 "Face the Facts" programme that when he was Health Minister in 1975 he had made a public commitment that within 18 months the UK would no longer need to import blood products from countries (such as the USA) which use paid donors and that several million pounds was to be set aside to build a new blood products processing laboratory at Elstree.

3. Lord Owen is making the point that if the UK had been self-sufficient in the 1970s and had stopped importing blood products then the infection of haemophiliacs with hepatitis C would not have occurred to the extent that it did.

4. As President of the Haemophilia Society, Lord Morris wrote to the Prime Minister on 22 August (a copy of his letter and the relevant newspaper article containing Lord Owen's public statement is attached) having been asked by the Haemophilia Society, for a Government response to the statements made by Lord Owen. The reply, for DH Ministers response, has not yet been sent, as we have been establishing the facts about what happened at the time.

5. We have now done this and have included a separate comprehensive background note with bull points on the self-sufficiency issue in this briefing pack, together with supplementary replies to the follow up questions from Lord Morris (or Lord Owen). A draft response to the letter from Lord Morris will follow.

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