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*From the Parliamentary Under Secretary of State*

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Tim Yeo Esq MP

- 8 JAN 1996

Thank you for your letter of 28 November 1995 to Gerald Malone enclosing one from your constituent Mr **GRO-A** of **GRO-A** in support of the Haemophilia Society's campaign on behalf of those patients with haemophilia who have been infected with hepatitis C. I am sorry you have not received an earlier reply.

The Haemophilia Society originally launched their campaign in spring last year. Mr **GRO-A**'s recent letter probably relates to the Society's issue of an interim report on its hepatitis C impact study, which contains, for example, the figure of numbers infected with hepatitis C which he quotes.

I want to take time to read that report in detail. I believe that it graphically describes the problems experienced by some sufferers who now find that they have to contend with the effects of the hepatitis C infection on top of those of haemophilia. This will supplement what I have already heard about the plight of those infected, during debates, from correspondence and at meetings.

Ministers explained in the adjournment debate in the House of Commons on 11 July, that the Government has great sympathy with those patients who may have become infected with hepatitis C through blood transfusions or blood products. Most haemophilia patients were infected with hepatitis C before blood products were treated to destroy viruses. These patients received the best treatment available in the light of medical knowledge at the time.

As I said in the adjournment debate in the House on 13 December, the Government has great sympathy with those patients who may have become infected with hepatitis C through NHS treatment. In considering the case for compensation it is important not to lose sight of some key points. Most haemophilia patients were infected before blood products were treated to destroy viruses and before there was any viable test for hepatitis C. These patients received the best treatment available in the light of medical knowledge at the time. The Government does not accept, and nor is it suggested by those advocating compensation, that there is any question of negligence on the part of the NHS.

We are always ready to listen to further evidence but I have to say that on the basis of these facts we have no plans to make payments to such patients. This position is consistent with the Government's overall policy of not accepting the case for a no fault scheme of compensation for medical accidents. It is unfair to others and still requires proof of causation which is often difficult to establish. Every individual case where a medical accident has occurred is a personal tragedy for both the individual concerned and their family. If the NHS is proved negligent in a court, it accepts its liability to pay damages.

In the case of patients inadvertently infected with the HIV virus, the decision to make ex-gratia payments to those affected, and to establish a hardship fund, was taken in light of their very special circumstances. Those affected were all expected to die within a short period, and were subject to significant social problems, particularly ostracism. Hepatitis C is different from HIV in that many people infected with hepatitis C may live for a long period without any symptoms occurring, and only a very small proportion are expected to die from the disease.

It is the Government's view that the most effective use of resources is to seek to improve the understanding, management and treatment of the condition. Only in this way can the impact of the disease on individual patients and their families be effectively minimised.

The Department is supporting an initiative by the Haemophilia Society to undertake a study into the best way to support its members who are infected with hepatitis C and has made available £91,000 in 1995/96, with a commitment to further funding in 1996/97 and 1997/98 for this purpose.

Education of professionals and of the public has been started, for example, through a Chief Medical Officer letter issued on 3 April last year.

We are currently considering several proposals on further research in relation to hepatitis.

With regard to the question of funding of treatment, I should explain that when the Department allocates resources to health authorities it does so on the basis of a national formula which uses forecast population projections, adjusted for age, relative health need and geographical variation in the costs of providing services. It does not allocate resources to support specific treatments for particular segments of the population. It is then for health authorities to assess the health needs of all their local residents and decide which services to purchase and where to place contracts.

GRO-C

JOHN HORAM