



# THE SCOTTISH OFFICE

## Home and Health Department

St. Andrew's House  
Edinburgh EH1 3DE

Dr Ian J Kerr  
Pentland Medical Centre  
Currie  
EDINBURGH  
EH14 5QB

Telephone GRO-C  
Fax GRO-C

10 May 1995

Dear Dr Kerr

### HEPATITIS C LOOKBACK

I have just received a copy of your letter of 27 April to Dr Brunt, through Professor Cash. I enclose a copy of my own letter of the same date to Dr Brunt, and apologise for not having sent it to you earlier. I have to confess to not having taken a careful note of your address on the one occasion when we met in the Edinburgh College on 10 February. My letter to Dr Brunt is self-explanatory, and I hope that you will find it helpful in clarifying what seems to have become a rather confused issue.

Turning to your letter, and in particular to the issue of GP input to the guidance issued by CMO on 3 April, you will recall that this was discussed at our meeting on 10 February. I reported that the matter of GP involvement had been raised at the first meeting of the Ad Hoc Expert Working Party on 20 January. The Chairman, Dr Jeremy Metters, said that the possibility of GP membership of the Working Party had been discussed with Dr Ian Bogle, Chairman of GMSC. His view apparently was that GP membership of the group would only be appropriate if a major part of guidance implementation was to involve primary care. Following our Edinburgh meeting on 10 February, I again raised the issue with the Ad Hoc Working Party, on 24 February, and was told that confirmation would be sought from Dr Bogle that his initial view stood, ie that he did not consider GP membership of the Expert Working Party to be appropriate, because the major responsibility for implementing the guidance would fall elsewhere. In addition, I understand that GMSC were invited to comment on the draft guidance while it was being developed.

Some GPs will undoubtedly be involved in helping to trace patients, and in some cases organising anti-HCV testing, and providing initial counselling. However, given that the total number of traceable anti-HCV positive recipients is expected to be 300 for the whole of Scotland, the burden for individual practices is unlikely to be great. My Departmental colleagues with responsibility for primary care have had no queries whatsoever on this issue. I personally have had only one or two telephone enquiries regarding the general principles of the lookback, and none relating to the question of additional funding for GPs for taking part in the lookback exercise. You are of course aware that the exercise is being conducted on a UK basis. The letter circulated by Dr Kendell on 3 April was therefore essentially the same as that issued by all UK CMOs on the subject.

JGR00310.055

1.

44 440000

SBTS0003833\_421\_0001

Once again, my apologies for not having sent a copy of my reply to Dr Brunt to you earlier. If, having read it, you feel that there are still unresolved issues, I am more than happy to have a chat with you about them.

Kind regards.

Yours sincerely

GRO-C

**DR A KEEL**

Senior Medical Officer

Copy to: Dr Peter Brunt  
Professor Cash ✓  
Dr Jack Gillon