

NQH 23/19

Mr Jack

16 OCT 1995 (S)



G:\pgoodric\12

*Nicola - Please copy to Dr. Kael for information
ew 17 to
of then file.*

RESTRICTED - POLICY

Headquarters

Department of Health
Eileen House
80-94 Newington Causeway
London SE1 6EF
Tel 071-972 2000

Ian Snedden Esq
NHSME
The Scottish Office
St Andrew's House
Edinburgh
EH1 3DG

13 October 1995

Don

PAYMENTS FOR THOSE INFECTED WITH HEPATITIS C THROUGH BLOOD TRANSFUSION/BLOOD PRODUCTS

Thank you for your letter of 5 October. I am grateful to you for keeping us informed. It is important that we keep in regular touch over this issue to ensure a consistent presentation of policy, which as you say is ultimately a matter for collective consideration by the Government.

Your concerns over the operational difficulty of any compensation scheme are well taken. As I understand it part of Roger Scofield's intention in proposing a model was to expose the problems of appropriately targeting resources in the face of a disease of such uncertain history and variable effects. I do think this will prove useful groundwork in the event that there is a change in policy. I doubt whether there is much to be learnt from the scheme introduced recently in the Republic of Ireland, but officials from there are coming over at the end of the month and we will, of course, keep you in touch with any information which we glean from that meeting.

As you will be aware my Secretary of State has made it clear that there is currently no prospect of such a change in his mind. The expense and associated opportunity cost of any settlement are significant factors but the main plank of resistance remains opposition to the principle of a no-fault compensation scheme. In evidence to the Health Committee Public Expenditure Enquiry on 19 July the Secretary of State acknowledged that there was an illogicality in the payment to HIV infected patients, given that principle. However he did not see this as sufficient reason to err from it.

Such settlements as there have been in English Courts have all been on the grounds of negligence and our information is that Baxter have not yet settled on the HCV infection by Gammaguard. In any event, neither this nor recent developments in the Republic of Ireland have affected the current policy thinking here.

In the meantime we are pursuing two other avenues. Firstly we are seeking the view of Counsel on the question of legal liability, particularly in relation to the Consumer Protection Act. Secondly we are looking at the possible problems of Haemophiliacs with HCV obtaining alpha interferon treatment where it is clinically indicated. This latter initiative follows from an undertaking by our junior Minister in an adjournment debate at the end of the last Parliamentary session to explore allegations that such patients were experiencing difficulties. We are in contact with haemophilia centre directors to ascertain the nature and extent of these.

All this is taking place against wider concern about the prospect of a general increase in the incidence of HCV and how this will translate into pressures on Health Authorities and Trusts. Our best estimate of the numbers of infected haemophiliacs and non-haemophiliacs remains in the order of 4,000 and 3,000 respectively but we remain cautious about the accuracy of these figures and mindful of the possibility of a substantial hidden morbidity. I entirely agree that it would be difficult to separate the haemophiliacs from the non-haemophiliacs in considering any settlement. We will, of course keep you informed of developments on any of these fronts.

I am copying this letter to John Breen, Northern Ireland and Peter Davenport, Welsh Office

Yours sincerely

GRO-C

K J GUINNESS