

Secretary of State

From: Lord Hunt

Date:

Lords Unstarred Question on the Treatment and Services for HCV.

There is an unstarred question on Wednesday 1 November on the treatment and services for those with Hepatitis C (HCV). I propose that this opportunity be used to announce a co-ordinated approach to a package of care for those with HCV. This would be proactive in the light of the mounting interest concerning the issues of compensation for victims of CJD and the current court action for compensation for those infected with HCV through blood transfusion. NICE are also due to publish their recommendations on the use of combination therapy for the treatment of patients with HCV on 31 October.

The care pathway would ensure that patients infected with HCV are referred to the nearest clinician with a particular interest in the infection. Patients would have access to counselling from a health carer with knowledge and experience of HCV and, where appropriate other relevant conditions such as haemophilia, HIV and drug misuse. All patients would have access to the appropriate diagnostic and therapeutic options available in the management of HCV infection.

In particular, I propose-

1. An awareness raising and prevention campaign supported by strengthening surveillance activities to measure effectiveness. Such campaigns are already in train or under consideration in other countries notably, France, Australia the United States, and most recently Scotland. Funding for this campaign/surveillance activity was lost in the SR round but would cost in the region of £1.75 million over the next three years (£0.75m in 2001/2002, £0.75 m in 2002/2003, £0.25 in 2003/2004). Funding would be sought from the Public Health Development Fund.
2. An announcement to develop improved treatment and counselling services for HCV patients will be available within Health Authorities general allocations to complement the NICE recommendations on combination therapy.
3. That we announce our involvement in discussions with the Commissioners to develop a commissioning framework for hepatology services with a view to including hepatology in the Specialist Commissioning Arrangements and with the Profession to consider the development of hepatology as a sub-speciality of gastroenterology.

I am conscious that a statement along these lines is likely to elicit further questions about what dedicated resources there will be to underpin the co-ordinated approach at local level (currently there is none planned); and what obligations NHS bodies will be under to accord HCV patients the special clinical priority it implies (the approach goes considerably beyond the NICE guidance). I also recognise that the proposal

would effectively be reopening decisions already taken about disposal of SR resources. However, I feel that it would be a hostage to fortune at this time not to demonstrate that we have planned for the support of those who have been infected with HCV through no fault of their own. I do not believe that a programme of care of this nature would suggest that we accept that the NHS was negligent on the issue of Haemophiliacs who contracted HCV through blood products.

Phillip Hunt