



SCOTTISH EXECUTIVE

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News Release

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CHISHOLM WELCOMES EXPERT GROUP PRELIMINARY RECOMMENDATIONS

Health Minister Malcolm Chisholm today welcomed the preliminary report of the Expert Group on Financial and Other Support which includes a recommendation that the Executive provides financial support for patients who received blood, blood products or tissue from the NHS in Scotland and who are then infected with Hepatitis C.

The group, chaired by the Rt Hon Lord Ross, was announced by Mr Chisholm in December 2001 and asked to look at the current arrangements for providing compensation when people are harmed by NHS treatment.

This Minister said:

"We do share the Group's concern for those who through no fault of their own are suffering serious long-term harm and who are experiencing hardship. We would very much like to find a way of doing something to help them.

"However there are complex medical, legal and financial considerations to take into account. What we need to do now is think carefully about who needs help, what is the best way to design a scheme and structure payments so that the individuals involved benefit fully, while taking account of the costs of any payment scheme in the light of other health priorities.

"We want to avoid a position where we provide financial support which leads to social security payments being withdrawn or reduced which could very easily happen in many cases. Therefore we are looking at the interface with the social security system to see if we can devise a scheme that fits this as well as possible. We



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are in discussion with colleagues at the Department of Work and Pensions about this.

"I hope these matters will be resolved soon and we can get on with helping the people that need it most.

"The second recommendation called for the Executive to give other practical support in a number of areas. A considerable amount of work is already taking place in this area.

"The Executive has recently produced both an Information Pack for Professionals and a patient information leaflet on Hepatitis C. These have been widely distributed within NHSScotland, the drugs field and the Scottish Prison Service.

"In addition, we have offered £40,000 to the British Liver Trust and Mainliners in 200-03 to establish a Hepatitis C Resource Centre for Scotland. This centre is intended to be a one-stop shop providing information on Hepatitis C infections as well as details of who to contact regarding testing and treatment in Scotland. The project is expected to secure premises in Glasgow shortly and open early in 2003.

"We are also in active discussions with the Health Education Board for Scotland and the Scottish Centre for Infection and Environmental Health (SCIEH) to establish how any public information campaign on Hepatitis C could best be handled.

"The Executive is also exploring the scope for removing some of the barriers that make it difficult for Hepatitis C sufferers to obtain insurance and mortgages. We have gathered together specific evidence of unacceptable behaviour from patients groups and I will be meeting with the key financial institutions later this month to discuss these issues.

"On improving access to legal aid we have contacted the Scottish Legal Aid Board and ask them to consider how this can be taken forward.

There are a number of areas which are being taken forward outwith the scope of the report. These are:

- * building on the recommendations emerging from the joint Health Department/Royal College of Physicians of Edinburgh Hepatitis C Conference, held on 4 July, the Executive is engaged in active discussions with clinicians and patient representatives, looking at the development of Managed Clinical Networks for patients with Hepatitis C. Managed Clinical Networks have already demonstrated in other clinical areas that they can improve patient care; and



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* in preparation for a Conference in July, we have commissioned SCIEH to undertake epidemiological modelling work. This is now being further developed and will provide us with much more robust data in terms of numbers affected with Hepatitis C, and in particular rates of disease progression, on which we can base future service planning.

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