

via email

Mr Guinness CA-OPU

Our Ref: 2KG309

From: Dr A Rejman CA-OPU2

Date: 30 September 1996

Copy: Ms Towner Ca-OPU2

HEPATITIS C LOOKBACK: ROLE OF MSBT

1. Thank you for your minute of 30 September and to Ann Towner for her minute also.
2. I agree that we need to remove this from the MSBT agenda, and perhaps the only way to do this is, as Ann Towner suggests, to point out that the amount of time devoted to the discussion of this is out of all proportion to any benefit. Additionally the MSBT appears to have nothing that it can contribute to the discussion. Also, as Ann points out, it detracts from MSBT business and perhaps the next meeting which is particularly busy, may well highlight this.
3. I must say that I am not particularly keen on providing a further update for Ministers. You will recall that PS(H) was not really interested in the earlier update, and we also had the conflict that arose at that time over precisely what the status of the update was. This was caused by press enquiries to ID.
4. If Ministers are no longer involved in the Hep C Lookback, and preferably MSBT also is not involved, then all questions about its operation can be diverted to the BTS, where they properly lie.
5. It would also be embarrassing if we went to Ministers and stated that the exercise had still not been completed. However, even in this situation, it is unlikely that Ministers would want central action from the Department to try to speed up the process.
6. I fully support Ann Towner's suggestion in para 4 of her minute that there really is no advantage to having specialists outside the BTS involved in this exercise anymore.

Dr A Rejman
Room 420 Ext GRO-C
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Mr Guinness CA OPU

From : Ann Towner CA OPU2

Date : 30 September 1996

Copy : Dr Rejman CA OPU2

HEPATITIS C LOOKBACK : ROLE OF MSBT

1. Thank you for your minute of earlier today.
2. I can appreciate your reluctance to be persuaded to enter the debate without being sure that you have sound arguments to put forward. Unfortunately I am not well placed to supply these - since I have not been involved with the exercise itself. (John Nash/Malo Harvey have worked direct to Dr Rejman.) I have come across it only in my MSBT Secretariat role, and had raised the matter with Dr Metters because I saw it as detracting from MSBT's ability to deal properly with all the others issues it has to discuss at its next meeting, as well as disputing whether it fell within their terms of reference.
3. As you say, we probably need to find some particular event/reason on which to hang any termination of MSBT's involvement in this issue. I note that Dr Metter's interim report to Ministers on the exercise, of 5 February 1996, promised a further report in about 6-9 months. We are now within that period. If Dr Rejman has in mind to prepare a further report for Dr Metters to send before long, perhaps it might be sensible to use that as a vehicle for seeking Minister's agreement that MSBT's role should end - if not that the whole exercise be treated as effectively wound up. This might however depend on how far the progress information currently being collected from the UK blood services shows that the bulk of the cases have been traced and actioned.
4. The only other point I would like to make is that I don't see the logic of Dr Metter's argument (16 September) that we need a body of external specialists to monitor progress on the exercise. As I understand it, the only reason why expert involvement might have been needed was to design the detail of the programme in the first place (as in the 1995 CMO letter). I do not understand why any specialist expertise should be needed to encourage blood services to complete the programme so designed. But perhaps Dr Rejman would say if he thinks otherwise.

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Ms Towner, CA-OPU2

From: KEVIN GUINNESS, CA-OPU

Date: 30 September 1996

Copies: Dr Rejman, CA-OPU2

HEPATITIS C LOOKBACK: ROLE OF MSBT

1. Thank you for your minute of 18 September. Dr Rejman's historical note of 20 September was also very helpful.
2. I have considerable sympathy with the views which both you and Dr Rejman have expressed, but I also have a shrewd suspicion which way the finger is pointing and, therefore, before raising this matter with Dr Metters, I would wish to prepare my ground carefully.
3. I do not think that arguing from the terms of reference is likely to get us very far. In his minute of 16 September, Dr Metters says "we need some body of external specialists to monitor progress with the Lookback". It is with that statement, I think, that we must start.
4. I have every intention of coming to the next meeting of MSBT, and I imagine that that will give me sufficient ground to question whether Dr Metters' statement is correct. Prejudiced as I am, I am not sure that I can see the arguments which underlie his statement, but if either you or Dr Rejman have any idea what he is likely to throw back at me, I would be glad to know.
5. I suspect, however, that the real reason is that we have got so much into the habit of doing what we are now doing, that it is going to be difficult to explain to MSBT why, at any particular point in time, our view has changed. I can, of course, try the line that, if there is no real reason for the matter to be put before MSBT (let alone to invite extra people to come to the meeting for a fairly fruitless discussion), we should put a stop to it at the earliest possible opportunity, but if you or Dr Rejman have any better arguments which I can add to my store, I would be most grateful.

K J GUINNESS

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via email

Ms Towner CA-OPU2

Our Ref: AT209

From: Dr A Rejman CA-OPU2

Date: 20 September 1996

Copy: Mr Guinness
Ms Corrigan o/r

HEPATITIS C LOOKBACK: ROLE OF MSBT

1. Thank you for your minute of 18 September.
2. You will recall that in the announcement of the Hep C Lookback PS(H) stated that he would ask Dr Metters to "bring together an ad hoc working party of experts to draw up guidance on the procedures for undertaking the Lookback exercise and for counselling those identified as being at risk as well as guidance on the treatment options available".
3. The function of the Lookback Working Party therefore was completed by the CMO Letter PL/CMO(95)1 - Hepatitis C and Blood Transfusion Lookback. All further activities by the Working Party and the MSBT are therefore beyond the terms of reference as set out by Ministers.
4. Further meetings were held of the Hepatitis C Lookback Working Party on 25 May 1995 and 13 October 1995.
5. At this latter meeting, Dr Metters thanked members of the Working Party saying that any further discussion would be in the full MSBT when members of the Working Party who were not members of MSBT would be invited to attend for the relevant part of the meeting. He thanked them for their "excellent contributions to the task given them by Ministers ...".
6. Dr Metters repeated this in the afternoon on the same day at the MSBT, when he reported that ".... the Working Party had effectively concluded its work ... would not meet again separately but members would be invited to attend any future discussions on the subject at the full MSBT."
7. The Lookback was then considered again at the MSBT on 8 January 1996 and 2 May 1996 but was not considered at the short meeting on 2 July 1996.
8. I fully agree with you that it is high time that MSBT separated off from this Lookback exercise. Unfortunately Dr Metters as Chairman was involved in pushing the case for the Lookback exercise at the original meeting where MSBT supported this (including bringing in CMO in support at the meeting). Dr Metters chose the members of the Working Party from among the membership of the MSBT and excluded at least one prominent individual who had opposed Lookback at the December 1994 meeting of the MSBT.
9. The reports are really only of interest to the BTS, and you will recall that following our update to Ministers, they did not show any particular interest.

10. I would be interested in Mr Guinness' views, but unfortunately since Dr Metters is Chairman of MSBT the final decision must rest with him.

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Dr Rejman CA OPU2
Mr Guinness CA OPU2

From : Ann Towner CA OPU2
Date : 18 September 1996
Copy : Ms Corrigan CA OPU2

HEPATITIS C LOOK-BACK : ROLE OF MSBT

1. You have seen my minute of 13 September to Dr Metters about the agenda for the next MSBT meeting, and his reply of 16 September (copies attached for ease of reference) . Para 5 of my minute suggested that MSBT need no longer be involved in the lookback exercise, but para 2 of Dr Metter's minute does not accept this. I doubt that I personally can take this any further. This is therefore an invitation to you to pursue it.

2. The terms of reference of MSBT are :

"To advise the Health Departments of the UK on measures to ensure the microbiological safety of blood and tissues for transplantation.

In making recommendations in relation to blood, the Committee will bear in mind the need for maintaining an adequate supply of blood of appropriate quality for both immediate use and for plasma processing."

3. I have argued that the residual role in the HepC lookback exercise should fall to the blood service and the Executive etc. I have in mind that MSBT needs to concentrate on matters strictly within its remit, given the ever increasing demands on its time.

4. Dr Rejman has been involved in the lookback exercise throughout and will know more of the details than I do. Personally, I am not even sure whether MSBT's terms of reference give it any remit as regards to look-backs at all, or whether - if the objective of securing blood safety has not been achieved - it is not instead for the executive to decide what to do about the consequences. Be that as it may, MSBT did get involved in that stage in the case of Hepatitis C and has apparently overseen the design of the lookback exercise. It continues to receive reports on both progress with the exercise and the findings resulting. It seems to me that it is high time MSBT extricated themselves from this, now that all the policy decisions have been taken - even assuming that it was right for them to be involved with those in the first place. All that remains now is continued implementation - which seems to me clearly a matter for the blood services, the Executive (and territorials). As I said in my earlier minute, while MSBT members may well find reports of findings of interest, I do not see that they are strictly relevant to the committees remit. Nor do I think we need MSBT's technical expertise to see that the exercise is completed.

5. You may like to consider pursuing this, at an opportune time, if there is one ! Should you want me to do anything further to help progress this, I would be happy to do so.

GRO-C

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