TBL 19

To Keith Mellor
Med Supp
503 RH

From Leonard Levy, CA OPU2

Date 13 June 1995

E-MAIL FROM PROFESSOR GRIFFITHS

1. Thank you for your minute of 19 May to Mr Scofield. I suggest Dr Metters may like to include the text in Paragraph 2 in his reply to Professor Griffiths.

2.

The Chief Medical Officer's advice in his letter of 3 April was that all anti-HCV positive patients found as a result of the transfusion lookback should be referred for further assessment to a specialist with an interest in the condition. It was not envisaged that the management of such patients, including the prescription of Interferon and the necessary follow-up of patients, should be left to general practitioners - this would hold good however hepatitis C was acquired. Management of such patients needs to be done by those with experience in knowing who to treat and best able to decide on appropriate regimes and duration of therapy for individual patients. On occasions this will require tertiary referrals. GPs could perhaps become involved with some interim monitoring of patients who live far from the treating hospital, but the treating centre would obviously be responsible for all major decisions and follow-up.

It will therefore usually be appropriate for hospitals, rather than GPs, to prescribe Interferon, if that is what they decide on a clinical basis. The patient's Health Authority or GP fund-holder would then need to consider their priorities and decide, as purchaser, whether or not to fund the treatment.

3. You may want to clear this with Mrs Phillips - see her minute of 6 June to Dr Nicholas, attached, - to ensure a consistent approach.

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14.6

Dr Nicholas

From: Mrs C J Phillips
HCD-SCS(A)2

Date: 6 June 1995

Copies:
Mr L Levy
Dr Doyle
Dr Melia
Dr Rejman
Mr K Wright
Mr Pudlo
Ms M Sandillon
Mr B Slater
Miss Sidonio
Mr K Paley

TO CORRESPONDENCE ON HEPATITIS C

1. Your minute of today's date about the above correspondence refers. As I may have mentioned before, the issues raised in this correspondence are similar to those currently under consideration by Barry Slater and colleagues on the introduction of Beta Interferon for the treatment of multiple sclerosis. There we are adopting the approach that you suggest for Alpha Interferon - that consultants should do the initial prescribing with the costs being met by the purchaser. The difficulty is, of course, that there is every likelihood of prescribing responsibility then shifting to the primary care sector with GPs being encouraged to take this on. As with Beta Interferon, we would prefer that GPs do not treat their own patients although there is little that we can do to stop them now that Alpha Interferon has a product licence.

2. I anticipate that we will receive more letters of this kind. You will be aware that Alison Rogers of the British Liver Trust made a case to Mr Podger for funding for services for patients with HCV (including Alpha Interferon) to be ring-fenced. We could not countenance this and our response must be that it is for purchasers (both HAs and GPFHs) to determine their own priorities etc. However, as for Beta Interferon, it would not take too many additional patients to present a challenge to budgets. Mr Urry has commented on the PES implications of this as far as patients with HCV are concerned.

3. It is clearly important that we are consistent in the approaches we adopt to the introduction of both of these as well as other new drugs although I appreciate that Alpha Interferon is far less expensive per patient. However, given the scale of the potential problem as far as Hepatitis C is concerned, the total cost to the NHS could be considerable. It may well be helpful for Mr Slater (to whom I have copied your minute) to be involved in further correspondence although I know that CA-OPU have responsibility for the hospital prescribing issues.

Mrs C J Phillips
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