

**NOTE OF A MEETING ON HEPATITIS C HANDLING ON WEDNESDAY
12 FEBRUARY 1997**

Present: Secretary of State
PS(H)
Ms Phillips

There was a full and very helpful discussion of the major issues. What follows is a summary of the points arising:

Secretary of State's intention was that the framework for policy on Hepatitis C (HCV) should be to develop appropriate research and planned health promotion without causing unnecessary health scares or swamping NHS services.

On research, Ministers were made aware that the Departmental Research Committee was meeting on Friday and this topic would be raised. Secretary of State said his assessment of this paper was that there was a need to develop a properly coordinated R&D programme on HCV as it was obviously an emerging public health issue. He could not make a judgement of its relative priority but nevertheless it should be addressed.

On health promotion, Ministers would not want to see a separate identifiable HCV prevention campaign which would unnecessarily raise its profile and thus public concern. It should continue to be addressed through the safer sex and drug misuse programmes.

On clinical guidance, Secretary of State noted the plans to promulgate guidance produced by the RCP, following the meeting scheduled for June. He suggested that GPs should have a greater role in identifying, diagnosing, treating and referring HCV as appropriate, and that GP involvement should be secured before the June meeting. The most effective way to do this should be through a letter from CMO to the RCGP.

It was agreed that it would be very useful to have on record a statement of the Government's action on researching, preventing, diagnosing and treating HCV. If CMO was in agreement, a further CMO letter, this time to District Directors of Public Health, setting out all the elements of the policy should be sent out in the near future.

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Priority: Normal

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Subject: Re: Notes of Meeting on Hepatitis C with SofS

Donna

I have copied the meeting note to Charles, Philip and Jim. My areas of concern are SofS's suggestions:

- a. that "GPs should have a greater role in identifying, diagnosing, treating and referring HCV as appropriate",
- b. that GP involvement should be secured before the June meeting ,
- c. and that the most effective way to do this is through a CMO letter to the RCGP.

The issue of clinical guidance - which I am not against per se - does not square well with his desire to keep this low profile.

In the great asymptomatic Hep C infected majority the GP can have no role unless involved in a (not planned) screening programme or the safe sex/drug abuse educational role (unchanged but could have its profile raised). For

more advanced cases a GP might undertake some blood tests but would and should then refer. The appropriate place of GPs in treatment of Hep C is I think still a matter of debate even as part of a proper well constructed shared-care programme.

While the RCGP might be well placed to discuss the last point in intellectual terms I am not sure how much the RCGP can do to achieve SofS's aims, or that GPdom can be expected to sign up to these responsibilities without GMSC also being involved.

Happy to discuss on my return on Mon 24 Feb 97.

Peter C