

Zubeda Seedat  
15/11/2004 16:49

To:  
cc:  
cc:  
Subject: Re: Skipton - natural clearers

Him 16/2

----- Forwarded by Zubeda Seedat/PH6/DOH/GB on 15/11/2004 16:47 -----



"Peter Stevens"  
<peter@ GRO-C  
08/11/2004 23:05

To: Richard Gutowski/PH6/DOH/GB@ GRO-C  
cc: "Bob Stock" <Bob.Stock@ GRO-C  
<Gerry.Dorrian@ GRO-C  
<Caroline.Lewis@ GRO-C Zubeda  
Seedat/PH6/DOH/GB@ GRO-C Hugh Nicholas/PH6/DOH/GB@ GRO-C  
Subject: Re: Skipton - natural clearers

Richard

Thank you for the compliment, but it is actually the Ministers (who do not make decisions unadvised) as much as the natural clearers of whom I am thinking.

My concern is that the NCs were excluded because it was thought that

- a significant saving would be achieved
- they had not really suffered.

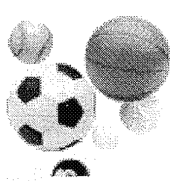
Our figures so far suggest that the former is not the case, and the letter from which I quoted shows that the latter is by no means universally true.

My concern is that flak will fly around when NCs are excluded while those for whom clinicians are prepared to attest to evidence of damage are admitted. I suspect that there will be competition between hospitals, accusations of unfairness, and costly and headline-grabbing appeals, all of which could be bought off at little cost by accepting that the distinction that we attempted to draw is not as clearcut as we had hoped.

Better to accept now that our understanding was imperfect and give in gracefully than to have the headlines and lawyers trying to force it down ministers' throats over the next few months?

Peter

HM 16/2



Richard Gutowski

08/11/2004 13:12

To: "Peter Stevens" <peter@GRO-C>  
cc: "Bob Stock" <Bob.Stock@GRO-C> Gerry.  
Dorrian@GRO-C Caroline.Lewis@GRO-C  
Zubeda Seedat/PH6/DOH/GB@GRO-C Hugh  
Nicholas/PH6/DOH/GB@GRO-C

Subject: Re: Skipton - natural clearers

Peter

Thanks for your which I have copied to the other Administrations for their information. I admire the eloquence with which you are defending the spontaneous clearance corner. However Ministers have made their decision and I believe it important that those who have sent in applications knowing that they did not come within the stated criteria should be informed as quickly as possible. We will clearly need to deal with any fallout and reinforce our lines to take.

Kind Regards

Richard

"Peter Stevens" <peter@GRO-C>



"Peter Stevens"  
<peter@GRO-C>

04/11/2004 10:46

To: Richard Gutowski/PH6/DOH/GB@GRO-C  
cc: "Bob Stock" <Bob.Stock@GRO-C>  
bcc:  
Subject: Skipton - natural clearers

Richard

I thought the folowing might assist consideration of my Email of Tuesday.

We have analysed the natural clearers by country and by whether the clinician has answered "yes" or "no" to the fourth part of 2A (i.e. whether there has or has not been evidence of chronic infection after the acute phase). The figures as at close of play yesterday are:

	"Yes"	"No"
England	44	66
Scotland	10	12
NI	5	2
Wales	1	11
Other (probably go to England)	1	1
Total	61	92

So you can see that we are now up at over 150, with 60% looking straight down the "reject" barrel and the others falling into the ambiguous area.

I repeat that I suspect that turning down 92 will cause more trouble than using the probable savings resulting from the lower total numbers of applicants to include them. To support that argument, the followinng extracts from a letter from one of the Haemophilia Centre Directors seem apposite:

*"N received treatment with factor VIII in the early 1980s to cover surgery. ... When she was seen*

some years later she was found to be anti-HCV positive. This was when there was a lot of uncertainty about the significance of anti-HCV testing in the era before PCR testing. She therefore lived with the knowledge that she was HCV+; but it was not until the development of PCR testing and the knowledge of the significance of persistent HCV RNA positivity.

*"As a result her concerns about Hep C infection have had a very significant impact on her life. She has made decisions in her personal life which have been heavily influenced by concerns that she may have a chronic infection. She has also made difficult decisions in relation to her professional life as a nurse. I think she has suffered considerable emotional and psychological trauma in relation to hep C.*

*"To illustrate this, when I saw her recently, despite knowing for many years that she is persistently PCR negative, merely having a conversation about this issue was clearly extremely distressing for her.*

*"N is an example of an individual who has been profoundly affected by Hep C infection from contaminated blood products. This is despite the fact that she is PCR negative and does not have chronic liver disease. On the basis of this I think she should be eligible for payment from the Skipton Fund".*

My recollection of the early discussions on this point were that the exclusion of natural clearers was based on a) cost b) the fact that they had not really been damaged c) in order to avoid reducing the incentive to take an interferon course. I suggest that the first of these has been shown by the numbers to be irrelevant, and that this letter shows that the second is not really true. The last point falls away because we are dealing with history.

I think that, if we turn down the 92, there will be difficulties with solicitors (especially in Scotland), the Society (Chris Hodgson comes into this category) and MPs. If we turn down the 61 these difficulties will re-double, whereas if we pay the 61 we will still get appeal problems because of unfairness, as well as difficulties arising from differences of interpretation between hospitals.

On the other hand, there can be a little bit of ministerial kudos if it becomes known that, on reflection, the scope of the scheme has been widened to admit a small group of people who, on further examination, can be seen to have suffered much as those who were originally included. We should bear in mind that natural clearers will never cost the Stage 2 payment.

Peter

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Hm 16/2



Zubeda Seedat  
04/11/2004 10:46

To: "Martin Harvey" <martin@GRO-C>, "Peter Stevens" <peter@GRO-C>  
cc: Richard Gutowski/PH6/DOH/GB@GRO-C Michelle Haywood/PH6/DOH/GB@GRO-C Hugh Nicholas/PH6/DOH/GB@GRO-C Keith@GRO-C  
Subject: Advice on applicants who have cleared spontaneously cleared the virus

Peter/Martin

You requested further guidance on those patients who spontaneously cleared the virus. I attach the advice that has been agreed by colleagues. I hope this enables you to clear those applications that you have had on hold. Apologies for the delay.

My thanks to Hugh for all his help.

"The general view is that patients would only be eligible for the first payment if (i) there was evidence that they had developed chronic hepatitis C infection but this had resolved spontaneously (thought to be a reasonably rare situation) or (ii) had developed chronic hepatitis C infection but subsequently cleared the virus as a result of treatment. Patients who had, or were thought to have, eliminated the virus in the acute stage, when they would most likely have been asymptomatic or where any symptoms that did occur would have been short lived because of the transient nature of the infection, would not be eligible for this payment. It should be assumed that the virus has been cleared in the acute phase unless robust medical evidence is cited that proves, on the balance of probabilities, that the patient experienced chronic infection i.e. infection that extended after the first six months of illness"

Zubeda

Hugh Nicholas  
03/11/2004 15:52

To: Zubeda Seedat/PH6/DOH/GB@GRO-C  
cc: Michelle Haywood/PH6/DOH/GB@GRO-C  
mike.simmons@GRO-C Richard  
Gutowski/PH6/DOH/GB@GRO-C Bob.Stock@GRO-C  
Gerry Robb/PH6/DOH/GB@GRO-C  
gerry.dorrian@GRO-C  
Caroline.Lewis@GRO-C  
Sandra.Falconer@GRO-C  
Aileen.Keel@GRO-C  
Subject: Re: Advice for the Skipton Fund

Zubeda

I have now had a response from Howard Thomas about the preferred text concerning the general lack of symptoms experienced by patients who acquired hepatitis C but eliminated it after the acute phase. Howard has suggested we go with the original drafting but should add something that captures the concept that 'any symptoms that did occur, would be short lived, because of the transient nature of the infection'. I have amended the statement accordingly. It includes Bob's suggested addition of the final sentence, which is helpful.

I am aware that the Skipton Fund are waiting to write to applicants who have spontaneously cleared the virus, and would be most grateful therefore if you could forward the paragraph below to the Fund.

**"The general view is that patients would only be eligible for the first payment if (i) there was evidence that they had developed chronic hepatitis C infection but this had resolved spontaneously (thought to be a reasonably rare situation) or (ii) had developed chronic hepatitis C infection but subsequently cleared the virus as a result of treatment. Patients who had, or were thought to have, eliminated the virus in the acute stage, when they would most likely have been asymptomatic or where any symptoms that did occur would have been short lived because of the transient nature of the infection, would not be eligible for this payment. It should be assumed that the virus has been cleared in the acute phase unless robust medical evidence is cited that proves, on the balance of probabilities, that the patient experienced chronic infection i.e. infection that extended after the first six months of illness"**

Many thanks

Hugh Nicholas





"Thomas, Howard C"  
<h.thomas@GRO-C>  
GRO-C

27/10/2004 18:36

To: Hugh Nicholas/PH6/DOH/GB@GRO-C  
cc: Richard Gutowski/PH6/DOH/GB@GRO-C Zubeda  
Seedat/PH6/DOH/GB@GRO-C; Gerry Robb/PH6/DOH/GB@GRO-C  
<Bob.Stock@GRO-C>  
Subject: RE: Hepatitis C infection

Dear Hugh,

I would go for the first option and add something that captures the concept that 'any symptoms that did occur, would be short lived, because of the transient nature of the infection.' This covers the fact that some patients may have malaise and arthralgia, at this stage. You should also be aware that several of the Irish cohort of 'rhesus globulin' infected subjects had transient infection - anti-HCV +ve and HCV RNA -ve - and apparently had continuing symptomatology and did receive compensation. This could be a 'pending compensation claim' phenomenon but this cannot be stated categorically in the absence of data, and therefore could be real.

Hope this helps.

All the best

Howard

ps any news about the consultation on 'return to work on lamivudine' issue?

-----Original Message-----

From: Hugh.Nicholas@GRO-C [mailto:Hugh.Nicholas@GRO-C]

Sent: Wed 27/10/2004 14:49

To: Thomas, Howard C

Cc: Richard.Gutowski@GRO-C Zubeda.Seedat@GRO-C Gerry.Robb@GRO-C

Bob.Stock@GRO-C

Subject: Hepatitis C infection

Dear Howard

Sorry to trouble you but I would be most grateful for some advice. It concerns a statement about people (in this case either patients with haemophilia or those in receipt of blood transfusion) who acquired hepatitis C but eliminated the virus in the acute phase, and we wish to refer to the general lack of symptoms these patients will have experienced. This is part of some advice to those administering the Hepatitis C Ex-gratia payment scheme (for patients who received contaminated blood or blood products) and, as such, could become public, so we wish to ensure the appropriate emphasis.

So far, two forms of words are in contention (though you may have a more appropriate alternative):

✓  
HN.  
Patients who had, or were thought to have, eliminated the virus in the acute stage, when they would most likely have been asymptomatic, would not be eligible for this payment.

35.  
Patients who had, or were thought to have, eliminated the virus in the acute stage, when they would have been highly unlikely to be symptomatic, would not be eligible for this payment.

We would be most grateful for your views on this.

With many thanks, and best wishes

Hugh Nicholas

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