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October 2000

Thank you for your letter of 27 June on behalf of your constituents who are concerned about the delay in publication of the report on "Hepatitis C and the Heat Treatment of Blood Products for Haemophiliacs in the mid 1980s". I now enclose a copy of the final report which unfortunately I was not able to publish, as I had hoped, before the summer recess.

As you know, I commissioned this exercise after listening to public concern that haemophiliacs might have been exposed to risk of infection from Hepatitis C in Scotland longer than they should have been and undertook to consider whether any further action might be warranted after I had considered the report.

I announced today that I had accepted the conclusions of the report that:

- the Scottish National Blood Transfusion Service were around 18 months behind the Bio Products Laboratory in England in producing a heat–treated product which was subsequently found to have eliminated the hepatitis C virus;

- there were understandable technical reasons why this was the case:

    - there was no test to identify the presence of the virus, so scientists could not be sure that any particular heat treatment had actually worked until they reviewed the effects of the resultant products on patients;

    - the heating process could easily render blood products unusable, and different types of heating and freeze-drying processes and equipment had to be tried in order to obtain a usable product;

- once SNBTS had managed to develop a suitable heat-treated product, they were quickly able to produce sufficient for domestic demand.

I consider it an important general principle that the NHS should not pay compensation for non-negligent harm; and acknowledge that medical treatment often necessarily involves a balance of risks. I would like to repeat my expressions of sympathy to haemophiliacs infected through blood products, as indeed to all people who have suffered inadvertent harm through medical treatment.

I note that the report did not find evidence of any intention by Haemophilia Centre Directors deliberately to mislead patients about the risks of hepatitis. I cannot deal with individual cases where a patient believes he or she was nevertheless misled, although I sympathise with any patient who was unable for whatever reason to appreciate the risks of their treatment.

The main submissions used in the exercise may be examined at the Scottish Executive Library at Saughton House. They will be made available to MSPs, to the Haemophilia Society, to SNBTS and to the Directors of the Haemophilia Centres. The Department will make copies available to others if requested, on payment of a charge of £13.50 to cover the costs of photocopying because of the volume of material. The report itself will be provided free of charge.

A copy of the Report (without attachments) is being sent to each of the individual haemophiliacs and their family and friends who contributed to the exercise, the Chief Executive of the Common Services Agency, the Department of Health in England, the National Assembly for Wales, and the Health and Social Services Executive in Northern Ireland.

I am grateful to all who contributed to this exercise, with information and opinions.

It is important now to improve understanding of the prevention and treatment of Hepatitis C, which affects many different kinds of people. The Scottish Needs Assessment Programme Report on Hepatitis C was published on 28 September and I want to consider how its recommendations might be progressed. The Report covers epidemiology, prevention, investigations, and treatment and future implications for the Scottish population and service needs.

SUSAN DEACON