

NGH 23/1 P66 (17)

*Ms Fallon of  
Mr Foster RF 17/6  
to note Doh's current views  
of HCV compensation*

FAX COVER SHEET

DEPARTMENT OF HEALTH

GRO-C

EILEEN HOUSE, LONDON SE1 6RF

TO *GARY* WILDEIDGE  
AT SCOTTISH HOME & HEALTH DEPT.  
FAX NO GRO-C  
FROM Ann Towner CA OPU2  
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DATE

PAGES (including this one)

MESSAGE You will wish to be aware of the revised line on requests for compensation for those infected with Hepatitis C through blood products which Ministers have just agreed. Copies of our revised standard replies to letters to Ministers on this subject follow, for information.

HEPC PARAS

HEPATITIS C

MR LEVY

CA-OPU2

311 EH

X ☐ GRO-C

Last updated 11/6/96

HEPC1

POH(3)

Thank you for your letter of \_\_\_\_\_ to \_\_\_\_\_ enclosing correspondence from  
your constituent \_\_\_\_\_ of \_\_\_\_\_ about those patients with  
haemophilia who have been infected with hepatitis C.

HEPC2

The Haemophilia Society's report completed earlier this year graphically described the problems experienced by some sufferers who now find that they have to contend with the effects of the hepatitis C infection on top of those of haemophilia. This supplements what I had already heard during debates, from correspondence and at meetings about the plight of those infected.

As Ministers have consistently stated, for example in the adjournment debates in the House of Commons in July and December 1995, the Government has great sympathy with those patients who may have become infected with hepatitis C through blood transfusions or blood products. Factor VIII brought many advantages to people with haemophilia; it greatly increased life expectancy as well as improving the quality of life. However, medical procedures rarely come without risk and these are not always fully known or capable of being guarded against at the time. Most haemophilia patients were infected with hepatitis C before blood products were treated to destroy viruses. These patients received the best treatment available in the light of medical knowledge at the time.

The Government does not accept that there has been negligence and we have no plans at present to make payments to such patients. On the more general issue of compensation, the Government has never accepted the case for a no fault scheme of compensation for medical accidents. It is unfair to others and still requires proof of causation which is often difficult to establish. Each individual case where a medical accident has occurred is a personal tragedy for both the individual concerned and their family. If the NHS is proved negligent in a court, it accepts its liability to pay damages.

In the case of patients inadvertently infected with the HIV virus, the decision to make payments to those affected, and to establish a hardship fund, was taken in the light of their very special circumstances. Those affected were all expected to die very quickly and were subject to significant social problems, particularly ostracism. Hepatitis C is different from HIV. Many people infected with hepatitis C may live for a long period without any symptoms occurring and only a very small proportion are expected to die from the disease.

We are always ready to listen to further evidence, but at present, it is the Government's view that the most effective use of resources is to seek to improve the understanding, management and treatment of the condition; this we are doing. Only in this way can the impact of the disease on individual patients and their families be effectively minimised.

One example of this is that the Department of Health is supporting the Haemophilia Society studies into the best way to support its members who are infected with hepatitis C. It made available £91,000 in 1995/96, with a commitment to further funding in 1996/97 and 1997/98 for this purpose.

### HEPC3

The Department of Health is currently considering several proposals for further research in relation to hepatitis C, to increase knowledge of its natural history and its optimal treatment. One example of this is that the Standing Group on Health Technology has identified the evaluation of the use of alpha interferon in the treatment of hepatitis C as a top priority in the NHS. Such developments are important to increase the evidence based upon which decisions can be made on the best treatment for each individual patient.

### HEPC4

Education of professionals and of the public has been started, for example, through a Chief Medical Officer letter issued on 3 April 1995.

### HEPC5

We are currently considering several proposals on further research in relation to hepatitis.

### HEPC6

With regard to the question of funding of treatment, I should explain that when the Department allocates resources to health authorities it does so on the basis of a national formula which uses forecast population projections, adjusted for age, relative health need and geographical variation in the costs of providing services. It does not allocate resources to support specific treatments for particular segments of the population. It is then for health authorities to assess the health needs of all their local residents and decide which services to purchase and where to place contracts.

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