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SCOTTISH EXECUTIVE

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Date: 27 September 1999

Dear Karin,

At our meeting on 14 September I promised to write to you outlining the way forward agreed between us on the issue of Hepatitis C and the safety of blood products received by haemophiliacs in Scotland.

I hope you will agree that our meeting was a worthwhile and constructive one. I want to reiterate that I come to this issue willing to look afresh at your concerns in the light of the facts which I have asked my Department to gather. As I said at the meeting, that means that until I have had the opportunity to assess the evidence it would not be right for me to begin to speculate on the rights or wrongs of the issue and on whether or not financial compensation might be warranted.

I have made clear that I want to satisfy myself that the Executive properly addresses any matters which may require action. That is why I have asked the Department to look at the events surrounding the introduction of heat treatment for blood products in the mid-1980s, and in particular the concerns you have raised regarding the discrepancy between developments in England and Scotland.

The Department would expect to have examined the necessary evidence on this matter within a month. Having received the Department's advice I would then propose to issue their findings into the public domain. I have also made clear that the Executive would then require a period of time to arrive at a considered position on the matter, taking into account any relevant legal advice.

As part of this process the Scottish National Blood Transfusion Service have invited representatives from the Society to an internal meeting during which SNBTS can explain the factual chain of events behind the development of heat-treated blood products in Scotland in the 1980s and take any questions on the subject from the Society. I understand that Michael Palmer from the Department has been in touch to discuss arrangements for this meeting.

During our meeting a number of other matters were raised concerning an alleged lack of information given to patients about the risks of contracting HCV/NANBH from blood products, and about an alleged delay in informing haemophiliacs that they were HCV-positive after they had been tested as such. Concerns were also raised about the need for authoritative data on the numbers of haemophiliacs infected with HCV and to ensure that all of those affected are receiving appropriate counselling and other support.

As I intimated at the meeting, the Department will also consider these points, although I expect a longer timeframe will be required to complete any enquiries around these issues.

We share the same objective of gathering the evidence which will enable us to come to a conclusion based upon the facts of the matter. To this end you should feel free to submit any information which you think would be relevant to the Department's investigation to Michael Palmer.

Finally, I should confirm that I would be content to hold a further meeting with the Society once our enquiries are complete and the Executive's position is clearer.

Yours,

GRO-C

SUSAN DEACON