

From: J BREEN
Health Promotion Policy Branch

cc: Secretary
CMO
CNO
Mr Hunter
Dr Mitchell
Mr Baker
Mr Hamilton

Date: 31st May 1995

PS/Mr Moss

HAEMOPHILIA SOCIETY - COMPENSATION FOR HEPATITIS C INFECTION

1. The Haemophilia Society launched a campaign throughout the United Kingdom on 14th March 1995 seeking financial compensation for patients with haemophilia who have been infected with the hepatitis C virus through receiving contaminated blood clotting concentrates as part of their NHS treatment.
2. On 4 May, Minister responded to Mr McGrady MP on this issue (Tab 1)
Mr McGrady has now written back to Minister stating that he is disappointed with the reply and urging that action is taken to ensure that compensation is payable to those infected.
3. Rev William McCrea has also written to Minister enclosing a letter from M GRO-A on urging support for the Haemophilia Society's Campaign. Many similar representations can be expected over the coming months.

Background

4. In September 1991 the United Kingdom introduced the screening of all blood donations for hepatitis C. Prior to 1991 there is a possibility that a patient may have become infected with hepatitis C through blood transfusions or blood products, but the chances of this are small because hepatitis C infection in blood donors in the United Kingdom is uncommon. Preliminary estimates would put the number infected in Northern Ireland at about 100 of whom approximately 50 are haemophiliacs.
5. As a result of the haemophilia Society's campaign the Department of Health (London) prepared a standard response indicating that the Government does not propose to pay compensation since there was no question of negligence on the part of the NHS and that it believes that the most effective use of resources is to seek to improve the understanding, management and treatment of the disease. This formed the basis of Minister's reply to Mr McGrady.

Recent developments

6. Although this continues to be the line taken by all UK countries, Ministers in the Department of Health (London) have asked for a plan for some sort of compensation scheme to be prepared but without any presumption that such a scheme would be desirable or inevitable.
7. It is likely that Health Ministers are acutely aware that when previous campaigns were run firstly in support of haemophiliacs who were infected with the HIV virus and then on behalf of those infected by HIV through blood transfusion, the Government eventually did agree to make such payments.
8. Officials are presently considering the feasibility of such a compensation scheme but it is a complex matter with political, legal, medical, ethical and financial considerations which will take some time to resolve. It is likely to be the subject of Ministerial correspondence in the near future. In the meantime it would be

premature to make any concession to Mr McGrady and it is recommended that Minister should hold to the standard response.

9. Draft replies to Rev McCrea and Mr McGrady are attached for consideration.

GRO-C

J BREEN