Richmond House 79 Whitehall London SW1A 2NS Telephone 0171 972 3000
From the Parliamentary Under Secretary of State

Rev. Prebendary Alan Tanner
Chairman
The Haemophilia Society
123 Westminster Bridge Road
London SE1 7HR

25 October 1996

Dear Alan,

Thank you for your letter of 3 October, in response to my letter of 1 October in reply to the Haemophilia Society's request for financial help for haemophilia patients who have contracted Hepatitis C through blood products.

I do of course appreciate that my reply was not that for which you had been hoping, and I can understand your disappointment in that respect. I was however very glad to hear that you do not consider the NHS to have been negligent in this matter, and I can fully understand why, in the light of that, you would not wish the financial help which you seek to be described as "compensation". Nevertheless, my reasons for not being able to agree to provide the new help requested hold good however one might choose to describe the financial help being sought. I would also like to emphasize once again that I remain ready to listen to any new points you may wish to make and to look at other ways in which we can provide help through existing channels.

In your letter you also raised the question of central funding of recombinant products for patients with haemophilia. The Department's aim is to ensure that the best health care is obtained for the resources available. We believe, as you know, that that aim is best achieved when decisions on appropriate treatments are made locally, taking account of the patient's individual needs, the alternative treatments available, and the availability of resources. Haemophiliacs are accordingly in no different position with regard to recombinant Factor VIII than that of any other patient where alternative treatments are available. Health care providers will need be assured that demonstrable benefits will be achieved if extra costs are to be spent on one group of patients with correspondingly less available for others. In making that decision in the case in question, providers will no doubt take into account the fact that since the introduction of the viral inactivation processes in 1985 plasma derived Factor VIII has had a good safety record; furthermore all currently licensed forms of recombinant Factor VIII use plasma derived albumin as a stabiliser - they are not therefore wholly artificial and free from risk. I also understand that recombinant products themselves are not

without side effects.

Finally, you mentioned the letter from the Manor House Group on this same issue which Roy Hattersley had passed to the Secretary of State. You will by now no doubt be aware that Stephen Dorrell replied to Roy Hattersley on 1 October also. Since the Manor House Group were putting forward similar points to those made by the Haemophilia Society, the reply conveyed essentially the same message as my letter to you.

GRO-C

JOHN HORAM