

Dr Evans

D2/C193/42

ADVISORY GROUP ON HEPATITIS

CC: Mr King
Dr Oliver
Dr Sibellas
Mr Tringham
Dr Mary Tate

You may remember that in July you confirmed that we should proceed with measures to obtain professional advice on the various problems of hepatitis, particularly those related to hepatitis BsAg carriers. Your minute and mine on the front of this file refer. A paper was produced setting out the grounds for proposing this, flagged at the back of the file, and a copy was sent to Sir Robert Williams who expressed his approval in general and made two comments. The more important of these was that the terms of reference should be taken to include the management implications of preventive and control measures. His letter to me of 7 August refers.

The paper itself included a section on the possible composition of such an "Advisory Group" and we have had preliminary discussions on the Chairmanship with SHHD. We have however taken no definitive action on this since August.

We are of course faced with the need not to establish new advisory or other bodies without very good reason and you thought that it might be possible to attach the new body in some way to the existing Advisory Group on the Testing for the Presence of Hepatitis B. While this would certainly help in the way indicated, it would present real difficulties in its present form. The existing Advisory Group has a limited function which in no way touches on the problems with which we are likely to be mainly concerned, and on which we would need advice, in the next few years. Its membership is tailored to its existing functions and there are no representatives who would be able to give us much of the advice which we would need, while there are a number of people on it whom we would not need. While it would be possible to make the new body an appendage to the old body, the effect would be of having as a parent to a body with a wide remit a body with a relatively narrow remit. I could see real difficulties if the new body had to report to the old as it would usually be reporting on subjects on which the old body lacked the necessary expertise.

It would be much better if we could establish a new body to which the old body could become a sub-committee. I do not know enough about the Advisory Group on the Testing for the Presence of Hepatitis B to know whether this would be acceptable to its members but in general it would, I imagine, be difficult to father a parent on a fully grown adult. If we can do this, however, this would certainly be the best solution.

The alternative, as suggested by Dr Sibellas, would simply be to summon an appropriate group of experts on an ad hoc basis and not establish a formal Advisory Group at all. One disadvantage of this would be that we do really expect to need the advisory group not only in the immediate future, for example on the publication of Dr Polakoff's paper, but for some time ahead. Our hepatitis B problems will be with us for a long time. We could certainly ask an ad hoc group to meet as and when we needed it rather than on a formal and regular basis but this would be a device which might be thought not to accord with the views of Ministers.

We therefore have the following possibilities which I have set down in my order of preference:

1. the establishment of a new and independent advisory body with terms of reference much as laid down in the DHSS paper;
2. the establishment of a new advisory group to which the existing Advisory Group on the Testing for the Presence of Hepatitis B would be attached as a sub-group;
3. to call together an ad hoc group of experts to deal with the matters set out in the Departmental paper;
4. to establish the new body as a sub-group to the existing Advisory Group on the Testing for the Presence of Hepatitis B.

I have no doubt in my own mind that, if Ministers would accept this, the first proposal would be the one to be preferred. The second would be possible but some of the difficulties of the existing Group might work their way upwards. The third would work adequately but might be seen to running counter to the views of Ministers. The fourth would, to me, be unsatisfactory.

I should perhaps draw your attention to one matter which could influence the general decision on the need for an advisory body. Teachers, particularly in special schools, have become anxious about the risk of hepatitis B to which they are exposed and on 2 November, after consultation with the Chief Medical Adviser to the DES (at the time Dr Simpson), the Council of Local Education Authorities wrote to its various bodies and the letter included the following statement:

"Apparently the whole question of viral hepatitis B is under review by DHSS and it is hoped that a Hepatitis Advisory Group will be set up to provide expert advice and, perhaps, issue guidance. In the meantime the CMA has drawn attention to a code of practice ...".

There then follow some paragraphs about risks and action recommended in the event of an accident.

I would be glad to have your advice as to how to proceed and, if you agree, I would then discuss again with Sir Robert Williams and SHHD.

6 November 1979

GRO-C

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AFH A204

Ext GRO-C