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FAXED 8/3/91

Dr Metters

From: Alan Barton MDD
Date: 8 March 1991
Copy: Dr Potter
✓Dr Rejman
Mr Fuller PG1C

ACVSB DECISION TO EXTEND HCV SCREENING EVALUATION

1. Further to Mr Fuller's minute of 25 February, I asked him to brief me about the history of this proposal and what it is now intended to do.

2. The second round HCV test-kit trial/evaluation which ACVSB asked for will cost up to £117,000 from MDD's 1991/92 evaluation budget. I understand that the sub-group of ACVSB which worked up the proposal recommended a more modest project concentrated on the 3,500 archived samples from the North London NBTS Centre but that the full group felt that the more extensive study at three centres was required. I am not qualified to comment on the scientific validity of their conclusions, but I am concerned that the extra costs of the work at the second and third centres will cost somewhere in the region of an extra £80,000. The MDD evaluation budget is likely to be pretty heavily stretched next year and I wonder if we ought to seek an independent scientific view on whether the additional information which would be provided by expanding the evaluation will represent value for money.

3. I gather that Dr Gunson, who was not present at ACVSB on 25 February, has telephoned Mr Fuller to say that he doubts whether the Newcastle and Glasgow Centres have the laboratory capability to carry out the additional work now proposed. I understand also that Dr Rejman is unsympathetic to Dr Gunson's view on this. However, I think you should be aware that Dr Gunson has raised this point as it seems to underline the need to look very carefully at what ACVSB has advised to be sure that an evaluation on the scale proposed is both necessary and practicable.

4. I am also a bit concerned about whether there may be further demands for evaluation of HCV testing kits, to be paid for by MDD, since this appears to be an area in which technical advance is rapid. In my view, there would be a lot to be said for the NBTS itself being expected to evaluate kits it wants to use and to pay for this evaluation. However, I realise that the history of direct departmental involvement may make this difficult.

5. Notwithstanding the above, I fully see the need to archive all samples obtained from the first study, and agree that this should be available for subsequent trials, either to DH or NHS. We will be prepared to underwrite costs for this archiving.

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6. The logistics of managing this task are such that it would be very helpful if you could let me have an early reply.

GRO-C

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