



23rd January 1996

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Dear Andrzej

Hepatitis C Lookback: Proposed Alternate Ways Forward

Just to confirm in writing the comments I made with regard to your letter of 12th January 1996.

I agree with the options 1 - 5 you have documented as being a true record of the options discussed at the recent MSBT meeting, particularly 4, the unanimous conclusion that it was important to continue with the present strategy.

Point 6 concerns the possible ways to overcome bottlenecks in the present Lookback strategy, my comments are as follows, with regard to the appropriateness of the actions (a) to (f).

- a) I think the general view (including mine) was that a central task force would not greatly assist in expediting the present process.
- b) If it is established in certain hospitals where there is a major backlog in extricating
 - (i) the medical records
 - (ii) the required information from the medical recordsthen the use of epidemiological research experience or infection control nurses to look at the hospital records may prove valuable (one or two of our Transfusion Centres have already done this)

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- c) I would recommend that in the first instance (f) is used - i.e. representatives of the BTS communicate with the hospitals where there are particular problems and what these problems are. It may then be appropriate for some of these hospitals to have an approach made to the Medical Directors of the Trusts to try to identify medical records more quickly.
- d) This may be valuable, particularly for the London area where there is the heaviest caseload
- e) I do not think direct referral of patients to liver units for testing and counselling would be appropriate, particularly as 40 - 50% of identified recipients are proving to be negative for HCV. This could place an extra unnecessary burden on specialised liver units.

I have agreed with my Zonal Clinical Directors that the first move to assist in this process is to expedite (f) and establish with each hospital and each Transfusion Centre concerned what exactly the problems are with relation to completing the HCV Lookback exercise. This could be: -

1. Loss of Transfusion records hence no means of identifying the recipient (LBF1 forms not returned)
2. Difficulty in locating medical records/irretrievably lost medical records - i.e. no means of tracing the recipient.
3. Inadequate counselling/medical staff resources to follow up the identified living recipients for testing and counselling.

I will get this the results of the investigation into what and where exactly the hold ups are occurring and report back to you as soon as I can obtain the information.

Yours sincerely

GRO-C

Dr E Angela E Robinson
Medical Director