



15th August 1995

Dr J Metters
Department of Health
Richmond House
79 Whitehall
LONDON
SW1A 2NS

Dear Jeremy

HCV Look Back

You will recall that I raised the issue of how to handle identified recipients who were already known to be HCV positive and under the care of hepatologists.

I am enclosing the draft notification letter that Dr Hewitt has devised together with her covering letter explaining the view of our legal adviser Mr Janisch. I am sorry about the delay in sending this on to you but for some reason I have only just received my copy from Pat Hewitt.

I am very happy with the proposed draft letter but would welcome your opinion on how the notification of the patient or not (as the case maybe) is handled in this draft letter.

Welcome back, hope you did have a nice holiday this time and that it really *was* a holiday and not work.

Best wishes.

Yours sincerely

GRO-C

Dr E Angela E Robinson
Medical Director

National
Blood
Authority
Oak House
Reeds Crescent
Watford
Herts. WD1 1QH

Tel: **GRO-C:**
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DRAFT

Please quote reference number on all communications

Strictly private and confidential

RTC to Hepatologist

Dear

Hepatitis C look back

Patient's Name

Address

DOB

We have been reviewing the records of previous donations from donors now known to be infected with hepatitis C. The Health Departments have decided that recipients of blood transfusions originating from such donors should be traced so that they may be offered appropriate counselling, testing and follow up including consideration of treatment.

According to the available records, the above patient was transfused with a presumed hepatitis C positive blood component on (date) while under the care of (Dr/Mr) at (hospital). I understand that the above named patient has already been identified to be anti-HCV positive and is currently under your care.

I would be grateful if you would complete the enclosed questionnaire, so that we may complete our records for this blood component. The questionnaire was designed as part of the look back programme, to document the information obtained during a counselling session, and to act as a request form for patient testing. As this patient has already been tested and is under your care, certain sections (1, 2 and 11) are superfluous. I would, however, be grateful for the information requested in the remaining sections, so that the information produced by the look back programme is as complete as possible.

I should make it clear that there is no objection to information being given to the patient about the presumed source of the HCV infection, if you think it appropriate.

I will be happy to discuss any questions or receive any comments you may have.

With kind regards.

Yours sincerely

Consultant Haematologist
Regional Transfusion Centre

Enc. Form LBF3

DLHCV 3/1

Uwairi reply

Dr Angela Robinson
Medical Director
The National Blood Authority
Oak House
Reeds Crescent
Watford
Herts WD1 1QH

GRO-C

6 July 1995

Dear Angela

HCV look-back, draft letter to hepatologist caring for patients already identified as anti-HCV positive and subsequently identified through the look-back.

As requested, I drafted a letter to cover the above situation. I also asked Mr. Janisch to comment on the draft.

Mr. Janisch did not wish to propose any specific amendments to the draft letter. He did, however, feel that it might be useful to the hepatologist concerned to be told whether or not there is any objection to informing the patient about the source of the infection. If this is not dealt with expressly in the letter, it might be felt that the information is "confidential" and not for disclosure to the patient. Mr. Janisch therefore suggested inserting a sentence "I should make it clear that there is no objection to information being given to the patient about the presumed source of the HCV infection, if you think it appropriate".

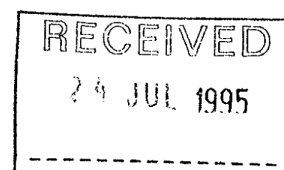
I have incorporated Mr. Janisch's suggested sentence into my draft letter. I note, however, that the letter from Jeremy Metters of 20th June 1995 would appear to suggest that the Department is a little hesitant about this approach. As the Department wished to comment on the draft, would you like to now send this to Dr. Metters?

I know that there are a number of recipients already identified and under the care of hepatologists, but I have asked my colleagues in the London and South East Zone to refrain from any contacts until the draft letter is agreed.

With best wishes.

Yours sincerely

Patricia E Hewitt
Acting Medical Director



Enc.

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