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From the Minister for Home Affairs and Health The Rt Hon the Lord Fraser of Carmylife QC St. Andrew's House Edinburgh EH1 3DG

Telephone 031- 244 4017

Tom Sackville Esq MP Parliamentary Under Secretary of State Department of Health Richmond House LONDON

2 C December 1994

Sea, Tom

HEPATITIS C VIRUS - LOOK-BACK EXERCISE

As you will be aware a number of patients may have contracted the Hepatitis C virus (HCV) from blood transfusions or blood products using blood from infected donors prior to the introduction of screening for HCV in 1991. Until now there have been no arrangements made to carry out any look-back exercise to identify these recipients of the infected blood and to arrange counselling with a view to treatment. Part of the reason for this lack of any follow up action was a concern that it would be impossible to identify all recipients of infected blood and even if it were possible there was a lack of accepted treatment which would be beneficial. It was accepted that if no effective treatment was available, informing those patients who were unaware of their situation could not be justified, since this would cause further distress and anxiety without any benefit.

Following a pilot research study carried out last year by the Edinburgh and South East Scotland Blood Transfusion Service it has been established that a look-back exercise for Scottish patients would be feasible and practicable. The results of this study have already appeared in a professional journal and are therefore in the public domain. The advice which I have received from medical and legal staff is that as such a look-back exercise is practicable then the Secretary of State and I have a duty to undertake the exercise as soon as possible. Failure to do so may result in a liability for loss or injury occasioned to the individuals through any failure or delay in identifying the recipients, and, where clinically advised, offering treatment.

I am conscious that the matter of a look-back policy for HCV was considered by the Microbiological Safety of Blood and Tissue for Transplantation Committee (MSBT) at their recent meeting and that they have advised that procedures should be put in place to identify those at risk but "whatever is done should be done equally and uniformly

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throughout the UK". The Committee has also recommended that guidance should be drawn up but this leaves unresolved the question of timing of the introduction and the implementation of the look-back exercise. The advice which I have received from my medical and legal staff is such that I consider that it is no longer a matter of policy but of legal liability, and that the look-back should take place as soon as possible in Scotland. I am informed that the Scottish National Blood Transfusion Service is ready to carry out such an exercise and I have no alternative but to instruct them to proceed.

I appreciate that there are sensitivities in proceeding in advance of the rest of the UK, but given that it may be some time before all parts are ready, I consider that I have little choice but to take this forward in view of the position in Scotland. I shall ensure that you will be kept informed of the progress of this exercise since I recognise that this may have value as a pilot for any similar exercise elsewhere in the UK (although I would not, of course, wish our action to be presented or seen as a pilot exercise).

I accept that any exercise may encourage further pressure for compensation for those infected but we shall continue to resist this robustly in line with our general policy. We shall not of course be publicising the look-back exercise and shall do all we can to avoid media interest. If, however, direct questions are asked, it would be difficult to avoid answering them.

I do hope that you will understand that the Scottish circumstances make it imperative that action is taken now.

I am copying this letter to Rod Richards, Welsh Office and Malcolm Moss, Northern Ireland.

GRO-C

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