

NQH 23/1 Pt 6 (8)

Executive

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BY FACSIMILE TO GTN 7188 3487

This page plus 4

23 April 1996

Sandra

Further to our telephone conversation, here is our standard letter concerning haemophilia patients who have been infected with hepatitis C. The HIV comparison is at the bottom of the first page.

I hope this is helpful.

GRO-C

Leonard Levy

HEPC PARAS

HEPATITIS C  
MR LEVY  
CA-OPU2  
311 EH  
X **GRO-C**  
Updated 25/1/96  
Updated 26/1/96

HEPC1

POH(3)

Thank you for your letter of \_\_\_\_\_ to \_\_\_\_\_ enclosing correspondence from your constituent \_\_\_\_\_ of \_\_\_\_\_ about the Haemophilia Society's campaign on behalf of those patients with haemophilia who have been infected with hepatitis C.

HEPC2

The Haemophilia Society originally launched their campaign in spring 1995. Your constituent's letter follows the issue by the Haemophilia Society of a further press release.

HEPC3

Ministers have consistently stated, for example in the adjournment debates in the House of Commons in July and December 1995, that the Government has great sympathy with those patients who may have become infected with hepatitis C through blood transfusions or blood products. Factor VIII brought many advantages to people with haemophilia; it greatly increased life expectancy as well as improving the quality of life. However, medical procedures rarely come without risk and these are not always fully known or capable of being guarded against at the time. Most haemophilia patients were infected with hepatitis C before blood products were treated to destroy viruses. These patients received the best treatment available in the light of medical knowledge at the time.

The Government does not accept that there has been negligence and we have no plans to make payments to such patients. On the more general issue of compensation, the Government has never accepted the case for a no fault scheme of compensation for medical accidents. It is unfair to others and still requires proof of causation which is often difficult to establish. Each individual case where a medical accident has occurred is a personal tragedy for both the individual concerned and their family. If the NHS is proved negligent in a court, it accepts its liability to pay damages.

In the case of patients inadvertently infected with the HIV virus, the decision to make payments to those affected, and to establish a hardship fund, was taken in the light of their very special circumstances. Those affected were all expected to die very quickly and were subject to significant

social problems, particularly ostracism. Hepatitis C is different from HIV. Many people infected with hepatitis C may live for a long period without any symptoms occurring and only a very small proportion are expected to die from the disease.

It is the Government's view that the most effective use of resources is to seek to improve the understanding, management and treatment of the condition. Only in this way can the impact of the disease on individual patients and their families be effectively minimised.

The Department of Health is supporting an initiative by the Haemophilia Society to undertake a study into the best way to support its members who are infected with hepatitis C and has made available £91,000 in 1995/96, with a commitment to further funding in 1996/97 and 1997/98 for this purpose.

#### HEPC4

The Daily Telegraph report which mentions referred to research being carried out in America on gene therapy to produce cells which manufacture Factor VIII which is missing in patients with haemophilia. Factor VIII is made in the liver and the report suggests that this work may help in treating patients with hepatitis C and other liver diseases.

#### HEPC5

The Department of Health is currently considering several proposals for further research in relation to hepatitis C, to increase knowledge of its natural history and its optimal treatment. One example of this is that the Standing Group on Health Technology has identified the evaluation of the use of alpha interferon in the treatment of hepatitis C as a top priority in the NHS. Such developments are important to increase the evidence based upon which decisions can be made on the best treatment for each individual patient.

#### HEPC6

The Haemophilia Society originally launched its campaign in spring 1995. In the autumn, an interim report was issued on its hepatitis C impact study.

I want to take time to consider that report in detail. I believe that it graphically describes the problems experienced by some sufferers who now find that they have to contend with the effects of the hepatitis C infection on top of those of haemophilia. This will supplement what I have already heard during debates, from correspondence and at meetings about the plight of those infected. I understand that the final report of the study is to be published this year.

Ministers have explained, for instance in the adjournment debate in the House of Commons on 11 July 1995, that the Government has great sympathy with those patients who may have become infected with hepatitis C through blood transfusions or blood products. Most haemophilia patients were infected with hepatitis C before blood products were treated to destroy viruses. These patients received the best treatment available in the light of medical knowledge at the time.

As I said in the adjournment debate in the House on 13 December 1995, the Government has great sympathy with those patients who may have become infected with hepatitis C through NHS treatment. In considering the case for compensation it is important not to lose sight of some key points. Most haemophilia patients were infected before blood products were treated to destroy viruses and before there was any viable test for hepatitis C. These patients received the best treatment available in the light of medical knowledge at the time. The Government does not accept and neither is it suggested by those advocating compensation that there is any question of negligence on the part of the NHS.

We are always ready to listen to further evidence but I have to say that on the basis of these facts we have no plans to make payments to such patients. This position is consistent with the Government's overall policy of not accepting the case for a no fault scheme of compensation for medical accidents. It is unfair to others and still requires proof of causation which is often difficult to establish. Every individual case where a medical accident has occurred is a personal tragedy for both the individual concerned and their family. If the NHS is proved negligent in a court, it accepts its liability to pay damages.

In the case of patients inadvertently infected with the HIV virus, the decision to make ex-gratia payments to those affected, and to establish a hardship fund, was taken in light of their very special circumstances. Those affected were all expected to die very shortly and were subject to significant social problems, particularly ostracism. Hepatitis C is different from HIV. Many people infected with hepatitis C may live for a long period without any symptoms occurring and only a very small proportion are expected to die from the disease.

It is the Government's view that the most effective use of resources is to seek to improve the understanding, management and treatment of the condition. Only in this way can the impact of the disease on individual patients and their families be effectively minimised.

The Department is supporting an initiative by the Haemophilia Society to undertake a study into the best way to support its members who are infected with hepatitis C and has made available £91,000 in 1995/96, with a commitment to further funding in 1996/97 and 1997/98 for this purpose.

#### **HEPC7**

Education of professionals and of the public has been started, for example, through a Chief Medical Officer letter issued on 3 April 1995.

#### **HEPC8**

We are currently considering several proposals on further research in relation to hepatitis.

HEPC9

With regard to the question of funding of treatment, I should explain that when the Department allocates resources to health authorities it does so on the basis of a national formula which uses forecast population projections, adjusted for age, relative health need and geographical variation in the costs of providing services. It does not allocate resources to support specific treatments for particular segments of the population. It is then for health authorities to assess the health needs of all their local residents and decide which services to purchase and where to place contracts.

JOHN HORAM