

XX December 2006

Dear Ms **GRO-A**

Further to Shimisa Santhirasanen's email of 26 October (our reference DE00000149820) about haemophilia patients infected with contaminated blood products following treatment on the NHS, please find below additional information with regard to your query.

On the matter of holding a public enquiry about contaminated blood products, it may be helpful if I explain that Caroline Flint and her predecessors have considered a substantial published body of evidence on the developing understanding of non-A non-B hepatitis, later known as hepatitis C, and the emerging knowledge of the viral risks associated with pooled blood products. In addition, the Department commissioned the report Self Sufficiency in Blood Products in England and Wales, and the documents it references reflect the evidence available. Further documents relating to contaminated blood products were recovered from solicitors earlier this year. Comprehensive copies of these documents have been sent to the Haemophilla Society. These documents reflect the knowledge available at that time which supported the treatment of haemophiliacs.

Work is underway to identify any other existing Departmental files and papers on blood policy. This work is currently ongoing. However, the Department will continue to keep the Haemophilia Society updated on this work.

In light of the substantial numbers of documents and reports available, the Government does not consider that a public inquiry would add significantly to the understanding of how the blood supply became infected with hepatitis C, or the steps needed to deal with problems of this kind now or in the future. In summary:

- in the 1970s and early 1980s, non-A non-B hepatitis was initially viewed as a mild and often asymptomatic disease. As previously stated, this view only changed as a result of research during the 1980s which made it apparent that non-A non-B hepatitis was more serious than initially thought;
- viral inactivation processes, heat treatment and screening tests were developed and introduced as soon as practicable; and
- practice in terms of communications between health professionals and patients, and assessing and communicating the risks of medical treatment, has changed significantly since the 1980s when these infections occurred and important lessons have been learnt. An example of this is the Department's approach towards the risks around vCJD transmission and communicating information to clinicians and patients.

The Government does have great sympathy for patients infected with hepatitis C through NHS treatment and have responded to concerns raised by patients and made funding available for the provision of recombinant treatment. In addition, the Government set up the hepatitis C ex-gratia financial assistance scheme in July 2004.

The Department recognises that there is a general public interest in promoting transparency of the process by which Government policy is formulated and developed. However, the Department is also mindful that disclosure of this information could hinder the Department's decision-making process and could deter civil servants from making a candid and rigorous assessment of the current situation and providing appropriate advice to Ministers.

In addition, there is a strong public interest in officials being able to provide frank advice to Ministers in an environment which is as free as possible from public controversy on issues about which opinions may be strongly held. The Department feels that the public interest test illustrates that, on balance, it would not be in the public interest to release this information at this time.

Turning to your comments about changing criteria for application to the Skipton Fund, although this matter has been considered, there are currently no plans to change the terms of reference of the Skipton Fund.

I hope that this further information is helpful.

Yours sincerely,

Bilal Ghafoor  
Customer Service Directorate  
Department of Health

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