

② The Rt. Hon. Kenneth Clarke, Q.C. M.P. 12th June, 1985

must be more unsatisfactory than even a partially effective test because at the moment no-one has the faintest idea whether infected blood is being transfused in this country or not. It does seem to be a trifle strange apparently to attach so little urgency to a situation which has unhappily proved serious in the United States and when tests have already been adopted in that country.

I do therefore hope very much that precise timetables can be produced rapidly so that the public at least will feel that they are being protected as expeditiously as possible. It would indeed be sad if public criticism of the delay developed, based on the no doubt fallacious theory that the N.H.S. bureaucracy was keeping the British public unnecessarily at risk just because the available tests were not invented in this country.

Yours sincerely,

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The Rt. Hon. Kenneth Clarke, Q.C. M.P.,
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London, SE1 6BY.

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Dear Minister,

Thank you so much for your letter of June 5th about evaluating blood screening tests for HTLV III antibody.

I do not for a moment doubt your intention to introduce appropriate tests as soon as the most suitable ones have been identified. However I am still concerned about the rather leisurely approach which seems to be being adopted to achieve such identification. For example, the Abbott test has been available since March 3rd but I understand that as of today testing at Colindale has not even begun. I do not see why a timetable for completing the tests cannot now be set. Obviously thoroughness should not necessarily mean great delay or let alone be an excuse for procrastination.

The reason why I am concerned about this relates to the views which you express in the third paragraph of your letter to the effect that unreliable tests might create more problems than they solve. Obviously one wants tests as reliable as possible but the fact of the matter is that the present situation