

Mr Dobson

From: Donna Sidonio  
Date: 17 July 1996  
Copy: Dr Clappison  
Ms Herbert

## HEPATITIS C & ALPHA INTERFERON

1. I attended a video conference this morning organised by Claire Phillips (HCS SCS2) to discuss what advice or information might be issued to the NHS about raising awareness of the prevalence of Hepatitis C (HCV) and its possible treatment, for some patients, with Alpha Interferon. Also in attendance were Dr Hugh Nicholas HP3, Dr Peter Doyle HCS SCS and David Pink (I have already apologised to Dr Clappison for failing to let him know that the meeting was taking place, although he is in agreement with the outcome).
2. There have already been a number of papers and discussions on this subject, on which this Branch has been quite closely involved. Most recently, the Executive Board was asked by HCD SCS to consider a recent paper (which you have already seen), and reach a view on various issues, including - given the public health implications of HCV - whether the centre should issue clinical and/or management advice about treatment.  
I have not seen the report of the meeting, but understand that the Board took the view that, although there are public health implications which need to be addressed, the handling and dissemination of any advice from the centre should be low-key.
3. This morning's meeting seemed to start from the presumption that the Department (HCD SCS) would be developing, as a matter of some urgency, purchasing and clinical advice on the management of HCV and Alpha Interferon, following the Beta-Interferon model. In fact, HCD SCS have already approached the profession (hepatologists) informally and asked them to develop clinical guidelines.
4. I explained that, although the issues raised by HCV and Alpha Interferon were not identical to Beta-Interferon, there did seem to be some common handling issues - especially those flagged up the B-Interferon workshop about the relationship between the centre and wider NHS and advice on significant treatments: I explained that the Board had not yet come to a firm view on handling, so a cautious approach seemed necessary (last night, at a meeting with CMO and HCS SCS colleagues, Dr Winyard apparently put forward the same line).
5. The upshot of the discussion was that HCS SCS/HP3 believe there is a strong case, on public health grounds, for at least developing clinical guidelines on the management of HCV, including the use of Alpha Interferon. However, in order to take account of last week's Board views, and to arrange for guidelines to be developed which are robust and likely to be commendable by COG, they expect such guidelines to be developed over a fairly slow timescale - taking up to about a year. They will seek input from professional and patient interest groups in developing the guidelines.
6. As a starting point, Claire Phillips will prepare a submission for M(H) drawing together the various strands and asking whether he is content for the issue to be handled in this way. We will have an opportunity to comment on the draft.

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