Pip
To consider, pl
cc Ala Hawley
we panel

GRO-C
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Sheila Adam

06/02/2001 07:26
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Subject: vCJD AND BLOOD PRODUCTS

[redacted]
RESTRICTED - Policy

Charles, first thanks for the briefing last night! I think the interview went OK, although I wasn't convinced we were on very strong grounds. Also, thanks to Richard.

There were two allegations which I ignored, but are potentially problematic:

* that the NBS letter from December continued to take the line that it is no benefit to patients to be told that they may have been exposed to risk (please could I see a copy);

* that we have "gagged" hospitals over the last few days.

I think that we need to get the interim guidance out asap. Assuming that the CJD Incident Panel takes the line that each person who may have been exposed to risk should be able to decide whether they wish to know or not, we need to get NHS Trusts gearing themselves up to be able to offer this choice.

On the basis of my crash course last night, I am not sure how we propose to do this. Where there are defined patient groups (people with haemophilia or Ig deficiency), if we only write to those who have been exposed to one of the products, won't they work out that others haven't been informed and draw their own conclusions? And what about the albumin recipients whoc must come from a much wider group?

I am sure that these are the questions which are preoccupying the Panel! However, I think we much provide urgent follow up to the NBS letter, and set out cleaarly for the NHS how we expect them to handle this. And presumably we need to take the patient groups with us, as well as the clinicians (I am not sure how representative the RFH consultant is, but she was very critical of our inaction).

I have spoken to David - and he will pick up with you today. Thanks.

Sheila