Vicky Carroll

30/06/2004 16:42

To: Ed Davis/PH2/DOH/GB@ GRO-C
cc: Ailsa Wight/PH6/DOH/GB@ GRO-C, Miles Ayling/PD-PMD/DOH/GB@ GRO-C
Subject: Re: Gateway permission?

Ed

Apologies for the delay in responding.

Gateway would be happy to approve such an instruction to Trust Medical Directors to trace patients in this way on the basis that this is a high public health risk issue. You will need to ensure you forward the draft communication together with proposed distribution methods to me or the MB-Gateway mailbox in order to gain approval - a reference number will be allocated to be displayed on the communication as evidence of DH authorisation.

You will also need to consult SOLC on the issue of instruction/direction to the service. I understand that ALBs do not have the power to instruct the NHS, they use SofS' power, and all directions they issue must go through SOLC.

In addition, all patient safety alerts should be issued through the SAB system now. The contact to discuss is David Knight in PS&RRU. This system generates a an electronic response to confirm each organisations' action taken. Any collection more the than the above is additional performance monitoring that will need to be assessed on a case by case basis by ROCR.

If a separate email is felt necessary rather than SABs or the MDs monthly Bulletin then you will need to take account of the new batching timetable (on the notice board under 'Gateway'). The next email batch date is 6 August (23 July is the deadline to Gateway) otherwise GBT Head approval for exemption from the batching is required.

Hope the above is helpful and happy to discuss.

Kind regards

Vicky
External Gateway Team
Programmes & Performance
Health & Social Care Delivery Group
Department of Health
GRO-C, QH
Ed Davis

Ed Davis

28/06/2004 11:29

To: Vicky Carroll/PD-PMD/DOH/GB@ GRO-C
cc: Miles Ayling/PD-PMD/DOH/GB@ GRO-C, Ailsa Wight/PH6/DOH/GB@ GRO-C
bcc:
Subject: Gateway permission?

Vicky

I haven't needed Gateway clearance for anything for some time now - so I need to re-aquaint myself with the process.

A submission is about to go to SofS, requesting agreement to a series of actions connected to variant CJD and the potential transmission of vCJD through blood products made from donations from people who have subsequently developed vCJD.

Most of the actions needed are medical, and will be handled by patient group doctors - in particular haemophiliacs and patients with Primary Immune deficiency.

However, one of the actions will be to ask NHS Trust Medical Directors to make every effort to trace patients who may have received implicated blood products. We know which batches are contaminated, and we can trace which hospital pharmacies they went to - but the hospitals would then need to potentially trace which patients on which wards could have received those products.

I assume I need Gateway permission to make that kind of instruction to the Trust Medical Directors? If so, how do I proceed?

The main action work will be co-ordinated by HPA - I am uncertain whether HPA can issue instructions to Trusts (even with Gateway clearance) - would the instruction have to come from DH?

Look forward to your replies.

Ed

Michael Clarke
24/06/2004 14:48

To: Ed Davis/PH2/DOH/GB@GRO-C
cc: Ailsa Wight/PH6/DOH/GB@GRO-C Gerard Hetherington/TRRO-PERFC/DOH/GB@GRO-C
Subject: Re: vCJD submission

Ed,

I understand the argument against a statement (though am not sure I am convinced by it). Given the concern of ministers to continue to be seen to be updating MPs *when appropriate*, I would suggest that the submission addresses this issue explicitly. CMO can then endorse your recommendation or not, and ministers will have a clear steer from the start.

The rest seems fine.

Thanks

Mike
Ed Davis

Ed Davis
24/06/2004 14:21

To: Michael Clarke/COMMS/DOH/GB@GRO-C
cc: Ailsa Wight/PH6/DOH/GB@GRO-C Gerard Hetherington/TRRO-PERFC/DOH/GB@GRO-C
Subject: vCJD submission

Michael

We spoke earlier - and in this dynamic world Ailsa and Gerard and I have considered further.

The statement to the house on 17 December put this information in the public domain, including the fact that recipients of blood products might be at risk. It specifically ackowledged that haemophiliacs would have received plasma products before plasma was sourced in the USA. That statement also included the committment that the CJD incidents panel would be advising on a case-by-case basis which recipients would need to be contacted.

This submission is now simply taking those committments forward into action. We now have further information eg on the numbers of patients who may be affected and the proposed actions. While we should make this public, we are not convinced there is anything of sufficient impact to justify an oral statement.

I have reworked the submission to reflect this background better (I hope), and welcome your comments and suggestions before submitting to CMO. I am still holding a window to get this to CMO later today, so I'd appreciate a quick response. Ailsa asked you to phone her if you still have major issues with this version.

I also attach the submission of 15 Jan referred to, and the statement to the house of 17 December for information.

Ed

Gerard Hetherington

24/06/2004 12:16

To: Ed Davis/PH2/DOH/GB@ GRO-C
cc: Ailsa Wight/PH6/DOH/GB@ GRO-C David Harper/PH5/DOH/GB@ GRO-C Michael Clarke/COMMS/DOH/GB@ GRO-C Rowena Jecock/PH6/DOH/GB@ GRO-C Siobhan Jones/PR-OFF/DOH/GB@ GRO-C
Subject: Re: vCJD submission

The action in the submission is a direct follow up to the statement on 16 December about the first case of probable transmission via blood transfusion. The fact that recipients of blood products might be at risk was acknowledged in that statement.

We now have further information eg on the numbers of patients who may be affected and the proposed actions. While we should make this public, I don't think there is anything of sufficient impact to justify an oral statement.

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