

18 May 2000

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**Headquarters**

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Department of  
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Ms C A Grayson

GRO-C

Dear Ms Grayson,

Thank you for your letter of 9 April to Alan Milburn on behalf of the "2nd Campaign, 2nd Injustice" Group about haemophiliacs who have been infected with hepatitis C through NHS treatment. I have been asked to reply.

Ministers have great sympathy for everyone who has suffered harm as a result of NHS treatment. It remains Government policy, however, that compensation or other financial help to patients is only given when the NHS has been at fault. Ministers do not believe that they should make an exception to that general rule in the case of people with haemophilia infected with hepatitis C.

As you have said, a small number of other countries have compensation arrangements in respect of hepatitis C and blood or blood products, and that is a matter for them individually, according to their own circumstances. Ministers gave a great deal of careful thought to the position in this country but concluded that the introduction of the special scheme for people with haemophilia infected with HIV in the 1980s was unique. They faced the prospect of developing AIDS and a consequent short life expectancy at that time. This is not the case with hepatitis C.

Ministers welcome the developments in HIV treatment which have taken place. Although many of the 1200 haemophiliacs infected with HIV have sadly died, nearly 500 remain alive. They hope that there will be similar advances in therapies for hepatitis C, and have asked the National Institute for Clinical Excellence (NICE) to consider the most recently licensed combination therapy for hepatitis C as a matter of urgency.

Ministers remain very much aware of the needs of people with haemophilia and are determined to provide support in a number of other constructive ways. Following discussions with the Haemophilia Society the Government is funding an HIV/hepatitis C co-infection seminar to take place this year. This will address a number of problems for those with HIV and hepatitis C, in particular those of treatment and care. A project on support and information for young people with hepatitis C has produced very helpful booklets. These will be widely disseminated and will be of use to young people with hepatitis C and members of their families. The Government is committed to further work on similar projects with the Haemophilia Society.

Ministers have also welcomed the development of the Haemophilia Alliance, where professional and voluntary groups, including the Haemophilia Society, are working together on improving the quality of care for people with haemophilia. The Alliance has begun its work, which I understand will take the views of patients fully on board.

Yours sincerely

**GRO-C**

Ann Willins  
Health Services Directorate