

McDougall Doug

From: Bedford Richard
Sent: 14 September 2004 12:51
To: McDougall Doug; Slopecki Alan; Hogg Neil
Subject: FW: IMPORTANT : PATIENT NOTIFICATION EXERCISE BEGINS

Try not to use any more IT resource than absolutely necessary please.

-----Original Message-----

From: Bedford Richard
Sent: 14 September 2004 12:50
To: Professor Marcela Contreras
Cc: Gorham Martin; Garwood Peter; Scott George; Fury Debbie; Minifie Jane; Reader Sue; Adams Naomi
Subject: RE: IMPORTANT : PATIENT NOTIFICATION EXERCISE BEGINS

Marcela,

I take your general point but we do have a practical and immediate operational requirement triggered by this announcement to access old records which are stored on old systems and we may need help getting access to these. I am hopeful that the support required should be SSO type support and should not require any significant IT top management time. We should not therefore be slowing up progress with broader initiatives.

I'm sorry but we are obliged to search the records and be seen to have searched them. I wish it were otherwise.

Richard

-----Original Message-----

From: Retallick Philippa On Behalf Of Professor Marcela Contreras
Sent: 14 September 2004 11:41
To: Bedford Richard
Cc: Gorham Martin; Garwood Peter; Scott George; Fury Debbie; Minifie Jane; Reader Sue; Adams Naomi
Subject: RE: IMPORTANT : PATIENT NOTIFICATION EXERCISE BEGINS

Dear Richard

I cannot see why IT should be giving priority to access all computerised records for this exercise. I doubt whether the notification of these recipients will have any significance, and although the Secretary of State has announced that the notification exercise will take place, we have so many competing priorities, especially in IT, that if we give this priority patients and the Service might suffer. There are aspects such as the support for the cancer plan and heart disease which are also amongst the priorities of the Secretary of State.

With best wishes

Marcela

-----Original Message-----

From: Bedford Richard
Sent: 10 September 2004 11:05
To: Hogg Neil; Millar Ian; Aplin, Heather; Brown, Elaine; Callaghan, Therese; Chapman, Catherine; Jones, Chris; Kirkwood, John; Northcott, Mike; Nuttall, Phil; Reed, Margaret; Sakalas, Vin; Sims, Chris; Slopecki, Caroline; Sullivan, Patrick; Watts, Jon; Wenham, David
Cc: Hewitt Patricia; Hodson Chris; McDougall Doug; Slopecki Alan; Penny Stuart; Vasishtha Rakesh; Hartley Chris; Murphy Mike; Turvey Teresa; Contreras, Marcela; Fry, Richard; Garwood, Peter; Gorham, Martin; Hadfield, Chris; Male, Terry; Reynolds, Liz; Roberts, John; Robinson, Angela; Savery, Barry; Scott, George; Keyworth, Barbara; Lander, Dave
Subject: IMPORTANT : PATIENT NOTIFICATION EXERCISE BEGINS

Yesterday the Secretary of State announced this notification exercise (see below). This will involve NBS Blood Centres who were wholesale dealers for BPL products in a lookback/recall type exercise to identify products sent to hospitals and in a communication and reconciliation exercise surrounding that process. There is no recall as all products are well past their expiry date. However, we are managing the process as if it were a recall and a national recall committee has been established to oversee the process. The committee is chaired by myself and members are:

Pat Hewitt
Alan Slopecki
Doug McDougall
Rakesh Vasishtha (Chris Hartley)
Stuart Penny (Teresa Turvey)
Chris Hodson

Due to the fact that this is not an actual recall, we will NOT be treating this as a formal EP activation - as normally required by our national recall MPD. There is no need to activate your local EP system formally. However, it has been suggested that for Centres who were wholesale dealers (and who will have to do most of the work) that a group equivalent to a "LET" could/should be formed in order to monitor the process at local level and to act as a communication vehicle across key departments. Could PTI Managers take a view on this and agree arrangements with QA, Head of Centre.

QA are leading and co-ordinating the "recall" process with Doug acting as the national co-ordinator which we expect to take some weeks.

The purpose of this email is to inform you of this announcement and to ask for your support to the local QA and operational teams in undertaking their part of this process. It is possible that they will need, for example to "borrow" some extra admin support over the next few weeks.

Would IT colleagues please note that because of the age and location of these various records, it is possible that QA will need support in accessing old computerised records. Please ensure that any such requests for help are given priority.

I am sorry that it has not been possible for us to advise you earlier of this process. You will see from the Secretary of State's written statement that the DoH/HPA have been especially concerned to ensure that information does not "leak" out of the system as far as possible before patients are notified. This is a laudable and important aim which we support. We have done our best therefore to follow instructions from HPA/DoH to keep the preparation work that we have had to do to the minimum (people) necessary. May I please ask for your continued co-operation in ensuring that we carry out our part in this process thoroughly but in a low key way.

There is a letter going from NBS to Hospital Blood Banks later today which will advise them of this process having started and indicating the role that the NBS will play in supporting the work they will have to do as part of this process.

If you have questions - please ask any member of the recall committee and we will try to help. The recall committee will meet again in about a week from now to review progress.

Richard Bedford

-----Original Message-----

From: Hewitt Patricia
Sent: 09 September 2004 14:42
To: Bedford Richard
Cc: McDougall Doug; Penny Stuart
Subject: FW: PATIENT NOTIFICATION EXERCISE BEGINS

-----Original Message-----

From: Hewitt Patricia
Sent: 09 September 2004 12:50
To: Hartley Chris; Vasishtha Rakesh
Cc: Robinson Angela (Medical Director)
Subject: FW: PATIENT NOTIFICATION EXERCISE BEGINS

Chris and Rakesh

For information: see statement at the bottom of this message.

Pat

-----Original Message-----

From: MIME :Anna.Molesworth@ GRO-C
Sent: 09 September 2004 12:41
To: Bruce.Cuthbertson@ GRO-C ;
martin.donaghy@ GRO-C ; Matthew.Helbert@ GRO-C
Hewitt Patricia; frank.hill@ GRO-C ; Jenkins Stephen (BPL); Martin
Jane (BPL); carolynmillar@ GRO-C
johanna.reilly@ GRO-C ; Slopecki Alan; h.ward@ GRO-C ;
Robinson Angela (Medical Director); Bharat.Patel@ GRO-C ;
brian.smyth@ GRO-C ; ruth.gelletlie@ GRO-C
Emily.Collins@ GRO-C ; David.Hunt@ GRO-C
deirdre.lewis@ GRO-C ; Jeremy.Hawker@ GRO-C
Michael.Painter@ GRO-C ; Mark.Reacher@ GRO-C
martyn.regan@ GRO-C ; Graham.Fraser@ GRO-C
Elizabeth.Haworth@ GRO-C ; Helen.Maguire@ GRO-C
Paul.Hatton@ GRO-C ; peter.wilkinson@ GRO-C
philip.monk@ GRO-C ; Roger.Gross@ GRO-C
roland.salmon@ GRO-C ; roy.fey@ GRO-C
russell.gorton@ GRO-C ; sam.bracebridge@ GRO-C
Cc: Nicky.Connor@ GRO-C ; Noel.Gill@ GRO-C
Helen.Janecek@ GRO-C ; Angie.Bone@ GRO-C
Emily.Collins@ GRO-C
Subject: FW: PATIENT NOTIFICATION EXERCISE BEGINS

For background information - today's press release and written ministerial statement

Best wishes
Anna Molesworth
Scientist
CJD Section

Helen Janecek
Senior Administrator
CJD Section

-----Original Message-----

From: CS - Collins, Emily Sent: 09 September 2004 12:25
To: CDSC EM - Bunting, Kate; CDSC SW - Knight, Laurence; CDSC YH -
Brealey, Viv; CS - Lewis, Katherine; CS - Morgan-Lewis, Liz; Deirdre
GOOD; HPA East - Treharne-Jones, Eleanor; 'hugh lamont'; 'kate bunting';
LARS - Fleming, Ann; LARS - Lloyd, Karen; Lis Birrane; Phil LUTON -CAMR;
CDSC - Molesworth, Anna; CDSC - Gill, Noel; CDSC - Janecek, Helen; CDSC
- Nicoll, Angus; CS - Garbutt, Daniel; CS - Baker, Alex; CS - Clark,
Sarah
Subject: FW: PATIENT NOTIFICATION EXERCISE BEGINS

For info, attached is the DH press release and written ministerial statement.

Emily Collins
Senior Press Officer
Health Protection Agency - Colindale
61 Colindale Avenue, London NW9 5DF
Tel: GRO-C
Fax: GRO-C
emily.collins@ GRO-C

-----Original Message-----

From: admin@[GRO-C] [mailto:admin@[GRO-C]]
Sent: 09 September 2004 11:36
To: nds@[GRO-C]
Subject: DOH:PATIENT NOTIFICATION EXERCISE BEGINS

DEPARTMENT OF HEALTH
2004/0329 9 September
2004 PATIENT NOTIFICATION EXERCISE BEGINS

Health Secretary John Reid today announced further developments concerning variant Creutzfeldt-Jakob disease and blood. He told MPs in a written ministerial statement that an exercise has begun to notify some recipients of blood products about the results of a risk assessment exercise carried out by the Health Protection Agency. The exercise follows the identification last December of the first suspected case of vCJD transmission through blood transfusion.

The results of the risk assessment will be made public at the end of the patient notification exercise.

John Reid said:

'It is important that Parliament is kept informed of developments on this important subject, which is why I have made this statement today.

'However, it is equally important that the patients who need to know the results of this risk assessment are given this information by the clinicians who care for them, so that appropriate support can be provided.

'My Department will make a further announcement at the end of this notification exercise.'

The written ministerial statement to Parliament is attached below.

For media inquiries please call Alison Langley on [GRO-C] or Sophie Coppel on [GRO-C] Public inquiries to 0207 210 4850

WRITTEN MINISTERIAL STATEMENT

DEPARTMENT OF HEALTH

9 September 2004

The Secretary of State for Health: Written Ministerial Statement on blood donation and vCJD.

The Secretary for State Health (Dr Reid):

Following my statements to the House on 17 December 2003 and 16 March 2004 concerning variant Creutzfeldt-Jakob disease (vCJD) and blood, I wish to provide an update on some further developments in this area.

My statement on 17 December 2003 informed the House of the first case of possible transmission of vCJD via blood transfusion and the precautionary actions taken. Those actions included measures to protect future blood supplies and contacting recipients of blood from donors who subsequently went on to develop vCJD. A further written statement on 22 July 2004 indicated a second case of possible vCJD prion transmission via blood transfusion had been confirmed.

I also made reference in December to the fact that other patients, including people with haemophilia and other bleeding disorders, would have received plasma products before they were sourced from the United States of America. Although there are now two reports of possible transmission of vCJD via blood, the risk of transmission via

plasma products, which will have been derived from large pools of plasma donated from many thousands of people - and therefore heavily diluted - is uncertain. But it cannot be excluded. The CJD Incident Panel (CJDIP) were asked to advise on a case-by-case basis (having adopted a highly precautionary approach) which recipients of plasma products will need to be contacted. This advice has been received and a programme of action has been agreed.

In June 2004 the Health Protection Agency (HPA), on behalf of the CJD Incidents Panel, reported on an assessment of the risk associated with each batch of product and advised my Department on: a) which patients needed to be assessed and possibly subsequently contacted, and b) managing the possible risk to public health of those patients.

In the light of these assessments, the HPA is today initiating a process to notify relevant patients of these developments. The HPA are sending information to clinicians to enable them to trace particular plasma products. The clinicians will then notify any patients identified as 'at risk' as a precaution. Any patients affected should expect to be contacted by clinicians later this month.

Aside from patients with haemophilia or other bleeding disorders, the other main group of patients who may have received significant amounts of affected blood products are patients with primary immuno-deficiency (PID).

Throughout this exercise we have been concerned to ensure that the results of the risk assessment are communicated to patients by the clinicians responsible for their day to day care, so that appropriate supporting information can be provided.

Further details about the risk assessment exercise will not be disclosed until after patients are informed of the outcome. I will make a further statement at a later date, if necessary.

[ENDS]

GNNREF: 101878

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