Issues in respect of which a statement is sought from Dr J M Forrester, on the non-introduction of surrogate testing for NANBH in Scotland

[In this statement, "Report" refers to the Draft Report available to me from early in September 2010.]

Schedule item	Response
1. The consideration given by the Scottish Home & Health Department in the 1980s to whether surrogate testing of blood donors for non-A non-B hepatitis should be introduced.	The repeated consideration within SHHD of views from within Scotland and from England and USA is outlined in the Report.
2. The research into surrogate testing for NANBH in the 1980s funded by the SHHD.	There was none directly funded, although (Report 9.81) SNBTS did do some, using its own funds.
3. Why the Biomedical Research Committee, at their meeting on 25 September 1987, rejected the research proposed by Drs Gillon and McClelland for Scottish participation in the UK multi-centre study into surrogate testing (Report 9.73).	I was present as an observer, and later (Report 9.84) described their reasons as "exacting scientific criteria"; I recall no reference whatever to finance at the meeting. In view of the rapid later emergence of much superior methods of screening (mentioned in the Report), history appears to have justified the BRC view.
4. The response by SHHD to each of the requests by the SNBTS for funding to introduce surrogate testing.	They were declined. The general nature of the reasons is set out in the Report (9.75). Evidently I was not myself involved in the disposal of the application made by Dr Cash to CSA about June 1986, which is mentioned in a footnote to this item in the Schedule sent to me. However, I was aware of it, and have no reason to doubt that similar reasons applied when it was not funded.
5. The response by SHHD to the recommendation of the SNBTS Directors (agreed at their meeting of 3 March 1987) that surrogate testing should be introduced with effect from April 1988.	I can add nothing to Dr McIntyre's memorandum (Report 9.49).
6. The extent to which the cost of surrogate testing was taken into account by SHHD in considering whether to finance such	Discussions, so far as I recall, made very little reference to any financial aspects; there had to be detailed and careful debate on whether such

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testing.	testing would be sufficiently reliable even to qualify for costing at all.
7. Why surrogate testing of blood donors for NANBH was not introduced in Scotland.	A concise view is given in my memorandum cited in Report 9.75.
8. The main discussions between SHHD and the Department of Health and Social Security (DHSS) on research into surrogate testing and whether surrogate testing of blood donors for NANBH should be introduced.	So far as I recall them, the occurrence of these discussions is covered in the Report.
9. If surrogate testing for NANBH had been introduced in Scotland, the extent to which the incidence of post-transfusion NANBH/hepatitis C is likely to have been reduced.	This crucial and contentious issue is beyond my personal competence to judge.
10. What Dr Forrester meant in his note of the 1st meeting of the re-convened UK Blood Transfusion Services Working Party on Transfusion Associated Hepatitis on 24 November 1986 (Report 9.38) when he stated that: "The position explicitly reached at the meeting is to recommend research of no great significance or scientific interest because the prospect of research would serve to counter pressure from for example haemophiliacs and Haemophilia Directors to embark on an indirect and largely ineffective form of screening, which would lose us a certain amount of perfectly harmless blood."	My "Explicitly" indicates that there was no "passing on the nod"; those present considered and expressed the view that at that time the initiation of research would reduce political pressure to introduce actual screening.
11. As regards the meeting of the SNBTS and the Haemophilia Centre Directors on 9 February 1987 (Report 9.45) (a) what was the basis for Dr Forrester's statement that in Scotland in the last decade there had only been one to five cases per annum of transfusion-associated hepatitis; (b) what Dr Forrester meant when he stated that NANBH appeared to be relatively benign, despite some link to cirrhosis of the liver in	In both cases, I was reporting statements made by participants at the meeting in question and not there disputed; they were not surprising in the incomplete state of knowledge at that time.

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the long term, unless the recipient was pregnant, when the effects could be very serious.	
12. In his letter of 10 February 1987 to Dr Susan Lader, Medical Officer, DHSS (Report 9.46), what Dr Forrester meant when he stated that he would "tip off" the Chief Scientific Officer for Scotland.	I meant that I would send to CSO the minute mentioned immediately after this remark in the Report; thus the CSO would be enabled to gather information in advance of a formal request for research funding, and deal with such a request more speedily.
13. As set out in his memorandum of 14 April 1988 (Report p.85), why Dr Forrester was of the view that "there may not be drawbacks in Scotland being "left behind" by England on the issue of surrogate testing."	Research done in England into the merits of testing could (with some hesitation) be assumed valid also for Scotland. Again, if testing proved unable to spot much infected blood, yet cast suspicion on much innocent blood and blood products, these would be serious drawbacks to the introduction of surrogate testing: failure to protect adequately, coupled with loss of sound and potentially life-saving products.
14. The involvement and knowledge, generally, of the Chief Medical Office and the Deputy Medical Officer(s) in the matters set out above.	I have no reason to doubt their adequacy, although this was not a direct responsibility of my own.

J.M. Forrester
25 Aug 2011