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BLOOD TESTING FOLLOWING CRIMINAL INCIDENTS WHERE THERE IS A RISK OF INFECTION: PROPOSALS FOR LEGISLATION

I refer to Mr Bill Barron's letter of 28 February 2005. Please see response from NHS Highland as follows:

Response to questions

Question 1. Do you agree that any legislation giving rights to individuals to apply for information about blood-borne viral infections with which they may have been infected, should apply universally? Or should the protection be restricted to particular groups of people? If the latter, what groups should it be restricted to and what would be the justification for this?

This should apply universally

Question 2. Do you agree that mandatory blood testing should only be ordered by a Sheriff?

Yes, but should be acting on the advice of a medical practitioner with expertise in risk assessment in this area.

Question 3. Do you agree that mandatory blood testing should not be applied to anyone who has committed no crime but may accidentally have exposed another person to a prescribed blood-borne viral infection, so that such people should be free to decline to give a blood sample?

Yes

Question 4. Do you agree with the principle of mandatory blood testing for those who commit serious physical or sexual assaults and thereby put the victim of the crime at risk of infection with a prescribed blood-borne virus?

Yes

Working with you to make Highland the healthy place to be



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Chairman: Garry Coutts
Chief Executive: Dr Roger Gibbins BA MBA PhD
Highland NHS Board is the common name of Highland Health Board

Question 5. Do you agree that the provisions for mandatory testing should extend to any type of case where the applicant may have been exposed to a prescribed blood-borne viral infection as a result of a crime being committed by the other party?

Yes

Question 6. Do you think there should be any variation in these provisions for cases where the suspect is under age?

No

Question 7. Do you agree that persons at risk of infection from a criminal incident should be entitled to seek information from the Procurator Fiscal about the prescribed blood-borne viral infection risks they may face?

Yes

Question 8. Do you agree with the proposed criteria for mandatory testing orders?

Yes

Question 9. Do you have any comments on the proposed civil application process?

It is important to ensure that there is no delay in testing caused by individual's financial circumstances or ability to act through their solicitor.

Question 10. Do you agree that information provided from mandatory testing orders should be for the sole purpose of benefiting the applicant, and should not be retained by the police?

Yes

Question 11. Do you agree that the costs of the testing process should fall to the applicant?

Yes, in theory, but a similar issue applies as the response to question 9 above.

Question 12. Should some support organisations be empowered to act on an applicant's behalf and to provide support and advice as appropriate?

Yes



Further comments

Furthermore, in para 1.6 and 2.5 of the document, the implication is that the Scottish Police Service does not routinely arrange for Hep B immunisation, of all officers on appointment. Action should be taken to ensure that this does happen; it should not be the responsibility of the individual nor the individual's GP.

There is constant reference to obtaining relevant information from medical records, but there needs to be clarification of the purpose of this. For example, if it is confirmed that the suspect is infected with a BBV, they should still be tested again for other BBVs.

Results of previous tests that have been negative do not provide assurance that the suspect continues to be negative, particularly if they are still engaged in high risk behaviour.

Yours sincerely



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