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Britain’s NHS and Generic Hepatitis C Treatment Update

June 12, 2016 By Greg Jefferys

Because I am in the UK at the moment and talking to doctors and patients and researchers here about generic Hep C treatment and the NHS I am very interested in noticing the process of change taking place in the UK as attitudes (very) slowly change here.

To a degree it is a similar process to what I saw take place in Australia, just slower because the British NHS is a vast and ponderously slow creature carrying a huge and cumbersome bureaucracy. The British bureaucracy is famous for its conservative stance on all issues and the British medical Establishment is equally infamous for its conservative views. So things are going to move slowly here.

However as the news media gives the issue of Hepatitis C and the associated costs and inequalities of treatment more coverage and the medical profession see more and more good results coming from generic treatment, then change will happen.

Then it becomes a win/win situation. People choosing to take generic Hep C treatment will get support through the NHS monitoring their treatment and the NHS will win because each person treating themselves with generic Hepatitis C medicines from India will save the NHS about 20,000 pounds.

Below is an email I received this morning from a person in England who decided to treat her Hep C with generics.

Hi Greg,

I thought you would be interested in my experiences in the UK. As I explained to you, my consultant was not prepared to support me if I obtained generic medications. So after following your expert guidance and support in obtaining Ledifos from Parag Jain in India, I started self-treatment and then visited my GP and asked for their support. I experienced a good example of a GP acting as an advocate for their patient as she explored all options to ensure I received the specialist care and support that she herself could not provide. She had obviously been in contact with the hospital as I then received a letter inviting me to attend the Hepatitis C clinic for blood tests and monitoring. Bloods were taken a week later than usual and I will not require such extensive monitoring that NHS England is demanding. My consultant is now recommending further blood tests at End of Treatment, 12 weeks. They will then review me in clinic in August to advise me of results and to discuss onward management.

Genotype 1a

Pre-Rx:	*HCV Viral Load*	*802,815 IU/mL*	*ALT*	*202 IU/L*
3 weeks:	*HCV Viral Load*	*19 IU/mL*	*ALT*	*26 IU/L*
5 weeks:	*HCV Viral Load*	*undetectable*	*ALT*	*31 IU/L*

I am so relieved it is going well and will complete the 12 weeks course. Side effects are not too bad, stomach upset and headaches have passed. I did have some nausea and dizziness last week. I am now experiencing incredible thirst, despite drinking loads of water and energy levels are very variable.

The nurses at clinic explained that NHS England guidance would only provide me with 8 weeks even if I was eligible. It also appears that a postcode lottery is developing as NHS England have dictated the number of patients that can commence treatment each month in the 22 operational delivery network areas. My geographical area has been allocated the lowest number across the UK so even less likely that I would have obtained treatment for years!
So once again thank you for the valuable work you are doing providing honest and reliable information to enable individuals like myself who are not deemed “ill enough” to warrant treatment, to take action themselves.
I will keep you informed of my progress.
Best wishes
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