

**REFORMED BLOOD PAYMENT SCHEME PROJECT GROUP on UK MATTERS:**

**ACTION NOTE OF FOUR-COUNTRY TELECON**

**1 Aug 2016**

**Participants:**

**England:** Rowena Jecock (Chair)  
Rachel Devlin

**NI:** Karen Simpson  
Seamus Camplisson  
Lyndsey Lauder

**Scotland:** Sam Baker  
Robert Girvan

**Wales:** Jenny Thorne  
Jan Davies  
Catherine Cody  
George Woodall

**Apologies:** Monika Preuss

**Items discussed:**

**1. Terms of reference for the Project Group:**

- a. **NI and Wales** affirmed their wish to participate in the Project Group, on the understanding that their Ministers have still to make decisions about reform.
- b. The ToR as circulated by Monika Preuss, and appended to this note for ease of reference, **were agreed**.

- 2. HIV payments:** DH confirmed that it will continue to fund HIV payments for the UK for the remainder of this spending review period up to the same level it pays for scheme registrants in England. For FY16/17, payments will be made through the Alliance House schemes as now. For 17/18, a transfer will be made by DH to the DAs to cover the same amount.

**ACTIONS:** DH will consult their Finance team about whether the transfer should be a budget or cash transfer, and will consider practicalities (will this be reviewed each year etc)

- 3. Process for beneficiaries 'appealing' country of infection:** SG to amend paper to reflect views of group that it needs to be clear that it's a 2 step process, and that people can fill it in on behalf of someone else. Also need to consider data protection issues involved.

**ACTIONS:** Sam to send amended paper for comments, and to Jan for her thoughts.

- 4. Legal issues:** Consideration of amendment tax orders.

**ACTIONS:** DH to share lawyers advice to Scotland with Wales and N Ireland.

## **5. Other developments/AOB:**

**ACTIONS:** DH to check progress on issue around evidencing that infection was a contributory factor to death for the purpose of bereaved lump sum, and DH to share modelling assumptions with Wales and NI.

**ACTIONS:** DH to share working papers for assumptions for calculating the number of likely bereaved and profiling of HCV i.e. likely progression to Stage 2 given roll-out of new treatments.