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"Re: Costings needed on Contaminated Blood"

File Reference:	SAX/005/003/002
File Title:	Standards & Quality Analytical Team (SAT) - Health Protection Analytical Team - Infectious Disease - Hepatitis (not immunisation)
Filed by:	John Henderson/CAT/DOH/GB on 06/01/2011 at 08:56
Created by:	Rowena Jecock/PH6/DOH/GB on 13/12/2010 at 16:52
Recipients:	Raghuv Bhasin; Ailsa Wight; Anne-Marie Hamilton; Debby Webb; Graham Addicott; John Henderson; Kate Brand; Stephen Dobra (SendTo , CopyTo & BlindCopyTo if applicable)

, John Henderson/CAT/DOH/GB
Maria Crow/OIS/DOH
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Guy Walker/SAT/DOH/GB
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Peter Bennett/SAT/DOH/GB
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Rebecca Butterfield/OIS/DOH <- By default all readers can see document.

Document Security:

Who can read? John Henderson/CAT/DOH/GB
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Guy Walker/SAT/DOH/GB
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Peter Bennett/SAT/DOH/GB
Peter Grove/SAT/DOH/GB
Rebecca Butterfield/OIS/DOH

Modification History:

14/06/2011 18:17 (John Henderson) - File title update

Rowena
Jecock/PH6/DOH/GB
13/12/2010 16:52

ToRaghuv Bhasin/OIS/DOH@GRO-C;
ccAilsa Wight/PH6/DOH/GB@GRO-C; Anne-Marie
Hamilton/OIS/DOH@GRO-C; Debby Webb/HP-
SL/DOH/GB@GRO-C; Graham
Addicott/DECA/DOH/GB@GRO-C; John
Henderson/CAT/DOH/GB@GRO-C; Kate
Brand/OIS/DOH@GRO-C; Stephen
Dobra/SAT/DOH/GB@GRO-C;

bcc

SubjectRe: Costings needed on Contaminated
Blood2C8A72D71C8AC825802577F8005686A1

Raghuv,

Dependants of those who died at any time before 2003 **are** included in the catch-up.

However, the only published epidemiological estimate upon which our calculations are based shows figures pre- and post 1995, following a 'lookback exercise' to try to identify cases of transfusion-transmitted hepatitis C.

We considered it reasonable to use the data and estimates from 1995 going forward as our basis. These numbers are likely to be the maximum possible for 1995 onwards for a number of reasons, including: not all infected blood components will have been transfused, and some transfusion recipients may have received more than one infected component).

Importantly also, the further back in time we go, the less likely it becomes that someone can demonstrate that their relative had hepatitis C infection (diagnostic laboratory tests for hep C infection were introduced in the early 1990s).

To be eligible for stage 1, someone has to demonstrate - on the balance of probabilities - that infection was transfusion-acquired. This is likely to be difficult in the absence of medical records. To be eligible for stage 2 as well, demonstration of cirrhosis is the minimum requirement. When looking at the case of someone who has already died, we must be careful not to set the bar higher than is currently the case for the Skipton Fund, so we would probably expect that someone must still be able to meet the stage 1 requirement as set out here.

In order to meet stage 2, our current thinking is that - in the absence of medical records - a death certificate mentioning cirrhosis or severe liver disease would probably be sufficient to meet the requirement.

Do give me a call before 5.30 if you want to talk through.
Rowena

Raghuv Bhasin/OIS/DOH

Raghuv Bhasin/OIS/DOH

13/12/2010 15:46

To Kate Brand/OIS/DOH@GRO-C
cc Ailsa Wight/PH6/DOH/GB@GRO-C Anne-Marie
Hamilton/OIS/DOH@GRO-C Debby Webb/HP-
SL/DOH/GB@GRO-C Graham
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Subject Re: Costings needed on Contaminated Blood

Kate,

One further question in addition to my previous couple. Why are we not making any calculations for dependents of people who died pre-1995 claiming either Stage 1 or Stage 2 payments. Grateful for a view on this question and the other two by **17.00 today** as I am seeing Richard D at 17.30.

Kind regards,

Raghuv Bhasin
Financial Planning - Policy Manager
Financial Planning and Allocations Division
Department of Health

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Kate Brand/OIS/DOH

Kate Brand/OIS/DOH

13/12/2010 12:42

To Rowena Jecock/PH6/DOH/GB@GRO-C
cc Ailsa Wight/PH6/DOH/GB@GRO-C, Anne-Marie
Hamilton/OIS/DOH@GRO-C, Debby Webb/HP-
SL/DOH/GB@GRO-C, Graham
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Bhasin/OIS/DOH@GRO-C, John
Henderson/CAT/DOH/GB@GRO-C, Stephen
Dobra/SAT/DOH/GB@GRO-C

Subject Re: Costings needed on Contaminated Blood 📎

Hi Raghuv,

attached are the responses to your questions including Q7 and 8 (bereavement payments).

Thanks,

Kate

[attachment "Costings estimate 13 Dec 2010.doc" deleted by Raghuv Bhasin/OIS/DOH]

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Rowena Jecock/PH6/DOH/GB

**Rowena
Jecock/PH6/DOH/GB**

13/12/2010 11:36

To Raghuv Bhasin/OIS/DOH@GRO-C
cc Ailsa Wight/PH6/DOH/GB@GRO-C, Anne-Marie
Hamilton/OIS/DOH@GRO-C, Debby Webb/HP-
SL/DOH/GB@GRO-C, Graham
Addicott/DECA/DOH/GB@GRO-C, Kate
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Subject Re: Costings needed on Contaminated Blood



RESTRICTED - Policy

Raghuv,
I attach a response to your questions, with the exception of possible bereavement payments (your questions 7 & 8). Kate is still working on this with Stephen Dobra to check that they reflect England only, and will forward to you separately as soon as possible.

[attachment "Costings estimate 13 Dec 2010.doc" deleted by Raghuv Bhasin/OIS/DOH]

I am in a telecon for the next 30 mins, but can get back to my phone if you have any queries.

Rowena

Raghuv Bhasin/OIS/DOH

Raghuv Bhasin/OIS/DOH

13/12/2010 09:24

To Rowena Jecock/PH6/DOH/GB@GRO-C
cc Ailsa Wight/PH6/DOH/GB@GRO-C, Anne-Marie
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Subject Re: Costings needed on Contaminated Blood

Rowena,

We are now meeting Una to discuss this morning so grateful for something as soon as you are able.

Kind regards,

Raghuv Bhasin
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Rowena Jecock/PH6/DOH/GB

Rowena
Jecock/PH6/DOH/GB

13/12/2010 08:50

To Raghuv Bhasin/OIS/DOH@GRO-C
cc Ailsa Wight/PH6/DOH/GB@GRO-C, Anne-Marie
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Subject Re: Costings needed on Contaminated Blood

Raghuv,
Kate and I were working on this til late on Friday, to try to make sure the data are as robust as possible.

I think we are pretty close now to being able to provide you with responses to your questions below, so they will follow asap today.

Rowena

Raghuv Bhasin/OIS/DOH

Raghuv Bhasin/OIS/DOH

10/12/2010 09:10

To Rowena Jecock/PH6/DOH/GB@GRO-C, Kate
Brand/OIS/DOH@GRO-C
cc Debby Webb/HP-SL/DOH/GB@GRO-C, Ailsa
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Addicott/DECA/DOH/GB@GRO-C, Anne-Marie
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Subject Costings needed on Contaminated Blood



RESTRICTED - Policy

Rowena/Kate,

My understanding of the picture on Contaminated Blood is:

SoS has agreed to:

- Making payments of £12.8k recurrent for Stage 2 recipients. We know this population and therefore the costs of c.£8m a year are pretty solid;
- Increasing current Stage-2 payments from £25k to £50k. We know this population and therefore the one-off costs of £12m are pretty solid. We also know the average number of new claimants (35) and therefore the recurrent costs would be £875k a year;
- Making a discretionary pot of money available for people with Stage-2 Hep C and their dependents. We have estimated this at £600k a year;
- Making a discretionary pot of money available for people with Stage 1 Hep C and their dependents. SoS agreed to £200k a year however we believe this should actually be £2m a year. As discussed we will need to go back to SoS on this;
- Providing people with Hep C (both stages) and HIV with prescription exemption vouchers if they do not already have them/qualify for free prescriptions - estimated cost of £50k a year. Not sure how robust this cost is. Grateful if you could clarify;
- Counselling services through the charities. £100k a year for three years.
- Making the bereaved primary dependent of individuals infected with Hep C who died before 29 Aug 2003 eligible for stage 1 (£20k) or stage 2 payments (£50k). The estimated costs of this are £29m to £59m. People have a three-month window to come forward for this. I would like to see the workings behind these figures and assumptions made.

SoS is considering

- Making bereavement payments to the dependents all HIV and Hep C stage 2 infectees both retrospective and in the future. The costs of this are known for HIV but are less clear for Hep C. We need to look at the costs for Hep C post 2003 where we should have data to see and therefore be robust about the costs. For people who died from Hep C pre-2003 we need to use the same modelling as for the bereaved primary dependents above.

What we need to do is double-check the costings for each of the bullets above and provide ranges where we are not sure of costings. It would be helpful to construct a table with a

column for:

- Proposal;
- Cost one-off (if any) - including unit cost and population size where clear;
- Confidence in costs of one-off;
- Cost recurrent (if any) - including unit cost and population size where clear;
- Confidence in costs of recurrent;
- Any key assumptions made on these costings.

It would be helpful to have this as soon as you are able today.

I will give you a call about the last two bullet points.

Kind regards,

Raghuv Bhasin
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