"Peter Stevens"
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To: Michael Brannan/PH6/DOH/GB@ GRO-C
cc: Richard Gutowski/PH6/DOH/GB@ GRO-C "Martin Harvey" <martin@ GRO-C
Subject: Skipton Fund appeals process

Dear Dr Brannan

Thank you for your work on the Skipton appeals process - a copy of your paper was sent to me by Martin Harvey on his return from the World Haemophilia Federation conference in Bangkok, and was awaiting me when I in turn returned from a trip to China. For this reason neither of us has been able to meet your timetable.

My comments concern the reasons for the Appeals Panel more than your proposals for its composition and method of operation, since I think my view of why and how it will be necessary might affect these proposals.

The matter can be usefully considered in the light of the attached summary statistics of Skipton's progress since it opened on 5 July. You will note that some 4,400 Stage 1 application forms have been sent out, with the rate at which they are being requested now quite slow: the figures in bold are today's position, those in italics are for last Friday, so in the intervening 6 days we have sent out 46 forms.

Further, the rate of new registrations (the stage before application forms are dispatched) is now down to 10 - 15 per week.

Thus, although the early estimates of the total number of potential claimants was 6,000, later raised to 8,000, the low and declining rate of new registrations suggests that these figures might be on the high side; alternatively, that the scheme is really not known about by the non-haemophiliac infectees and that there could be a very low rate of new applications being received for years to come.

You will see that we have received back about 65% of the application forms sent out and paid over 70% of these. (We are making progress towards converting the latter figure closer to 100% as we get over the problems caused by opening for business a month before the holiday season, which resulted in an accumulation of applications needing processing).

The number that have been held back for queries is relatively low, with half of these being from people who have cleared the virus naturally, who were from the beginning excluded from the scheme. There has been some difficulty in interpreting the questions relating to this aspect, but we are close to settling the approach. When we then start to reject such "natural clearers", it will be difficult for them to appeal since their objection will be to the scheme itself, not to the Fund's interpretation of their claim.

At present we have rejected very few, and the only applicant who has given notice of an intention to appeal is one whose source of infection cannot be distinguished between surgical procedure and IVDA. At present that appears to be the most likely reason for rejections.

My point from the foregoing is that I believe that the Appeal Panel will need to meet more frequently than quarterly during the 6 months or so, to deal with appeals coming from the first wave of applications, but very infrequently thereafter on Stage 1 claims.

Stage 2 is different, in that we will never reject anybody - once people have qualified for Stage 1, the only question concerning their Stage 2 payment is when they receive it, not if. We have already received one claim to which I believe we will respond by asking the applicant to re-apply in a year's time, since at present the clinician is unable to give a clear-cut diagnosis of liver damage. That is likely to be the response to any others in a similar position. I really cannot see anybody going to the bother of an appeal over such a response.

Thus I believe that what we need is a process that can start work soon and deal fairly quickly with a

small number of appeals that will be arising within a matter of weeks; I do not see this need lasting beyond the middle of 2005, at the very latest. thereafter I think the appeals will be very few and infrequent.

I hope these comments are helpful.

Kind regards

Peter Stevens (Chairman of Macfarlane Trust and for the time being a director of Skipton Fund)

  Skipton Fund Position 28 Oct 04.doc