LIE10

IN CONFIDENCE

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Dr Pickles

From: Dr Rejman MED SEB/B

Date: 13 July 1989

Copy: Dr Metters MED SEB
Mr J C Dobson HS1A
Mr J Canavan HS1A
Mr R Powell SOLC3
Mr M Arthur HS1A

HIV HAEMOPHILIA LITIGATION

1. You will recall Mr Nicholls, Oxford RHA RGM, making comments about lack of cooperation between DH and Regions over this litigation, at the NBTS Coordinating Committee on 4th July.

2. We stressed at the time that the claims against DH were different from those against DHAs and RHAs. DH is being sued in respect of responsibility for production of NHS FVIII, ~~CMS~~ CSM and Licensing Authority, while DHAs and RHAs are being sued in respect of clinical practice. Also I mentioned that at the meeting of Haemophilia Centre Directors and RHA solicitors DH was criticized severely and no attempt was made to suggest cooperation with DH.

3. At a meeting on July 5 when Mr J C Dobson HS1 and Mr Powell SOLC3 and Mr Gutowski MD, were present this was again considered. It was felt that cooperation should be sought as to fact and as to release of documents which would be relied upon by all the Defendants.

4. I enclose a letter which Mr Powell received from Mr Nicholls. We are still awaiting a reply to Mr Dobsons submission to Ministers. In the meantime we would suggest

   (i) DH should meet with the representative of the DH/RHA defendants once they have coordinated their action and selected such a representative.

   (ii) At this meeting the precise interests of DH and the RHA/DHAs be spelt out accurately, and what aspects of the defence would be taken by each. (This would need updating as ~~as~~ more particulars of the claim become available.) It is likely that DH will not be involved in the individual claims but only in the main statement of claim.

   (iii) A common history of the events and set of documents be tabulated about which DH and the RHA/DHAs agree.

(vi) DH does not make available to the RHA/DHAs any information which might be used against the DH, although some of these documents might be shown, under privilege, to RHA/DHAS' counsel.

(v) There appears to be no case for the DH to take the lead in those aspects of the claim not directly related to it.

(vi) DHA/RHAs be told that no extra money is to be made available to them from central funds. In this way the DHA/RHAs will be encouraged to defend the actions. It has been made clear to us that the Haemophilia Centre Directors as well as the DHA/RHAs would like the government to pay compensation without the need for any further legal action, and they are encouraged in this by the Haemophilia Society. They do not appreciate that the total cost would be at least 1200x £250 K = £300 million (THREE HUNDRED MILLION) as well as the risk of such compensation being extended to benzodrazepines (currently the subject of litigation), Sellafield, etc, etc.

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GRO-C