

Central Programme Budget Setting Exercise 2006/07 & 2007/08 – HP, IH & SD

Budget Title	2005/06 Cost Centre Number	Policy area	Originator	Amount Required to fulfil firm existing commitments		Firm existing commitments	New/Other expenditure		New/Other commitments	Work-stream No. (Exiting)	Work-stream No. (New)	Comments
				2006/07	2007/08		2006/07	2007/08				
Health Protection												
Communicable Diseases	2084	Infectious disease	Sally Wellsted	£4,000,000	£5,000,000	Rolling programme supporting public health initiatives, which include the surveillance of HCAls and hepatitis C, auditing deaths associated with HCAls, public education campaigns on antimicrobial resistance, and TB. The money goes to the following organisations: <ul style="list-style-type: none">Hospital Infections Society (prevalence survey of HCAls);HPA and ONS (audit of deaths associated with HCAls);HPA and Trent University (hepatitis C surveillance);HPA (investigation of MRSA in paediatric cases);newspapers & marketing companies etc. as appropriate (public education campaign on antimicrobial resistance). Failure to fund this programme would undermine the Government's election commitment regarding HCAls.	Estimate £500,000 of total to start off work	Estimate £1,500,000	To allow for proactive work, not all funds are allocated at the beginning of the financial year since contracts are awarded throughout the year. In addition to existing commitments, a current project will be producing an options appraisal on improving antimicrobial resistance surveillance and views from the HPA Steering Group on HCAls on extending mandatory surveillance. These proposals will be considered against a background of criticism from the National Audit Office and Public Accounts Committee that DH does not have a <i>grip on the scale of HCAls</i> . In the absence of firm proposals, good estimates of potential costs are not available. However, as these proposals will not be cost neutral the proposed budget has been increased to cover estimated central costs. The additional funds will buy infrastructure for new surveillance systems. DH, NHS and the public will benefit from this project as it will improve the scientific evidence base. The Government is already criticised for limited achievements on surveillance and this would be intensified if no development work goes ahead. Without additional funding, improved data would not be available to the NHS.	A3 131,133	A3 131	
Hospital Acquired Infections	2047	Infectious disease	Sally Wellsted	£308,000	£308,000	This forms part of the core funding for the healthcare associated infections surveillance team at the HPA Centre for Infections. The team produces publicly available national surveillance data used to monitor NHS performance. Failure to fund this programme would undermine the Government's election commitment regarding HCAls.	-	-	-	A3 131		
High Security Infectious Disease Units (HSIDUs)	2034	Infectious disease	Gerry Robb	£465,000	£477,000	The provision of clinically secure isolation units at Coppett's Wood in north London (Camden PCT) and Newcastle (Newcastle PCT) to receive patients at short notice with, or suspected of having, rare, highly contagious and dangerous diseases such as Ebola and Lassa fever. This is a UK-wide provision (from 2003/4 – 2005/6, the funding was included in the two PCT's IRLs).	-	-	-	A3.18.7		
National HIV and AIDS Surveillance	2049	HIV/AIDS	Gerry Robb	£287,000 (allocation was £280,000 following transfer of £88,000 from 2050)	£297,000	Funding for the HPA for the provision of data to support national HIV surveillance by informing funding projections, policy development and service delivery in the NHS for HIV/AIDS. Funded work includes the Survey of Prevalent HIV Infections Diagnosed (SOPHID), which is being used to determine the allocation of HIV/AIDS treatment and care funding for those diagnosed.	-	-	-	Links to core workstream in Forward Plan i.e. is part of programme of underpinning epidemiological surveillance of infectious diseases.		
Unlinked Anonymous Surveys	2051	HIV/AIDS	Gerry Robb	£205,000 (2005/2006 allocation was £200,000 following transfer of £12,000 from 2050)	£210,000	Contributes to the Unlinked Anonymous Survey Monitoring Programme (major funding provided by a ring-fenced component of the HPA budget), which is the only source of HIV and hepatitis surveillance data free of participation bias. The data are essential to monitor trends in UK HIV infection and	-	-	-	Links to core workstream in Forward Plan i.e. is part of programme of underpinning epidemiological surveillance of infectious diseases.		

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						inform policy decisions such as the future HIV and hepatitis C caseload and consequently the treatment and care budget.						
Hepatitis C	2050	Hepatitis C	Gerry Robb	£2,660,000	£2,730,000	The funding is for activities to raise health care professionals and public awareness of hepatitis C eg. the production of printed and electronic resources, public relations activity with the media (eg feature placement) and the provision of a freephone telephone information line. The programme follows on from the Hepatitis C Action Plan for England and subsequent PQ replies and correspondence.	£1,340,000	£1,370,000	The new expenditure is intended to make faster and more effective progress in achieving deliverables/outputs in this policy area (see comments in 'Firm existing commitments' column). It would fund advertising to raise awareness of hepatitis C. Ministers would be open to criticism if the awareness campaign is not stepped up. In recent weeks we have had around forty PQs on the implementation of the Action Plan and an adjournment debate. The All Party Parliamentary Hepatology Group is becoming more active and gaining profile. Increasing professional and public awareness of hepatitis C is essential to improve its prevention, diagnosis and treatment.	A3.14.1		
Surveillance of sexually transmitted diseases and blood-borne viruses, excluding HIV	2052	Blood-borne viruses	Gerry Robb	£185,000	£189,000	Funds the surveillance of viral hepatitis and sexually transmitted diseases to assess the future burden of disease to the NHS and the effectiveness and need for health promotion and other interventions such as screening. The surveillance is carried out by the HPA and other organisations on a contract basis. The contractual commitments have been made by officials on behalf of SoFS.	-	-	-	Links to core workstream in Forward Plan i.e. it is part of programme of underpinning epidemiological surveillance.		
Weekly Returns Service	2053	Surveillance of infectious diseases	Gerry Robb	£441,000	£452,000	Data to support national influenza (including pandemic) surveillance and planning. The provision of twice-weekly (and soon to be daily) age-related data on the incidence of influenza from 93 sentinel general practices with expert interpretation. Weekly data are also provided on a range of other diseases. The money will go to the Royal College of General Practitioners Birmingham Research Unit. The current contract ends on 31/3/06. The contractual commitment has been made by officials on behalf of SoFS. There is also a commitment to the provision of timely surveillance information in the Influenza Pandemic Contingency Plan.	£20,000	£21,000	Additional running costs for the provision of daily data (see comments in the 'Firm existing commitments' column for further details).	A3.11 Links to core workstream in Forward Plan i.e. it is part of programme underpinning epidemiological surveillance of infectious diseases. It also links to the influenza workstream - A3.17.	A3.11	
Health Clearance of New Health Care Workers (TB, hepatitis B, HIV and hepatitis C)	-	Health Care Associated Infection	Gerry Robb	£5,000,000	£5,125,000	Health checks on new health care workers joining the NHS for TB, hepatitis B, HIV and hepatitis C*. The money pays for laboratory tests for hep B, HIV and hep C. Ministers announced and consulted on proposals to introduce these checks in Jan 2003 following expert advice. The costs of lab tests and occupational input were calculated at £20 per test for hep B, HIV and hep C. The checks would be carried out on up to 85,000 new health care workers that join the NHS each year. *Tests for TB and hep B should already be carried out. An additional test for hep B and new tests for HIV and hep C are being introduced.	-	-	-	A3.14.3		

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Dangerous Pathogens	2015	General Health Protection	Maggie Tomlinson	£66,481	£66,481	To fund a contractor (Mary Robinson) employed on a four month renewable contract. She will produce: <ul style="list-style-type: none"> an infectious disease generic plan; a range of targeted communication resources for a range of stakeholder groups; support for the pandemic flu programme communications. 	£63,000 (provisional – GHP branch share – costs are being shared with RD)	£20,000	Funding for a research project to be carried out by the Department of Plant and Invertebrate Ecology Rothamstead Research on the surveillance of mosquitoes as potential vectors of West Nile Virus in the UK. The project provides follow-up to DH's West Nile virus Contingency Plan, which was published in May 2004. It will produce detailed daily identifications and quantifications of mosquitoes at two locations and compare results with previous years. It will also identify long-term trends and place work in the context of what is already known about mosquito dynamics. This will involve identifying gaps in knowledge that are relevant to informing actions in the event of a West Nile virus incident. More specifically, the research will: <ul style="list-style-type: none"> provide a data-base of mosquito species' abundance and phenology at two sites over 54 site years; report on the relationships between phenology and abundance of <i>Culex pipiens s.l</i> and, if possible, land use; report on the potential impacts of climate and, if applicable, land-use change on the phenology and abundance of <i>Culex pipiens s.l</i>. If funds were not provided for this work the Department could be accused of not having the data to back-up its plans and this could lead to a loss in credibility.	A3.12.1 – cross govt. lead for infectious diseases A3.19 – Emerging infections		
Grants in respect of Haemophiliacs with HIV (MFT)	2042	Blood Policy	William Connon	£3,472,000	£3,558,000	The funding is for the annual cost of grants made by the Macfarlane Trust to haemophiliacs infected with HIV, through blood products, in line with the Trust Deed. This is a long-standing government commitment and funding is available through provisions. The funding maintains a commitment made by the Government in 1987 to support haemophiliacs infected with HIV and their dependents.	-	-	-	A3.11		
Payments to and on behalf of recipients of blood & tissue infected with HIV (ET)	2089	Blood Policy	William Connon	£100,000	£100,000	The funding is provided to the Eileen Trust (a registered charity). It meets the cost of making payments to new registrants (patients infected with HIV following a blood transfusion). This is a long standing Government commitment and funding is available through provisions. The funding maintains a commitment by the Government in 1993 to support patients infected with HIV through blood transfusion.	-	-	-	A3.11		
Skipiton Fund	2068	Blood Policy	William Connon	£13,000,000	£8,000,000	The funding meets the annual cost of ex-gratia payments made by the Skipiton Fund to people infected with hepatitis C through NHS treatment. It maintains a recent commitment made by the government to provide financial assistance to people infected with hepatitis C.	-	-	-	A3.20.5		
Securing Recombinant Clotting Factor	2041	Blood Policy	William Connon	£350,000	£350,000	The funding goes to the United Kingdom Haemophilia Centre Doctor's Organisation (UKHCDO) to allow it to continue audit and monitoring work on the roll-out of recombinant treatment for all adult haemophilia patients. It provides a project manager, IT support and software development for the National	-	-	-	A3.20.6		

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Development of Blood Stem Cell Services	2040	Blood Policy	William Connon	£3,501,000 (revenue)	£4,416,000 CBB/PBSC/BBMR (revenue)	Haemophilia Database. Funds the support and enablement of stem cell transplantation including: <ul style="list-style-type: none"> the collection/storage & issue of peripheral blood stem cells; maintenance of cord blood bank (CCB) with high donor ethnicity; maintenance of the British Bone Marrow Register of donors (BBMR). The programme is part of long-term commitments made by Ministers (CBB & PBSC) and the PM (BBMR). The NBS is entering long-term agreements with cancer network hospitals that now depend on this investment.	-	-	-	A3.11		
Alternatives to Blood Transfusion – Better Blood Transfusion	-	Blood Policy	William Connon	-	-	-	£500,000	£500,000	<p>To ensure the appropriate use of blood, using cost-effective alternatives. The programme will benefit patients because they will receive less blood, thus reducing the associated risks, including the possibility of contracting vCJD through transfusion.</p> <p>The funding will help implement CMOs better blood transfusion policy (announced by SoFS John Reid & CMO in December 2003) and ensure the supply of blood. It will enable hospitals (through regional transfusion nurses) to pilot a system to assess and monitor patients being transfused through autologous transfusion (when a patient's blood is used) and to collect data.</p> <p>The money will go directly to 4-6 hospitals involved in the pilot. The need for funding has been determined by a research proposal and peer-reviewed. It will support salaries and associated costs for implementing the pilot.</p> <p>If this programme is not funded, DH and Ministers will be criticised for wanting to reduce the demand in blood transfusion without investing in the process. There is no alternative money available and there has not been in the past three years since the CMOs Health Service Circular. If the programme is not funded, there will also be no evidence base to argue for a switch in hospital practice and inevitably the Contingency Plan for Blood Shortages will have to take effect, reducing elective surgery in the first instance.</p>	-	A3.11	
CJD surveillance	2045	Health Protection	Brian Bradley	£2,009,000 (includes inflation at 2.5%)	£2,059,000 (includes inflation at 2.5%)	Meets the running costs for the National CJD Surveillance Unit (with a contribution from Scotland). The mission of the CJDSU is to: <ul style="list-style-type: none"> monitor the characteristics of all forms of CJD; identify trends & incidence rates; study risk factors for the development of disease; contribute to improving the quality of care for those with CJD. The programme fulfils the SoFS's commitment to "find whatever resources are necessary for the Unit to carry out its mandate" (comment made during visit to CJDSU in April 1999).	-	-	-	A86.1		
CJD surveillance: OGD contributions	2091	Health Protection	Brian Bradley	£223,000	£229,000	The same as above.	-	-	-	A86.1		
Payments to Home Office under the Animals (Scientific	2017	Health Protection	Brian Bradley	£23,000 (includes inflation at 2.5%)	£24,000 (includes inflation at 2.5%)	Underpins requirements in the HPA Act and BS Act that these NDPBs will be able to maintain their scientific	-	-	-	A81.1		

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procedures) Act 1986						activities. The money pays licence fees to the Home Office's animal procedures licence division, which enable staff in NDPBs to carry out test procedures and experiments using animals.						
World Health Organisation programme on chemical safety	2030, 2086	Toxicology	Simon Dyer	£145,500	£147,088	Funding provides support for specific task force meetings and preparation of documentation and attendance of UK experts at meetings. This work facilitates the use of data collected in different countries and is of value with regard to surveillance and chemical incidents. The IPCS work also plays a crucial role in taking forward the chemical safety priorities spelt out in Chapter 19 of Agenda 21 on sustainable development, as agreed at the UN Conference on Environment and Health (UNCED). The funding is provided to WHO via Central DH and WHO distributes the money in accordance with its work programme, which is agreed annually with the IPCS Director.	-	-	-	A3.2		
Work with WHO Air Pollution Group in Bonn, Germany	2090	Air Pollution	Simon Dyer	£50,000	£50,000	Detailed and systematic reviews of air pollutant effects on health. The funding goes to the WHO Air Pollution Group in Bonn and provides coordinated and expert reviews of the impacts of air pollutants on health. These form a basis for the CAFE programme and thus Directives that impinge on the UK.	-	-	-	Plans to provide £50,000 in FY 05-06 are in hand		
Air pollution and toxicological research recommended by DH committees and review groups	2087	Air Pollution and Toxicology	Simon Dyer (Dr Bob Maynard)	£800,000	£800,000	Research programmes yielding results that are directly applicable to DH and DEFRA problems and the publication of peer-reviewed literature. In particular, the money funds postgraduate and post-doctoral workers, senior staff time at universities and research institutions. The funding also provides the capacity to respond to research recommendations made by DH expert committees and review groups on the countering of environmental pollutants' effects.	-	-	-	A3.2, A3.3, A3.5		
Air pollution Epidemiology Database	2087	Air Pollution	Simon Dyer (Dr Heather Walton)	£53,570	£29,821	Systematic searchable database of time-series studies on air pollutants and meta-analyses of the size of the effects of air pollutants on health for use in cost-benefit analysis of air pollution policies. The funding also supports input to a subgroup of the Committee on the Medical Effects of Air Pollutants (COMEAP) on quantification of the effects of air pollutants on health. It covers part-time salaries of statisticians at St George's Hospital, and some computing and library costs.	-	-	-	A3.3		
Publication of reports from the Committee on the Medical Effects of	1022	Air Pollution	Simon Dyer (Dr Heather Walton)	3 x £30,000	-	Printed copies of reports on: i) Ozone ii) Does Air Pollution Cause Asthma?	-	-	-	A3.3		

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Air Pollutants						iii) Quantification of the Effects of Long-term Exposure to Air Pollutants The funding is given to a printing contractor via COI and Central DH						
Joint particles research with DEFRA (i) particle numbers epidemiology (ii) roadside epidemiology	2087	Air Pollution	Simon Dyer (Dr Heather Walton)	£20,000	£20,000	Research reports on: i) The effects of fine particle(s) numbers (nano-particles) on health* ii) The appropriate methodology for assessing the benefits to health of reductions in pollutants at roadsides The funding buys researchers time and materials, research reports, and expert recommendations on future steps. It goes to selected UK researchers, probably in universities, via joint funding with DEFRA & Central DH. *Project (i) is a response to research recommendations from EPAQs.	-	-	-	A3.3		
Institute for Environment and Health (IEH)	2028	Toxicology	Simon Dyer	£203,000	£170,000	1. Reviews; management of research projects; databases of publications and research. 2. Provision of health statistics from ONS to Small Area Health Statistics Unit (SAHSU) The money funds: i) a call-off contract for projects under £40k with IEH. ii) a Service Level Agreement (SLA) with ONS (failure to fund would seriously damage or end SAHSU's work)	£107,000	£150,000	Additional funding will pay for new reviews, small-scale research, convening of expert meetings etc. An element of reactive work conducted in response to specific areas of concern will also be provided. This will be commissioned under call-off contract as and when required or by separate contract through a competitive tender exercise and the programme will be funded via Central DH. Ministers, the CMO, his expert advisory committees and the public should all benefit from this programme. If it is not funded Ministers will be criticised for the inability to fund research, which provides the answers to questions on environment and health. Non-funding will also prevent the Department from responding effectively and rapidly to public concerns about effects of environment on health or to respond to recommendations from independent expert advisory committees.	A3.2	A3.2	
Further Development of Lifetables to Estimate Mortality Impacts of Long-Term Exposure to Particles	1022	Air Pollution	Dr Heather Walton	£59,636	£60,580	The funding pays for the production of discussion paper/reports on methodological developments which: • estimate the loss of life expectancy due to air pollution; • give advice on how to interpret work in Europe; • provide specific calculations for cost-benefit analysis of the Air Quality Strategy. The money pays for the time and expertise of staff at the Institute of Occupational Medicine (IOM) & academic advisers.	-	-	-	A3.3	To protect the people of England from the hazards of air pollution to human health	
Health Aspects of Environmental Radiation	2046	Ionising Radiation	Simon Dyer (Ian Chell)	£1,025,000	£1,050,625	Provision of research based evidence on the potential health effects of environmental radiation. Funding recommendations of the Committee on Medical Aspects of Radiation in the Environment (COMARE). The money funds universities and consultancies via HPA.	-	-	-	A3.9		
Mobile Phone Research	2022	Non-ionising Radiation – Mobile Phones and Health	Simon Dyer (George Hooker)	£462,275	£473,832	Provision of research based evidence on the potential health effects of mobile phone technology. The money goes to research institutes (mainly universities) via HPA. There is also a contributory funding stream from	-	-	-	A3.8		

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SAGE	1022 (part)	SAGE	Simon Dyer (George Hooker)	£50,000	-	industry & OGDs. Involvement of stakeholders in consultation process on health effects of electric and magnetic fields. The money goes to a facilitator in conflict resolution via Central DH. The commitment is contractual with charity CWL and NGT (industry) co-funding.	-	-	-	A3.8		
Payments to the Small Area Health Statistics Unit	2026	Toxicology	Simon Dyer (Frances Pollitt)	£416,000 (note: this budget has been static for many years and is now insufficient to pay DH contribution to contract, so is heavily subsidised by budget 2028. Increase over previous years requested to avoid subsidy. Bid for 2028 reduced accordingly)	-	The money pays for research studies of environmental hazards and health effects published in peer-reviewed scientific journals. It funds extensive databases of health and environment information and expert advice. It also provides DH's contribution to a Government-funded Contract for the Small Area Health Statistics Unit (currently runs until 30 September 2007). The contract cannot continue without DH's contribution. The money goes to universities via Central DH.	-	£426,400	This funding is for the continuation of this service, which will benefit Ministers, the CMO and the public. It will enable the extension of the contract with Imperial College for a further two years. A review group, including independent assessors, recommends that the contract should continue with this contractor.	A3.2		
Payment to DH Toxicology Unit	2026	Toxicology	Simon Dyer	£600,000	£600,000	Preparation of comprehensive toxicological/epidemiological reviews to enable a number of independent committees supported by the Department to provide advice. The funding provides a contract for the Small Area Health Statistics Unit (currently runs until 30 September 2007). The money goes to Imperial College via Central DH.	-	-	-	A3.2		
Health Protection Totals				£40,270,462	£36,992,427		£2,530,000	£3,987,400				
International Health												
EEA medical costs – collection of data (CC 2000)	2000	European Affairs	Ian Fleming	£175,000 (subject to annual review)	£190,000 (subject to annual review)	Provides necessary management information to support the programme budgets 2008 & 2009 (information needed to implement the EC regulation & maximise the income to the UK). The programme satisfies an EC Treaty obligation on the UK to provide management information to other EEA states on healthcare costs in the UK. The money buys a Service Level Agreement (SLA) between DH & Leeds NEPCT. The payments go to Leeds NEPCT via Central DH.	-	-	-	A1.1.3		
Health cooperation agreements and memoranda of understanding	2002	Global Affairs	Tony Kingham	£42,000	£42,000	Outward and inward visits with partner countries around the priorities specified in the formal agreements. The money buys the cost of travel and hospitality for specific visits within the agreed objectives. It goes to employing authorities for outward visitors and hosting organisations for inward visits and fulfils a Government commitment regarding the strengthening of bilateral links.	£208,000	£208,000	The extra funding will facilitate an increasing number of agreements. It will benefit patients, through improved service delivery and enhanced UK influence in international fora and partner countries. The extra funding will cover the costs of travel and hospitality for specific visits within the agreed objectives. The money will go to employing authorities for outward visitors and the hosting organisation for inward visits. If the programme is not funded, the government will be put in the embarrassing position of being unable to meet declared commitments.	A1.3.3	A1.3.3	
UK contribution to WHO	2004	Global Affairs	Tony Kingham	£16,000,000 (invoiced in US\$) (subject to annual and in-year reviews and £/\$ fluctuations)	£16,000,000 (invoiced in US\$) (subject to annual and in-year reviews and £/\$ fluctuations)	To continue to meet UK obligations arising from membership of the UN. The money buys improvements in public health in the UK and abroad and contributes to global security through the combatting of disease	-	-	-	A1.3.5		

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						outbreaks. The annual contribution to WHO's budget is linked to the UN scales of assessment agreed in New York. These scales are negotiated by the FCO in accordance with UN Charter and UK membership obligations. If more than two years in arrears, the UK loses its voting rights in the World Health Assembly.						
Partial agreement on Social and Public Health activities (CC 2005)	2005	Global Affairs	Tony Kingham	£225,000 (invoiced in €) (subject to annual and in-year reviews and to £/€ fluctuations)	£225,000 (invoiced in €) (subject to annual and in-year reviews and to £/€ fluctuations)	To meet the costs of the UK's arrangements with the Council of Europe thereby ensuring UK participation in the development of a pan-European approach to public health matters. The payment is made directly to the Council of Europe and fulfils a CoE Treaty obligation on the UK. Non-payment may lead to legal action against the UK.	-	-	-	A.1.3.5		
European Pharmacopoeia	2006	Global Affairs	Tony Kingham	£525,000 (invoiced in €) (subject to annual and in-year reviews and to £/€ fluctuations)	£525,000 (invoiced in €) (subject to annual and in-year reviews and to £/€ fluctuations)	To meet the cost of the UK's agreement with the Council of Europe on Pharmacopoeia. The money is paid directly to the Council of Europe. Non-payment would be in breach of the UK's international obligation and might have legal implications.	-	-	-	A.1.3.5		
European Health Insurance Card (EHIC)	2007	Cross Border Health Care	Judy Joslin	£6,000,000	£6,300,000	The production of European Health Insurance Cards for UK residents within 21 days of application. The money pays for: 1) Production and distribution of an estimated 7m cards per annum, the management of a central database, application system and an enquiry service. 2) Distribution of Health Advice for Travellers leaflets by the Post Office. 3) Printing of application packs and forms. The money goes to ALBs, the Post Office and COI. This programme is a requirement under EU legislation agreed by the PM in 2002. If we do not provide EHIC's for residents we will be in breach of EU regulations and will be subject to possible infraction proceedings. There are also existing contractual relationships with the Post Office that need to be considered.	-	-	-	A.1.1.1		
UK Support for Reconstruction of Health Services in Iraq	2010	Global Affairs	Tony Kingham	£4,000,000	Possible delay of expenditure in 2006/7 through difficult political situation may require spill over to following year	Running training and education modules for Iraqi health personnel in the UK or a third country. The money covers the costs of travel and hospitality for Iraqi medics to receive specialist training and education. The programme fulfils political commitments relating to the UK's reconstruction work.	-	-	-	A.1.3.3		
Payments in respect of treatment given by other EEA member states to UK insured persons	2008	European Affairs	Ian Fleming	£609,000,000	£680,000,000	To continue to meet the cost of benefits in kind (healthcare) entitlements of all UK insured citizens who reside either temporarily or permanently within the EEA. The money goes to other EEA member	-	-	-	To review the budget at least biannually and settle claims as soon as possible		

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						states via Central DH in accordance with EEC Implementing Regulation 574/72 or under bilateral arrangements. Non-payment would result in the UK being in breach of its Treaty obligation towards the EU under Regulation 1408/71 & might lead to legal action.						
Receipts in respect of treatment provided by the NHS to entitled persons from other EEA countries	2009	European Affairs	Ian Fleming	-£30,900,000	-£32,100,000	To continue to meet the healthcare costs of all EEA insured citizens who reside either temporarily or permanently within the UK. In particular, these are sums recoverable by the UK. Reimbursements are settled in accordance with the EEC Implementation Regulation 572/71 or under bilateral arrangements.	-	-	-	To review the budget annually and as appropriate have bilateral meetings with other Member States in order to collect sums due to the UK as soon as possible		
International Health Totals				£605,067,000	£671,182,000		£208,000	£208,000				
Scientific Development & Bioethics												
Genetics	2126	NHS Genetics & White Paper Implementation	Dianne Kennard	£13,500,000	£12,500,000	<p>Initiatives to facilitate uptake of genetic knowledge & technology in the NHS. This includes:</p> <ul style="list-style-type: none"> increased genetics lab capacity & faster turnaround times; more qualified staff in specialised genetics services; more genetics in education for staff groups including GPs better evidence base; better awareness of genetics in primary care & in secondary care specialties. <p>The programme fulfils contractual commitments leading from the Genetics White Paper (£50m) and SoFS (Alan Milburn's) April 2001 speech on genetics (£30m). These figures have already been scaled back from original bids of £22.4m (06/07) and £24.6m (07/08)</p>	£1,500,000	£6,500,000	The Genetics White Paper committed to a 3-year review (due June 2006). Extra funding will be needed to maintain progress and ensure that the NHS can follow through on the White Paper improvements. This will benefit patients and, potentially, reduce NHS spend by: <ul style="list-style-type: none"> Increased pick-up by the NHS of those at risk of familial disease (e.g. childhood disorders, CHD & diabetes) Faster and improved management of at-risk patients in primary, secondary & tertiary care New risk reduction opportunities (from reproductive choice to prophylactic treatment and lifestyle changes) to improve health outcomes 	A42		
Scientific Development and Bioethics Totals				£13,500,000	£12,500,000		£1,500,000	£6,500,000				
Emergency Preparedness												
Civil Contingency	2158	Emergency Preparedness	Philip Gardiner	£55,000,000	£73,000,000	Maintenance of the UK's medical countermeasures stockpile and associated projects eg deployment, storage, destruction, training, research and logistics etc. Funding provided directly (eg to commercial storage companies) or to SPHAs and PCTs (for forwarding to the NHS – usually ambulance trusts)	-	-	-	<p>A18.1/2 Ensuring that DH has effective emergency response procedures that integrate with those across Government and the NHS. It provides the NHS with essential medical countermeasures, equipment and associated projects.</p> <p>PSA target: Health of the population.</p> <p>DH Strategic Objective: No. 8 – Ensure effective systems of emergency preparedness are in place.</p>		
Emergency	2155	Emergency	Philip Gardiner	£180,000	£180,000	Funding for EPD policy development,	-	-	-	A18.1/2 Ensuring that DH		

Central Programme Budget Setting Exercise 2006/07 & 2007/08 – HP, IH & SD

Budget Title	2005/06 Cost Centre Number	Policy area	Originator	Amount Required to fulfil firm existing commitments		Firm existing commitments	New/Other expenditure		New/Other commitments	Work-stream No. (Exiting)	Work-stream No. (New)	Comments
				2006/07	2007/08		2006/07	2007/08				
Planning		Preparedness				dissemination and related projects like the annual EPD conference for NHS emergency planning leads. The budget supports EPD policy development and dissemination projects – primarily conference or 'roadshow' events and small projects, such as the current review and redraft of EPD's guidance to the NHS, and production and distribution costs of the Heatwave Plan				has effective emergency response procedures that integrate with those across Government and the NHS. It provides the NHS with essential medical countermeasures, equipment and associated projects. PSA target: Health of the population. DH Strategic Objective: No.8 – Ensure effective systems of emergency preparedness are in place.		
Emergency Preparedness Totals				£55,180,000	£73,180,000		-	-				
HP, IH & SD Totals				£714,017,462	£793,854,427		£4,238,000	£10,695,400				