```
<BR>
<INPUT TYPE=button onClick="javascript:history.go(-1)" VALUE="Back">
<BR>
```

Chief Scientist/Head of Profession/Branch Head Documents - Unformatted Document

## "Re: Revised Briefing for Sofs/MS(PH) Meeting with Lord Archer; PLEASE USE THIS VERSION"

File Reference:	WRK/056
File Title:	Working Files - Health Protection
Filed by:	Carole Dobson/HPIHSD/DOH/GB on 24/03/2009 at 16:21
Created by:	Penelope Irving/OIS/DOH on 13/03/2009 at 14:45
Carole Dobson/HPIHSD/DOH/GB, <- By default all readers can see document.	

## **Document Security:**

Who can read? All readers of this document database

Penelope Irving/OIS/DOH

13/03/2009 14:39

Tolan Matthews/PR-OFF/DOH/GB@GRO-C ccAilsa Wight/PH6/DOH/GB@GRO-C David Harper/HPIHSD/DOH/GB@GRO-C Jonathan Stopes-Roe/HP-SL/DOH/GB@GRO-C Morven Smith/POLICY/DOH/GB@GRO-C Richard Douglas/FD/DOH/GB@GRO-C Rowena Jecock/PH6/DOH/GB@GRO-C

SubjectRe: Revised Briefing for Sofs/MS(PH) Meeting with Lord Archer; PLEASE USE THIS VERSION339B3DB717D3F23680257575005B244D

All.

As you know, SoS and MS(PH) met with Lord Archer of Sandwell on Wednesday 11 March. The following points were discussed:

- Lord Archer summarised his three main recommendations from the report. These were:
- Establish a Committee representing all clinicians/patients to advise the government on haemophilia
- Funding should be provided to keep the Haemophilia Society afloat
- · Financial relief for those affected should be reassessed.
- The report deliberately did not apportion blame for the events in the 1970s and 1980s but sought to identify the need for recompense for the victims. An amount had not been specified as this should be decided on by negotiation.
- In the 1970s the government of the day acted in good faith: the medical conditions
  were not fully understood, tests to detect viruses were not available and the biggest
  cause of difficulty was in fact the 'doctor knows best' culture.
- Families had settled legal action out of court in 1991.

- SoS would need to be convinced that current financial arrangements were
  insufficient before he considered any adjustments to the compensation system.
  Lord Archer explained that many patients suffered financial hardship but MS(PH)
  said it was important to distinguish what financial pressures were a consequence of
  infection, as opposed to being the consequence of the illness which had caused the
  patients to need transfusion in the first place i.e. haemophilia.
- Any finance-related decisions had to be taken in the context of other patient groups such as the Thalidomide Trust who were seeking further Government compensation.
- MS(PH) asked why Lord Archer had identified both the continuation of funding for
  the Haemophilia Society and also the establishment of a new statutory Committee
  as two of the top recommendations and what was the difference between the two
  bodies? In response, Lord Archer explained that the Haemophilia Society did not
  discuss issues as the Committee would nor have representation at the level
  necessary to advise government. The Society focused more as a social network for
  members.
- SoS raised the issue of infected patients not being able to get insurance coverage.
   Lord Archer explained several potential solutions: government could pay for any augmented premiums or could provide independent insurance coverage.
- Lord Archer did not understand why a public inquiry had not been held earlier as it fuelled talk of a conspiracy.
- SoS asked about the importance of commercial considerations in previous governments' actions: even if the UK had been self-sufficient in plasma products there was no evidence that infection rates would have been any lower given the high rate of HIV infection in the UK population. Lord Archer confirmed that it was difficult to identify people's primary considerations.
- SoS thanked Lord Archer for his time and said that he wished to speak to him again once the department had decided on its response to the review.

In terms of next steps SoS and MS(PH) would like to receive advice on the following points:

- they would like to look at the eligibility criteria for those who receive money under the different schemes including options to rationalise the schemes (which should incorporate the options already outlined on how and if to adjust compensation)
- what are the options for the department regarding insurance provision (including perhaps an arrangement with the insurance industry?)
- they would like to look at the funding for the Haemophilia Society and options to give the Society a wider remit (in the context of the recommendation for the establishment of a Committee which had not been recommended)

Could you please send a note through to Morven and me on the above points by **12pm next Thursday** to make MS(PH)'s weekend box. Morven and I will of course be happy to discuss this.

Many thanks,

Penelope

Penelope Irving
APS/Secretary of State for Health
GRO-C

The Secretary of State's box closes at 2pm Monday-Thursday and 12noon on Friday lan Matthews/PR-OFF/DOH/GB

lan Matthews/PR-OFF/DOH/GB

10/03/2009 16:39

- To Penelope Irving/OIS/DOH@GRO-C Morven Smith/POLICY/DOH/GB@GRO-C
- cc Elizabeth Woodeson/CQEG/DOH/GB@GRO-C Ailsa Wight/PH6/DOH/GB@GRO-C Rowena Jecock/PH6/DOH/GB@GRO-C David Harper/HPIHSD/DOH/GB@GRO-C Jonathan Stopes-Roe/HP-SL/DOH/GB@GRO-C Richard Douglas/FD/DOH/GB@

Subject Revised Briefing for Sofs/MS(PH) Meeting with Lord Archer; PLEASE USE THIS VERSION

## Morven, Penelope

Ailsa has discussed this with you, please find attached a very slightly tweaked version of the document I sent earlier. There is a change in **Annex D**, under Option 1a) on page 13.



Archer Briefing Revised 10.03.09.doc

Grateful if you could please replace the earlier version with this. I hope this is okay.

Many thanks.

lan

lan Matthews
Policy Officer
Infectious Diseases and Blood Policy Team
Room 530
Wellington House
GRO-C

(Content modified in mailfile prior to filing since first received on 13/03/2009 14:39. Last modified in mailfile: 13/03/2009 14:45)