

**"Skipton - first payments"**

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Subject: Skipton - first

payments

Re-emerging blinking into the daylight after a few weeks rustication in Dorset, I find that progress continues at Alliance House. I shall have some detailed figures for you at the weekend, but I note that we have paid about 20% of those from whom application forms have been received, and at present seem to be paying more each week than the rate if inflow of new applicants. Phew!

There have been two factors determining the rate of progress:

- my insistence that each payment is signed-off by a director. With (for a time) only 2 London-based directors available, and with that sign-off entailing quite a lot of checking, that has been a limiting factor. We now have the third London-based director available and have transferred more of the data-checking to the staff, so this sign-off is no longer a constraint
- my parallel insistence that the actual payments, involving the computerised transfer of funds, are made by a member of the Macfarlane finance team - a permanent employee in whom we have total confidence - rather than by somebody on a short-term contract. This function is both tedious and time-consuming, and we have settled on a target of 250 payments a week. This is the determinant of our speed of progress. The more detailed figures will confirm that, at the moment, we have some 12 weeks' worth of payments to be made by this person.

We only have one other person on the MFT finance team and cannot spare him off that job to make Skipton payments. We are training another MFT person on the payments process, but her capacity will always be limited because she, too, has other MFT work to do.

I will be looking at the payments process to see if it can be speeded up, but I am not optimistic.

Now, some questions:

- we have an application from somebody who was transfused, while visiting his parents who were RAF personnel in Gibraltar, at the Royal Naval Hospital there. Please would you confirm that that establishment is effectively part of the NHS?

- the part 2A questions continue to cause great difficulty, and I trust that you are hard at work consulting on these. Some further illustrations of the problems (Bob already has some stuff from me on this):

- a clinician said that a patient was PCR positive, but added that he had not been tested since 1998. We took this as a qualifying.

- the 2A questions were answered "yes", "no", "no" and "no", but the clinician went on to say that the applicant had had persistently abnormal ALT tests.

- after a similar set of answers, the clinician said that a liver biopsy (on a haemophiliac) showed him to have cirrhosis

- in another similar case, the evidence of cirrhosis comes from CT scanning and ultrasound.

- in yet another case, the second question (PCR negative?) was unanswered, but the clinician said chronic Hep C had been diagnosed.

Finally, we have a case from Brian Colvin, at the Royal London, who has signed off lots of applications but on this one cannot complete the form. From a long and detailed letter the position appears to be

- the applicant is a long-term Hep B carrier with partial immunity to that virus

- he is also HCV antibody positive and in 1995 and April 2003 had positive HCV PCR test (but in 1991 had had a negative one, which Colvin believes to be a false result)

- HIV treatment caused a flare-up in his Hep B infection which then resolved spontaneously

- as his HIV treatment led to an improved immune system, his HCV PCR test became negative spontaneously in October 2003 and remains so.

Colvin concludes that the applicant clearly is and was chronically infected with Hep C (and nearly died of liver disease) and should qualify for the 2nd stage payment, but appears to be of doubtful eligibility for the first stage payment. This has to be nonsense.

These all show that the 2A questions are not leading us (or the clinicians) to clear conclusions.

Furthermore, one of the London-based directors is Elizabeth Boyd, who is a DOH-appointed MFT Trustee who works at the Royal Free. Her understanding, based on Christine Lee's knowledge of Hep C, is that "nobody who is PCR negative without receiving Interferon based treatment would have experienced any of the symptoms mentioned in 2A(iv)." She is, therefore, not passing any "natural clearers", which forces the rest of us to follow suit - but until she made this plain I had already passed quite a lot of such cases.

So we have inconsistency of treatment on this point within Skipton, matching that from the clinicians, about which I have already told Bob.

My belief is that this is not a major problem in terms of numbers and can be resolved by taking a different view of this point that was much debated earlier this year; in other words, I think we should abandon the distinction of viral clearance between those whose clearance followed treatment (the majority of clearers) and those who did so "naturally". I do not believe that the cost to the scheme would be significant.

But we do need greater clarification on this point at the very least, and should not be distinguishing between those whose clinicians only tick the boxes and those who add sufficient arguments as to indicate that being PCR negative without taking interferon and without clear evidence from the acute stage is not, in fact, a sound or fair reason for withholding payment.

I could suggest "Appeals Panel", but think that we actually need a re-definition of eligibility - the Panel would be similarly stymied by the rules of the scheme, which are themselves the root of the problem since we did not find a set of questions in part 2A which sufficiently defined how to discriminate against this small group of people.

Your swift resolution of this would be much appreciated. I will be happy to come into Skipton House to talk about it if that would help.

Peter

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