



### "MFT and Hep C scheme"

Document Type:	Formal
File Title:	GHP - Blood Policy - Skipton Fund - Richard Gutowski papers
File Reference:	GHP/005/007/013 Vol 3
Protective Marking:	No Marking
Filed by:	Richard Gutowski/PH6/DOH/GB on 25/11/2004 at 09:56
Created by:	"Peter Stevens" on 03/11/2003 at 17:55

### Named Security Prior To Moving To Archive:

Who can edit?	Nobody
Who has edited?	Richard Gutowski/PH6/DOH/GB
Who can read?	All readers of the document database

### Modification History Prior To Moving To Archive:

Modified Date and Time	Details
17/08/2007 09:36	Refiled from WRK/004/001
18/08/2009 14:50	Modified registered file
08/02/2012 15:48	Refiled from GHP/005/007/013 Vol 2 to GHP/005/007/013 Vol 3

"Peter Stevens"  
<peter@GRO-C>  
03/11/2003 17:55

Gutowski/PH6/DOH/GB@GRO-C  
<martin@GRO-C>

To: Richard  
cc: "Martin Harvey"  
bcc:  
Subject: MFT and Hep C

scheme

Richard

I trust that by now you have had Martin's letter, from which you will know that we would like to get on with the scheme but are somewhat stymied by the continuing uncertainty on various points.

Knowing that this is not my role at all, might I nevertheless make a couple of suggestions that might deal with some of the unsettled or contentious points that could help to reduce the flak that will fly around John Reid's Questions?

- payments to bereaved. This is, I think, more of an issue for the mono-infected (including the transfusion group) than it need be for the co-infected, all of whom have had ex gratia and settlement payments post- or pre-bereavement. I do not know how many transfusion bereavements there have been, but excluding the co-infected group takes about 850 families out of the settlement. Could not some "token" payment - say £5,000 - then be afforded?
- virus clearance. Mark Winter has pointed out that excluding any payment for virus clearance, while giving a £25K payment to those who have moved to some form of liver damage, creates a huge disincentive to having treatment (and the treatment is enough of a disincentive itself). Surely there should be a payment - £10K? - to anybody who clears the virus after 29 August following treatment? I accept that retro-active payment to those who have cleared already, whether or not through treatment, is, in the real world, not such a high priority for a "no liability" scheme.

- Hep B. This is a new point, again from Mark. He has 2 or 3 haemophiliac patients who contracted Hep B through the same route. It would seem logical to include them. Since numbers are bound to be very low, can they be included through the administrative process without being publicly announced?
- transfusion cases. I think we still need, as I said in my previous Email, a meeting with you (and some medics, including Mark if possible) but without any campaigners to discuss the processes for this lot, who seem to present much more complex administrative problems.

I must point out that the first two of these points are not in line with my Trustees' wishes, but appear to Martin and me to be possible practical compromises.

Another point made by the Trustees was that the whole scheme should be based on conditions applying on 29/8, but I really cannot see that being workable. There has to be the possibility of people who were virus-free coming back if the virus re-appears (if my suggestion above is taken, they would only be eligible for a balancing payment, not the whole £20K), and for people to get the £25K if at any time in the future they reach the illness trigger.

Of course, any extension beyond a one-shot scheme would push up the costs beyond our £160K estimate, but over a much more extended period than the 6-months we envisaged for the one-shot scheme.

I am sure our Trustees will support our administration of a scheme even if there are aspects of it they do not like - the problem at the moment is that the lack of final details gives them the opportunity to make conditions. The only condition of the scheme from which we cannot walk away is that "our guys" - the living co-infected - get the same deal as the mono-infected.

We are having a Trustees' Awayday on 1 December, mainly to give full consideration to the long-term review report (which we will be sending to you very shortly after that). Is there any prospect that we can present to the Trustees on that day a final, fully worked-out scheme?

Best regards

Peter Stevens

PLEASE NOTE: THE ABOVE MESSAGE WAS RECEIVED FROM THE INTERNET.

On entering the GSI, this email was scanned for viruses by the Government Secure Intranet (GSI) virus scanning service supplied exclusively by Cable & Wireless in partnership with MessageLabs.

DH users, see Guide to Email virus scanning under Security in DH on the Notice Board, for further details. In case of problems, please call IT support helpdesk.