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Statement No: WITN2368019
Exhibits: WITN2368020-WITN2368051
Dated: 4 December 2020

INFECTED BLOOD INQUIRY

EXHIBIT WITN2368029

MEETING WITH THE MINISTER – 12 JULY 2006

The meeting with Caroline Flint MP, Minister of State for Public Health, was attended by the following:-

Mr Peter Stevens – Chairman of the Eileen Trust.

Mrs Sue Phipps – Trustee of the Eileen Trust.

Mr Martin Harvey – Secretary of the Eileen Trust.

From The Department

Mr Jonathan Stopes-Roe – Head of Strategy & legislation Branch.

Mr Brian Bradley – Strategy & Legislation Branch.

The minister's press and communications officer.

The minister's assistant private secretary.

Summary of the Exchange

Peter Stevens gave a broad overview of the business case for both trusts. Where appropriate, the diminution in the real value of support, based on the evidence that the value of support was never properly calculated form day one, as it affected both registrant cohorts was explained.

The verbal dissertation was designed to ensure that any rebuttal by the department was made as difficult as possible. The strategy was to deliver a message that could not be easily challenged.

Eileen Trust

Main general issues covered in the Chairman's overview:-

- Work is a rare option. The cost of supporting HIV was never properly costed in the original funding.

- Trust is not a substitute for the welfare state. State benefits are increasingly geared to encourage people back to work; this is not a real possibility for the vast majority of the registrant community of (both) trusts.

- Family support is there but not always. Community support is unavailable, stigma being the main fear for the vast majority of the registrant community. State benefits insufficient to meet the needs of the Trust's community of care.

- Longer life means different needs. Health degradation is still a reality.

- Trustees seek to empower registrants to make decisions not impose restraints.

- Many widows living in acute poverty – no financial base, return to work often impossible.

Business case spells out requirement and that has been calculated at 250k per annum but should remain open-ended due to the increasing number of registrants – 38% in the last 2.5 years.

- Longevity was identified in the Long Term Review.

- Under a new Secretary and a restructuring of the board of trustees, a need to examine the role of the Trust rather than retaining the status quo.

The Trust exists to help the Government deal with issues arising from a major NHS calamity. Trust requires Government to revisit the original commitment and re-finance the Trust to enable it to meet the needs as identified in its original role.

The department is the vehicle that enables the Trust to perform that function. The Eileen Trust cannot be relegated in funding terms and the same criteria applied as other NHS bodies.

Any restriction of funding will inflict damage on the registrant community – poverty and stress are killers in much the same way as is HIV. It cannot be departmental or government policy to shorten lives with third party policy error.

Sue Phipps spoke eloquently about the specific needs of Eileen Trust registrants from her perspective as a trustee. The valuable role of the caseworker and the management transparency of support given to the community of care etc.

Conclusion

In essence, the Trust as inviting through the business case the Government to reconfirm its commitment and to support the maxim that the Trust was no longer helping people to die but seeking to enable them to live.

The strategy deployed by the Trust was to achieve the following:-

a) To ensure that the Trust delegation managed the agenda.

b) To strike a tone that challenged the department to disagree with any of the points made. The strategy was quasi-political supported by the morality of the business case.

c) To ensure that the department were made aware of the historical commitment that was made to the registrant community and that this government recognised that commitment by re-confirming its obligation in the absence of any admitted liability.

d) That the department were made aware of the fact that it was their approach to the funding of the Trust that either enabled the Trust to meet the objectives it was asked to meet when it was first set up. That the real cost of support was never properly

evaluated from day one even if support, at current levels, had broadly maintained cash values in line with inflation.

e) In the sure knowledge that the department were seeking to brief the minister with a reply that would not meet the objectives of the business case, the strategy sought to try persuade the minister that her brief (assuming that the Trust analysis was correct) would not be acceptable.

It was clear from the ministerial response that he following was the case:-

1) That she had been badly briefed and was not prepared for the strategy deployed by the Trust.

2) That the attempt to go on brief:-
- The Trust not envisaged as an alternative to the welfare state.
- May of the needs as stated in the business case could be satisfied through the state.
- Funding was a difficult.
- There are many other people with HIV.

Were seized upon as being irrelevant. The point was re-affirmed that the Trust was a special case dealing with a constituency that were infected with HIV through no fault of their own. This was recognised by the Government in its original commitment when the Trust(s) were set up.

The minister then changed tack and said that this was a listening exercise, a chance to meet the Trust and she confirmed there would be a further meeting with a decision, hopefully, before the recess.

Letters thanking the minister for her time and reinforcing key points were sent form the Chairman and the same to officials from the Secretary.