

Dear Dawn,  
In terms of what would be reasonable to  
give as a one-off additional payment to the  
MS(PH) funds; for Macfarlane it would be £7.5-8m.

From: Rowena Jecock

GRO-C

Cleared: Ailsa Wight

Date: 24 February 2009

Copy: As attached list

For Decision

This report is poor I think.  
~~that's a very nice meeting on Mon.~~  
~~in March~~ See attached note for further urgent

**CONTAMINATION OF NHS BLOOD AND BLOOD PRODUCTS DURING  
THE 1970S AND 1980S: PUBLICATION OF THE REPORT OF AN  
INDEPENDENT INQUIRY BY LORD ARCHER**

**Purpose**

To inform you of the recommendations of the Archer report, which was published yesterday, and to give an initial view on actions needed before the Government can respond.

**Timing**

This is for information. We did not see the report before publication at 10.30am on Monday, and our line in response is that we need to study the report and conclusions in detail before considering a response. We will send a fuller note with a proposed timetable on Monday.

**Recommendation**

That you note the report's recommendations and agree to preparation of a Government response.

**Summary of Lord Archer's Recommendations**

- Establishment of a statutory committee to advise Government of the management of haemophilia in the UK
- Free prescription drugs and free access to other NHS and support services.
- Secured funding by Government for the Haemophilia Society (a third sector organisation)
- Review of the current ex-gratia payments system, including bringing payments in line with those in Ireland (very much higher than in the UK), and incorporating them within the DWP benefits system.
- Enabling haemophilia patients to have access to insurance.
- Establishing a 'look back' exercise to identify any remaining patients who may have been infected, and may not be aware of this.

we currently give  
£3.7m annually  
to the Macfarlane  
Trust & £178k  
annually to the  
Eileen Trust.  
In total since  
its inception  
in 1988 we have  
given £46.3m  
to the  
Macfarlane  
Trust. In 1988  
they received £10m.

**Initial Reactions to Recommendations**

\* Officials are in consultation with the Macfarlane Trust about a long term permanent "lumpsum" payment which would effectively ~~cease~~ the yearly budget debate.

This is the  
Macfarlane Trust  
(for haemophiliacs)  
and the Eileen Trust  
(for non-haemophiliacs)

- Proposal to establish a committee:
  - From the patients' perspective, this would give them assurance that an independent body was providing dedicated advice on best management of their condition.
  - However, we need to consider in the light of wider policy on patient consultation. One disadvantage is that other patient groups may seek a similar body. We do not see the rationale for establishing on a statutory basis.
- Free prescription drugs.
  - This will need to be considered in the light of exceptions for other long term and hereditary conditions.
- Secured funding for the Haemophilia Society:
  - We need to consider in the light of DH (and Government-wide) funding of the third sector.
  - Secured funding for one voluntary body could open the door for many other third sector organisations to ask for equivalent support.
- Review of payments system:
  - We need to consider and carefully cost the options for additional support, and consult DWP.
  - However, the financial implications are enormous if we were to operate in line with the Irish system, as Archer recommends. (An initial estimate applying the average Irish payment to our 4-5000 cases would be £3-3.5 billion. We need more work to properly quantify these recommendations.)
- Access to insurance:
  - We will seek the view of the Association of British Insurers.
- Lookback exercise:
  - There has already been one lookback exercise, in the 1990s. If it were decided to carry out a further search, we would propose asking the UK Haemophilia Centre Doctors' Organisation to manage it.

*We do fund the MacFarlane Trust as per previous page - which is there to aid haemophiliacs who have been affected.*

### Other Key Points from the Report

The report explicitly avoids apportioning blame and recognises that these are historical events. There is a suggestion that a secure supply of safer products could have been provided earlier by a faster drive towards self-sufficiency.

However, it is debatable how much contamination could have been avoided, given that domestic products could not have been safeguarded against risk of HIV and hepatitis C any sooner than they were.

Overall, since the 1970s and 1980s, there is a tighter regulatory framework in place and the establishment of NHSBT has brought the safety and supply of blood products under closer control. We will be mapping out the current supply landscape to help provide the context for a Government response.

#### Timetable for handling

We strongly recommend not making any immediate commitment to a timetable for response. Our initial view is that the necessary consultation and costing of options, plus decision time, may require three months.

Rowena Jecock  
Head of Blood Policy  
531 Wellington House  
Ext. **GRO-C**

#### Copies:

Sarah Kirby  
Penelope Irving  
Mark McGonagle  
Clare Montagu  
Mario Dunn  
Steven Pidgeon  
Beatrix Sneller  
David Harper  
Mike de Silva  
Elizabeth Woodeson  
Ailsa Wight  
Patrick Hennessy  
Murray Devine  
Colin Phillips  
Peter Bennett  
Judith Moore  
Graham Kent (DH legal service)  
Paula Cohen (DH legal service)

\* The Government at the time (1980s) did not accept that there was a case to be answered and did not accept blame. In Ireland, the Government did accept blame and thus offered compensation.

\* Response to this report does not intend to revisit decision to not accept blame. I asked officials about reasons ~~why~~ <sup>why</sup> the Government of the day did not accept blame - no information about this is held.

~~\* Officials are seeking legal advice on how apologising and using the terms "health disaster" might affect us.~~  
You to

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