Witness Name: David Cameron Statement No.: WITN3903001

Exhibits: WITN3903002- WITN3903006

Dated: 14 February 2020

 INFECTED BLOOD INQUIRY
EXHIBIT WITN3903003

OFFICIAL

From:

Clare MacDonald

Date:

13 July 2015

PRIME MINISTER

cc:

Jeremy Heywood

Chris Martin

Ed Llewellyn

Kate Fall

Craig Oliver

Camilla Cavendish

Ameet Gill

Gabby Bertin

Graeme Wilson

Adam Atashzai

Helen Bower

Nicola Hudson

REVISED CONTAMINATED BLOOD CONSULTATION

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You asked for a different approach to the consultation on reform of support schemes for those affected by contaminated blood. To ensure we meet your commitment of consulting before recess, the consultation has been redrafted for publication this week.

Jeremy Hunt wrote to you to outline the options for reform of the charities supporting those affected by contaminated NHS blood products (see attached annex). You were clear that you were not content with a reformed system where funding might be withdrawn from those who currently receive it (e.g. uninfected family members).

To meet your request but also stick to the timetable you committed to at PMQs, the consultation has been redrafted to make it entirely open as to the best way forwards, rather than specifying a preferred Government position. This delays decisions on funding for the new scheme until the consultation is complete. There is no longer any reference in the consultation to withdrawing support from certain groups, and the consultation clearly states that "It is our intention in reforming these schemes that anyone currently receiving support will continue to do so in a reformed system." The consultation will be published on Wednesday, alongside a ministerial statement formally responding to the Penrose report.

Would you like to announce the consultation yourself during PMQs this Wednesday, as you did with the initial response to Penrose? No.

The consultation is likely to raise expectations of significant additional payments. You initially committed £25m of additional funding for new payments, but this was a one off amount rather than recurrent funding. To maintain the current payments but provide additional compensation to those with stage 1 hepatitis C would cost an extra £33m a year, more than doubling the costs of the scheme from £21m per year to £54m per year.

We will work with the Department of Health and HMT to a spending review timetable to consider the affordability the new scheme, and will come back to you with further advice. We have understood your feedback to mean we should guarantee that no one will have their support reduced or removed in the new scheme, and that DH should absorb the extra costs of the scheme into their baseline for future years. The £25m you committed would be used for the ongoing costs of the scheme and increased payments to some groups, rather than any one off payments.

Are you content with this approach? 43. Dath is annion a