

PS/Secretary of State*

Copy to: PS/Minister of State*
PS/US of S*
PS/HHD
PS/Chief Executive
Solicitor*
Mr Mills, PFO*
Mr Anderson
Director, InD*
Mr Young, Special Adviser*

PATIENTS WITH HIV FROM INFECTED BLOOD TRANSFUSIONS

1. This minute recommends that the Secretary of State gives his support to the proposal by Mr Waldegrave to resolve the issue of patients who have contracted HIV from infected blood transfusions, blood tissue or transplants.

2. In his letter of 2 December to the Chief Secretary (copy attached for ease of reference) Mr Waldegrave set out proposals aimed at offering non-haemophiliac patients who have contracted HIV from infected blood etc the same settlement as was agreed for haemophiliacs. As Ministers are aware there is considerable public sympathy for these unfortunate patients and the campaign which is being led by a Scottish firm of Solicitors, Messrs J & A Hastie & Co seems likely to increase in intensity in the coming months. Dr Gavin Strang MP, who has a constituent claiming to have become HIV from a blood transfusion, put down a motion last week pressing for compensation for all patients in this unfortunate situation. He complained publicly when the motion was not discussed. The media is sympathetic and there have been various articles recently highlighting the plight of this group of patients, with the Government's position being represented in an unfavourable way. The arguments which have been deployed so far in defending the differences between haemophiliacs and this group of patients have increasingly been recognised as untenable.

3. A decision to make a settlement would therefore be welcomed and would defuse a potentially damaging campaign. A settlement on the basis of that agreed for haemophiliacs would however present a number of difficulties not least in validating who would be eligible. Information about the condition of haemophiliacs was well recorded and the total numbers were accurately known. This would not be so for the non-haemophiliac patients and any settlement would require to take account of family circumstances eg whether the infected person was the breadwinner, whether other members of the family would have an entitlement and whether legal expenses would be paid. On the basis of a payment of a possible maximum of £80,000 per person, the total Scottish costs could be in the region of £900,000 for the 11 known Scottish cases to date. Mr Waldegrave has proposed that Health Departments might make a contribution of one third of the costs. We would have preferred that Treasury met the whole costs since our contribution would divert funds from other health care priorities. But if Treasury insist on a contribution as a prerequisite to an agreement then we will try to find the money within the cash-limited Health vote. This would be easier in this financial year rather than next but, for the reasons given above, it

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would take time to work out the actual size of our contribution, and in any event, Finance Division advise against revealing to the Treasury the possibility of offsetting savings on the Vote at this stage of the Supplementary Estimates cycle.

Recommendation

4. We recommend that the Secretary of State signals his support in principle for the proposals put forward by Mr Waldegrave. A draft letter for the Secretary of State to send to the Chief Secretary is attached.

5. This minute has been cleared with Finance.

GRO-C

P.P. G W TUCKER
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