

Stock RG (Bob)

From: Fenocchi L (Linda) on behalf of Minister for Health and Community Care
Sent: 14 November 2001 19:41
To: Stock RG (Bob)
Cc: Deputy Minister for Health and Community Care; PS/HD Health; Whittle P (Pam);
Falconer S (Sandra)
Subject: NOTE OF TELEPHONE CONVERSATION: SUSAN DEACON AND JOHN HUTTON -
HEP C COMPENSATION

Mr Stock

Cc: As above

**NOTE OF TELEPHONE CONVERSATION: SUSAN DEACON AND JOHN HUTTON - HEP C
COMPENSATION**

Please find attached a note of the telephone conversation between the Minister and the Minister of State today, in advance of his debate, for your information.



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Linda Fenocchi
PS/Minister for Health and Community Care
14 November 2001

NOTE OF TELEPHONE CONVERSATION

SUSAN DEACON, SCOTTISH EXECUTIVE MINISTER FOR HEALTH AND COMMUNITY CARE AND JOHN HUTTON, MINISTER OF STATE AT THE DEPARTMENT OF HEALTH

14 November 2001

Start 11:36 hrs

JH	I wanted to speak to you to ask if you had changed your position on Hep C compensation?
SD	No - the position is the same but we may cushion the blow by setting up mechanisms which take into account the wider issues of mediation and compensation.
JH	Would any action be retrospective?
SD	No - we are just thinking about issues similar to those identified in your white paper. We are not looking to move on this and it is my view that any change would need to be endorsed. Other Ministers' agreements would need to be sought and then the Scottish Parliament. Have you had any further thoughts?
JH	I am holding the line on compensation.
SD	What about the cases which have come under the CPA?
JH	There will be no more cases to come after the end of the current group because they are time barred. I've discussed this with officials.
SD	It is a very difficult issue.
JH	The current group are patients who chose not to litigate. The more deserving are those who don't know they are infected. There are 500 to 600 cases in England who are not open to compensation. There is anxiety that a new administration in Scotland means you will commit to compensation. The new administration may establish a different and conscious change of position and this will create significant difficulties for us if people in Scotland can be compensated but those in England cannot.
SD	That would be a huge u-turn on my part and so I am not keen. It's true there is an instability in Scotland at the moment and so I can't predict further down track but I am sure we would avoid the propensity for a knee-jerk reaction.
JH	A knee-jerk reaction would place us in a difficult position.
SD	New leadership may wish to be less knee-jerk. I have just received a draft response to the HCCC which maintains our current position and acknowledges that we will do our best to hold the current line which the issue is looked at and thought through. We have to be careful not to open the floodgates, for example MRSA, and so we need to look at

	the bigger question of compensation and risk assessment. We would want to look at this issue from a UK perspective.
JH	But it is an entirely devolved matter.
SD	Yes, but at the JMC I said that we want to sign up for this around a UK table; that this is an issue which shouldn't have a different approach north and south of the border. We will hold the current view and try and sustain it as best we can. There is no plan in my top drawer.

End 10:39 hrs