

Mr Alcock PS SofS

From: Strachan Heppell HSSG
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cc: Mr Dobson EHF1
Mr Powell SOLB3
Ms Christopherson ID
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HIV/HAEMOPHILIA LITIGATION

1. This is to keep you up with the state of play.

The UK position

2. The Steering Committee with whom we have been dealing covers England and Wales but not Scotland and Northern Ireland.

3. The litigants in England and Wales are much further down the track. In Scotland there are about 70-80 cases registered with the Macfarlane Trust and in Northern Ireland about 16. Writs have been served but there have been no hearings. Neither the Scots nor the Irish have an equivalent Steering Committee, no doubt because there are many fewer claims. The Scottish Home and Health Departments and the Northern Ireland Department of Health and Social Services are therefore dealing with the lawyers direct.

4. We have been working the basis that as before the matter will be settled on a UK basis. If the Scots decided not to settle on the same basis as the English and Welsh litigants we might have a handling problem. But we doubt whether this will happen. We would not release any of the money to Scotland or Northern Ireland until the litigants had signed up to the same arrangements as in England and Wales. If the Scots did not do so, the offer would be taken off the table for Scotland and the Scots litigants would run the risk of not getting anything.

Macfarlane Trust

5. We met today with the Macfarlane Trust to run over the ground with them. The Trust is particularly keen that so far as possible they should be given clear directions as to whom the money should be paid, and not be left to make difficult judgements as between different claimants. We have given them that assurance.

6. The Trust were also anxious to know whether the Government intended that the original Macfarlane Trust, which provides money according to need, would now have to be wound up. I said that was not the Government's intention. The Government would of course expect the Trustees to take account of the amounts of money paid in any settlement. But provided the Trustees continued, as we were sure they would, to act with prudence and good judgement then

if the fund needed replenishment at some date in the future, the Government would consider that on its merits. The Chairman of the Trust, Reverend Alan Tanner, who is also Chairman of the Haemophilia Society found this extremely helpful because it will help to deal with those members of the Society, particularly single people who are disappointed by the amounts of money involved in the settlement. The Society is now engaged in the process of dealing with those members whose expectations were raised during the course of the Society's campaign.

GRO-C

STRACHAN HEPPELL