

To: Philpot, Heulwen[heulwen.Philpot@GRO-C]
From: Shirley-Quirk, Helen[/O=DOH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=HSHIRLEYEC1]
Sent: Mon 7/6/2015 11:11:46 AM (UTC)
Subject: FW: Contaminated blood letter to the PM - feedback

As discussed

H



Helen Shirley-Quirk CB HonMFPH
Director, Health Protection & Emergency Response
Department of Health, 79 Whitehall, SW1A 2NS
T: 020 GRO-C M: GRO-C
PA: Tara Mulvaney T: GRO-C
[Follow us on Twitter @DHgovuk](#)

From: Baigent, Andrew
Sent: 06 July 2015 12:10
To: Balabanoff, Naomi
Cc: Roscoe, Sophie; McKeigue, Siobhain; Jones, Will; Jecock, Rowena; Menicou, Kypros; Shirley-Quirk, Helen; Wight, Ailsa; Sanderson, Andrew; Stone, Ian R
Subject: RE: Contaminated blood letter to the PM - feedback

Naomi,

Thanks for copying me in. I am still left with the question on how this can be funded, given we have no resources to meet this costs internally beyond the one-off 25m in for 2015-16 (although we could consider rolling this forward, as discussed last month). So for me this is something which should be done within the spending review in order to secure more funding as part of that bidding round.

To help with that, we will need to have some figures on the additional funding which would be required, from analytical colleagues, quite quickly. We would then have to (assuming none of this can be done in FY 15-16) get HMT agreement to announce in advance of the SR. This is Andrew Sanderson and Ian Stones speciality, so I am copying them into this note. I would not be hopeful of securing HMT agreement at the moment.

Andrew

Andrew Baigent
Director, Group Financial Management, Department of Health
Tel: GRO-C
207, Richmond House, 79, Whitehall. SW1A 2NS (Mon-Weds)
2S11 Quarry House, Leeds LS2 7UE (Thursday-Friday)

From: Balabanoff, Naomi
Sent: 06 July 2015 11:56
To: Jones, Will; Jecock, Rowena; Menicou, Kypros; Shirley-Quirk, Helen; Wight, Ailsa
Cc: Roscoe, Sophie; McKeigue, Siobhain; [mark.wilson@GRO-C](#); Baigent, Andrew
Subject: RE: Contaminated blood letter to the PM - feedback

Will/Sophie

Is it possible to find some time to meet with you both to work through what the proposal could mean?

We are doing some rapid work to identify options and costs to meet the PM's concerns. However we're not immediately clear what exactly we would need to consult on at this stage and in any case, the timing is near impossible. We were discussing with comms and Parly colleagues in terms of the grid, and feasibly at the moment, we were advised that any oral statement would need

to be Mon – Weds next week which no longer leaves the time needed for HAC, not to mention drafting a new consultation document!

Copying also to finance, legal and analytical colleagues as we will need your input.

Siobhain – will call shortly re options to cost.



Department
of Health

Naomi Balabanoff

Infectious Diseases and Blood Policy

Department of Health, 79 Whitehall, SW1A 2NS

E: [naomi.balabanoff@](mailto:naomi.balabanoff@dh.gov.uk)

GRO-C

GRO-C

Follow us on Twitter @DHgovuk

From: Jones, Will

Sent: 06 July 2015 11:25

To: Jecock, Rowena; Menicou, Kypros; Shirley-Quirk, Helen; Balabanoff, Naomi; Wight, Ailsa

Cc: Roscoe, Sophie

Subject: Contaminated blood letter to the PM - feedback

Importance: High

All,

The PM has looked at SofS's note on contaminated blood and the proposed consultation over the weekend and has asked for a radical change in direction.

- PM gave a very clear steer that he is not prepared to consult on or implement a scheme that removes money from groups that currently receive it, i.e. widows of those infected.
- PM also does not think it is feasible to spend an extra £480m or request additional funding from central reserves for this purpose.
- PM is minded to progress with reform of the charities, but effectively "level up" the payments so that there is equity between those with HepC and those with HIV, and guarantee that there won't be any losers. There is an expectation that DH would meet this additional cost.
- PM didn't indicate any interest in pursuing the option of accelerated HepC treatment so we can discount this option for now.

I haven't been able to speak to SoS or PS(PH) about this but given these steers I think we rapidly need to:

1. Withdraw the current consultation writeround given PM clear steer of no losers, which effectively invalidates the idea of a clinical needs assessment model (Sophie)
2. understand the costs of a "no losers" consultation – my view is that this now just means a rationalisation of the current scheme from 5 schemes to 1 and have no losers but let me know if you have different ideas (IB Team)
3. Work out the costs if we have to raise the payments of the Hep C sufferers to meet that of HIV sufferers following the court case (IB Team)

You are best to advise on timings given the deadline of summer but suggest we need to turn something around and get it out this week if we are to get the consultation and Penrose response out before summer recess. Can you let me know what is feasible?

Will Jones | Private Secretary to the Secretary of State for Health

GRO-C

Richmond House | 79 Whitehall | London | SW1A 2NS

WITN3499021_0002

This e-mail and any files transmitted with it are confidential. If you are not the intended recipient, any reading, printing, storage, disclosure, copying or any other action taken in respect of this e-mail is prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately by using the reply function and then permanently delete what you have received.

Incoming and outgoing e-mail messages are routinely monitored for compliance with the Department of Health's policy on the use of electronic communications. For more information on the Department of Health's e-mail policy click here <http://www.dh.gov.uk/terms>

This e-mail and any files transmitted with it are confidential. If you are not the intended recipient, any reading, printing, storage, disclosure, copying or any other action taken in respect of this e-mail is prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately by using the reply function and then permanently delete what you have received.

Incoming and outgoing e-mail messages are routinely monitored for compliance with the Department of Health's policy on the use of electronic communications. For more information on the Department of Health's e-mail policy click here <http://www.dh.gov.uk/terms>

This e-mail and any files transmitted with it are confidential. If you are not the intended recipient, any reading, printing, storage, disclosure, copying or any other action taken in respect of this e-mail is prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately by using the reply function and then permanently delete what you have received.

Incoming and outgoing e-mail messages are routinely monitored for compliance with the Department of Health's policy on the use of electronic communications. For more information on the Department of Health's e-mail policy click here <http://www.dh.gov.uk/terms>
