

Smoking, Health and Social Care (Scotland) Bill – Stage 1

Responses to the specific issues raised in the Health Committee letter of 8 March in relation to oral evidence presented by the Haemophilia Groups Forum and the Skipton Fund on 1 March 2005 are given below:

SKIPTON FUND

- *The justification for the exclusion from the scheme of those who died before 29 August 2003 (Section 24(1)(c))*

The 29 August 2003 is the date that all Health Ministers in the UK announced that a UK scheme would be established and was therefore chosen as the eligibility date for the scheme.

The Executive has great sympathy for relatives and dependants of those who died before the eligibility date for the scheme, but has always made it clear that it has to consider the effects of the financial outlay on this scheme on ability to provide treatment for other patients. For that reason our scheme focuses on those who are currently suffering.

If 580 people come forward in the first three years then the cost to the Health budget is likely to be over £15m. Those payments in the first three years would almost certainly cover all the haemophiliacs still alive and also some people infected via blood transfusions.

We know that isn't the end of the story. Our estimates indicate that another 580 people infected via transfusion might come forward in due course. If we were to pay out in respect of people who have died then we are potentially looking at 4000 claimants and a bill of over £100m if everyone eligible claimed.

- **Progress in relation to the establishment of the Skipton Fund appeals procedure, including the date on which such a procedure will be operational and the scope for including a haematologist (as well as a GP) on any appeals panel:**

The Haemophilia Groups Forum was consulted on an initial draft proposal for the composition of the Appeals panel and the Appeals process. All of the comments submitted as part of that process (including those submitted by Mr Dolan on behalf of the Forum) are currently under consideration by officials of the four administrations.

Officials met on 28 February to progress various issues in relation to the Skipton Fund and are due to meet again on 17 March to discuss these further. I am not currently in a position to give a definite date by which the Appeals panel will be operational but hope to be able to confirm this soon.

- ***The justification for including an applicant's place of residence when the claim is made or at the time of their death as an eligibility criterion (section 24(2)(b), rather than the applicant's place of residence when that person was infected by Hepatitis C as a result of NHS treatment:***

For the purposes of the Bill, it is irrelevant where in the UK the treatment was received. In order to be eligible to claim under a scheme made under the Bill the person requires to be resident in Scotland at the time of making a claim. Consequently if a person infected in Scotland moves elsewhere in the UK (and had not at that time made a claim to Scottish Ministers) they would not be eligible to make a claim under the provisions in the Bill. They would however be eligible to make a claim as a resident in England, Wales or Northern Ireland as appropriate. The provisions in essence enable more efficient administration and determine which of the four administrations will meet the costs of the claim. This will make no difference to the claimant – the form and the process will be the same.

- ***The extent to which you are aware of problems faced by certain applicants in receiving assistance from clinicians, and particularly consultants, in completing application forms for Skipton Fund payments:***

I am aware from correspondence about some cases where delays have been experienced. Where specific details have been given officials have been able to make enquiries of the NHS Board involved and to ensure they were taken forward. Where general concerns have been raised I have indicated that officials would be willing to make enquiries if individual details were provided.

In the course of enquiries officials became aware that around 28 claims may have been delayed awaiting completion by consultants in the NHS Glasgow Board area. I understand that action has been taken by the Board to expedite completion and submission to the Skipton Fund.

A Health Department Letter (NHS HDL(2004) 31 - copy attached) was issued on 4 June alerting NHSScotland to the fact that the Skipton Fund would commence operations from 5 July 2004. You will see that the letter drew attention to the application process and the need for NHS clinicians to complete mandatory sections in the application form. The letter also explained that any charge levied in respect of the completion of the form would have to be borne by the applicant. It highlighted the Executive's concern that genuine applications are not disadvantaged in this way and asked Doctors and NHS Boards to respect that concern and not to make a charge for processing claims that appear genuine.

- ***The justification for decision to establish the Skipton Fund as a private company:***

Legal advice on the setting up of the Skipton Fund was that it could not be a charitable trust because of the nature of the one-off payments. In order to give the Skipton Fund legal status it was necessary to register it as a Limited Company. This was also important in terms of requiring the Fund to be a legal entity so that it could be referred to in the Department of Works and Pensions Regulations allowing a social security disregard.