

Falconer S (Sandra)

From: Graham L (Liz) on behalf of Palmer DJ (David)(Health Finance)
Sent: 05 November 2003 09:46
To: Stock RG (Bob); Macleod AK (Andrew); Keel A (Aileen); Palmer DJ (David)(Health Finance); Holme C (Chris); Falconer S (Sandra); Freeman J (Jeane)
Subject: RE: MFT and Hep C scheme
Sensitivity: Confidential

Bob,

Thank you for your note which is rather worrying. I thought DH had signed on for the Scottish proposals. If these are to be extended, I hope DH will be prepared to meet any extra costs involved.

David
5 Nov 2003

(End) Discussion between
DH & MFT
(revealing lack of
consensus - MFT
28

-----Original Message-----

From: Stock RG (Bob)
Sent: 04 November 2003 16:55
To: Macleod AK (Andrew); Keel A (Aileen); Palmer DJ (David)(Health Finance); Holme C (Chris); Falconer S (Sandra); Freeman J (Jeane)
Subject: FW: MFT and Hep C scheme
Sensitivity: Confidential

Please note - interesting development! I will drop Richard a note pointing out that (very considerable financial considerations apart) payments to dependants of those who died before 29/8 would represent a significant U turn for Scottish Ministers and would be very difficult in handling terms.

We have made no public statements on payments to co-infecteds and to people who clear after treatment so these don't suffer from the same difficulty. Additional costs for co-infecteds are likely to be small. I have no statistics for clearing after treatment - will have to await DoH figures before we can cost that

BOB
46913

-----Original Message-----

From: Richard.Gutowski [GRO-C] [mailto:Richard.Gutowski@GRO-C]
Sent: 04 November 2003 16:06
To: Bob.Stock [GRO-C]; Gerry.Dorrian.dhssni [GRO-C]; Cathy.White [GRO-C]
Cc: David.Reay [GRO-C]; Martin.Campbell [GRO-C]
Subject: MFT and Hep C scheme

Dear All

Please see the attached from Peter Stevens of the MacFarlane Trust who is trying very hard to find a way through the sticking points. To bring you up to date after her Meeting with Michael Connarty and the Haemophilia Society last week Melanie Johnson asked us to work up the costs of paying dependants, co-infecteds and those who clear after treatment. She is looking to offer something to stop a potential revolt against the Scheme. The figures for dependants look awful at first calculation but co-infecteds could be a game. Once we have worked up the figures we will

share them with you. This is obviously holding up the drafting of the criteria Annex which we will all attach to our own submission to our Ministers.

I will be in touch shortly.

Richard

----- Forwarded by Richard Gutowski/PH6/DOH/GB on 04/11/2003 15:37 -----

"Peter
Stevens"

To: Richard Gutowski/PH6/DOH/GB@DOH

GRO-C

cc: "Martin Harvey"

GRO-C

bcc:

Subject: MFT and Hep C scheme

03/11/2003

17:55

Richard

I trust that by now you have had Martin's letter, from which you will know that we would like to get on with the scheme but are somewhat stymied by the continuing uncertainty on various points.

Knowing that this is not my role at all, might I nevertheless make a couple of suggestions that might deal with some of the unsettled or contentious points that could help to reduce the flak that will fly around John Reid's Questions?

- payments to bereaved. This is, I think, more of an issue for the mono-infected (including the transfusion group) than it need be for the co-infected, all of whom have had ex gratia and settlement payments post- or pre-bereavement. I do not know how many transfusion bereavements there have been, but excluding the co-infected group takes about 850 families out of the settlement. Could not some "token" payment - say £5,000 - then be afforded?
- virus clearance. Mark Winter has pointed out that excluding any payment for virus clearance, while giving a £25K payment to those who have moved to some form of liver damage, creates a huge dis-incentive to having treatment (and the treatment is enough of a disincentive itself). Surely there should be a payment - £10K? - to anybody who clears the virus after 29 August following treatment? I accept that retro-active payment to those who have cleared already, whether or not through treatment, is, in the real world, not such a high priority for a "no liability" scheme.
- Hep B. This is a new point, again from Mark. He has 2 or 3 haemophiliac patients who contracted Hep B through the same route. It would seem logical to include them. Since numbers are bound to be very low, can they be included through the administrative process without bgin publicly announced?
- transfusion cases. I think we still need, as I said in my previous Email, a meeting with you (and some medics, including Mark if possible) but

without any campaigners to discuss the processes for this lot, who seem to present much more complex administrative problems.

I must point out that the first two of these points are not in line with my Trustees' wishes, but appear to Martin and me to be possible practical compromises.

Another point made by the Trustees was that the whole scheme should be based on conditions applying on 29/8, but I really cannot see that being workable. There has to be the possibility of people who were virus-free coming back if the virus re-appears (if my suggestion above it taken, they would only be eligible for a balancing payment, not the whole £20K), and for people to get the £25K if at any time in the future they reach the illness trigger.

Of course, any extension beyond a one-shot scheme would push up the costs beyond our £160K estimate, but over a much more extended period than the 6-months we envisaged for the one-shot scheme.

I am sure our Trustees will support our administration of a scheme even if there are aspects of it they do not like - the problem at the moment is that the lack of final details gives them the opportunity to make conditions. The only condition of the scheme from which we cannot walk away is that "our guys" - the living co-infected - get the same deal as the mono-infected.

We are having a Trustees' Awayday on 1 December, mainly to give full consideration to the long-term review report (which we will be sending to you very shortly after that). Is there any prospect that we can present to the Trustees on that day a final, fully worked-out scheme?

Best regards

Peter Stevens

PLEASE NOTE: THE ABOVE MESSAGE WAS RECEIVED FROM THE INTERNET.

On entering the GSI, this email was scanned for viruses by the Government Secure Intranet (GSI) virus scanning service supplied exclusively by Cable & Wireless in partnership with MessageLabs.

DH users, see Guide to Email virus scanning under Security in DH on the Notice Board, for further details. In case of problems, please call IT support helpdesk.

- - Disclaimer - -

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.doh.gov.uk/emaildisclaimer.htm>