

## DEPARTMENT OF HEALTH

[illegible]



REGISTRATION LABEL  
CUST BOX NBR: HWK/1/3/V00  
BOX TYPE: 1 STATUS: OUT  
OLD LOCATION: EM-HE-01-A-AV-0014-H-01-  
EM402  
P  
EH800718863

EM402  
RET 17196689-000120 RI ID 00  
ES-EG-01-4-JG-0009-B-02-16 010820804  
CUST: HWK/1/3/V00  
SKP: EH800718863  
NEXT  
FAA J630149

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Produced by Department of Health  
3500 1P 728 May 95 (03)  
CHLORINE-FREE PAPER



DATE	19 96 / 97	WHO	HIV / HAEM	PAYMENTS.
			AMOUNT	RUNNING TOTAL.
11.6.96	MAC Special payment Ho 2 Trust		23,500.00	23,500.00
5.8.96	4		23,500.00	47,500.00

Sue Adams

23/12/99 10:07

Sent by: Sue Adams/RMF1

To: Charles Lister/HSD1  
cc: Ian Fleming/RMF1

Subject: Re: MacFarlane Trust Payments

Charles

Mrs [GRO-A] - the request for payment is with Cashiers, however they do have a backlog so the payment is unlikely to be made before Xmas, however you can assure the Trust the payment is in hand. There is nothing to stop them paying the money out (if they have not already done so) as they are assured of getting the money from us !

You will also wish to be aware that following your minute of 22/12, I will today send to Cashiers a request to pay the £2M top-up to the Trust fund. However as Cashiers is closed between Xmas and New Year, this Payment will definitely not be processed before 4th January 2000. You may wish to inform the Trust that they can expect to receive the £2M in early January.

Any queries please let me know.

Sue

Ext [GRO-C]



SUMACFARLA

Sue Adams RMF.CFS-FL

From: Charles Lister HSD1

Date: 13 December 999

**PAYMENTS TO MACFARLANE TRUST**

I hereby authorise the following payments to be made to the Macfarlane Trust from budget RTN30R:

<u>Amount</u>	<u>Purpose</u>
£2m	Top-up funding for Trust Fund
£23,500	iro Mrs GRO-A

The payments should be made to the Macfarlane Trust's bank account, details of which are set out in the attached note from the Trust. This is the same account used by the Department in the past.

I will write to the Trust to confirm that these payments are being made. Could you let me know when they are likely to reach the Trust's account.

GRO-C

Charles Lister

416 WEL

Ext GRO-C

Kim

COPY OF PAY  
ATTACHED

GRO-C

17/12/99

Could you arrange to  
make the above highlighted  
payment to the Macfarlane Trust  
iro Maxine Nelson.

Ther

GRO-C

15/12



0171 233 0839

FAX TO Mr. CHARLES LISTER

0171 GRO-C

9<sup>th</sup>.DECEMBER 1999

Mr. Charles Lister  
NHS Executive  
Wellington House  
135-155 Waterloo Road  
LONDON SE1 8UG

Dear Mr.Lister,

Further to your telephone call to Ann Hithersay this morning, our bank details  
are as follows:-

THE MACFARLANE TRUST

Lloyds TSB Bank

Sort Code GRO-C

Account No. GRO-C Business Call Account.

Yours sincerely,

GRO-C

R Shepherd  
Finance Officer.



GRO-C

PAYMENT AUTHORISATION FORM (PAM)

**AUTHORISATION**

Signature of Authorising Officer:

GRO-C

NAME (CAPITALS):

Sgt ADAMS

BRANCH:

GRO-C

RM & BLD:

310 EH

EXTENSION:

22709

DATE:

16/12/99

**CERTIFICATION\***

\*in the absence of a certified invoice

Signature of Certifying Officer:

*[Signature]*

NAME (CAPITALS):

KHANNIGAN

BRANCH:

RMF - CTS

RM & BLD:

310, 61

EXTENSION:

GRO-C

DATE:

16/12/99

**Note:**

Invoices should be attached to this form wherever possible. All invoices must be certified. All 'TOTAL' boxes must be completed.

For RMF-EAC4B Cashier's Use Only

**AUTHORITY CONFIRMED**

CHECKS

INITIALS

DATE

Input Officer

Supervisor

PAYEE ACCOUNT Col 1	INVOICE OR REFERENCE Col 2	PROMPT PAYMENT Col 3		RA CODE (optional) Col 4	EXPENDITURE TYPE CODE Col 5	BUDGET HOLDER COST CENTRE Col 6	CONTRACT CODE (optional) Col 7	PROJECT CODE (optional) Col 8	NET AMOUNT (C in column 10 if payment, D if credit note) Col 9		C/D Col 10	VAT Col 11		VAT CODE Col 12
		Y/N	Date						£	p		£	p	
GRO-C	GRO-C	N	—	—	JAO10	RTN30R	—	—	23,500 00		C	0 00	N	
COLUMN TOTAL									23,500 00		C	0 00	N	
FORM TOTAL (Col 9 + Col 11)											23,500 00			



# MAINTAIN SUPPLIER DETAILS

Account Code SVMACFARLA  
 Account Name MACFARLANE TRUST BUSINESS CALL  
 Supplier Typ VOL  
 Lookup Code MACFARLANE

Status  
 Name & 1 THE MACFARLANE TRUST  
 Address 2 ALLIANCE HOUSE  
 3 12 CAXTON STREET  
 4 LONDON  
 5  
 6 SW1H 0QS

Pay Method B  
 Bal.Fwd/Op.Item O  
 Account Type C  
 Trans Present Y  
 Last Trans 16/11/1999

Telephone  
 Comments: 5JUN98P

Priority A Enter P=Payee, T=PGO Transfer, A=BACS.

Bank or  
 PGO A/C No GRO-C

Sort Code GRO-C

Selection E=Examine, N=Next





Eileen House 80-94 Newington Causeway London SE1 6EF Telephone 0171 972 2000  
Direct line 0171 972 2709

The Manager  
The Bank of Ireland  
46-48 High Street  
Bangor  
County Down  
Northern Ireland  
BT20 5AR

25 February 1999

Dear Sir/Madam

Account:  Mrs

I would be grateful if you would credit the attached payable order for £23,500 to the account of Mrs  The account number is

If there are any problems with this then please telephone me to let me know.

Thank you.

Yours faithfully

Sue Adams  
Resource Management & Finance

Printed for TSO, D41010194, A10, 10/98

HM Paymaster General RH10 1UH will pay the amount shown if this payable order is presented within six months.

Issuing Department: Department of Health  
RMB-EAC4B Cashiers, Eileen House,  
80-94 Newington Causeway, LONDON, SE1 6EE

Account: HEALTH GENERAL CASH

10 million	Million	100,000	10,000	Thousands	Hundreds	Tens	Units
ZERO	ZERO	ZERO	TWO	THREE	FIVE	ZERO	ZERO

Pay to: Mrs GRO-A

Reference No.

Pay to: A/c No GRO-A  
Sort Code GRO-A

ACCOUNT  
PAYEE

GRO-A

GRO-A

Date 25-2-99

£23,500 — 00

GRO-C

Assistant Paymaster General

012987 D41010194, A10, DN021649

GRO-A



Serial Number 126844

## PAYMENT AUTHORISATION FORM (PAM)

MANUAL PAYMENT REQUESTED.

Entered on table  
28/2/99 mc.

AUTHORISATION			CERTIFICATION*			Note:			For RMF-EAC4B Cashier's Use Only					
Signature of Authorising Officer: _____			Signature of Certifying Officer: _____			Invoices should be attached to this form wherever possible. All invoices must be certified. All 'TOTAL' boxes must be completed.			AUTHORITY CONFIRMED					
NAME (CAPITALS): S. ADAMS			NAME (CAPITALS): KHANNIGAN						CHECKS INITIALS DATE					
BRANCH: RMF-EAC2 RM & BLD: 310 EH			BRANCH: RMF-EAC2 RM & BLD: 310 GH						Input Officer GRO-C 28/2/99					
EXTENSION: GRO-C DATE: 24/2/99			EXTENSION: GRO-C DATE: 24/2/99						Supervisor					
PAYEE ACCOUNT Col 1	INVOICE OR REFERENCE Col 2	PROMPT PAYMENT Col 3		RA CODE (optional) Col 4	EXPENDITURE TYPE CODE Col 5	BUDGET HOLDER COST CENTRE Col 6	CONTRACT CODE (optional) Col 7	PROJECT CODE (optional) Col 8	NET AMOUNT (C in column 10 if payment, D if credit note) Col 9		C/D Col 10	VAT Col 11		VAT CODE Col 12
		Y/N	Date						£	P		£	P	
	GRANTS	N	—		JA010	RTN30R	—	—	23,500	—	C	0	00	N/A
NOT COPY FOR PAYMENT														
PAID BY DEPT. OF HEALTH														
22 FEB 1999														
NO GRO-C														
COLUMN TOTAL									23,500	—		0	00	N/A
FORM TOTAL (Col 9 + Col 11)											23,500		—	

RESTRICTED - MEDICAL

Ms

From: Charles Lister HSD1  
Date: 16 February 1999

**THE MACFARLANE SPECIAL PAYMENTS (No 2) TRUST**

I hereby authorise payment of £23,5000 to Mrs  under the Macfarlane Special Payments (No2) Trust. Her bank details are as follows:

Account Name: Mrs

Account No:

Sort Code:

The Bank of Ireland  
46-48 High Street  
Bangor  
County Down  
Northern Ireland  
BT20 5AR

This should be paid from budget RTN30R: "grants in respect of haemophiliacs with HIV".

Please let me know if you need anything further.

Ext



**THE MACFARLANE TRUST**

Alliance House 12 Caxton Street London SW1H 0QS

Tel: 0171-233 0057 Fax: 0171-233 0839

Our Ref:0216/AHCL

16th February 1999

For the Attention of Charles Lister  
NHS Executive

MRS GRO-A

Bank Details for Mrs GRO-A are as follows:

SORT CODE GRO-A

ACCOUNT NO. GRO-A

GRO-A

Northern Ireland

GRO-A

GRO-C

Ann Hithersay  
Chief Executive

Registered Charity Number 298853

Express Services available here.

Elephant and Castle Branch Office  
91, Hexington Butts  
London

VAT RES No. 243 1700 02

Fri 26 Feb 1999 13:23

Ref 88 49/01/138

Post Stamp	
1 @ 0.36	0.36
TOTAL DUE TO POST OFFICE	0.36
Cash FROM CUSTOMER	0.36
BALANCE	0.00

That takes care of it.

## USE THIS FORM TO REQUEST/AMEND A SUPPLIER/PAYEE ACCOUNT CODE.

1. Enter payee code in box below if making an amendment.  
Please note: Amendments to an individual whose post code has changed will be reflected in a change to the payee code.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For audit purposes all requests to amend or create new codes must be accompanied by  
**INDEPENDENT VERIFIABLE PROOF** of payee name and address.

2. **THIS BOX MUST BE COMPLETED FOR EVERY REQUEST** (including request for amendments)

Name of Payee

GRO-A

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Post Code: NB MUST ALWAYS BE ENTERED

GRO-A

3. **AUTHORISATION**

**THIS BOX MUST BE COMPLETED FOR EVERY REQUEST. PLEASE  
PRINT YOUR NAME AND RETURN ADDRESS IN THE BOX BELOW  
(for RO's please enter full postal address)**

Name

S. ADAMS

Address

310 E.H.

Post Code

DATE

24/2/99

DIV/RO

RMF - EAC2

TEL NO

X 22709

OIS LOGIN

SADAMS

COST CENTRE

11010

REQUEST AUTHORISED BY

NAME (capital letters)

ADAMS

SURNAME

S

INITIALS

SIGNED

GRO-C

4. **METHOD OF PAYMENT - FOR GUIDANCE SEE INSIDE FRONT COVER.**



BACS



PAYMASTER TRANSFER



PAYABLE ORDER

5. **FOR RMF EAC4A USE ONLY**

NAME (capital letters)

T. STAPLES

SIGNED

GRO-C

NEW PAYEE ACCOUNT CODE:

DATE

24/2/99

GRO-C

SEND COMPLETED FORMS TO: RMF EAC4 RM 404 EILEEN HOUSE



Sue Adams

25/02/99 17:26

To: "S = Lister/G = Charles/OU1 = HSD1/OU2 = DHMTA026/O = Department of  
Health/P = HMGDOH/A = NHS/C = GB"@ [GRO-C]  
cc: Ian Fleming/RMF-EAC/DOH/GB@ [GRO-C]  
Subject: Payment

Charles

We have encountered some difficulties making payment to the Northern Ireland Bank. I have therefore been issued with a manual payable order which I have sent to the bank for crediting to Mrs [GRO-A] account - this apparently is acceptable and the quickest way of getting the money there - so much for new technology ! It is being sent to the bank tomorrow by recorded delivery.

Sue  
Ext [GRO-C]

File

Sue Adams

17/02/99 15:11

To: "S = Lister/G = Charles/OU1 = HSD1/OU2 = DHMTA026/O = Department of  
Health/P = HMGDOH/A = NHS/C = GB" @ GRO-C @ GRO-C  
cc: Ian Fleming/RMF-EAC/DOH/GB@ GRO-C  
Subject: Haemophilic Payment

Charles

I have made arrangements to process the payment of £23,500 as requested. This will be done by TCT transfer (the quickest way) on Tuesday 23rd direct to the recipients bank account. You will wish to send a letter to the recipient (or ask the Trust to do so) informing her that the funds should be in her account next week, as otherwise she will not receive any other notification.

I'd be grateful for a copy of the signed declaration from the recipient for the file.

On the budget front, this is the only payment made this year on either of your budgets. If you can confirm that the other payment will not be made in this financial year, or can indicate how much the other payment will be, I will calculate the underspends on both budgets and declare them.

Thanks

Sue

Ext GRO-C

**RESTRICTED - MEDICAL**

GRO-A RMF-EAC2

From: Charles Lister HSD1  
Date: 16 February 1999

**THE MACFARLANE SPECIAL PAYMENTS (No 2) TRUST**

I hereby authorise payment of £23,5000 to Mrs GRO-A under the Macfarlane Special Payments (No2) Trust. Her bank details are as follows:

Account Name: GRO-A

Account No: GRO-A

Sort Code: GRO-A

GRO-A

Northern Ireland

GRO-A

This should be paid from budget RTN30R: "grants in respect of haemophiliacs with HIV".

Please let me know if you need anything further.

GRO-C

Charles Lister

GRO-C



GRO-C

## PAYMENT AUTHORISATION FORM (PAM)

GRO-C

## AUTHORISATION

GRO-C

Signature of Authorising Officer:

NAME (CAPITALS): S ADAMIBRANCH: RMF-EAC12 RM & BLD: 310 EHEXTENSION: 22709 DATE: 24/2/99

## CERTIFICATION\*

\*in the absence of a certified invoice

Signature of Certifying Officer:

GRO-C

NAME (CAPITALS): K HANNIGANBRANCH: RMF-EAC12 RM & BLD: 310 EHEXTENSION: GRO-C DATE: 24/2/99

## Note:

Invoices should be attached to this form wherever possible. All invoices must be certified. All 'TOTAL' boxes must be completed.

For RMF-EAC12 Cashier's Use Only

AUTHORITY CONFIRMED

CHECKS

INITIALS

DATE

Input Officer

Supervisor

PAYEE ACCOUNT Col 1	INVOICE OR REFERENCE Col 2	PROMPT PAYMENT Col 3		RA CODE (optional) Col 4	EXPENDITURE TYPE CODE Col 5	BUDGET HOLDER COST CENTRE Col 6	CONTRACT CODE (optional) Col 7	PROJECT CODE (optional) Col 8	NET AMOUNT (C in column 10 if present, D if credit note) Col 9		C/D Col 10	VAT Col 11		VAT CODE Col 12
		Y/N	Date						£	p		£	p	
	GRANTS	N	-		JAO10	RTN30A			23,500	-		0	00	N/A
COLUMN TOTAL									23,500	-		0	00	N/A
FORM TOTAL (Col 9 + Col 11)												23,500	-	

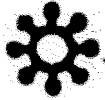
**Health Services Directorate****Executive****To: Sue Adams****Fax No:** **Date: 23 February 1999****Time:****Number of pages: 2**  
(including this page)**Message:**

Sue

I attach the bank details you needed on Macfarlane Trust headed paper.

Charles

**From: Charles Lister**  
**Rm , Wellington House**  
**133-155 Waterloo Road**  
**London SE1 8UG****0171 972** GRO-C**Fax: 0171 972** GRO-C

**THE MACFARLANE TRUST**

Alliance House 12 Caxton Street London SW1H 0QS

Tel: 0171-233 0057 Fax: 0171-233 0839

Our Ref: 

16th February 1999

For the Attention of Charles Lister  
NHS ExecutiveMRS Bank Details for Mrs  are as follows:SORT CODE ACCOUNT NO. 

Northern Ireland

Ann Hithersay  
Chief Executive



16 NOV 1998

# THE MACFARLANE SPECIAL PAYMENTS (No 2) TRUST

c/o The Macfarlane Trust, P.O. Box 627, London SW1 0QG

Tel: 071-233 0342 Fax: 071-233 0839

## UNDERTAKING TO THE SECRETARY OF STATE

### MACFARLANE SPECIAL PAYMENTS TRUST II

#### Schedule 1

UNDERTAKING TO BE GIVEN BY N INDIVIDUAL NOT UNDER A DISABILITY  
IN ACCORDANCE WITH CLAUSES 12, 15, 17, OR 20 OF THE DEED OF THE  
MACFARLANE (SPECIAL PAYMENTS) (No 2) TRUST

THIS DEED of undertaking is made the TWELVTH day of  
NOVEMBER 1998 by GRO-A of

GRO-A

1. In expectation of receiving from the Macfarlane (Special Payments) (No. 2) Trust the sum of £23,500, I undertake with the Secretary of State for Health that I will not at any time hereafter bring any proceedings against the Department of health, the Welsh Office, the Licensing Authority under the Medicines Act 1968, the Committee on Safety of Medicines, any District or Regional health Authority or any other Government body involving allegations concerning the spread of of the human immuno-deficiency virus or hepatitis viruses through Factor VIII or Factor IX (whether cryoprecipitate or concentrate) administered before 13th December 1990.

Signed and delivered by

)  
)  
) .. GRO-A  
)

as a Deed in the presence of:

.. GRO-A

GRO-A

**THE MACFARLANE SPECIAL PAYMENTS (No 2) TRUST**

c/o The Macfarlane Trust, P.O. Box 627, London SW1 0QG

Tel: 071-233 0342 Fax: 071-233 0839

Tel: 071-233 0342 Fax: 071-233 0839

UNDERTAKING TO THE SECRETARY OF STATE

## MACFARLANE SPECIAL PAYMENTS TRUST II

## Schedule 1

UNDERTAKING TO BE GIVEN BY N INDIVIDUAL NOT UNDER A DISABILITY  
IN ACCORDANCE WITH CLAUSES 12, 15, 17, OR 20 OF THE DEED OF THE  
MACFARLANE (SPECIAL PAYMENTS) (No 2) TRUST

THIS DEED of undertaking is made the [Twelfth] day of  
[November] 1998 by [GRO-A] of

GRO-A

1. In expectation of receiving from the Macfarlane (Special Payments) (No. 2) Trust the sum of £23,500, I undertake with the Secretary of State for Health that I will not at any time hereafter bring any proceedings against the Department of health, the Welsh Office, the Licensing Authority under the Medicines Act 1968, the Committee on Safety of Medicines, any District or Regional health Authority or any other Government body involving allegations concerning the spread of of the human immuno-deficiency virus or hepatitis viruses through Factor VIII or Factor IX (whether cryoprecipitate or concentrate) administered before 13th December 1990.

Signed and delivered by

**GRO-A**

as a Deed in the presence of:

**GRO-A**

Name and address of Witness

**GRO-A**

**Health Services Directorate****Executive****To: Sue Adams****Fax No:**      **Date: 23 February 1999****Time:****Number of pages: 2**  
**(including this page)****Message:****Sue****I attach the bank details you needed on Macfarlane Trust headed paper.****Charles****From: Charles Lister**  
**Rm , Wellington House**  
**133-155 Waterloo Road**  
**London SE1 8UG****0171 972** GRO-C**Fax: 0171 972** GRO-C

# SUNDRY PAYMENT REQUEST

FORM FB SPR

Account Reference

S Z Z Z GRO-A

**WARNING: THIS FORM MAY ONLY BE USED TO SUBMIT 'ONE OFF' PAYMENTS TO INDIVIDUALS WHO ARE NOT DEPARTMENTAL STAFF. THE FORM MUST NOT BE USED FOR ANY CLAIM IN RESPECT OF COMMITTEES.**

## PERSONAL DETAILS

1. Name (Mr/Mrs/Miss/Ms/Other) MRS

Initials

Surname

GRO-A

GRO-A

2. The payment address is:

THE BANK OF IRELAND

GRO-A

NORTHERN IRELAND

Post Code:

GRO-A

3. Payment should be sent to: Bank ☒ Home ☐ Collect at Counter ☐

Bank account number

GRO-A

Sort Code

GRO-A

## PAYMENT AND REPORTING DETAILS

4. Prompt Payment Item Y / N  
If YES enter Prompt Payment Date (DD/MM/YYYY) \_\_\_\_\_

5. Resource Accounting Marker \_\_\_\_\_

6. The Budget Cost Centre is: RTN3DR

7. The payment is in respect of:

GRANTS

8. The total amount to be paid is £ 23,500.00

Amount in Words TWENTY THREE THOUSAND AND

FIVE HUNDRED POUNDS ONLY

9. The expenditure should be reported as follows:

EXPENDITURE CODE	CONTRACT CODE	PROJECT CODE	AMOUNT £ p	VAT AMOUNT £ p	VAT CODE
JACIO	—	—	23,500.00	0.00	N/A

PLEASE TURN OVER

Form FB SPR (Feb 1998)

WITN7193062\_0025



## DECLARATION

I confirm the payment request overleaf is a one-off payment to an individual who is not a member of staff.

**NOTE:** Wherever possible invoices should be attached to this form and certified. Where no invoice is available the form must be certified below.

Signature of Certifying Officer

GRO-C

Date 17/12/19

Name (BLOCK CAPITALS)

KHANNAN

Signature of Authorising Officer

GRO-C

Date 17/12/19

Name (BLOCK CAPITALS)

SUWAN ADAMI

Branch RME CAC2

Room 310

Building CH

EXT

GRO-C

## FOR COMPLETION BY RMF-EAC4 ACCOUNTS SECTION ONLY

CHECK SUPPLIERS DATABASE FOR UNIQUENESS ☐

Sundry Payment Account set up.

## RMF-EAC4 Accounts to complete with reason for rejection before returning to Authorised Officer.

We cannot accept this Sundry payment request form because:

- 1) An account has already been set up for this Supplier and the code is:

Please submit this with the correct payment form.

- 2) Another Sundry payment form has already been completed for this account.

A new Supplier code must be set up and the payment made using Form FB PAM or FB PAS, or ROADS disk.

Signed \_\_\_\_\_ RMF-EAC4

EXT \_\_\_\_\_

ROOM \_\_\_\_\_ EH



"G = Charles/S = Lister/OU1 = HSD1/OU2 = DHMTA026/O = Department of  
Health/P = HMGDOH/A = NHS/C = GB"@X400S on 16/02/99 16:48:03

To: Sue Adams/RMF-EAC/DOH/GB@GRO-C  
cc:  
Subject: MACFARLANE SPECIAL PAYMENTS SCHEME

Sue

I've just sent you an authorisation (by snail mail) to make a payment of #23,500 under RTN30R, as we discussed. Can you let me know please when the payment is/will be made, so that I can tell the Macfarlane Trust.

I also have one application in for a payment under PTN66R which is currently with SOL for consideration. If approved, this will come to #8,500. I'm not aware of anything else in the pipeline, so these are likely to be the the last (only?) payments to be made in 1998/99.

Charles

Restricted - Medical

**NHS**

**Executive**

**Headquarters**

Department of  
Health  
Wellington House  
135-155 Waterloo  
Road  
London SE1 8UG  
Tel 0171 972 2000

Ann Hithersay  
Administrator  
The Macfarlane Trust  
Alliance House  
12 Caxton Street  
LONDON SW1H 0QS

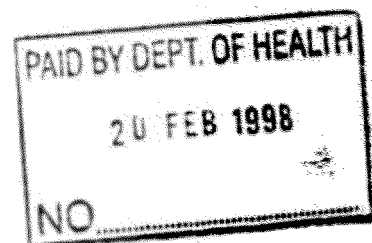
Your reference: 0127/AH2239/DOH

Our reference: HIM 12

February 1998

*Dear Ann*

**MACFARLANE SPECIAL PAYMENTS TRUST (No 2)**  
Mr **GRO-A**



Thank you for your further letter of 27 January.

I enclose the second payment of £23,500 made out to Mr **GRO-A** as requested.

Yours sincerely

**GRO-C**

**D C DUDLEY**



Hannibal House  
F1A Accounts, Room 524  
Elephant and Castle, London SE1 6TE  
Telephone Enquiry: 0171 972 2151  
(Direct Line)

GRO-A

THE MACFARLANE TRUST  
ALLIANCE HOUSE  
12 CAXTON STREET  
LONDON  
SW1H 0QS

DH Account Code:

GRO-A

Account Name:

MR GRO-A

Date

20/02/1998

### REMITTANCE ADVICE

Our Reference	Your Reference No.	Amount
SPR006058	GRANT	23,500.00
TOTAL AMOUNT PAYABLE		23,500.00

Paid by Payable Order No: 266671

Payable Order

This remittance advice is for your retention. Please detach it before presenting the payable order to your bank.

HM Paymaster General RH10 1UM will pay the amount shown if this payable order is presented within six months.

Issuing Department: Department of Health  
FID Camber, Hannibal House, Elephant & Castle, LONDON, SE1 6TE

Account: HEALTH GENERAL CASH

10,000	10,000	Thousands	Hundreds	Tens
200	200	THREE	FIVE	ZERO

ACCOUNT  
PAYEE

Units  
1880

GRO-A

5968

Date 20/02/1998

£ 23,500.00

GRO-A

THE MACFARLANE TRUST  
ALLIANCE HOUSE  
12 CAXTON STREET  
LONDON  
SW1H 0QS

GRO-C

HM Paymaster General

GRO-C

Please tear off  
this slip at the  
perforated edge.

F.b.

Restricted - Medical

To: Sue Adams RMF-EAC2

From: D C DUDLEY HSD1

Date: 29 January 1998

Copies:

MACFARLANE SPECIAL PAYMENTS(No 2) TRUST:Mr GRO-A

1. Further to my minute of 8 January, I now attach the anticipated application for the second payment for Mr GRO-A

2. In view of the circumstances outlined in that minute, I hereby authorise the payment of £23,500 by cheque to Mr GRO-A as a charge against the No 2 Trust. A signed covering letter is attached.

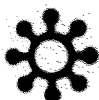
GRO-C

D C DUDLEY  
HSD1

GRO-C

HIM 12 & MAC 3





## THE MACFARLANE TRUST

Alliance House 12 Caxton Street London SW1H 0QS

Tel: 0171-233 0057 Fax: 0171-233 0839

Our Ref: 0127/AH2239/DOH

Derek C. Dudley <sup>29/1</sup>  
NHS Executive  
Room 631  
Department of Health  
Wellington House  
135 - 155 Waterloo road  
London SE1 8UG

27th January 1998

Dear Derek

Re: Mr GRO-A Macfarlane Special Payments Trust II

Thank you for your letter today, enclosing the first Special Payment to Mr GRO-A under the Macfarlane Special Payments Trusts. We have passed this payment on to Mr GRO-A today.

The Trustees of the Macfarlane Special Payments Trust II have now approved the second payment to Mr GRO-A who has signed the required Undertaking to the Secretary of State. I am therefore enclosing the Undertaking together with copies of Trustee approval for your records.

Please could you send us the second payment of £23,500, made out to Mr Leahy, in order that this payment can also be passed to our member as quickly as possible.

Thank you for all your help  
With best wishes  
Yours sincerely

GRO-C

Ann Hithersay  
Administrator

Encs Undertaking to Secretary of State, signed by Mr John Leahy

Approval forms signed by Macfarlane Special Trustees

# THE MACFARLANE SPECIAL PAYMENTS (No 2) TRUST

c/o The Macfarlane Trust, P.O. Box 627, London SW1 0QG

Tel: 071-233 0342 Fax: 071-233 0839

## UNDERTAKING TO THE SECRETARY OF STATE

## MACFARLANE SPECIAL PAYMENTS TRUST II

### Schedule 1

UNDERTAKING TO BE GIVEN BY AN INDIVIDUAL NOT UNDER A DISABILITY  
IN ACCORDANCE WITH CLAUSES 12, 15, 17, 18 OR 20 OF THE DEED OF  
THE MACFARLANE ( SPECIAL PAYMENTS) (No. 2) TRUST

THIS DEED of undertaking is made the [ EIGHT ] day of  
[ DECEMBER ] 1997 by [ GRO-A ] of  
[ GRO-A Lincs GRO-A ].

1. In expectation of receiving from the Macfarlane (Special Payments) (Number 2.) Trust the sum of £23500, I undertake with the Secretary of State for Health that I will not at any time hereafter bring any proceedings against the Department of Health, The Welsh Office, the Licensing Authority under the Medicines Act 1968, the Committee on Safety of Medicines, any district or regional health authority or any other Government body involving allegations concerning the spread of the human immuno-deficiency virus or hepatitis viruses through Factor VIII or Factor IX (whether cryoprecipitate or concentrate) administered before 13th December 1990.

signed and delivered by )

GRO-A

as a Deed in the presence of:-

GRO-A

Name and address of Witness:-

GRO-A

J.W.C. N...

GRO-A

# THE MACFARLANE SPECIAL PAYMENTS (No 2) TRUST

c/o The Macfarlane Trust, P.O. Box 627, London SW1 0QG

Tel: 071-233 0342 Fax: 071-233 0839

20 JAN 1998

MACFARLANE SPECIAL PAYMENTS TRUST II

## APPROVAL FORM:

Reference: Mr GRO-A

of: GRO-A

Lincs

GRO-A

I approve/question the payment of £23,500 to Mr GRO-A who has signed the required undertaking to the Secretary of State and meets conditions set out in the Macfarlane Special Payments Trust II Deed dated 3rd May 1991.

Signed: Peter Stevens - Trustee

GRO-C

Date: .....

# THE MACFARLANE SPECIAL PAYMENTS (No 2) TRUST

c/o The Macfarlane Trust, P.O. Box 627, London SW1 0QG

Tel: 071-233 0342 Fax: 071-233 0839

MACFARLANE SPECIAL PAYMENTS TRUST II

16 JAN 1998

APPROVAL FORM:

Reference: Mr

of:

Linco

I approve/~~question~~ the payment of £23,500 to Mr   
who has signed the required undertaking to the Secretary of  
State and meets conditions set out in the Macfarlane Special  
Payments Trust II Deed dated 3rd May 1991.

Signed: John P Cashman - Trustee

Date: 13 January 1998



# THE MACFARLANE SPECIAL PAYMENTS (No 2) TRUST

c/o The Macfarlane Trust, P.O. Box 627, London SW1 0QG

Tel: 071-233 0342 Fax: 071-233 0839

MACFARLANE SPECIAL PAYMENTS TRUST II

APPROVAL FORM:

16 JAN 1998

Reference: Mr

of:

Lincs

I approve/~~question~~ the payment of £23,500 to Mr  who has signed the required undertaking to the Secretary of State and meets conditions set out in the Macfarlane Special Payments Trust II Deed dated 3rd May 1991.

Signed: Alan Palmer - Trustee

Date: ..13/1/98.....

# THE MACFARLANE SPECIAL PAYMENTS (No 2) TRUST

c/o The Macfarlane Trust, P.O. Box 627, London SW1 0QG

Tel: 071-233 0342 Fax: 071-233 0839

MACFARLANE SPECIAL PAYMENTS TRUST II

APPROVAL FORM:

16 JAN 1998

Reference: Mr

of:

Lincs

I approve/~~sanction~~ the payment of £23,500 to Mr  who has signed the required undertaking to the Secretary of State and meets conditions set out in the Macfarlane Special Payments Trust II Deed dated 3rd May 1991.

Signed: Clifford H Grinsted - Trustee

Date: 13 Jan 1998

# THE MACFARLANE SPECIAL PAYMENTS (No 2) TRUST

c/o The Macfarlane Trust, P.O. Box 627, London SW1 0QG

Tel: 071-233 0342 Fax: 071-233 0839

MACFARLANE SPECIAL PAYMENTS TRUST II

16 JAN 1998

APPROVAL FORM:

Reference: Mr

of:

I approve/question the payment of £23,500 to Mr  who has signed the required undertaking to the Secretary of State and meets conditions set out in the Macfarlane Special Payments Trust II Deed dated 3rd May 1991.

Signed: Alan Tanner - Trustee

Date: 13 January 1998

# SUNDRY PAYMENT REQUEST

FORM FB SPR

Account Reference

S	Z	Z	Z	GRO-C
---	---	---	---	-------

**WARNING:** THIS FORM MAY ONLY BE USED TO SUBMIT "ONE OFF" PAYMENTS TO INDIVIDUALS WHO ARE NOT DEPARTMENTAL STAFF. THE FORM MUST NOT BE USED FOR ANY CLAIM IN RESPECT OF COMMITTEES.

## PERSONAL DETAILS

1. Name (Mr/Mrs/Miss/Ms/Other) Mr

Initials

GRO-A

Surname

GRO-A

2. The payment address is:-

GRO-A

GRO-A

GRO-A

GRO-A

Post code:-

GRO-A

3. Payment should be sent to:- Bank ☐ Home ☐ Collect at Counter ☒

Bank account number

--	--	--	--	--	--	--	--

Sort Code

--	--	--	--

Account Reference

S	Z	Z	Z	GRO-C
---	---	---	---	-------

## PAYMENT AND REPORTING DETAILS

4. The Budget Cost Centre is: R1N10A

5. The payment is in respect of:

GRO-A

6. The total amount to be paid is £ 23,500.00

Amount in Words Twenty three thousand, five hundred pounds

7. The expenditure should be reported as follows:

EXPENDITURE CODE	CONTRACT CODE	PROJECT CODE	AMOUNT £ P	VAT AMOUNT £ P	R/N
JAOO			23,500.00		

PLEASE TURN OVER

I confirm the payment request overleaf is a one-off payment to an individual who is not a member of staff.

Signature of Certifying Officer GRO-C Date 10/2/98

Name (BLOCK CAPITALS) MARIAN AWULEY

Signature of Authorising Officer GRO-C Date 10/2/98

Name (BLOCK CAPITALS) SUSAN APAMI

Branch Inf-EACT Room 310 Building E.H. EXT GRO-C

**CHECK SUPPLIERS DATABASE FOR UNIQUENESS.**

**Sundry Payment Account set up.**

**We can not accept this Sundry payment request form because:**

- A new Supplier code must be set up and the payment made using Form FB PAM or FB PAS.

Signed RMF-EAC1

EXT

ROOM HANH



From: Mr Derek Dudley, SCG SC2B of Department of Health  
Subject: Re(2): Special Payment - Macfarlane Trust  
Item posted: Mon 26 Jan 98 16:45  
To: Samy Subramaniam, RMF-EAC2 of Department of Health  
Cc: Sue Adams, RMF-EAC2 of Department of Health

Samy,

Noted. Many thanks.

Derek Dudley  
HSD1 GRO-C EL ext GRO-C

From: Samy Subramaniam, RMF-EAC2 of Department of Health  
Subject: Re: Special Payment - Macfarlane Trust  
Item posted: Mon 26 Jan 98 16:20  
To: Mr Derek Dudley, SCG SC2B of Department of Health  
Cc: Sue Adams, RMF-EAC2 of Department of Health

Just to let you know that cashiers made the payment today.

Sue Adams has asked me to inform you.

Samy



**Executive**

**Headquarters**

**Department of**

**Health**

**Wellington House**

**135-155 Waterloo**

**Road**

**London SE1 8UG**

**Tel 0171 972 2000-  
4078**

Ann Hithersay  
Administrator  
The Macfarlane Trust  
Alliance House  
12 Caxton Street  
LONDON SW1H 0QS

Your reference: 1210AH.2239

Our reference: HIM 11

26 January 1998

Dear Ann

**MACFARLANE SPECIAL PAYMENTS TRUST**

Thank you for your letter of 10 December 1997, which we subsequently discussed.

Since the accounts of the Macfarlane Special Payments Trust are now closed, I enclose a payment of £20,000 made out to Mr **GRO-A**, as requested.

I await your request for the second payment under MSPT 2 in due course.

Yours sincerely

**GRO-C**

**D C DUDLEY**



Hannibal House  
F1A Accounts, Room 524  
Elephant and Castle, London SE1 6TE  
Telephone Enquiry: 0171 972 2151  
(Direct Line)

GRO-A  
THE MACFARLANE TRUST  
ALLIANCE HOUSE  
12 CAXTON ST  
LONDON  
SW1H 0QS

DH Account Code:

GRO-A

Account Name:

GRO-A

Date

26/01/1998

## REMITTANCE ADVICE

Our Reference	Your Reference No.	Amount
SPR006057	GRANT	20,000.00
TOTAL AMOUNT PAYABLE		20,000.00

Paid by Payable Order No: GRO-C

Payable Order

This remittance advice is for your retention. Please detach it before presenting the payable order to your bank.

HM Paymaster General RH10 1UH will pay the amount shown if this payable order is presented within six months.  
Issuing Department: Department of Health,  
FID Cashiers, Hannibal House, Elephant & Castle, LONDON, SE1 6TE.

Account: HEALTH GENERAL CASH

10 million	Million	100,000	10,000	Thousands	Hundreds	Tens	Units
ZERO	ZERO	ZERO	TWO	ZERO	ZERO	ZERO	ZERO

Pay to: MR J LEARY

Reference No.

Pay to:

GRO-A  
THE MACFARLANE TRUST  
ALLIANCE HOUSE  
12 CAXTON ST  
LONDON  
SW1H 0QS

GRO-C

GRO-C

Date 26/01/1998

£ 20,000.00

GRO-C

HM Paymaster General

Please tear off this slip at the perforated edge.

# SUNDRY PAYMENT REQUEST

FORM FB SPR

Account Reference

S	Z	Z	Z	GRO-C
---	---	---	---	-------

**WARNING:** THIS FORM MAY ONLY BE USED TO SUBMIT "ONE OFF" PAYMENTS TO INDIVIDUALS WHO ARE NOT DEPARTMENTAL STAFF. THE FORM MUST NOT BE USED FOR ANY CLAIM IN RESPECT OF COMMITTEES.

## PERSONAL DETAILS

1. Name (Mr/Mrs/Miss/Ms/Other) MR

Initials  
GRO-A

SURNAME  
GRO-A

2. The payment address is:-

GRO-A	
GRO-A	
GRO-A	
GRO-A	
Post code:-	GRO-A

3. Payment should be sent to:- Bank ☐ Home ☐ Collect at Counter ☒

Bank account number  Sort Code

Account Reference

S	Z	Z	Z	GRO-C
---	---	---	---	-------

## PAYMENT AND REPORTING DETAILS

4. The Budget Cost Centre is: RTN30R

5. The payment is in respect of:  
GRANT

6. The total amount to be paid is £ 20,000  
Amount in Words Twenty thousand pounds only

7. The expenditure should be reported as follows:

EXPENDITURE CODE	CONTRACT CODE	PROJECT CODE	AMOUNT £ P	VAT AMOUNT £ P	R/N
JAD10			20,000.00		

PLEASE TURN OVER



I confirm the payment request overleaf is a one-off payment to an individual who is not a member of staff.

Signature of Certifying Officer GRO-C Date 11/1/82

Signature of Authorising Officer GRO-C Date 16/1/98

Branch RMF-EAC2 Room 5310 Building EH EXT GRO-C

**CHECK SUPPLIERS DATABASE FOR UNIQUENESS.**

RMF-EAC1 Accounts to complete with reason for rejection before returning to Authorising Officer.

1) An account has already been set up for this Supplier and the code is:  
Please submit this with the correct payment form.

A new Supplier code must be set up and the payment made using Form FB PAM or FB PAS.

ROOM HANH



## THE MACFARLANE TRUST

Alliance House 12 Caxton Street London SW1H 0QS

Tel: 0171-233 0057 Fax: 0171-233 0839

**PRIVATE AND CONFIDENTIAL**

Our Ref: 1210AH.2239

Miss Mary Sandillon  
NHS Executive  
Department of Health  
Wellington House  
135 - 155 Waterloo Road  
London SE1 8UG

10th December 1997

Dear Miss Sandillon

Re: GRO-A, DOB: GRO-A 57. New Registrant.

I am writing to advise you that the Macfarlane Trust approved registration of the above new member at the last Trustees Meeting held on 20th November 1997.

Mr GRO-A has very mild haemophilia and had not been in touch with his Haemophilia Centre for many years until he became ill in the autumn. He was unfortunate enough to have been treated with contaminated blood products following a tooth extraction in 1983, and has now been diagnosed as HIV positive.

I enclose a copy of the registration form completed by Dr. G Dolan, Haemophilia Centre Director in Nottingham and confirm that we are now paying a regular monthly allowance to Mr GRO-A with effect from 1st September 1997.

I am now writing to ask the Department of Health to forward to Macfarlane Trust a cheque to the value of £20,000 made out to Mr GRO-A in respect of the first Macfarlane Trust Special Payment, as approved by the Trustees of the Macfarlane Special Payments Trust last week. The cheque should be sent to me at the Macfarlane Trust, so that it can be forwarded on to Mr GRO-A from the Trust, as is our policy.

I hope it will be possible to make this payment before Christmas. However, if you should need any further information from the Trust, do please give me a call.

We have sent Mr GRO-A a form of Indemnity which he will need to complete and return to the Trust in order for the Trustees of the Macfarlane Special Payments Trust to approve the second payment due to him under the Macfarlane Special Payments Trust II. Mr GRO-A will be making this second claim as a single man, and so the amount to be claimed under the MSPT II will be £23500.

I am advising you of this second payment now, so that you are alerted to the claim coming through to the Department early in the New Year. Again, please let me know if you need any information in addition to the form of Indemnity and confirmation that the MSPT II Trustees have approved the grant.

I look forward to hearing from you shortly

With best wishes  
Yours sincerely

GRO-C

Ann Hithersay  
Administrator

ENC: Registration card - Mr GRO-A  
Letter from Dr E H Horn, Honorary Consultant  
Haematologist, Nottingham.



QUEEN'S MEDICAL CENTRE  
NOTTINGHAM

Haemophilia Unit - Comprehensive Care Centre

25 NOV 1997

Extension: GRO-C

Our Ref: EHH/KH / GRO-C

10th November 1997

CLINIC: 19th November 1997

**PRIVATE AND CONFIDENTIAL**

Miss A Hithersay  
Macfarlane Trust  
Alliance House  
12 Caxton Street  
LONDON  
SW1H 0QS

Dear Miss Hithersay

RE: GRO-A DOB GRO-A 57  
GRO-A Lincolnshire GRO-A

Diagnosis: mild haemophilia A  
recently diagnosed HIV positive

Further to my recent telephone conversation with you, I am writing to confirm that the above individual, who is registered at the Nottingham Haemophilia Centre, was admitted under my care of 19th September this year. He was extremely ill, and we quickly made a diagnosis of pneumonia due to infection with *Pneumocystis carinii*. Shortly thereafter an HIV-antibody test was carried out with a positive result, which has now been confirmed in an independent laboratory.

Mr GRO-A had not attended the Haemophilia Unit for many years and, in fact, the last record of his attendance was in November 1983. As expected, as he has mild haemophilia, he has no spontaneous bleeding problems and had not required any treatment since then. We have a record of treatment in March of 1983 with 17 units of cryoprecipitate, which was given to cover dental extraction. I enclose a record of the batch numbers of these units. Later, in November of 1983, he was treated both with NHS factor VIII and with KOATE (Cutters). I also include a record of these relevant batch numbers. I am aware that neither of these factor-VIII concentrates were subjected to any viral inactivation process.

Mr GRO-A does not have any other risk factors related to his life-style for acquiring HIV infection. Whilst heterosexual transmission cannot be completely ruled out at this stage, I think it is highly likely that he acquired his HIV infection from treatment with non-virally-inactivated factor-VIII concentrate. His current consort has been tested and is negative for HIV antibody.

Dr G Dulaw  
Director

Dr K M Forman  
Consultant  
(Paediatrics)

Anne Massingham  
Haemophilia  
Nurse Specialist

Department of Clinical and Laboratory Haematology  
University Hospital  
Nottingham NG7 2UH  
Telephone: 0115 924 9924 Fax: 0115 978 5836

Queen's Medical Centre, Nottingham, University Hospital NHS Trust

Miss A Hithersay  
Macfarlane Trust

10th November 1997

I should be very grateful if you would consider Mr GRO-A for compensation from the Macfarlane Trust. I am aware that it is extremely unusual to make a new diagnosis of HIV in the haemophilia population nowadays. In this case, this has resulted from the considerable time lapse since Mr GRO- last attended our unit, and also as a result of him changing address without informing us in the interim. He therefore missed out on the period of routine viral screening of all of our registered patients. I do hope, however, that you will be able to help him, particularly as he has now made a decision to sell his road-haulage business, which he runs as a single-handed operation.

I look forward to hearing from you.

Yours sincerely

GRO-C

**Dr EH Horn**  
**Senior Lecturer/Honorary Consultant Haematologist**

PS We have now received the correspondence from John Williams and will process Mr GRO-A's formal application when he attends our clinic on 19th November.

## THE MACFARLANE TRUST

## REGISTRATION FORM

SURNAME of person registering:

GRO-A

Mr/Mrs/Ms: First names

GRO-A

ADDRESS

GRO-A

GRO-A

Postcode:

LINGS

GRO-A

No:

GRO-A

Patients should give their own details. Dependents should give the details of the relative who had haemophilia and HIV:

HAEMOPHILIA CENTRE ATTENDED:

NOTTINGHAM

CENTRE DIRECTOR:

DR G DOLAN

You should sign the following declaration on your own behalf (or as a dependent) and you should note that by doing so you are declaring that you/your partner or parent had haemophilia and came into contact with HIV through the use of blood products. You will by signing also give permission for HIV status to be checked with your Doctor.

Signed

GRO-A

TO: Dr

G DOLAN ✓

The patient/surviving dependents mentioned on this Registration Card has given permission to contact you in order to verify HIV antibody status. We would be grateful if you could complete the verification below by signing the statement.

I, the undersigned, confirm that the patient mentioned on this card has haemophilia and was treated with blood products during the period when contaminated, and is now HIV positive.

Signed:

GRO-C

Date

19/11/97

PLEASE RETURN THIS CARD TO: The Macfarlane Trust,  
PO Box 627,  
LONDON, SW1H 0GG

marking the envelope STRICTLY CONFIDENTIAL

Hospital or Centre Official Stamp



  
Sue,

I think we were talking slightly at cross purposes about this before Christmas - hardly surprising, given my total ignorance of the topic !! I hope I have now been able to teach myself something about it and that the attached partial response to your minute clarifies the position. Please let me know, if you feel I am still not on the right wave-length or if this causes you any problem.

I note that I cannot do anything about the 1998/99 baseline figure for PTN66R[ Eileen Trust] **at this stage**. Presumably Spring Supply will be the next opportunity, when I should be better placed to judge whether we should bid for an increase and, if so, how much to go for ?

I await your response on the top-up proposal for the Macfarlane Trust [RTN 30R] in due course.

Derek

To: Sue Adams RMF-EAC2

From: D C DUDLEY HSD1

Date: 8 January 1998

Copies:

### MACFARLANE TRUST

1. We had a word shortly before Christmas about the attached letter of 10 December from the Trust, seeking an initial payment of £20,000 under the Special Payments Trust for a recently registered patient.

2. In paragraph 4 of your minute you kindly offered a few thoughts about payment procedures using the BACS method in such cases, on the basis that this payment would be a charge on the Macfarlane (Special Payments) (No. 2) Trust. However, having re-read the letter and discussed it further with the Administrator, it seems clear to me that this obligation derives from the original Scheme, rather the No.2 Trust arrangements. The further payment, which the Trust will be seeking in respect of this patient shortly, will however be a charge against the No.2 Trust.

3. I am not sure that this makes any difference to our accounting arrangements, but my efforts to clarify the position for my own benefit have led me to discover that the Trust has now closed the 2 dedicated bank accounts they previously operated for these Special Payments, largely because the current level of usage no longer justifies individual operation. Their one remaining open account continues to be used for general purposes and the Trust do not wish to use this for payments to patients, so as to avoid the risk of any possible confusion between the level of their own resources and those provided by DH specifically for onward transmission to patients. Hence the request in this letter, and in the one yet to come, for payment by cheque made out to the patient, rather than the Trust.

4. I therefore authorise payment of £20,000 to be made by cheque to Mr GRO-A on this basis, as the accounts for the Special Payments Trusts have now been closed. A signed covering letter is enclosed. Please note that a request for a category 2 payment is expected shortly, which I will forward to you when received.

D C DUDLEY  
HSD1

GRO-C VEL

Ext: GRO-C

GRO-C

HIM 11

**To:** D C Dudley HSD1

**From:** Sue Adams RMF-EAC2

**Date:** 7 January 1998

**Copies:** Ian Fleming RMF-EAC2

**Budgets - HIV infected blood (PTN66R) & Haemophiliacs with HIV (RTN30R)**

1. We have talked recently regarding various aspects of the above budgets.
2. With regard to PTN66R, you queried the allocations. The higher amount allocated in 1997/98 (further increased in-year) was initially to allow a top-up to the Eileen Trust to be made. However although it became apparent that a top-up would not be required the funds were instead earmarked to pay for three new cases of infection in 1997. The amounts allocated for 1998/99 and planning figures for a further two years reflect the original allocations not allowing for these events. Although you are concerned that these amounts may not be adequate, due to the current pressures, any changes to the 1998/99 allocation can only be considered at supply stages in -year if still considered necessary.
3. Turning to RTN30R - we are still considering the request for a £3M "top-up" for the MacFarlane Trust using the information in the annual report and accounts that you sent to Ian. I hope to be able to contact you about this matter shortly.
4. Finally, we talked before Christmas about a payment from the MacFarlane Trust to a new registrant. As these payments are infrequent I have looked through our files here and can confirm that previous payments have been made direct to the MacFarlane (Special Payments) (No 2) Trust bank account, with the Trust then arranging payment to the individual concerned. If you are satisfied that the payment should be made then please send me a minute authorising a payment of X amount to the MacFarlane Trust. A copy of the letter from the Trust stating that the registrant meets all the qualifying conditions should also be attached (the last payment of this kind was made in August 1996 so you may wish to consult your files for example of minutes etc). I will then arrange to have the payment made direct to the Trust's bank account.
5. Please note that I will now be out of the office until Tuesday 13th. However if the payment is urgent and need to be made before then, please contact Ian who will be able to make the arrangements. If not then please contact me in due course and I will arrange.
6. I hope this is helpful. If you have any further queries then please contact me (next week !)

**Sue Adams**  
(OIS 7/1/98)

Sue Adams  
Room 310 EH  
Ext: GRO-A



GRO-C

FIB Room 508 HANH

From : Ann Towner CA OPU2

Date : 2 August 1996

MACFARLANE (SPECIAL PAYMENTS) (NO 2)TRUST : RTN3OR

1. Please see the attached letter of 1 August from the Trust requesting £23,500 to enable them to make payment in a case falling within the terms of the Trust. As you know, the original funding of the trust was exhausted some time back, and as claims are now few and far between we make payments to the Trust as and when individual claims need to be met.
2. I therefore authorise payment of £23,500 (twenty three thousand, five hundred pounds) to the Trust. I enclose a letter to accompany the payment.
3. The Trust's had warned us that this further case was pending. But we have no reason to expect total payments in the year to exceed the £100,000 made for the HIV/haemophilia scheme for 1996/97.

GRO-C

Ann Towner

CA OPU2

Room 313.EH

Ext GRO-C



Eileen House 80-94 Newington Causeway London SE1 6EF Telephone 071 972 2000  
Direct line 071 972

John Williams  
Clerk to the Trustees  
The Macfarlane Special Payments (No 2) Trust  
c/o the Macfarlane Trust  
PO Box 627  
London SW1 0QG

5 August 1996

Dear John

Thank you for your letter of 1 August.

I enclose payment of £23,500 as requested to enable you to pay the case in which payment has recently been agreed by the trustees.

Yours sincerely

GRO-C

Ann Towner  
Corporate Affairs Operational Policy Unit





## THE MACFARLANE TRUST

Alliance House 12 Caxton Street London SW1H 0QS

Tel: 0171-233 0057 Fax: 0171-233 0839

Department of Health  
Eileen House  
80-94 The Causeway  
London SE1 6EF

1 August 1996

For Ms A Towner

*Dear Ann,*

As prewarned in our letter of 7 June we have a further category 5 payment to make. This is to Mrs GRO-A of GRO-A Cheshire, widow of GRO-A who was paid in category 3 as a non-litigant in June 1991, subsequently upgraded to category 4 and who since died (December 1995).

This application has now been approved by the Trustees under the terms of clause 20 of the Trust Deed. Having scrutinised and verified the documentary evidence, the Trustees were not called on to use any element of 'discretion' in their decision, and clause 20 does not require the consent or discretion of the Secretary of State.

We therefore need as soon as convenient a further £23,500. We will forward the indemnity certificate to you in the normal way when the payment has been made.

*Yours sincerely*

GRO-C

John Williams  
Clerk to the Trustees

Serial Number

009176

## PAYMENT AUTHORISATION FORM (PAM)

Signature of Authorising Officer

GRO-C

Name (BLOCK CAPITALS)

R E MARTIN

Branch

Date

11.6.96

Extension

GRO-C

Signature of Certifying Officer\*

GRO-C

\*(Where no invoice is attached see Note)

Name (BLOCK CAPITALS)

M. BAHADUR

Date

11.6.96

**Note:** Invoices should be attached to this form wherever possible.

Where no invoice is available the form must be certified and full details of the payee (Name, address and postcode) or the payee account code must be provided.

For F1D Cashier's Use Only

Period / /

Authority  
Confirmed

Initials

Date

EO Check

Initials

Date

PAYEE ACCOUNT (ROs may leave blank) Col 1	INVOICE OR REFERENCE Col 2	DUE DATE Col 3	EXPENDITURE TYPE CODE Col 4	BUDGET HOLDER COST CENTRE Col 5	CONTRACT CODE Col 6	PROJECT CODE Col 7	NET AMOUNT (Col 8 & 9 if payment, Col 8 if credit note) Col 8		C/D Col 9	VAT (R in column 11 if VAT is recoverable) Col 10		R/N Col 11
							E	P		E	P	
GRO-C	GRO-C		ZA010 RTN30R				23,500	00	C			
TOTAL												

FORM FB PAM(v1996)

WITN7193062\_0058

10/6/96  
FIB Room 508

GRO-C H

From : Ann Towner CA OPU2  
Date : 10 June 1996

**MACFARLANE (SPECIAL PAYMENTS) (NO 2) TRUST**

1. Please see the attached letter of 7 June from the Trust requesting £23,500 to enable them to make payment in a case falling within the terms of the Trust. As you know, the original funding of the trust was exhausted some time back, and as claims are now few and far between we make payments to the Trust as and when individual claims need to be met.
2. I therefore authorise payment of £23,500 (twenty three thousand, five hundred pounds) to the Trust. I enclose a letter to accompany the payment.
3. This sum, and the future payment the Trust's letter warns about, are covered by the provision of £150,000 made for the HIV/haemophilia scheme for 1996/97.

GRO-C

Ann Towner  
CA OPU2  
Room 313 EH  
Ext

GRO-C



Eileen House 80-94 Newington Causeway London SE1 6EF Telephone 071 972 2000  
Direct line 071 972

John Williams  
Clerk to the Trustees  
The Macfarlane Special Payments (No 2) Trust  
c/o the Macfarlane Trust  
PO Box 627  
London SW1 0QG

June 1996

Dear John

Thank you for your letter of 7 June.

I enclose payment of £23,500 as requested to enable you to pay the case in which payment has recently been agreed by the trustees.

I note that there is another case pending where you will probably be needing payment before too long.

Yours sincerely

GRO-C

Ann Towner  
Corporate Affairs Operational Policy Unit

IMPROVING THE HEALTH OF THE NATION

# THE MACFARLANE SPECIAL PAYMENTS (No 2) TRUST

c/o The Macfarlane Trust, P.O. Box 627, London SW1 0QG

Tel: 071-233 0342 Fax: 071-233 0839

Department of Health  
Eileen House  
80-94 The Causeway  
London SE1 6EF

7 June 1996

For Ms A Towner

*Dear Ann,*

As prewarned, we need as soon as possible £23,500 to make a category 5 payment to a Mrs [redacted] GRO-A of Manchester (partner of litigant ref: RC001, since deceased).

This application has now been approved by the Trustees under the terms of clause 20 of the Trust Deed. Having scrutinised and verified the documentary evidence, the Trustees were not called on to use any element of 'discretion' in their decision, and clause 20 so does not require the consent or discretion of the Secretary of State.

We will forward the indemnity certificate to you in the normal way when the payment has been made.

May I take this opportunity to forewarn you of another similar application which is expected to be cleared within a month.

*Yours sincerely*

[redacted]  
GRO-C

John Williams  
Clerk to the Trustees



MAINTAIN SUPPLIER DETAILS

Account Code **GRO-C**  
 Account Name MACFARLANE SPEC. PAYMENTS NO2  
 Supplier Typ VOL  
 Lookup Code MACFARLANE

Status

Name & 1	MACFARLANE SPECIAL PAYMENTS (NO2)	Pay Method	B
Address 2	C/O THE MACFARLANE TRUST	Permission	
3	PO BOX 627	Bal.Fwd/Op.Item	0
4	LONDON	Account Type	C
5		Trans Present	
		Last Trans	

Post Code SW1 0QGR

Comments:

Priority A Enter P=Payee, B=BankAccount, T=PGO Transfer, A=BACS.

Bank or

PGO A/C No **GRO-C**  
 Sort Code

aa

Selection C=Create, A=Amend, D=Delete, E=Examine, N=Next

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