Tomecki Natalie LEGAL GROUP DWP-DH LITIGATION

F	r	0	ī	ĭ	1	:

Webb Debby DOH GSI

Sent:

03 February 2010 17:25

To:

Tomecki Natalie LEGAL GROUP DWP-DH LITIGATION

Subject:

Relevant Archer submission: Revised Briefing for Sofs/MS(PH) Meeting with Lord Archer;

PLEASE USE THIS VERSION







pic20543.jpg Archer pic04713.jpg (2 KB) 19 Revised 10 (2 KB)

Forwarded by Debby Webb/HP-SL/DOH/GB on 03/02/2010 17:24 ----

Who can edit? Nobody

Rowena Jecock/PH6/DOH/GB

edited?

002000.

Who can read?

18/08/2009 15:06 (Konrad Borowski) - Modified registered file

Embedded image moved to file: pic20543.jpg)

Ailsa

Wight/PH6/DOH/GB

То

13/03/2009 16:19

Brian Bradley/HP-SL/DOH/GB@DOH

CC

Rowena Jecock/PH6/DOH/GB@DOH, Edward Goff/HP-SL/DOH/GB@DOH

bcc

Fw: Revised Briefing for Sofs/MS(PH) Meeting with Lord Archer; PLEASE USE THIS VERSION

As I mentioned just now re: the first next steps action point in Penelope's note below. Ro will be in touch with you on Monday . Thanks for your help.

Dr Ailsa Wight
Deputy Director and Head of Programme
Infectious Diseases and Blood Policy
524 Wellington House
133/155 Waterloo Road
London SE1 8UG

Telephone:		GRO-C		
Mobile:		GRO-C		

email: ailsa.wight@ **GRO-C**

---- Forwarded by Ailsa Wight/PH6/DOH/GB on 13/03/2009 16:16

Penelope Irving/OIS/DOH

То

13/03/2009 14:39

Ian Matthews/PR-OFF/DOH/GB@DOH

CC

Elizabeth

DIIZANCUI

Jonathan

Morven

Ailsa Wight/PH6/DOH/GB@DOH, David

Harper/HPIHSD/DOH/GB@DOH,

Woodeson/CQEG/DOH/GB@DOH,

Stopes-Roe/HP-SL/DOH/GB@DOH,

Smith/POLICY/DOH/GB@DOH, Richard Douglas/FD/DOH/GB@DOH, Rowena

Jecock/PH6/DOH/GB@DOH

Subject

Re: Revised Briefing for Sofs/MS(PH) Meeting with Lord Archer; PLEASE USE THIS VERSION (Document link: Ailsa Wight) All,

As you know, SoS and MS(PH) met with Lord Archer of Sandwell on Wednesday 11 March. The following points were discussed:

Lord Archer summarised his three main recommendations from the report.

These were:

Establish a Committee representing all clinicians/patients to advise the

government on haemophilia

Funding should be provided to keep the Haemophilia Society afloat Financial relief for those affected should be reassessed.

The report deliberately did not apportion blame for the events in the 1970s and 1980s but sought to identify the need for recompense for the

victims. An amount had not been specified as this should be decided on

by negotiation.

In the 1970s the government of the day acted in good faith: the medical

conditions were not fully understood, tests to detect viruses were not

available and the biggest cause of difficulty was in fact the 'doctor knows best' culture.

Families had settled legal action out of court in 1991.

SoS would need to be convinced that current financial arrangements were

insufficient before he considered any adjustments to the compensation system. Lord Archer explained that many patients suffered financial hardship but MS(PH) said it was important to distinguish what financial

pressures were a consequence of infection, as opposed to being the consequence of the illness which had caused the patients to need transfusion in the first place i.e. haemophilia.

Any finance-related decisions had to be taken in the context of other patient groups such as the Thalidomide Trust who were seeking further Government compensation.

MS(PH) asked why Lord Archer had identified both the continuation of funding for the Haemophilia Society and also the establishment of a new

statutory Committee as two-of the top recommendations and what was the

difference between the two bodies? In response, Lord Archer explained

that the Haemophilia Society did not discuss issues as the Committee would nor have representation at the level necessary to advise government. The Society focused more as a social network for members.

SoS raised the issue of infected patients not being able to get

insurance coverage. Lord Archer explained several potential solutions:

government could pay for any augmented premiums or could provide independent insurance coverage.

Lord Archer did not understand why a public inquiry had not been held earlier as it fuelled talk of a conspiracy.

SoS asked about the importance of commercial considerations in previous

governments' actions: even if the UK had been self-sufficient in plasma

products there was no evidence that infection rates would have been any

lower given the high rate of HIV infection in the UK population. Lord

Archer confirmed that it was difficult to identify people's primary considerations.

SoS thanked Lord Archer for his time and said that he wished to speak to

him again once the department had decided on its response to the review.

In terms of next steps SoS and MS(PH) would like to receive advice on the following points:

- they would like to look at the eligibility criteria for those who receive money under the different schemes including options to rationalise the schemes (which should incorporate the options already outlined on how and if to adjust compensation)
- what are the options for the department regarding insurance provision (including perhaps an arrangement with the insurance industry?)
- they would like to look at the funding for the Haemophilia Society and options to give the Society a wider remit (in the context of the recommendation for the establishment of a Committee which had not been recommended)

Could you please send a note through to Morven and me on the above points by 12pm next Thursday to make MS(PH)'s weekend box. Morven and I will of course be happy to discuss this.

Many thanks,		
Penelope		

Penelope Irving
APS/Secretary of State for Health

GRO-C

The Secretary of State's box closes at 2pm Monday-Thursday and 12noon on Friday

Ian Matthews/PR-OFF/D OH/GB

To

Morven

10/03/2009 16:39

Penelope Irving/OIS/DOH@DOH,

Smith/POLICY/DOH/GB@DOH

CC

Woodeson/CQEG/DOH/GB@DOH,

Rowena

Jonathan

Subject

Elizabeth

Ailsa Wight/PH6/DOH/GB@DOH,

Jecock/PH6/DOH/GB@DOH, David
Harper/HPIHSD/DOH/GB@DOH,

Stopes-Roe/HP-SL/DOH/GB@DOH, Richard Douglas/FD/DOH/GB@DOH

Revised Briefing for Sofs/MS(PH) Meeting with Lord Archer; PLEASE

USE THIS VERSION

Morven, Penelope

Ailsa has discussed this with you, please find attached a very slightly tweaked version of the document I sent earlier. There is a change in Annex D, under Option 1a) on page 13.

(See attached file: Archer Briefing Revised 10.03.09.doc)

Many thanks.

Ian

Ian Matthews
Policy Officer
Infectious Diseases and Blood Policy Team
Room 530
Wellington House

GRO-C

(Embedded image moved to file: pic04713.jpg)

(Content modified in mailfile prior to filing since first received on 13/03/2009 16:19.

Last modified in mailfile: 13/03/2009 16:22)

- - 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.dh.gov.uk/terms