

Lovell G (Gemma)

From: [REDACTED]
Sent: 26 September 2011 12:58
To: Lovell G (Gemma)
Cc: [REDACTED]
Subject: FW: Penrose

Dear Gemma,

I'm forwarding on an email from Dr McIntyre commenting on Professor Cash's B4 statement.

Kind regards,
Jill

From: Archie McIntyre [mailto:[REDACTED]]
Sent: 26 September 2011 12:43
To: Lavelle J (Jill)
Subject: Penrose

John Cash describes the situation as he saw it with particular reference to what he saw as shortcomings and lack of cooperation. In para 1.02 he asks "who had the duty of care with regard to the safety of blood and blood/plasma products in the UK". Does he mean was it the government departments or was it the blood transfusion services as the supplier/manufacturer of the blood products who had the duty of care.

Perhaps the best way I can deal with the criticisms of SHHD and DHSS is to say that at official/civil service level the two departments worked well together. We met at a variety of advisory meetings, exchanged written correspondence/minutes and had telephone discussions when in doubt about a matter. We took steps as far as possible to ensure that tests and other measures were introduced at the same time (because this was an issue where we wanted to have a unified, national course of action - any differences may have resulted in criticism, and may have encouraged e.g. gay men to go over the border to have the test). Waiting for the evaluation of new tests, delays in production of test kits etc may on occasion have delayed implementation. We were not dominated by DHSS although being a larger Department they on occasion took the lead on certain aspects. Relationships between clinicians/scientists/ laboratory workers could at times be strained eg when there was a difference of opinion as to what test was best and what confirmatory tests were necessary. Much of this was discussed at the advisory bodies which medical staff from SHHD and DHSS attended and reported back to their admin colleagues.

Dr Cash makes reference to a reluctance by SHHD to engage in dialogue. A perusal of the minutes/papers of SNBTS working parties and committees will show the extent of SHHD staff involvement both medical and admin in BTS matters. In addition there were links with SNBTS via the CSA.

In his Inquiry C2 statement Mr A Murray emphasises the close working relationship that existed between admin, medical and finance staff in SHHD. Any decisions agreed at lower level would be "passed up the office" where once again after discussion the way forward would be decided. A study of minutes etc will show that most memoranda were copied to all involved in a particular subject at an appropriate level.

For the above reason I take issue with Dr Cash's statement in 2.08. I do not remember making the statement he alleges I made. I am not sure if the hostile reaction of SHHD to which he refers applies to me but I would deny that I ever spoke to Dr Cash in that manner. SHHD treated Dr Cash and his colleagues in a professional manner and did all they could to help as this was a major health problem. I do not remember any specific example when Dr Cash did not get the decisions he wanted but I have no doubt there were some. Which brings us back to his opening question in 1.02.