Trim Ref: HE1/17/14145

From: Seamus Camplisson
Health Protection Branch

COR-0048-2017

Date: 27 January 2017

To: 1 Liz Redmond, Director of Population Health √30/1/17
2 Michelle O'Neill MLA, Minister

CONTAMINATED BLOOD AND BLOOD PRODUCTS – PUBLIC INQUIRY

Issue:	Letter from Margaret Ritchie MP suggesting a public inquiry into contaminated blood and blood products supplied by NHS.
Timescale:	Routine
Legislation implications:	None arising from this letter.
Equality implications:	None arising from this letter.
FoI status:	The contents of this submission are fully disclosable.
Position in the South:	The Hepatitis C and HIV Compensation Tribunal was established by the Irish Government in 1995 to provide compensation for those infected with Hepatitis C via blood or blood products and its remit was extended in 2002 to include infection with HIV. It has a statutory basis in the *Hepatitis C Compensation Tribunal Act 1997,* the *Hepatitis C Compensation Tribunal Act 2002* and the *Hepatitis C Compensation Tribunal Amendment Act 2002.*
Special Adviser's view:	
Other Depts with an interest etc.	None
Executive referral:	Not required or proposed.
Presentational Issues:	Any issue raised by elected representative has the potential to interest the media. Cleared by Press Office.
Recommendation:	That the Minister issue the attached draft reply to Margaret Ritchie MP advising that a public inquiry would not provide any further information.

Details

1. Margaret Ritchie MP wrote to you on 12th January urging that a public inquiry be established in relation to contaminated blood and blood products supplied by the NHS. Ms Ritchie is concerned that those people affected by contaminated blood are growing older and it is now time for an inquiry to be held into how this issue came about.

2. Ms Ritchie took part in a House of Commons debate on this subject on 24 November 2016.

3. A public inquiry is, by definition, one that is set up under the Inquiries Act 2005. The Explanatory Notes to the Act state: "the aim of inquiries is to help to restore public confidence in systems or services by investigating the facts and making recommendations to prevent recurrence, not to establish liability or to punish anyone." It is a long established principle, set out in Cabinet Office guidance of 2005, that inquiries should be called only in exceptional situations, in which no other investigatory mechanism would be sufficient. In the case of the contaminated NHS blood and blood products it is known how the adverse events came about. There have been two independent inquiries, in England and Scotland, namely the Archer Inquiry and Penrose Inquiry. Neither inquiry found fault and did not apportion blame. This Department has not been made aware of any pertinent questions that remain unanswered and which only a public inquiry could answer. Beyond calling for a public inquiry, Ms Ritchie has given no indication of any form of facts that a public inquiry could bring to light.

4. As regards preventing recurrence, action was taken as soon as possible to introduce testing and safety measures for blood and blood products as these became available. Heat treatment of blood products and the

development and introduction of a test for HIV was introduced in 1985. A test for hepatitis C was developed and introduced in 1991.

Recommendation

5. I recommend that you issue the attached draft reply to Margaret Ritchie MP advising that a public inquiry is unlikely to bring to light any new information.

Seamus Camplisson
Health Protection Branch
Ext: GRO-C

cc Richard Pengelly
Dr Michael McBride
Dr Anne Kilgallen
Seamus Camplisson
Karen Simpson
Miranda Bradley

DRAFT

Margaret Ritchie MP
32 Saul Street
Downpatrick
BT30 6NQ

Our Ref: COR/0048/2017
Your Ref: HS/C/W/6/17

January 2017

CONTAMINATED BLOOD AND BLOOD PRODUCTS – PUBLIC INQUIRY

Thank you for your letter of 12th January in which you recommend a public inquiry to establish how people in the north of Ireland became infected by contaminated NHS blood and blood products.

Given the suffering and grief that have been caused by these tragic circumstances, it is understandable that some people believe there should be a public inquiry, however the case for a new public inquiry has not yet been made. The Explanatory Notes to the Inquiries Act 2005 state: "the aim of inquiries is to help to restore public confidence in systems or services by investigating the facts and making recommendations to prevent recurrence, not to establish liability or to punish anyone." It is a long established principle that inquiries should be called only in exceptional situations, in which no other investigatory mechanism would be sufficient. In the case of the contaminated NHS blood and blood products it is known how the adverse events came about. There have been two independent inquiries, in England and Scotland, namely the Archer Inquiry and Penrose Inquiry. My Department has not been made aware of any significant questions that remain unanswered and which only a public inquiry could answer.

As regards preventing recurrence of such tragedies, action was taken as soon as possible to introduce testing and safety measures for blood and blood products as these became available. Heat treatment of blood products and a

test for HIV were measures introduced in 1985. A test for hepatitis C was developed and introduced in 1991.

I recognise that no financial support can make up for the suffering and loss that affected persons and their families have experienced, but you will be aware that in December 2016 I announced significant reform to the existing support schemes and additional financial support for people who were infected and others who may be affected. The new financial reforms guarantee that all those infected and affected will receive a regular annual payment in recognition of what has happened to them.

.

Is mise le meas.

MICHELLE O'NEILL MLA
MINISTER OF HEALTH