

Ministers may be recalled to blood inquiry in battle over £10bn payout

Campaigners fear the government is dragging its feet on compensation. A victim of the scandal dies every four days

Caroline Wheeler Political Editor

The chairman of the infected blood inquiry is considering whether to reconvene the hearings to compel ministers to give fresh evidence on their proposals to compensate victims.

The scandal is the worst treatment disaster in NHS history. Sufferers were infected after being given factor VIII blood products contaminated with HIV and hepatitis C, which were imported from the US in the 1970s and 1980s, or after being exposed to tainted blood through transfusions or after childbirth.

Sir Brian Langstaff is understood to be considering the request made by core participants in the inquiry, which finished in February. They have asked him to resurrect the hearings and call ministers to account for their actions.

Since the inquiry finished, it was assumed that no further evidence would be submitted, and that Langstaff, 75, a

former judge, would deliver his findings in the autumn. However, campaigners, including those representing the Tainted Blood group, want to see Jeremy Quin, the Cabinet Office minister, and possibly Sue Gray, the former senior civil servant who previously worked on the inquiry, give further evidence. They believe the government may be “dragging out” the compensation process.

According to a story in the Financial Times last week, the compensation bill could be between £5 billion and £10 billion. “People are very worried about the cost,” a government adviser said. It follows concerns that the government has reneged on its commitment to publish a response to the inquiry’s compensation proposals before the conclusion later this year. It is feared this will lead to a delay in the final payout to victims, who are dying at the rate of one every four days.

Figures published by the inquiry estimate that 1,350 people were infected

with HIV, of whom more than 1,000 had died by the end of 2019. About 26,800 people are estimated to have contracted hepatitis C, of whom 1,820 had died from causes related to the disease by 2019.

The government has made interim payments of about £400 million to those infected and their bereaved partners. However, last month Langstaff said the interim payments should be extended to “recognise deaths to date unrecognised”, including the parents and children who suffered bereavements.

In his second interim report, he said action was “necessary to alleviate immediate suffering”. A scheme should be set up this year to compensate those both infected and affected; the latter group includes spouses, parents of children infected up to the age of 18, siblings who lived with an infected person, carers and dependants of the deceased, he said.

In response, Quin told MPs last month that the government would act at “pace”

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to “deliver resolution”, but said that Langstaff’s recommendations would have financial implications.

Kate Burt, the chief executive of The Haemophilia Society, said: “It is shameful that the government is dragging out the compensation process, even after the infected blood inquiry has recommended that payments be made as soon as possible. This delay and lack of transparency is causing great stress and anxiety to people who have already suffered too much. We hope the inquiry will use its powers to call ministers to account and shed much-needed light on what’s happening behind closed doors.”

A government spokesman said: “Any decisions on the running of the inquiry are rightly for its chairman Sir Brian Langstaff and we will of course respond to any future requests.”