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## Contaminated Blood

4.4 pm

**The Secretary of State for Health (Mr Andrew Lansley):** With permission, I would like to make a statement on hepatitis C and HIV-infected blood.

What happened during the 1970s and 1980s, when thousands of patients contracted hepatitis C and HIV from NHS blood and blood products, is one of the great tragedies of modern health care. It is desperately sad to recall that during this period the best efforts of the NHS to restore people to health actually consigned very many to a life of illness and hardship. As the current Health Secretary, and on behalf of Governments extending back to the 1970s, may I begin by saying how sorry I am that this happened and by expressing my deep regret for the pain and misery that many have suffered as a result?

It is now almost two decades since the full extent of the infection was established and two years since the independent inquiry led by Lord Archer of Sandwell reported. The majority of Lord Archer's recommendations are in place, as are programmes of ex gratia payments, which are administered by the Macfarlane Trust and the Eileen Trust for the HIV-infected and by the Skipton Fund for those with hepatitis C. However, significant anomalies remain and I pay tribute to Lord Archer, to other noble Lords and to hon. Members in this place from all parties for highlighting them.

In October, the Under-Secretary of State for Health, my hon. Friend the Member for Guildford (Anne Milton), announced a review into the current support arrangements -to look at reducing the differences between the hepatitis C and HIV financial support schemes and to explore other issues raised by Members during the recent Back-Bench debate, including prescription charges and wider support for those affected. We also asked clinical experts to advise on the impact of hepatitis C infection on a person's health and quality of life and to consider whether an increase in financial support was needed. My hon. Friend the Under-Secretary has met representative groups to understand the impact that these infections were having on people's lives and has also met many Members of both Houses who have been strong advocates on behalf of those affected.

We have now considered the findings of the clinical expert group and we accept that the needs of those with advanced liver disease from hepatitis C merit higher levels of support. At present, the amount of money paid to this group depends on the seriousness of the infection. There are two stages at which the Skipton Fund will make a payment, the first of which is when the person develops chronic hepatitis C infection. At this point, a person is eligible for a stage 1 relief payment-currently a lump sum of £20,000. Some may reach a second stage of developing an advanced liver disease such as cirrhosis or cancer, or of requiring a liver transplant; they then become eligible for a stage 2 payment, which is currently another lump sum of £25,000. Under new arrangements that we will

introduce, this second stage payment will increase from £25,000 to £50,000. This will apply retrospectively, so that if a person has already received an initial stage 2 payment of £25,000, they will now get another £25,000 lump sum, bringing the total to £50,000.

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In addition, we will also introduce a new, annual payment of £12,800 for those with hepatitis C who reach this second stage. This is the same amount as those who were infected with HIV receive. Those infected with both HIV and hepatitis C from contaminated blood will now receive two annual payments of £12,800 if they meet the stage 2 criteria-one payment for each infection-along with the respective lump sums. All annual payments that are made, both to those so infected with HIV and to those with hepatitis C, will now be uprated annually in line with the consumer prices index to keep pace with living costs.

We know that some of those infected with HIV or hepatitis C from NHS blood and blood products face particular hardship and poverty. Those infected with HIV can already apply for additional discretionary payments from the Eileen Trust and the Macfarlane Trust, but no equivalent arrangements are in place for those infected with hepatitis C, so we will now establish a new charitable trust to make similar payments to those with hepatitis C who are in serious financial need. These payments will be available for those at all stages of their illness, based on individual circumstances. Discretionary payments will also be available to support the dependants of those infected with hepatitis C, including the dependants of those who have since died. Again, this will echo the arrangements in place for those infected with HIV and will enable us to give more to those in the greatest need.

We must also ensure that those infected through NHS blood and blood products get the right medical and psychological support. I can therefore announce two further measures. First, those infected with hepatitis C or HIV will no longer pay for their prescriptions. They will now receive the cost of an annual prescription prepayment certificate if they are currently charged for prescriptions. Secondly, the representative groups raised the issue of counselling support for those infected through blood and blood products. We fully recognise the emotional distress that they have experienced. As a result, we will provide £300,000 over the next three years to allow for around 6,000 hours of counselling to help those groups.

While we focus on those still living with infections, we must also recognise the bereaved families of those who have died. At present, no payment can be made to those infected with hepatitis C who passed away before the Skipton Fund was established. That is a source of understandable distress to those who survive them, and that is something that we now want to put right. I can therefore announce that, until the end of March 2011, there will be a window of opportunity in which a posthumous claim of up to £70,000 can be made on behalf of those

infected with hepatitis C who died before 29 August 2003. A single payment of £20,000 will be payable if the individual had reached the first stage of chronic infection. Another single payment of £50,000 will be made if their condition had deteriorated to the second stage, in which they suffered serious liver disease or required a liver transplant. We will work with the Skipton Fund and various patient groups to publicise this new payment to those who may benefit. Those new payments, which will go to the individual's estate, should help more families to get the support that they deserve.

Taken together, these announcements represent a significant rise in the support available to those affected by this tragedy. Putting an exact figure on the package is difficult, as there is some uncertainty about how many people will be eligible, and how their illnesses may progress. However, we believe that the new arrangements could provide £100 million to £130 million-worth of additional support over the course of this Parliament. All payments will be disregarded for calculating income tax and eligibility for other state benefits, including social care. Although the changes apply only to those infected in England, I will be speaking to the devolved Administrations to see whether we can extend the measures across the United Kingdom.

Today's announcements cannot remove the pain and distress that individuals and families have suffered over the years, but I hope that the measures can at least bring some comfort, some consolation, and perhaps even some closure to those affected. I commend the statement to the House.