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INFECTED BLOOD INQUIRY

EXHIBIT WITN1791016

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Dear Chris

13 OCT 2010

Following the helpful meetings I had with you and others in July, I am writing to let you know that I will be laying a Written Ministerial Statement tomorrow. The statement covers my decision in relation to Lord Archer's recommendation 6(h), and the steps I am taking to review some aspects of the provision and support currently available in England for those affected by contaminated blood products. I will email you a copy of my statement as soon as it is laid as this has to go before Parliament before I can release the content.

I greatly appreciate all your involvement to date, as I know how much time many of you have given. I do hope you will feel able to continue to work with me and officials as your input is invaluable.

I still hope to be able to report the outcome of the review by the end of the year.

For notes

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ANNE MILTON

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WRITTEN MINISTERIAL STATEMENT

DEPARTMENT OF HEALTH

Support for those affected by contaminated blood

Thursday 14 October 2010

The Parliamentary Under Secretary of State, Department of Health (Earl Howe): My hon Friend the Parliamentary Under Secretary of State, Department of Health (Anne Milton) has made the following written ministerial statement.

On 16 April 2010 Judgement was handed down on a Judicial Review of a decision made by the previous Government not to accept a recommendation made in the report of Lord Archer of Sandwell's independent inquiry into infections transmitted some decades ago through contaminated blood products. The recommendation in question, 6(h), which concerned payments to those affected by this tragedy, stated that:

“We suggest that payments should be at least the equivalent of those payable under the Scheme which applies at any time in [the Republic of] Ireland.”

The Judgement found against the Government, therefore I am now required to look again at this recommendation, and decide whether or not to accept it.

Having carefully compared the circumstances pertaining here and in the Republic of Ireland during the period when most of the infections occurred, and having taken account of the fact that this tragedy similarly affected many other countries; I do not consider there is a case for accepting Lord Archer's recommendation 6(h) that levels of payment here should match those made in Ireland. Every country must make its own decisions on financial support for those affected, taking account of its own particular circumstances, and affordability. The scheme in Ireland was set up on that basis, and has not been replicated in any other country, as far as we know. However, our ex-gratia payment schemes for HIV compare well with those of other countries.

In addition, it is estimated that implementing a similar scheme to Ireland's here in the UK, would cost in excess of £3 billion.

I recognise that this decision will disappoint those who are living with serious health problems as a result of their infections, as well as their families and the families of those who have already died. During the summer I met representatives of those affected, and heard first hand about the hardships that they have to face on a daily basis.

I believe that to a large extent the recommendations are already in place. The previous Government increased the level of payments to those affected with HIV to a minimum of £12,800 per annum, and has increased the discretionary funding

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available to their dependents. I do not intend to revisit that decision, but I am persuaded that there are some aspects of Lord Archer's recommendations that should be looked at afresh. These include:

- the level of ex-gratia payments made to those affected by hepatitis C, including financial support for their spouses and dependants, and taking account of the level of payments made to those infected with HIV in the UK and via schemes in other countries;
- the mechanisms by which all ex-gratia payments are made;
- access to insurance;
- prescription charges;
- access to nursing and other care services in the community.

I am initiating a review of the issues raised by these recommendations, which will take place in the context of the current financial climate and results of the Spending Review. Terms of reference have been placed in the Library. I expect to be able to report the outcome of this work and my intentions by the end of 2010. I will be speaking to the other UK Health Ministers to seek their confirmation whether they wish to participate in reviewing the UK-wide aspects within this timescale or whether I will proceed on an England only basis.