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Date: 23rd February 2006

MEDIA HANDLING PLAN: PUBLICATION OF REVIEW IN TO SELF-SUFFICIENCY OF BLOOD PRODUCTS

Issue

You have agreed for the internal review of papers on the issue of self sufficiency in blood products to be published on Monday 27th February.

This sensitive issue has a number of risks and considerations attached to it, as outlined below. The media handling plan sets out how the announcement should be handled, for your agreement.

Timing

Urgent. The media handling needs to be put in place in time for the publication of the report on Monday.

Background

You will have seen the detailed submission from the blood policy team setting out the background to the review and the main conclusions.

In summary, almost all haemophilia patients treated with blood products in the 1970's and early 1980's were infected with hepatitis C, and or HIV. Lord Owen, a Health Minister in the 1970s, has publicly suggested that this might have been avoided had the UK achieved self sufficiency in blood products, a policy he initiated in 1975. Haemophilia campaigners have also raised other concerns about policy decisions taken at the time in the context of demands for compensation and a public inquiry.

In 2002, Yvette Cooper the then Health Minister asked officials to undertake an internal review of the surviving documents, roughly between 1973-1991, to produce a chronology of events and an analysis of the key issues. Some papers had been destroyed from Lord Owen's private office, which are not addressed in this review.

The review concludes that:

- Clinicians acted in the best interest of their patients in the light of the evidence available at the time.
- The more serious consequences of hepatitis C, only became apparent in 1989 and the development of reliable tests for its recognition in 1991.
- Attempts to devise a procedure to make the virus inactive, tests were developed and introduced as soon as practicable.
- Self sufficiency in blood products would <u>not</u> have prevented haemophiliacs from being infected with hepatitis C. Even if the UK had been self sufficient, the prevalence of hepatitis C in the donor population would have been enough to spread the virus throughout the pool.

There has been media attention recently around this issue as Lord Warner recently announced a Lords PQ which referred to the review and in particular the destruction of papers. His comments are attached at Annex B along with a DH position which was used at the time in response to media enquiries.

Risks and Considerations

There will be criticism from several haemophilia pressure groups who have campaigned for compensation and a public inquiry into why haemophilia patients received infected blood products. They argue that the Government and some clinicians knew about the risks, yet allowed infected products to be used in their treatment. Publication of this report is unlikely to satisfy these groups. They will continue to make demands for a public inquiry.

There may also be accusations that the report took so long to be published. The reason for this was having to check for accuracy of the report which took a significant amount of time. In 2004, officials commissioned independent consultants to analyse the papers and finalise the report. We have also consulted with colleagues in the devolved administrations, BPL, National Blood Service and some clinicians for factual accuracy.

We should also expect more claims in the media for compensation payments and a full public enquiry. At present the Skipton Fund administers ex-gratia payments to alleviate the suffering of people infected with hepatitis C but not to compensate for bereavement.

There could also be criticism that the review has not been an accurate representation of events because of the destruction of papers, as referred to in Lord Warner's debate in the House of Lords at Annex B.

Officials have provided briefing covering these points.

Handling
Given the likely criticisms that will arise, we have to balance the requirement to get this review out in to the public domain whilst preventing the story getting significant media attention.

A factual press notice has been drafted at Annex A which sets out the conclusions of the report and where it can be found on the DH website. I have included a short quote from you, which refers to the fact that self sufficiency was the aim pursued by the Government in the 1970s and 1980s and that no wrongful practices were carried out at this time.

If we do get interview bids, media centre are sourcing an expert on blood products that we can point journalists to. They will be able to provide the background to how blood products were used in the 1970s and how little was known about Hep C at that time. It would be preferable to keep the story as factual as possible to avoid the emotional debate that the haemophilia groups will try to start.

If the story generates to a level where it is difficult to avoid putting up a Department of Health Minister, we suggest that you accept national media bids. Media centre will provide a script to accompany the briefing from the policy team.

Summary

Do you agree to the following media handling arrangements:

- Media centre to put out the press notice (Annex A) on Monday morning.
- Journalists to be directed to medical expert in the first instance.
- For you to accept bids should the story escalate.
- A briefing note and Q&A from the blood policy team will follow.

Sophie Coppel
COMMS x GRO-C

Annex A

REVIEW PUBLISHED ON INFECTED BLOOD PRODUCTS

A review in to how patients were infected with Hepatitis C and HIV through contaminated blood in the 1970s and early 1980s, was published today.

This review focussed on documents from 1973 to 1991 to produce a chronology of events and analysis of the key decisions which were taken at that time. The question of why England and Wales did not achieve a policy of self-sufficiency in blood products and whether this would have avoided infection rates, was given particular attention within the review.

The report concludes that:

- Nobody acted wrongly in the light of the facts that were available to them at the time.
- Every effort was made by the Government to pursue self sufficiency in blood products during the 1970s and early 1980s
- The more serious consequences of Hepatitis C, only became apparent in 1989 and the development of reliable tests for its recognition in 1991.
- Attempts to devise a procedure to make the Hepatitis C virus inactive, tests were developed and introduced as soon as practicable
- Self sufficiency in blood products would not have prevented haemophiliacs from being infected with hepatitis C. Even if the UK had been self sufficient, the prevalence of hepatitis C in the donor population would have been enough to spread the virus throughout the pool.

Public Health Minister Caroline Flint said:

"We have great sympathy for those people, and their families, who were infected with hepatitis C and HIV from contaminated blood products in the 1970s and early 80s.

"The review based on the available evidence, concludes that clinicians acted in the best interest of their patients in the light of the evidence available at the time. Donor screening for hepatitis C was introduced in the UK in 1991 and the development of this test marked a major advance in technology, which could not have been implemented before this time.

Notes to Editors.

1. The Review of Papers can be found at:
2. The Review was set up in 2002 by Public Health Minister Yvette Cooper.

3. The Skipton Fund was set up in July 2004 to administer the UK-wide ex gratia payment scheme for people infected with Hepatitis C through contaminated NHS blood and blood products. The Macfarlane Trust was set up in 1988 to provide financial assistance for haemophiliacs infected with HIV through contaminated blood products.

Annex B

DH position:
"There has been no deliberate attempt to destroy past papers. Officials have established that during the HIV litigation in the 1990s many papers from that period were recalled. We understand that papers were not adequately archived and were unfortunately destroyed in the early 1990s. Officials have also established that a number of files were marked for destruction in the 1990s.

"Clearly this should not have happened and when the discovery was made that files had been destroyed, an internal review has been undertaken by officials. The results of that will be made known as quickly as possible."

Lord Warner Hansard transcript

> **To ask Her Majesty's Government whether they are considering giving further help to haemophilia patients infected with hepatitis C from contaminated National Health Service blood and blood products and to the widows of those who have died.**

The Minister of State, Department of Health (Lord Warner): My Lords, as I have said previously, the Government have great sympathy for the pain and hardship suffered by the widows and dependants of those inadvertently infected with hepatitis C. But, as we have made clear repeatedly, the *ex gratia* payments scheme is designed to alleviate the suffering of people infected with hepatitis C and not to compensate for bereavement.

However, I can announce today that my right honourable friend the Secretary of State and her counterparts in the devolved administrations have agreed to extend the period when claims can be made to the Skipton Fund on behalf of deceased patients by relatives or dependants. This means that the relatives or dependants of a person infected with hepatitis C through NHS blood and blood products who died after 5 July 2004, which is when the scheme became operational, will now be eligible to make a claim.

Lord Morris of Manchester: My Lords, I am grateful to my noble friend. Is he aware that 1,142 haemophilia patients have now died from being infected with HIV and hepatitis C by contaminated National Health Service blood and blood products, making this its worst ever treatment disaster?

My noble friend told me on 11 December 2003 that Ministers,

> "do not consider that a public inquiry is justified".—[*Official Report*, 11/12/03; col. 937.]

Is that still their position, despite mounting concern about the handling by in-house inquiries of the important issues raised—as former health Ministers—by the noble Lords, Lord Jenkin and Lord Owen?

Can my noble friend say when the appeal system for the Skipton Fund will be operational; and is he aware that, for it to have been ministerially decreed to deny hepatitis C widows the financial help available to HIV widows, is widely seen as unjust and morally indefensible?

Lord Warner: My Lords, I am well versed in the noble Lord's concerns in this area and I pay tribute to his persistence. But it is important to stress that, despite the Department of Health's decision to make *ex gratia* payments, we do not accept that any wrongful practices were employed in relation to inadvertent infection of blood which led to hepatitis C, and we do not consider that a public inquiry is justified as we do not believe that any new light will be shed on this issue as a result.

I acknowledge that the appeals system has been rather slow to establish the appeals panel, but it is now at the point where the NHS Appointments Commission is about to appoint members to the panel. We know, regrettably, that 57 applicants have indicated that they wish to appeal. I will certainly be pressing for this process to take place as quickly as possible.

Lord Jenkin of Roding: My Lords, do the Government intend to publish a review of the whole sad story of contaminated blood products and of the haemophiliacs and others who have been infected with HIV and hepatitis C? Is the Minister aware that after my long perusal last year of a large number of files that passed across my desk on this subject as Secretary of State for Health, I was able to confirm, as I had been warned, that all the papers dealing with contaminated blood products have been destroyed? How can the review possibly be comprehensive and tell the whole story if the key papers on how these infections reached these patients have been pulped?

Lord Warner: My Lords, let me reassure the House that there has been no deliberate attempt to destroy past papers. Officials have established that during the HIV litigation in the 1990s, many papers from that period were recalled. We understand that papers were not adequately archived and were unfortunately destroyed in the early 1990s. Officials have also established that a number of files were marked for destruction in the 1990s. Clearly, that should not have happened. When it was discovered that files had been destroyed, an internal review was undertaken by officials. The results of that will be made known as soon as possible. I know that the noble Lord has been in correspondence with the Permanent Secretary of the Department of Health and I understand that an answer will be sent to him on some of those issues as quickly as possible.

Baroness Masham of Ilton: My Lords, I also declare an interest as a vice-president of the Haemophilia Society. Why are we not as generous as Canada in helping those unfortunate people? Can the Minister reassure the House that CJD is not also a problem for those unfortunate people?

Lord Warner: My Lords, there is a difference between the position in Canada and in the United Kingdom and it is important to recognise that distinction. The awards being made in Canada follow a class action brought against the Canadian Government. A settlement agreement was reached with the federal government and, as such, the payment structure was based on claims for punitive damages. Subsequent inquiries found that wrongful practices had been employed and criminal charges were laid against the organisations, including the Red Cross Society, who were responsible for screening blood. There was no such wrongdoing in the United Kingdom and it is unfair to compare the two schemes. I will look into the latter point that the noble Baroness raises and write to her.

Lord Winston: My Lords, my noble friend uses the phrase "reassure the House", but is not one of the issues here the need to reassure the public, particularly those who feel very threatened when they are offered blood transfusions? Is there not a need for the Government to show care and compassion to these most unfortunate people?

Lord Warner: My Lords, the Government have shown care and compassion for those who are infected with hepatitis C. The scheme that is the subject of the question was introduced by this Government. It was announced in 2003 and we are moving to make payments to people who were alive then and infected with hepatitis C. We have now spent well over £80 million in compensating them to help to alleviate their suffering.

Lord Addington: My Lords, do the Government not accept that whatever has been done here, they have given the impression of being legalistic and slow and not being compatible with the needs of a very similar group? Will the Government give us an undertaking that that will not be the attitude in any future case?

Lord Warner: My Lords, let us go back to the basis of the scheme. As I have made clear repeatedly and repeat again today, the infection of people with hepatitis C was inadvertent. Nothing could have been done at the time with the technology available to assess the blood for that level of infection. The blood service did nothing wrong. We as a Government have put in place a scheme to alleviate the suffering of people who were alive after the scheme was announced in August 2003 to provide help for them. We have extended that scheme today in the announcement that I have made, so that the dependants of people who died after the scheme came into operation will also be eligible to make a claim.