

Witness Name: Susan Elizabeth Threakall

Statement No: WITN1564022

Exhibits: WITN1564023-WITN1564045

Dated: May 2020

INFECTED BLOOD INQUIRY

EXHIBIT WITN1564037



GRO-C

12th February 2017

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79, Whitehall
London
SW1A 2NS

Dear Jeremy Hunt,

We are writing on behalf of the campaign group TaintedBlood in order to ask that you address the following issues, as a matter of the greatest urgency:

It is our understanding that there has been a delay in implementing the new payment scheme for victims of contaminated NHS blood and blood products. **Please would you confirm the current situation, and if the scheme is to be delayed beyond April 2017, explain why this has happened?**

The worry over the continuation of regular discretionary and non-discretionary payments will be particularly detrimental to our group due to ongoing severe health conditions. There are many in our vulnerable group, including bereaved partners, parents and dependants, who are suffering with anxiety, PTSD and depression, and who will be severely impacted should there be any interruption to these payments.

So far we have had no guarantee that discretionary and non-discretionary payments are to continue after March 2017. This is unacceptable, given that those receiving these payments have relied on them for up to a number of decades, often for basic living needs such as food, mortgage and rent payments, etc. **Would you therefore guarantee that these payments will continue after April 2017, and that whoever is processing the payments will be appropriately funded in order to process them? It is vitally important that you provide an immediate assurance.**

In our opinion the legality of winding up the MacFarlane Trust is at best questionable. The MFT has existed since 1988, specifically for the benefit of haemophiliacs infected with HIV, [later for co-infected as it emerged that we were also infected with HCV], and for their families. Whilst not perfect, and subject to much criticism over the years, the Trust has built up a level of expertise that is unique in terms of support for the specialised needs and history of this vulnerable group. The staff have frequent personal contact with registrants and have built up a level of trust and understanding. **We therefore question the legality of closing down this trust and ask for an explanation of your reasoning for this.**

We were assured by Nicola Blackwood in parliament that no-one would be any worse off under the new scheme. **Would you please confirm that this will still be the case, and that this is guaranteed for the lifetime of the registrants?**

Finally, it has been recorded in Hansard on a number of occasions that the government has, in the past, viewed haemophiliacs infected by NHS blood products as being 'unique', due to the circumstances of the infections received by this group of already-disabled people. **Would you please tell us the current government's stance on this issue, and if it has changed, explain why?**

We look forward to receiving your reply within the next 18 working days.

Yours sincerely,

Sue Threakall

Andrew March

Mark Ward

Andy Evans

TaintedBlood.info

c.c.

Lord O'Shaughnessy, Parliamentary Under Secretary of State at the Department of Health

Diana Johnson MP, Co-Chair APPG for Haemophilia & Contaminated Blood

Peter Heaton-Jones MP

Andy Slaughter MP, Vice Chair APPG for Haemophilia & Contaminated Blood

Simon Kirby MP

Nigel Huddleston MP



taintedblood

SEEKING JUSTICE FOR LIVES DESTROYED BY NHS BLOOD PRODUCTS

GRO-C

13th March 2017

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79, Whitehall
London
SW1A 2NS

Dear Jeremy Hunt,

On Monday, 6th March 2017, the Department of Health published a consultation regarding what you refer to as a 'Special Category Mechanism' as well as financial and other support.

As we began to digest the details, it became increasingly clear that what you are proposing will have a profoundly negative financial outcome on many in our group, particularly those whose health is most severely-impacted, i.e. the co-infected, and also Skipton Stage II beneficiaries who are also infected with HIV.

Having scrutinised the consultation itself, we note that you have not even posed a specific question regarding the devastating effects the redistribution of funds will have on those who were promised an annual increase in their ex gratia payments. Under the new proposals they will no longer receive the promised increases, as the money is set to be diverted in order to pay other victims. Indeed, we would suggest this retrograde step and U-turn has been proposed solely to placate some of those currently taking legal action against the Department.

The brevity of the consultation in no way reflects the gravamen of the situation the victims are in through no fault of their own. We believe it is wrong, and more than likely, unlawful, to deprive vulnerable beneficiaries of what is a significant annual increase to their regular payments, which you unequivocally promised, both verbally and in writing, and was also made plain directly to our group

as part of the hard-and-fast policy of July 2016.

We believe it would be unconscionable for you to go through with your proposed move, particularly in light of the disparity with amounts being paid in Scotland to those who are effectively in an identical situation. The promised increases would have taken some of us much nearer to the payment levels of the Scottish scheme.

It is clear that from a legal perspective you believe you are acting correctly, but it cannot be morally right to undertake an action which further damages people simply in order to avoid being challenged in court. In fact, our most recent advice suggests that your proposed action – if it becomes policy – could well result in further legal challenges as it would be inherently unfair.

It has long been an established feature of the support schemes that an evidence base (most likely of Civil Servants' choosing) was employed in order to ascertain which victims have the most medically-evidenced need and require the greatest support to be targeted at them. Now we find that you are proposing what appears to be an ad hoc mechanism which requires a redistribution of the already grossly insufficient funds, so as to be able to channel funding to those who will be applying to a new scheme which is untested, and has no prior, established medical base to draw from. Indeed, on this occasion you are proposing to take away money from the very group whose health has been most compromised by their multiple infections! You are clearly prepared to deprive those who have been successfully verified by your own stringent processes of the further support you promised.

The lack of certainty beyond 2021 is another matter of grave concern. The evolving position of widows and bereaved partners harks back to an earlier internal proposal (prior to January 2016) where it was suggested that support for the bereaved could be gradually tapered off so that it would eventually stop completely. We now find that the bereaved are likely to be excluded from the assurance you are giving that "no-one will be any worse off", due to the fact that their regular payments are deemed to have a discretionary status, rather than be part of the non-discretionary annual payments. More precisely you are now offering this 'guarantee' only to those in receipt of regular payments.

Following the July 2016 statement and new policy, some campaigners felt that we were very close to achieving a situation where we could finally stop campaigning and get on with what was left of the rest of our lives. However, this most recent proposal has shown us all that our financial situation is truly built on sand, with no guarantees that we will be secure for life, with all infected haemophiliacs and their families finally in a position of financial security. It is clear that, even after 30 years of campaigning, we cannot afford to take our eye off the ball, as every time we think that Government are close to doing the right thing, our hopes are dashed yet again.

We firmly believe that one way or another, you will have to find new money if you intend to implement your SCM; this will either be of your own volition, or following legal action. We would suggest that you take into account the potential cost of defending any legal action, as you may well find some false economy involved.

This letter serves as our formal complaint at your unfair proposals and your biased consultation, and we do not accept them as they will have a severely detrimental impact on many members of our group. We do not believe that your proposed redistribution of the already limited funds should ever become policy and we reject it outright.

We look forward to receiving your reply within the next 18 working days.

Yours sincerely,

Andrew Evans - Chairman
Sue Threakall
Mark Ward
Andrew March
Adrian Goodyear

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C.C.

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