

Monday 10 October 2005
Written Answer

PQ02498/2005/06
Han Ref: Vol 674
Col WA33

**Hepatitis C and HIV Inadvertent Blood
Infection: Payment Schemes**

Lord Corbett of Castle Vale asked Her Majesty's Government:

Whether they will reconsider their refusal of financial help for Mrs **GRO-A** the widow of a haemophilia patient who died from hepatitis C infection contracted from National Health Service blood products, and grant her help equal to that she could have received if her husband's death had been caused by HIV infection by the same route and from the same source.

[HL1422]

Lord Warner: I refer the noble Lord to the reply given by the Baroness Andrews to the Lord Morris of Manchester on 23 February 2005 at col. *WA 214*.

25/7/05

The Lord Corbett of Castle Vale asked Her Majesty's Government:

Whether they will reconsider their refusal of financial help for Mrs **GRO-A** the widow of a haemophilia patient who died from hepatitis C infection contracted from National Health Service blood products, and grant her help equal to that she could have received if her husband's death had been caused by HIV infection by the same route and from the same source. (HL1422)

The Minister of State, Department of Health (Lord Warner):

I refer the noble Lord to the reply given by the noble Baroness Andrews, to the noble Lord Morris of Manchester, on 23 February 2005 at column WA214.

GRO-C: Norman Warner

Hepatitis C and HIV Inadvertent Blood Infection: Payment Schemes

Lord Morris of Manchester asked Her Majesty's Government:

Further to the Written Answer by the Lord Warner on 31 January (WA 10), what is the justification for denying financial help from the government-funded Skipton Fund to widows of haemophilia patients whose deaths were attributable to hepatitis C infection from contaminated National Health Service blood products, when financial help is available from the government-funded Macfarlane Fund to widows of patients whose deaths were attributable to HIV infection from the same source. [HL1190]

Baroness Andrews: The Government have great sympathy for the pain and hardship suffered by the widows of those inadvertently infected with hepatitis C. However, it has always been clear that the *ex-gratia* payment scheme is for those living with the virus and is not designed to compensate for bereavement.

The schemes administered by the Skipton Fund and the Macfarlane Trust have been established for different purposes and are two distinct schemes.

Lord Warner

Opposite is a suggested
reply for your approval
and signature.

PSCPH's office has
agreed the answer - see
Flag D.

Are you content,
please?

GRO-C

 Department
of Health

J Chan
Parliamentary
Room 301
Richmond House
Extension 

22/7

Background

1. This is the second PQ this month that has been raised on behalf of Mrs. **GRO-A**. It draws comparisons between the Skipton Fund and the more generous Macfarlane Trust (for those haemophilia patients who contracted HIV through blood products) to demonstrate that the widows of those people who contract hepatitis C from contaminated blood products and who have since died are being treated unfairly.
2. The basis of the two schemes is distinct and they are designed to fulfil different purposes. The Macfarlane Trust is a charitable trust providing on-going support for those infected with HIV and their families whilst the Skipton Fund is a one-off ex gratia payment scheme designed to financially assist those living with hepatitis C. No widows are included under the Skipton Fund on the grounds that it is not compensation for bereavement and that it is prohibitively expensive.
3. The reply therefore refers to the previous answer given by Baroness Andrews (PQ1928/2004/05 Han Ref: Vol 669, Col WA214). This is attached below:

23 February 2005 : Column WA214

LORD MORRIS OF MANCHESTER (LABOUR):

The Lord Morris of Manchester - To ask Her Majesty's Government, further to the Written Answer by the Lord Warner on 31st January (WA 10), what is the justification for denying financial help from the Government-funded Skipton Fund to widows of haemophilia patients whose deaths were attributable to hepatitis C infection from contaminated National Health Service blood products, when financial help is available from the Government-funded Macfarlane Fund to widows of patients whose deaths were attributable to HIV infection from the same source. (HL1190)

SUGGESTED REPLY

The Government has great sympathy for the pain and hardship suffered by the widows of those inadvertently infected with hepatitis C. However, it has always been clear that the ex-gratia payment scheme is for those living with the virus and is not designed to compensate for bereavement.

The schemes administered by the Skipton Fund and the Macfarlane Trust have been established for different purposes and are two distinct schemes.

PARLIAMENTARY RELATIONS UNIT FINAL MINUTE

1. Reply approved by:

Name	<i>Ailsa Wight</i>	Building	<i>SKH</i>
		Room	<i>640B</i>
Branch	<i>General Health Protection</i>	Ext	GRO-C
		Date	<i>22 July 2005</i>

2. Reply composed by:

Name	<i>Zubeda Seedat</i>	Ext	GRO-C
Room	<i>631B 5th FL WCL</i>	Building	<i>SKH</i>

3. The following special points should be noted:

PARLIAMENTARY QUESTION

DEPARTMENT OF HEALTH

PQ02498	2005/2006
Lords Written	

The Lord Corbett of Castle Vale - To ask Her Majesty's Government whether they will reconsider their refusal of financial help for Mrs **GRO-A** the widow of a haemophilia patient who died from hepatitis C infection contracted from National Health Service blood products, and grant her help equal to that she could have received if her husband's death had been caused by HIV infection by the same route and from the same source. (HL1422)

For Answer on:	
Notice Paper Date:	20/07/2005
Notice Paper Page:	719
MP (Party):	CORBETT OF CASTLE VALE, LORD (LABOUR)

DRAFT REPLY TO REACH PARLIAMENTARY BRANCH BY

12:00 Tuesday 26 July 2005

PQ02498 2005/2006

Written Answer

Han Ref: Vol

Col

~~LORD CORBETT OF CASTLE VALE (LABOUR):~~

The Lord Corbett of Castle Vale - To ask Her Majesty's Government whether they will reconsider their refusal of financial help for Mrs **GRO-A** the widow of a haemophilia patient who died from hepatitis C infection contracted from National Health Service blood products, and grant her help equal to that she could have received if her husband's death had been caused by HIV infection by the same route and from the same source. (HL1422)

SUGGESTED REPLY

I refer the noble Lord to the reply by Baroness Andrews on 23 February 2005, *Official Report*, Col. WA214). ^{given the noble} ^{to the noble} ^{Lord Morris of Manchester,} ^{MAN}

see Flag A

Agreed by Anna Norris - as this is referral.

GRO-C

2217

Dentist Asylum Seekers

Lord Colwyn asked Her Majesty's Government:

How many people registered as asylum seekers or refugees are currently practising as dentists in the United Kingdom; and what action they are taking to encourage more dentist asylum seekers and refugees to take up practice. [HL1178]

Baroness Andrews: We understand there are currently 122 refugee and asylum seeker dentists on a database that is jointly maintained by the Refugee Council and British Dental Association. Of these dentists, 72 are reported as having taken the international English language test, which a dentist has to pass at level 7 before he/she may take the General Dental Council's (GDC's) international qualifying examination (IQE). So far, 30 dentists have been successful and of these 20 have passed part A of the IQE, 11 part B and 3 have become eligible to practise here by passing part C of the examination.

We have worked with the GDC to reduce the backlog of non-European Union dentists waiting to take the IQE. With our support, the GDC has arranged for twice as many IQE sittings to be made available in 2004 than in 2003. Tenders have been invited for IQE provision in 2005-07 specifying that a guaranteed minimum completion time for dentists taking IQE is required. In addition, the Department of Health has recently agreed to support two extra sessions for retaining and returning advisers in the postgraduate dental deaneries to support dentists who are studying for the IQE, but who may require advice to maximise their chances of passing the exam.

Water Fluoridation

Lord Colwyn asked Her Majesty's Government:

Who was consulted in the drafting of the regulations requiring consultation of local communities prior to the introduction of water fluoridation; and when they are planning to publish those regulations. [HL1179]

Baroness Andrews: We laid regulations before Parliament on 22 February. The bodies listed as follows received copies of our consultation document.

- British Association for the Study of Community Dentistry
- British Dental Association
- British Dental Health Foundation
- British Fluoridation Society
- British Medical Association
- British Society for Dental Research
- British Society for Paediatric Dentistry
- Commission for Patient and Public Involvement in Health
- Electoral Reform Society
- Faculty of Dental Surgery
- Faculty of General Dental Practitioners
- Faculty of Public Health Medicine

General Dental Council

Health Development Agency

Local Government Association

National Association for Dentistry in Health Authorities and Trusts

National Pure Water Association

NHS Confederation

Oral Health Promotion Research Group

Patients Association

Regional Directors of Public Health

Royal College of Paediatrics and Child Health

Strategic Health Authority Chief Executives

Strategic Health Authority dental leads

Strategic Health Authority Regional Director of Public Health

UK Public Health Association

Water UK

Hepatitis C and HIV Inadvertent Blood Infection: Payment Schemes

Lord Morris of Manchester asked Her Majesty's Government:

Further to the Written Answer by the Lord Warner on 31 January (WA 10), what is the justification for denying financial help from the government-funded Skipton Fund to widows of haemophilia patients whose deaths were attributable to hepatitis C infection from contaminated National Health Service blood products, when financial help is available from the government-funded Macfarlane Fund to widows of patients whose deaths were attributable to HIV infection from the same source. [HL1190]

Baroness Andrews: The Government have great sympathy for the pain and hardship suffered by the widows of those inadvertently infected with hepatitis C. However, it has always been clear that the *ex-gratia* payment scheme is for those living with the virus and is not designed to compensate for bereavement.

The schemes administered by the Skipton Fund and the Macfarlane Trust have been established for different purposes and are two distinct schemes.

Medical Practitioners: Decisions

Lord Maginnis of Drumglass asked Her Majesty's Government:

Whether it is their objective that courts should observe a principle of non-intervention in decisions by medical practitioners which are dependent partly or wholly on considerations concerning the best allocation of scarce resources; and, if so:

(a) how best allocation is to be defined;

(b) whether medical and nursing staff will be allowed a conscience or opt-out right which will be evident to patients; and

Lord Adebawale asked Her Majesty's Government:

What proportion of the drug treatment budget, both for community and criminal funding programmes, was allocated to tackling heroin dependency for each year for which figures are available; and what allocations they have set for the years 2005–06 and 2006–07 for heroin treatment, both for community and criminal funding programmes, in England and Wales; and [HL904]

Lord Adebawale asked Her Majesty's Government:

What proportion of the drug treatment budget, both for community and criminal funding programmes, was allocated to tackling combined crack cocaine and heroin dependency for each year for which figures are available; and what allocations they have set for the years 2005–06 and 2006–07 for treatment for combined crack cocaine and heroin dependency, both for community and criminal funding programmes, in England and Wales.

[HL905]

Baroness Scotland of Asthal: The pooled treatment budget (PTB) provides funding for the treatment and rehabilitation of people with drug problems, including offenders. PTB allocations began in 2001–02 and the national allocations up to 2006–07 are outlined below (Fig.1).

Fig.1 Table of National Pooled Treatment Budget Allocations

Year	Allocation (millions)
2001–02	£129
2002–03	£191.2
2003–04	£236.1
2004–05	£253.4
2005–06	£299.4
2006–07	£423.8

This funding is distributed to local drug action teams (DATs) together with additional resources from health authorities and other sources to fund treatment provision in their areas to meet local needs. It is the responsibility of DATs to assess the local treatment needs in their area and to allocate funds accordingly to address local drug use and meet individually assessed needs. Figures on spending on treatment for each drug type are not collected centrally. The National Treatment Agency assesses each DAT to ensure they have sufficient treatment available across the different drug treatment modalities, appropriate to the needs of their area.

Funding from the drug interventions programme (DIP), which is directed at getting drug misusing offenders out of crime and into treatment, is not intended to fund mainstream treatment programmes. Nevertheless, local partnerships have discretion to spend some of their DIP funding on schemes which assist engagement and retention of offenders—such as rapid prescribing.

Lord Adebawale asked Her Majesty's Government:

How many people have received crack cocaine treatment in the community in England and Wales

in each year for which figures are available; and what targets they have set for the years 2005–06 and 2006–07 for the number of people to receive crack cocaine treatment. [HL833]

Lord Adebawale asked Her Majesty's Government:

How many people have received heroin treatment in the community in England and Wales in each year for which figures are available; and what targets they have set for the years 2005–06 and 2006–07 for the number of people to receive heroin treatment.

[HL834]

Lord Adebawale asked Her Majesty's Government:

How many people have received treatment for combined crack cocaine and heroin dependency in the community in England and Wales in each year for which figures are available; and what targets they have set for the years 2005–06 and 2006–07 for the number of people to receive treatment for combined crack cocaine and heroin dependency.

[HL835]

The Parliamentary Under-Secretary of State, Department of Health (Lord Warner): The information requested on numbers in treatment for drug misuse, by drug of misuse was not available centrally for years up to 2002–03.

The National Treatment Agency will be publishing data in spring 2005, which will provide statistics on the number of those in treatment in 2003–04, where cocaine and heroin were a problem drug, and where it is noted that the individual is co-dependent on cocaine and heroin.

There is no specific target for the number of people to receive crack cocaine and heroin treatment, and treatment for combined cocaine and heroin dependency in 2005–06 and 2006–07.

Data on drug treatment for Wales is a matter for the Welsh administration.

PQ 01430

Hepatitis C and HIV Inadvertent Blood Infection: Payment Schemes

Lord Morris of Manchester asked Her Majesty's Government:

Why the widows of haemophilia patients who have died of hepatitis C infection from contaminated National Health Service blood products are excluded from access to financial help from the publicly-funded Skipton Fund, whereas the widows of patients who have died of HIV infection from the same source have access to help from the Macfarlane Fund, also publicly-funded; and what further consideration they are giving to conceding parity. [HL864]

Lord Warner: I refer the noble Lord to the reply I gave on 20 April 2004 (*Official Report*, col. WA 29–30).

In addition, we are working with the NBS to produce a revised approach to the Health Service Circular 2002/09 *Better Blood Transfusion—Appropriate Use of Blood*. This is to ensure that the safe and effective use of donor blood and also alternatives to its use are fully considered.

The Department of Health commissioned Det Norske Veritas (DNV) to undertake an assessment of the risk of exposure to variant Creutzfeldt-Jakob disease infectivity in blood and blood products. This analysis was published in 1999 and considered the potential risks posed by United Kingdom-sourced plasma products. This covered all recipients, including haemophilia patients. The risks could not be quantified, due to major uncertainties as to what infectivity plasma derivatives might carry and about the prevalence of the disease amongst UK donors. An updated risk analysis by DNV has recently been published. This is available at http://www.dnv.com/consulting/news_consulting/RiskofInfectionfromvariantCJDinBlood.asp. Copies have been placed in the Library.

As a precautionary measure plasma derivatives have been prepared from plasma imported from the United States of America. The expert Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation will continue to keep this issue under review.

Hepatitis C and HIV Inadvertent Blood Infection: Payment Schemes

Lord Morris of Manchester asked Her Majesty's Government:

From what budgets the ex gratia payments scheme for hepatitis C infection from contaminated National Health Service blood products will be funded; and [HL2239]

From what budgets the payments scheme for infection with HIV from contaminated National Health Service blood products is funded. [HL2240]

Lord Warner: The Departments of Health in England, Scotland, Wales and Northern Ireland will be funding the hepatitis C ex gratia payment scheme, known as the Skipton Fund, from central departmental budgets.

The payment schemes for those inadvertently infected with HIV as a result of National Health Service treatment with blood or blood products, the Macfarlane and Eileen Trusts, are funded from the Department of Health's Central Health and Miscellaneous Services budget and by Section 64 grant aid.

Lord Morris of Manchester asked Her Majesty's Government:

Why widows of haemophilia patients who have died of hepatitis C infection from contaminated National Health Service blood products are to be excluded from help under the proposed ex gratia

payments scheme, while the widows of patients who have died from HIV infection are included in the existing payments scheme for that infection.

[HL2241]

Lord Warner: Unlike the Macfarlane and Eileen Trusts, which administer schemes for those infected with HIV, the ex gratia payment scheme for those infected with hepatitis C as a result of National Health Service treatment with blood or blood products, known as the Skipton Fund, is not a charitable trust.

The Skipton Fund has been designed to make lump sum, ex gratia payments to those living with the hepatitis C virus and has not been designed to compensate for bereavement. For these reasons it is distinct from the HIV payment schemes.

Lord Morris of Manchester asked Her Majesty's Government:

What limits the Department of Health has imposed on its consultation with the Haemophilia Society on implementation of the ex gratia payments scheme for hepatitis C from contaminated National Health Service blood products; and for what reason. [HL2242]

Lord Warner: Representatives of the Haemophilia Society have met with officials and the Parliamentary Under-Secretary of State for Public Health during the course of the Department of Health's deliberations on the hepatitis C ex gratia payment scheme. A constructive dialogue has been established and is continuing.

Most recently, officials from the health departments in England, Scotland and Wales met representatives of the Haemophilia Society and other patient groups on 26 March 2004 to discuss the implementation of the hepatitis C ex gratia payment scheme, and in particular the application process. The Department of Health welcomes further feedback from the Haemophilia Society and other interested parties on this and any other aspect of the implementation of scheme.

Lord Morris of Manchester asked Her Majesty's Government:

What is the total sum paid by the Macfarlane Trust to the widows and other dependants of haemophilia patients who have died from HIV infection caused by contaminated National Health Service blood and blood products. [HL2280]

Lord Warner: Specific figures for the total sum paid by the Macfarlane Trust to widows and other dependants of haemophilia patients are not available. The scheme of payments adopted by the trust and its provision for regular and one-off payments makes it impossible to calculate how much money has been paid to these recipients.

PARLIAMENTARY QUESTION

DEPARTMENT OF HEALTH

PQ02498	2005/2006
Lords Written	

The Lord Corbett of Castle Vale - To ask Her Majesty's Government whether they will reconsider their refusal of financial help for Mrs **GRO-A** the widow of a haemophilia patient who died from hepatitis C infection contracted from National Health Service blood products, and grant her help equal to that she could have received if her husband's death had been caused by HIV infection by the same route and from the same source. (HL1422)

For Answer on:	
Notice Paper Date:	20/07/2005
Notice Paper Page:	719
MP (Party):	CORBETT OF CASTLE VALE, LORD (LABOUR)

DRAFT REPLY TO REACH PARLIAMENTARY BRANCH BY
12:00 Tuesday 26 July 2005

GRO-C

21/7

William, The

GRO-C

PQ for clearance

GRO-C

21/7

Judea

- Answer OK.

- Clarification to background note.

Thanks

GRO-C

AUSA.

Another PQ for clearance.

GRO-C

21/7

21/7

PQ02498

Background

1. This is the second PQ this month that has been raised on behalf of Mrs. **GRO-A** It draws comparisons between the Skipton Fund and the more generous Macfarlane Trust to demonstrate that the widows of those people who contract hepatitis C from contaminated blood products and who have since died are being treated unfairly.

2. The basis of the two schemes is distinct and they are designed to fulfil different purposes. The Macfarlane Trust is a charitable trust providing on-going support for victims and their families, whilst the Skipton Fund is a one-off ex gratia scheme designed to financially assist those living with hepatitis C. No widows are included under the Skipton Fund on the grounds that it is not compensation for bereavement and that it is prohibitively expensive.

3. The reply therefore refers to the previous answer given (PQ1928/2004/05 Han Ref: Vol 669, Col WA214). This is attached below:

23 February 2005 : Column WA214

LORD MORRIS OF MANCHESTER (LABOUR) :

The Lord Morris of Manchester - To ask Her Majesty's Government, further to the Written Answer by the Lord Warner on 31st January (WA 10), what is the justification for denying financial help from the Government-funded Skipton Fund to widows of haemophilia patients whose deaths were attributable to hepatitis C infection from contaminated National Health Service blood products, when financial help is available from the Government-funded Macfarlane Fund to widows of patients whose deaths were attributable to HIV infection from the same source. (HL1190)

SUGGESTED REPLY

The Government has great sympathy for the pain and hardship suffered by the widows of those inadvertently infected with hepatitis C. However, it has always been clear that the ex-gratia payment scheme is for those living with the virus and is not designed to compensate for bereavement.

The schemes administered by the Skipton Fund and the Macfarlane Trust have been established for different purposes and are two distinct schemes.