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Contaminated Blood

Volume 598: debated on Monday 20 July 2015

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 3.32pm

Diana Johnson >

(Kingston upon Hull North) (Lab)

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(Urgent Question): To ask the Secretary of State for Health to make a statement on the support available to victims of contaminated blood.

The Parliamentary Under-Secretary of State for Health >

(Ben Gummer)

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I apologise for the fact that the Under-Secretary of State for Health, my hon. Friend the Member for Battersea (Jane Ellison), the Minister with responsibility for public health, cannot be here to respond to this urgent question. She is returning from an international tobacco control summit, which she attended at the request of the French Government, and could not be back in time.

In the 1970s, 1980s and early 1990s, thousands of patients contracted HIV, hepatitis C or both infections from NHS-supplied blood or blood products. This is rightly described by many as one of the great tragedies of modern healthcare. I would like to start by echoing the apology made by the Prime Minister in March and to say, on behalf of this Government, how sorry we are for what happened.

Since 1988, five ex-gratia support schemes have been set up to support those affected. While the current schemes of financial support have made a significant difference to the lives of many beneficiaries, we acknowledge that many people remain unhappy with the current system of support. I also know that many will have anticipated a more comprehensive statement on progress.

Ministers have listened to many of the criticisms of the current schemes. This is a very difficult issue, and many different voices on this matter will need to be taken into consideration in the context of the spending review. We then plan to give individuals affected by scheme reform the opportunity to express their views via a public consultation. That has never been done before in the history of the schemes.

The four UK Health Departments have been working together closely on this matter and will continue to do so. As a result of the direct links established between the Scottish Government and patient groups in Scotland following the publication of the Penrose inquiry, the Scottish Government are undertaking their own consultation with patient groups in Scotland. We look forward to seeing the results of that activity. When we launch our consultation later this year, we will continue to work with Scotland. That will enable all four countries to share their learning and therefore have far more robust information to inform the shape of any future reformed scheme.

As was previously announced, up to £25 million was allocated to support the transition to a reformed scheme. I confirm that we do not intend to use that for the administrative costs that might be associated with reforming the existing schemes. We expect to announce our plans for that money in the light of the consultation and once we have an understanding of how a new scheme might be structured. We intend to consult on proposals for a reformed scheme later this year.

Diana Johnson >

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Thank you, Mr Speaker, for granting this urgent question. I am mindful that I have just two minutes to deal with 30 years of injustice in this case. Members will know that this is the worst treatment scandal in the history of the NHS.

On 14 January, the all-party parliamentary group on haemophilia and contaminated blood published a report about how the current support is wholly inadequate. After the publication of the Penrose report on 25 March, the Prime Minister told the House that

“it is vital that we move as soon as possible to improve the way that payments are made to those infected”.

He added:

“if I am Prime Minister in May, we will respond to the findings of this report as a matter of priority.”—[*Official Report, 25 March 2015; Vol. 594, c. 1423.*]

On 3 June, the Prime Minister promised

“a full statement...before the summer recess”.—[*Official Report, 3 June 2015; Vol. 596, c. 584.*]

At 2 pm last Friday, a written statement was laid in the other place. In short, it means no extra help for victims for at least two more years. Tabling it in the other place when the Commons was not sitting was very shabby indeed.

I have four specific questions. First, when will we see a timetable for consultation on a reformed scheme of compensation? Will any of the £25 million be spent in 2015-16, as was promised by the Prime Minister?

Secondly, two years ago the Government sold an 80% stake in Plasma Resources UK, the company that creates plasma products for the NHS, to Bain Capital for £200 million. Was that capital receipt ring-fenced to compensate those affected by contaminated blood? If not, why not?

Thirdly, on 2 June the Secretary of State for Health wrote to one of his own constituents:

“Any additional resources found for a settlement will be taken away from money spent on direct patient care for patients in the NHS.”

Is that really the Government’s intention? Will the Minister comment on the starkly different approach the Government took in compensating Equitable Life victims?

Fourthly, there are now drugs available that would allow people like my constituent Glen Wilkinson to clear hepatitis C, but they are not available automatically on the NHS. The NHS gave him the infection and the NHS could now treat him. Where is the justice in withholding those drugs?

I cannot overstate the feelings of anguish that have been caused by the Government’s conduct in recent days. Many victims feel that they are being left to die in misery so that the costs of any eventual settlement scheme become more affordable. Before the election, the Prime Minister promised urgent action. Now is the time to deliver.

Ben Gummer >

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The hon. Lady has been a doughty campaigner on this issue for many years, along with others. I have a constituent who has been affected by this appalling tragedy. I know that many Members come to the House with similar experiences of talking to their constituents, so I understand the issues that she has raised today.

The hon. Lady is right to say that there is a long history behind this appalling series of events. We are seeking to address that now in the consultation that we are about to take forward. We are moving with some speed, compared with what has happened before. We had the Penrose report; then the election intervened, as she will understand, but it was one of the first items on the agenda that I was party to on returning to the Department of Health after the election. We are moving at speed to construct a consultation that will take into account the views, feelings and wishes of the beneficiaries for the first time ever, so that we hear their personal stories and give them a voice in a way that they feel has not happened so far.

The hon. Lady has rightly identified that there is a monetary implication. This matter has to be considered within the bounds of the spending review—it could not be otherwise—and it will come within the parameters of the Department of Health budget.

The hon. Lady asked about the timetable. The £25 million identified by the Prime Minister has been identified for this financial year. Should it not be allocated this year, it will be rolled over to the next year, so it will not fall if it is not spent. She also asked about the compensation fund, and I shall return to her with a written reply on that. She correctly made the point that some people will feel that time is running out and that they need a resolution quickly. That is why, within a few months, we intend to launch a consultation that

we want to be completed very quickly—preferably within eight weeks, but should beneficiaries prefer, within 12 weeks. We will then launch the revised parameters of the schemes by the end of the year. We are moving quickly, and we intend those provisions to be in place so that people can feel the benefit, and feel that their voice is being heard and reflected in the changes that the Government have made, fulfilling their promises to do so.

Jason McCartney >

(Colne Valley) (Con)

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May I save the Government the time of the consultation by referring them to the report issued earlier this year by the all-party group on haemophilia and contaminated **blood**, which I co-chair with the hon. Member for Kingston upon Hull North (Diana Johnson)? It made three recommendations: first, we need to make trusts and funds operate for the beneficiaries; secondly, we need a full and frank apology; and, thirdly, we need a full financial settlement for the victims. The victims are dying. Let us not wait any longer.

Ben Gummer >

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My hon. Friend is right to say that action needs to be taken. He will understand why, if we are to do the right job for victims and the beneficiaries of previous schemes, we must do so in a considered way and with speed, but it must be a proper process. Large amounts of public money are involved, and we must also ensure fairness to those people who have suffered as a result of this terrible series of events. I hope my hon. Friend will understand why we will undertake a consultation, even though it will be short. That does not preclude beneficiaries coming forward now with their views about what should be changed in the existing schemes to ensure fairness and equity in the schemes that supersede them.

Andy Burnham >

(Leigh) (Lab)

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I pay tribute to my hon. Friend the Member for Kingston upon Hull North (Diana Johnson) who has been tireless in pursuit of answers for the victims of contaminated **blood**. Her powerful words today will have spoken for many people across the country.

This scandal is one of the worst injustices this country has seen. Thousands died, and thousands of families were destroyed through the negligence of public bodies. For years, the response from Governments of all colours to the victims could be described at best as grudging, and at worst as dismissive, and it falls to this Parliament to resolve today to end this injustice once and for all.

The Prime Minister's apology in March marked an important moment on the journey for justice, and we welcomed his commitment to respond to the Penrose report

“as a matter of priority.”

We do not doubt the sincerity of that commitment, but does the Minister understand the disappointment that people felt when instead of the promised full statement, a written statement was released at 2 pm on a Friday afternoon, which failed to answer the key questions? The Minister failed to set a clear timetable for when the £25 million promised by the Prime Minister will be made available to those currently receiving support, and I think I heard him imply that it might go into the next financial year of 2016-17. May I press him further? Will he work to ensure that the funding is made available to victims this year, as I think that is what people want to hear from him today?

On disclosure, I welcome the fact that the Government have committed to releasing additional documents, but does the Minister accept that alongside that release we need a process to help families understand those documents and finally to get to the full truth

of what went wrong? Will he commit, at the very least, to a panel on the Hillsborough model, or to a public inquiry, to provide a full commentary on the extent to which disclosure on this matter would add to public understanding of the scandal?

Finally, although no amount of money can ever fully make up for what happened, we owe those still living with the consequences the dignity of a lasting settlement. People will therefore be disappointed that any decisions on future support appear to have been postponed until the spending review. Will the Minister put a timeframe on when the Government will make their next statement about

a full and final settlement? Given the widespread concerns about current arrangements, does he acknowledge that the longer this goes on, the longer we leave in place a system that is not working and leaves victims going cap in hand for support, which only adds to their sense of injustice?

We congratulate the Government on their progress in recent months, but now is the time for a resolution. This injustice has gone on long enough. Further delay adds insult and injury to that injustice. A full, fair and final resolution is now required.

Ben Gummer >

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I thank the right hon. Gentleman for his measured words. He is right to say that it falls to this Parliament to come to a reasonable and fair conclusion. He is also right to point to the Prime Minister's apology. I know from my own experience of talking to victims that that was a very important moment for many.

The right hon. Gentleman asks about the £25 million. What I meant by my remarks is that I hope it will be spent this year in furtherance of the transition to a new scheme, but should money not be spent it will not be squirreled away for other purposes. It will remain allocated for beneficiaries.

On the timing of the statement, our purpose was to update Parliament on progress as soon as possible. Beneficiaries have been waiting for 30 years, so it is understandable that they would like to see faster work. We are working at full pelt, but that work has to be done in tandem with discussions on the spending review. This will be one of the first outcomes from the review, which is why we anticipate having a transition to the new scheme and a consultation finished by the end of this year.

Finally, the right hon. Gentleman refers to a panel and to the work done by the Hillsborough inquiry. I know he has personal experience of that, not least because of his own extraordinary work in bringing it about. I would suggest that in this instance speed is of the essence. I think we all understand where we need to get to. We need to ensure that the new scheme is comprehensive in addressing the perceived and actual failings in the existing five schemes, and that that is done as quickly as possible. I would not like an inquiry to get in the way of the speed with which we can do that.

Chloe Smith >

(Norwich North) (Con)

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Will the Minister help me with two things? First, a constituent of mine said over the weekend that this looks like another case of the Government saying they are going to do something and then doing nothing. I am sure my hon. Friend will be able to reassure my constituent that that is not the case. Secondly, will he give us an update on making the new generation of drugs available to sufferers as quickly and as fully as possible?

Ben Gummer >

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My hon. Friend is entirely right to say there are some exciting medicinal prospects on the horizon. The demands, especially on those for hepatitis C, have to be seen in the round of all sufferers of hepatitis C, but this is an additional factor to be played in. We hope the particular group affected by hepatitis C will be considered by NHS England as part of its discussions on how to take forward future cures.

Penrose reported just before the election. There is an enormous amount of work going on in the Department at the moment, and this is a priority for the Department. We know we need to move quickly. I want to reassure my hon. Friend's constituents that we want to have this matter settled before the end of the year.

Dr Philippa Whitford >

(Central Ayrshire) (SNP)

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The problem of contaminated blood products was an international one, but Penrose was a Scotland-only inquiry. It could not compel witnesses from elsewhere in the UK and that needs to be borne in mind. The victims and their families are key. Many families were infected because patients were not warned, and families have been bereaved. What consultation has there been with the Scottish Government, who held the inquiry and apologised on the same day, about this apparent delay? How much of the £25 million will be spent? We must ensure access to treatment, whether that is the new antivirals or transplants. We hurt these people; we must not let them down.

Ben Gummer > [Share](#)

I thank the hon. Lady. It is a good example of the new mode of working between our Governments that officials in the Department of Health have been working very closely with their counterparts in the Scottish Government. Of course, most of the events that the Penrose report refers to were pre-devolution. It is therefore entirely right that the recommendation is adopted across the United Kingdom, not just in Scotland. I expect that cross and close working will continue through the course of the settlement process.

Dr Julian Lewis >

(New Forest East) (Con)

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My constituent **GRO-A** was infected with hepatitis C 45 years ago, but the condition was discovered only relatively recently. Given that she is an older sufferer, the standard drugs do not agree with her or assist her to the extent that the new generation of drugs would. Is there a timescale that I can offer her to give her hope that she will be able to move from the less effective and less tolerable drugs to the new generation of drugs?

Ben Gummer > [Share](#)

My right hon. Friend raises an important point. He may be aware that the Government have launched an accelerated review of hepatitis C drugs, and the Under-Secretary of State for Life Sciences, my hon. Friend the Member for Mid Norfolk (George Freeman), will be updating the House as soon as he has news on that. At the moment, I am afraid all I can promise is celerity rather than certainty.

Sir Gerald Kaufman >

(Manchester, Gorton) (Lab)

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I thank my hon. Friend the Member for Kingston upon Hull North (Diana Johnson) for putting this urgent question and for all her dedicated work on this agonising issue. I put it to the Minister that if he had made his statement not to the House but to my constituents, including one in particular who lives in agony and fear, the reaction would have been less parliamentary than it has been this afternoon. The people who are waiting for this do not have an infinite amount of time, and the correspondence that I receive on this matter rends my heart. The consultation is taking too long, and action is essential.

Ben Gummer > [Share](#)

I agree in large part with the right hon. Gentleman. He has been in this place for many years, and he will know that successive Governments have not acted on this great tragedy. We are moving quickly. In the wake of the Penrose report in March, the Prime

Government have not acted on this great tragedy. We are moving quickly. In the wake of the Remess report in March, the Prime Minister promised to move rapidly following the election of the new Government. We are updating the House at the moment, and we will be launching a consultation on a new scheme in the autumn. I hope that most sufferers will understand that that is about as quickly as we are able to move. The thing that they have asked for above all is action, and that is precisely what this Government are taking.

David T. C. Davies >

(Monmouth) (Con)

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One of my constituents, **GRO-A**, is a sufferer. He has been a high-profile campaigner on this issue and he has visited Parliament. Will I be able to reassure him over the next few days that the consultation will lead to speedy action and that it will not simply be a delaying process?

Ben Gummer >

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My hon. Friend can certainly reassure his constituent that the purpose of this consultation is to ensure that it fits with what the beneficiaries, sufferers and victims want from the new scheme, and that it is also designed to be quick. That is why we are hopeful that we will have an eight-week consultation and that we can get on with implementing the results as quickly as possible.

Stephen Kinnock >

(Aberavon) (Lab)

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I rise to speak on behalf of my constituent Tony Farrugia. Mr Farrugia lost his father and two uncles when they contracted AIDS and hepatitis C from contaminated **blood**. Days after the death of his father, Tony and his twin brother were separated and sent to care homes more than 100 miles apart. They were not reunited until a decade later. Will the Minister confirm that the emotional and psychological impact of such awful decisions will be included in the scope of the consultation?

Ben Gummer >

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The hon. Gentleman's example is one of many that are similarly affecting in illustrating the appalling effects that this tragedy has had on individuals, their families and their extended families. I can promise him that the personal views of everyone who has been affected by this tragedy will be taken into account during the consultation. That is its purpose. It has not happened so far, but that is what we are going to deliver.

Suella Fernandes >

(Fareham) (Con)

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I welcome today's announcement. It represents progress on a tragic issue that has affected thousands of people in this country. My constituent Mrs Jackie Britton contracted hepatitis C in 1982 following a **blood** transfusion during childbirth, although she was not diagnosed until 2011. Will my hon. Friend provide the House with guidance on the availability of drugs, particularly sofosbuvir, which has been approved by the National Institute for Health and Care Excellence? Will it be made available for the treatment of cirrhosis?

Ben Gummer >

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NHS England has just announced a major package in respect of the drugs my hon. Friend mentions. I will ensure that my hon. Friend the Life Sciences Minister writes to her with further details.

Barbara Keeley >

(Worsley and Eccles South) (Lab)

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May I add my thanks to those already given to my hon. Friend the Member for Kingston upon Hull North (Diana Johnson) and add to her comments about the pressing need for a settlement? I recently learned of a constituent who contracted hepatitis C in the 1980s. The reality of his life is that the drug treatment he needs is not funded, although it is available in Scotland. He is looking at paying out £35,000 for a 12-week course of treatment and cannot get life insurance for mortgage purposes. He also talks about the stress and discomfort of the treatment he has tried. His life is on hold. This is a pressing matter. What can we offer him?

Ben Gummer > [Share](#)

The hon. Lady is right to highlight that for some people this has been a fact of life for 30 years or more. Within a year of the publication of the Penrose report, we hope to provide a scheme that settles the concerns of many sufferers. That is a fast pace at which to move given the complexity of what is required, the five schemes already in existence and the many hundreds and thousands of voices that need to be heard in the short consultation we plan to hold.

Mark Menzies >

(Fylde) (Con)

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I know from first-hand experience that my right hon. Friend the Prime Minister and my right hon. Friend the Health Secretary care passionately about this issue. We need to make sure that the people suffering from these diseases do not feel at the mercy of a clunky civil service-led process, and that it is being driven by people who know about the issue and want it sorted out to the benefit of those people.

Ben Gummer > [Share](#)

In my discussions with officials, there has been a great sense of urgency and professional commitment to making sure this is dealt with as quickly as possible, and we are moving quickly. As my hon. Friend will understand, the Prime Minister has form on trying to address historical injustices. This is another he intends to address in a like manner.

Pete Wishart >

(Perth and North Perthshire) (SNP)

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There is a sense of profound disappointment among sufferers in my constituency, who see this as yet another delay and are totally frustrated with the process thus far. When the Minister talks about all these accounts and things, he sounds like a pound shop accountant rather than someone dealing with the deaths of our constituents month after month. If he has taken the £25 million off the table, will he make sure that the funds he talks about—the Caxton, MacFarlane and Skipton funds—are properly resourced in order to get our constituents through this difficult period and at least give them something to rely on?

Ben Gummer > [Share](#)

The hon. Gentleman speaks of speed. We had the results of the Penrose inquiry in March. In the intervening period we have had the election, and now we are announcing to Parliament the remainder of the consultation period and settlement process. That is actually very quick, considering the complexity to which he alluded. I hope that the £25 million will be spent in full on the proper things it needs to be spent on, but it will certainly be used where appropriate in the transition to the new fund from the existing five

needs to be spent on, but it will certainly be used more appropriately in the transition to the new fund from the existing one.

Mark Garnier >

(Wyre Forest) (Con)

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I am grateful to the Minister for his statement on this tragic occurrence. A constituent of mine, **GRO-A** a sufferer, is worried that the consultation has no specific aim. Can he assure us that two of the aims will be to ensure that the hardship suffered by people is taken into account, and that they get the best possible access to the proper care and quality of care they deserve?

Ben Gummer >

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I hope that my hon. Friend's constituent will be reassured by the aims of the consultation when they are published shortly. She should know that overall, we are trying to address the problems that sufferers, beneficiaries and victims have had with the existing five schemes. It is to that end that we will launch the consultation, the aims of which will be published in detail, and provide a settlement.

Nia Griffith >

(Llanelli) (Lab)

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Taking action by the end of the year means that it will already be nearly a year since the report produced by the all-party group on haemophilia and contaminated blood. While impressing on the Minister the need to take urgent action, may I return to the panel that my right hon. Friend the shadow Health Secretary mentioned? What further answer can the Minister give about setting up a panel to provide more comprehensive answers to those who have experienced so many years of agony and waiting?

Ben Gummer >

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The hon. Lady can find her answer within her question. If we are to move quickly to a resolution, we cannot insert another inquiry process that would delay yet further what we need to do for the sufferers who have been waiting so long.

Tom Pursglove >

(Corby) (Con)

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Some of my constituents have faced real difficulties when trying to access appropriate treatments. Can my hon. Friend reassure me that Ministers will take action to ensure that no new treatments are denied on the basis of cost?

Ben Gummer >

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I can reassure my hon. Friend that treatments, including new treatments, will be provided on the basis of need, but again, it will be for NHS England to determine how they are released to the service. I know that my hon. Friend the Under-Secretary of State for Life Sciences will give my hon. Friend further details if he requires them.

Andy Slaughter >

(Hammersmith) (Lab)

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Contrary to the Minister's assertion, there is a lack of urgency, which is shown by the fact that there was no statement by the Prime

Minister, as had been promised. We know the defects of the current schemes—they are not redeemable—and we know what needs to be done. Will the Minister confirm what I think he said, namely that there will be a final assessment by next March? Will he also guarantee that the money will be available, and will not be ring-fenced or offset against other departmental spending?

Ben Gummer >

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What I have said, very clearly, is that we will launch a consultation in the autumn, and that we hope it will be as short as possible so that we can arrive at a settlement as rapidly as possible. I also hope that it will be in the tightest possible timeframe, as the hon. Gentleman suggests.

As for the issue of money, I know that the hon. Gentleman may not understand this, but the money has to come from somewhere, and it will come from the health budget, which is where it is designated to derive from.

Mrs Flick Drummond >

(Portsmouth South) (Con)

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A constituent of mine, **GRO-A**, has lived for years with the consequences of contaminated **blood** transfusions, and we are having difficulty in finding accommodation that meets her needs. Her quality of life has been greatly undermined, and she may not last much longer. May I ask for the consultation to extend further than the issue of medicine and consider other needs as well?

Ben Gummer >

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As my hon. Friend will know, the existing schemes already provide additional support in the form of welfare or benefits. Any new scheme must not only include the measures in the existing schemes that work well but adjust the parts of those schemes that do not work well.

Sammy Wilson >

(East Antrim) (DUP)

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We understand how frustrated many people will feel about the fact that the Government can rush through measures to deal with English votes for English laws—which is not even an issue in the current Parliament—while an issue that has been lingering for 30 years will now be subject to consultation that will itself be delayed, despite a manifesto promise. The results of the consultation will then have to be worked out. Moreover, the Minister has said four times that the decision will be made in the context of the spending review. Can he assure us that budgetary considerations will not delay the process even further?

Ben Gummer >

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The hon. Gentleman raises the issue of English votes for English laws. That has been deferred, because the House wishes to discuss it further.

On the issue before us, a report was delivered in March, but the general election then intervened, which effectively took six weeks out of the time in which the Government could make decisions. We began work the minute we returned to government, and I have now provided an update and the prospectus for a consultation in the autumn. It will be the first consultation that the sufferers have ever been able to enjoy, and we will finish it as quickly as possible in order to arrive at a settlement. That is rapid progress, given that it has taken us more than 30 years to reach this point.

Mr Philip Hollobone >

(Kettering) (Con)

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I have been listening very carefully to my hon. Friend. Will he be kind enough to make it crystal clear to the House exactly what his intentions are? I understand from what he has said that he expects a new scheme to be up and running by the end of calendar year 2015. If that is incorrect, by when does he expect such a scheme to be established?

Ben Gummer >

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We shall be consulting this year, the consultation will be concluded by the end of the calendar year, and we hope that a new scheme will be up and running as soon as possible after that. It will, of course, depend slightly on the outcome of the consultation, but I expect the scheme to follow very rapidly on the heels of its conclusion. None of us has an interest in delaying this any further.

Chris Stephens >

(Glasgow South West) (SNP)

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First, may I ask the Minister to take this opportunity to apologise to my constituents, who are very upset that the statement was made in the other place on Friday afternoon? Does he also acknowledge that these delays—indeed, any delays on this issue—compound the original error, and can he assure the House that we will be updated regularly so that all Members can represent their constituents on this matter?

Ben Gummer >

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I hope the hon. Gentleman will pass the message on to his constituents that we were doing the House a courtesy in explaining that we were making progress and outlining a consultation timetable, and that the substantive statement will come in due course owing to the amount of work needed to make sure it is as full and thorough as possible. That is why we made the written ministerial statement. We intend to move as quickly as possible, as we have promised to do.

Mr Peter Bone >

(Wellingborough) (Con)

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With all due respect, that is not good enough. There should have been an oral statement in the Commons, which was what the House was led to believe would happen. The fact that there was not a lot to say was not a reason to put out a written statement in the Lords on a Friday afternoon.

Will the excellent Minister, whom I have a lot of time for, confirm the position on the drugs? I have constituents who need drugs that are available but that the NHS is not granting at the moment. There cannot be much money involved; there is just red tape. Can we clear the red tape and let constituents get those drugs?

Ben Gummer >

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I thank my hon. Friend, and I have taken note of his comments. NHS England has just announced an accelerated review into hep C drugs, and the Parliamentary Under-Secretary of State for Life Sciences will give my hon. Friend further details on that, but we are moving quickly to ensure that the new range of drugs for hepatitis C in particular is brought into service as quickly as possible.

Huw Irranca-Davies >

(Ogmore) (Lab)

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A constituent of mine is one of the 300 so-called “forgotten few” primary beneficiaries. What is the Minister’s response to him when he says that

“‘the forgotten few’ have lived with this for so long now, further hold-ups and enquiries will make things far too late for many of us, considering some are well into their 60s by now. No one can give me back my brother or the life I’ve missed but to have financial peace of mind, knowing I can secure my family’s future is the number one priority for me now, after years of hardship and uncertainty”?

There seems to be a real difference in tone and substance between the Minister’s comments today and what the Prime Minister said before the election, and I am seeking real reassurance.

Ben Gummer >

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I completely agree with the hon. Gentleman’s constituent that further inquiries will not provide him and his family with the service they require. That is why we are moving quickly to the consultation, which will be launched in the autumn. It will be a short one, and then we will move to a settlement. I want the hon. Gentleman’s constituent to feel that this Government have addressed his tragedy swiftly following the publication in March of the long-awaited report.

Richard Fuller >

(Bedford) (Con)

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I commend the work of my constituency neighbour the Minister for Community and Social Care, my right hon. Friend the Member for North East Bedfordshire (Alistair Burt), on this issue.

I want to draw my hon. Friend the Under-Secretary’s attention back to the question the hon. Member for Kingston upon Hull North (Diana Johnson) asked about BPL Ltd. Can he clarify what, if any, financial interest the Government retain in BPL? If Bain Capital realises a sale, will any of the funds be used for the financial consideration that we are discussing?

Ben Gummer >

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I too commend my right hon. Friend the Minister for Community and Social Care, who has done extraordinary work on this subject in the past and brings that experience and expertise to the Department.

I cannot give my hon. Friend an immediate answer on the company he mentions, but I will make sure we write to him with full details.

Ms Margaret Ritchie >

(South Down) (SDLP)

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A constituent of mine, **GRO-A** is a haemophiliac who was infected with contaminated **blood** products in the 1970s. He has now got hepatitis C. The one thing he wants to hear today is when there will be a full and final settlement and when the drugs will be made available, because there is little point after people get cirrhosis.

Ben Gummer >

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The hon. Lady should know that the two issues are separate. The drugs that she mentions are part of an accelerated access review, which my hon. Friend the Under-Secretary of State for Life Sciences launched recently. It will be available to all sufferers of hepatitis C, however they contracted the disease. We hope to move to that as quickly as possible, and I know that NHS England has it in hand.

A full and final settlement is exactly where we are trying to get to. The hon. Lady will be aware that this is an enormously complex area, and we want to ensure that all the concerns of sufferers and victims are taken into account in the consultation that we are going to lead, so that we can come to a final settlement that is equitable to all.

Mark Pawsey >

(Ruabv) (Con)

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My constituent tells me that, despite the fact that he was infected when he was in the sixth form, at an age when he saw little future, he now has a good job, a wife and, following IVF treatment, a daughter, although he still faces many challenges. Specifically, will the Minister include the right to funding for a second round of IVF? My constituent and his wife are very keen to provide a sibling for their daughter and are having to use their own funds to do so—funds that they had put on one side to support their child in future years.

Ben Gummer >

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I know that my hon. Friend has spoken about that issue to my hon. Friend the Member for Battersea, the Minister with responsibility for public health, and she will write to him shortly with an answer to his question.

Kevin Foster >

(Torbay) (Con)

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My hon. Friend will be aware of the frustration of those waiting for a result, including some of my constituents. I heard what he said about consultation, but can he assure victims that a final decision will be made as soon as possible, given the decades that they have spent waiting for justice?

Ben Gummer >

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I can give that assurance.