

Haemophiliacs (Financial Assistance)

3.30 pm

The Minister for Health (Mr. Tony Newton): With permission, Mr. Speaker, I wish to make a statement about haemophiliacs who have become infected with the AIDS virus as a result of treatment with infected blood products. I should explain that I am doing so in the unavoidable absence of my right hon. Friend the Secretary of State, who is unwell.

As the House knows, the position under successive Governments has been that, while compensation may be sought through the courts if there is a question of negligence, there is no state scheme of "no fault" compensation for those damaged by medical treatment.

The Haemophilia Society has, however, put to us a powerful case that the position of haemophiliacs is wholly exceptional and should be treated as such. Their employment prospects and insurance status were already affected by the haemophilia itself. The treatment that led to their infection was designed to help them to live as near a normal life as possible. The hereditary nature of haemophilia can, and in some cases does, mean that more than one member of the same family may be affected.

The Government, having considered all the circumstances, have concluded that it would be right to recognise the unique position of haemophiliacs infected with this virus. We therefore propose to make an ex-gratia grant of £10 million to the Haemophilia Society to enable it to establish a special trust fund. It will be able to make payments to the affected individuals and families throughout the United Kingdom, and to do so with greater flexibility than could readily be achieved in any other way.

The House will wish to know that we have put this proposal to the society, which has welcomed it warmly. The society has asked for advice and assistance in administering the fund, which we have gladly agreed to arrange.

The grant of £10 million is being made from the reserve. When the full details of the grant and trust fund have been settled there will be an exchange of letters with the society. I will arrange for copies to be put in the Library.

I know that the whole House wishes to express its sympathy to the individuals and families who have been affected in this tragic way. I hope that the whole House will welcome this action to translate that sympathy into practical help.

Mr. Robin Cook (Livingston): First, will the Minister convey my good wishes to the Secretary of State and the hope that it will not be long before he returns to the Dispatch Box, where I have a number of unfinished arguments to settle with him?

Every hon. Member who attended last month's lobby and who witnessed the courage and restraint of the representative of affected haemophiliacs will welcome the statement that the Government have a duty to help affected haemophiliacs because they were infected by the Health Service to which they had come for treatment. The Minister's conversion is all the more welcome because it reverses the position, which he had been maintaining only six months ago, that the Government had no such duty. He will appreciate that, having recognised that in principle he has a duty to help those infected, he must not now short-change them.

Will the Minister explain how he has costed the fund and come up with £10 million, or was it a convenient round figure? Is he aware that, per head, it represents just over £8,000 for every person infected and that that is less than half the capital sum that is paid by his Department in cases of vaccine damage? Is he satisfied that such a modest sum is enough, particularly when the most pressing need for the families of the victims is to keep a roof over their heads by clearing a mortgage?

As the Minister has appointed the Haemophilia Society as the agent for the scheme, will he undertake to review with it the size of the fund? Would it not be unfair to put the society in the false position of being responsible for the scheme without providing the resources that it finds necessary?

Will the Minister take this opportunity to condemn the ill-informed and unfeeling discrimination against haemophiliacs who are antibody positive, who have frequently lost their jobs, in some cases lost private tenancies, and in nearly all cases involving children have encountered prejudice at school? No amount of money can compensate for the humiliation of such prejudice. Will the Minister associate himself with the remarks of the chief medical officer at the weekend that no case has been recorded in the world of AIDS being transmitted from doctor to patient? Will he take this opportunity to join me in regretting the latest sensationalist campaign of the tabloids publicly to name the doctor, which increases public anxiety and can only encourage further discrimination against those who are antibody positive, whether haemophiliacs or not?

Mr. Newton: I thank the hon. Gentleman for his remarks about the Secretary of State, and I shall certainly pass them on to him.

On a number of occasions I have commented on the difficulty of a compensation scheme. This is not a compensation scheme. That must be made clear. It is a recognition of a special and unique combination of circumstances, and I am glad to make that recognition.

On a matter of the £10 million, we arrived at a broad estimate of a sum that we felt would give significant help to the group affected, recognising that to calculate in terms of a specific sum per individual would not take account of the great differences between the circumstances of the individuals affected. That is one reason why we have not attempted to have a regulated scheme. For example, some may be young single men, others may be older men with families, and so on. On that basis we have arrived at this sum and this flexibility of scheme.

The Haemophilia Society will not, in effect, be acting as the Government's agent. It will be up to the society to decide how to administer the £10 million. I must make it clear that we will make this sum of money available to the society at once and in full as soon as the arrangements can be made. Disbursement will necessarily take place over a longer period, and the trust will have the benefit of the income from whatever capital remains at any point in time, which on that sum will increase significantly the total resources available.

I wish to associate myself wholly with the remarks about discrimination against haemophiliacs and their children, or haemophiliacs themselves, wherever and whenever it may occur, because of infection with the virus. I welcome the opportunity to do that.

In respect of the chief medical officer's remarks over the weekend and on previous occasions, it is my view that the maintenance of confidentiality in these matters is absolutely essential to the effective safeguarding of the public. If confidentiality is in question, people who might otherwise be a risk will be less inclined to come forward and take advice that may minimise that risk. It is important that that should be understood.

Mr. Robert Rhodes James (Cambridge): I thank my hon. Friend for his welcome statement. Is he aware that the campaign by Back Benchers of all parties, in which my hon. Friend the Member for Salisbury (Mr. Key) played a particular part, shows the House of Commons at its best? We were all deeply moved by the tragedy of two wholly innocent victims of this appalling disease, and we worked together to achieve justice for them. We are truly grateful to my hon. Friend and his colleagues for the fact that they have listened and acted. However, is my hon. Friend aware that it may be necessary for us to approach him again in order to assist this finite number of victims, in the knowledge that he and his right hon. Friend will once again respond sympathetically?

Mr. Newton: I am grateful to my hon. Friend for his remarks; I note his final observation.

Mr. Dafydd Wigley (Caernarfon): I thank the Minister for his statement, and my gratitude will be echoed by those people in north Wales who have made representations to him on this matter.

Will the hon. Gentleman clarify a couple of points? As he has emphasised that this is not compensation, will he say whether consideration is still being given to the principle of compensation? Will he confirm that it in no way debars any individual from going to court if he so wishes? Will he give an assurance that he will seek additional resources if it transpires that the demand for help from this fund is greater than it appears at present?

Mr. Newton: We have shown our general willingness to consider the circumstances of cases that have been put before us. That has been amply demonstrated by my statement. As to the first part of the hon. Gentleman's question, there is no way in which this statement, or any other, can prevent individuals from taking legal action for compensation on the grounds of negligence, and I certainly would not seek to do so. The hon. Gentleman made a third point, but I am afraid that I have forgotten it.

Mr. Wigley: It was about adequate funds.

Mr. Newton: I have commented on that and expressed our willingness to consider cases.

Mr. Robert Key (Salisbury): I thank my hon. Friend for his statement. If the House has been seen at its best in persuading the Government, the Government have been seen at their best in responding swiftly to the perceived need. Will my hon. Friend confirm that the door is still open for discussions with the Haemophilia Society on the administration of existing benefits, in addition to those available from this special fund, particularly with regard to how confidentiality can be preserved in applying for them and how those who have to adjudicate—particularly on appeals for attendance allowance—could possibly be helped by circulars from his Department?

Mr. Newton: I am conscious of the important role that my hon. Friend has played in representing the interests of

the Haemophilia Society. As to confidentiality, normally all information given to social security officers in respect of claims is confidential. If there are some additional anxieties—I understand that there are, or may be, some—we should be glad to discuss them with the society. In general, we shall be seeking to make available to the society, in conjunction with the new trust fund and on any other matter that may concern it, the best possible advice that we can make available, and we shall seek to work closely with it.

As to the attendance allowance, my hon. Friend will be aware that there are particular problems that go much wider than the cases that we are discussing over the payment of attendance allowance for short periods. I cannot undertake that they can readily be resolved in this context.

Mr. Frank Field (Birkenhead): I congratulate the Minister on his statement, on acting so swiftly, on drawing the funds from the Treasury and not least, on persuading the Haemophilia Society to accept the terms. What will the Government's response be if individual members of the society say that the terms of the settlement are unsatisfactory? Will sums from the fund be completely disregarded for supplementary benefit purposes?

Mr. Newton: The issue of how to administer the fund will be a matter for the Haemophilia Society. I do not envisage a system of appeal to Ministers or to some other tribunal, which would be possible only under a statutory scheme.

Such a system would destroy the merit of flexibility and individuality, which we perceive as the main merits of the proposal.

As to the supplementary benefit scheme, or its successor from April 1988, the income support scheme, which will have different capital rules, one of the matters that the society will wish to consider in administering the fund is the interaction between payments and the social security system in general. That is a matter on which we shall seek to give the best possible advice.

Mr. Robin Maxwell-Hyslop (Tiverton): Can my hon. Friend qualify two matters? First, will the Haemophilia Society be able to make payments from the £10 million capital, bearing in mind that there will be a decreasing commitment? Secondly, the question asked by the hon. Member for Birkenhead (Mr. Field) was not adequately answered. Will payments made out of the fund by the society be disregarded, for both taxation and social security purposes? It is clear that they should be. It is within the Minister's power, or that of my right hon. Friend, to ensure that, in terms of regulations, they are counted as disregards.

Mr. Newton: Of course the trust will be able to make payments out of the capital. When I referred to the income, I was simply saying that it is unlikely that all the capital will be disbursed in the early period, because, unfortunately and tragically, the problem is still gathering ground. However, the trust will be able to make payments of capital from the fund.

On the second question, it is not possible to generalise because this will depend upon the nature, for example, of the payments and the purposes for which they are made. I note carefully the concern expressed by my hon. Friend. This is clearly a matter that can be covered in our further conversations with the Haemophilia Society.

Ms. Clare Short (Birmingham, Ladywood): I welcome the Minister's undertaking to review the total sum available. No recompense can be made for the harm done to these families by the Health Service because blood was imported from the United States of America when we should have relied upon our own and much better blood products. Is the Minister willing to give similar consideration to those who are not haemophiliacs but who were damaged in a similar way? An example is the woman with four children who was given a blood transfusion when she was expecting her fourth child. This woman now has AIDS, is alone and poor, is on supplementary benefit, is dying and is terrified about the future of her children. Will she be given some help as well?

Mr. Newton: Our present view is that the combination of circumstances affecting haemophiliacs infected by the AIDS virus, along the lines that I described in my statement in reporting what the Haemophilia Society said to us, makes theirs a unique and exceptional case, and we feel that it is right to treat it in that way.

Mr. John Hannam (Exeter): Will my hon. Friend accept the thanks of all those hon. Members who attended the recent extremely moving meeting at the House of Commons with the Haemophilia Society? Is he aware that at that meeting evidence was given to hon. Members of the terrible barriers experienced by AIDS victims when they try to obtain mortgages or insurance cover? Will he use his influence with the organisations concerned to try to remove those barriers, so that these tragic victims can live as normal lives as possible?

Mr. Newton: I am anxious to do anything that I can to assist in whatever way possible. One of the things that we have in mind for the trust fund and for its application is that it might be able to assist individuals to overcome such problems.

Mr. Ronnie Fearn (Southport): Will the Minister use his influence with the Secretary of State for Scotland so that funds are provided for centres in Edinburgh and Glasgow, which are funded only by local health authorities and which need cash immediately?

Mr. Newton: I shall certainly draw my right hon. and learned Friend's attention to that.

Mr. Patrick Cormack (Staffordshire, South): May I add my thanks for the statement? I am sad that it was not possible for the Secretary of State to make the statement, and I hope that he will be fully recovered soon.

If the society wishes, will it be possible for a permanent adviser to the trust to be appointed by my hon. Friend's Department?

Mr. Newton: If that proposal were put to us by the society, we should certainly consider it. We have already made it absolutely clear in conversations with the society that the Department will provide whatever advice it needs. The only point at which I would cavil is whether such an adviser would need to be permanent, but that is something about which we can talk.

Mr. Sam Galbraith (Strathkelvin and Bearsden): I thank the Minister for his statement, which I welcome. He was at great pains to say that this is not compensation, but I, with many others, will regard it as such. We should not be worried about that, because the system under which one must prove negligence before one can have compensation

is time-consuming, expensive and in no one's interest. Will the Minister have discussions with the hon. Member for Stirling (Mr. Forsyth), who is responsible for health in Scotland, who wrote to me on 30 October turning down my request for a scheme of compensation for haemophiliacs, to tell him that he has been overruled, and to explain why he has been overruled?

Mr. Newton: I do not propose to adopt such an aggressive line with the House or with any of my colleagues. Nor will I engage in further argument, which some might regard as merely semantic, about what is or is not compensation. Legally, this is not a compensation scheme—no more than the vaccine damage payment scheme was a compensation scheme. About 10 years ago the Pearson committee—this is the point that I failed to pick up from the hon. Member for Caernarfon (Mr. Wigley)—examined these issues carefully and came out against no fault compensation in respect of medical accidents. The question raises issues that are much wider than those that we are discussing today.

Mr. Peter Griffiths (Portsmouth, North): Does my hon. Friend accept that, although his statement will be greatly welcomed, not only by the victims, but by those who care for them, he must ensure that disbursements from the trust fund are made as soon as possible, because many victims have been suffering severe financial difficulty for some time.

Mr. Newton: Just as we made our decision within a fortnight of meeting representatives of the Haemophilia Society, so we hope to get the trust into operation and the money paid as early as possible. I hope that that means weeks, not months.

Mr. Barry Jones (Alyn and Deeside): The Minister may know that several families in my constituency have communicated their distress to me. Does he understand that the recent all-party meeting in the House was one of the most compelling and effective ever held here? Although I thank the Minister for his statement, will he urgently consider revising upwards the money on offer?

Mr. Newton: I cannot add to what I have said. This is an adequate and proper sum, which has been warmly welcomed by the society. We have shown continually that we are willing to consider any proper cases that are put to us.

Mr. Tim Devlin (Stockton, South): Is my hon. Friend aware that this measure will be warmly welcomed in the north of England, especially by the many bodies which have campaigned on this issue, led by the *Northern Echo*? Will he assure the House that the money is coming from the Treasury, not from the DHSS funds? Will it go to the widows and orphans of those who have already died from this lamentable condition?

Mr. Newton: I am conscious of the feeling about this in northern England, not least because, somewhat unexpectedly, about six or seven months ago, I was interviewed on the subject by the *Northern Echo*. It will be open to the trust to make available money to the widows and other dependants of those who, unhappily, have died from this infection.

Mr. David Young (Bolton, South-East): Although the House is gratified that a speedy decision was made, as the Minister said, the problem is still gathering. Many of us

believe that, against that gathering problem, if the statement were taken as the final word it would be rather Scrooge-like. Will the Minister's insistence that this is not compensation be used by Departments to argue against benefit cases that will be affected by compensation? Will he review the amount given as the position becomes clearer during the next few months?

Mr. Newton: As the hon. Gentleman implied in his question, it is difficult to be sure exactly what the scale of the problem will be. With haemophiliacs, as with others infected with the virus, we do not know how many will contract full-blown AIDS. The range of issues in respect of AIDS are being examined continually as our information improves.

On the other parts of the hon. Gentleman's question, I do not think that I can add anything to what I have said on earlier occasions.

Mr. Harry Greenway (Ealing, North): Is my hon. Friend in a position to say that there are no circumstances under which a haemophiliac can be adversely affected if treated by a doctor with AIDS?

Mr. Newton: As I think has been made quite clear, there is no evidence of patients of any sort—haemophiliacs or others—being infected in the way that my hon. Friend suggests.

Mr. William McKelvey (Kilmarnock and Loudoun): I welcome the Minister's statement, which represents a change of heart by the Government. I recognise the point made about an ex-gratia payment and the fact that the Minister has not said that the door is closed for an increased advance payment of the ex-gratia payment. However, can the Minister assure the House that there will be no technical difficulties in payments being made to patients who live north of the border?

Mr. Newton: If the hon. Gentleman studies the text of my statement he will find that the words "throughout the United Kingdom" were included. They were specifically intended to include, among other places, areas north of the border.

Mr. Jonathan Aitken (Thanet, South): While warmly welcoming the speed, scope and compassion of the Government's response to the problem, may I ask my hon. Friend two questions that go back to the original cause of the tragedy—the importation of contaminated blood supplies from United States drug companies? Will my hon. Friend take this opportunity to reassure the public that any further imported blood supplies will be tested to ensure that no contamination of this kind can possibly occur again?

Secondly, on a legal point, as we all understand that AIDS victims who are haemophiliacs cannot possibly afford to take any legal action, will my hon. Friend speak to the Law Officers to see whether Government-funded legal action might be taken against the drug companies, which might result in substantial damages of the kind that could amount to some welcome extra funding for the Haemophilia Society's trust fund?

Mr. Newton: I shall draw the latter suggestion to the attention of my right hon. and hon. Friends. No doubt the Haemophilia Society will also note it.

Imported—and home-produced—blood products have been heat treated for the past two years and more, and we are confident that everything that can conceivably

be done—in a world in which absolute guarantees cannot be given—has been done to ensure the safety of blood supplies of all types. It is therefore unlikely in the extreme that any further cases of infection will occur in this way.

As a result of the major investment in the new blood products laboratory at Elstree, it is hoped that this country will become self-sufficient in blood products by the year after next.

Mr. D. N. Campbell-Savours (Workington): Are not the Government really ducking the whole issue of proper compensation? Is not an average of only £8,300 insignificant when one considers the scale of the problem? Why have successive Governments refused properly to examine the subject of no fault compensation? Will a whole group of people once again not be compensated, when what is wrong with them derives directly from a deficiency in hospital operations?

Mr. Newton: I cannot deal properly with the second half of the hon. Gentleman's question without ranging over the whole ground of the Pearson report. I suggest that the hon. Gentleman looks at it so as to understand the reasons for the position adopted, as he says, by successive Governments.

With regard to the first half of the hon. Gentleman's question, I shall not repeat what I said earlier, but I am mildly disturbed that the hon. Gentleman's response is so much less generous than that of the Haemophilia Society.

Dr. Norman A. Godman (Greenock and Port Glasgow): I welcome the Minister's statement, but I believe that the sum is less than adequate. Will the Minister give an assurance that if that proves to be the case, the sum is reviewable and that he will report to the House in, say, three months on the operation of this scheme?

If a person in these unique circumstances is in receipt of supplementary benefit and receives a sum of money in excess of £3,000 before April, will he or she not be denied certain amounts of money paid to him or her by way of supplementary benefit?

Mr. Newton: I have already said in response to earlier questions that a considerable amount will depend on the way in which the payments are made. We shall seek to ensure that the society has the best available advice.

With regard to the first half of the hon. Gentleman's question, I have made it clear, and will say it again, that we have looked at the case that has been presented to us. We believe that this is a proper sum, but of course we will not be closed to representations that might be made at a later stage. Reporting will be primarily a matter for the Haemophilia Society under the arrangements that I have proposed, but I shall consider whether there is an appropriate way in which I can make available some sort of report to the House.

Mr. Jeff Rooker (Birmingham, Perry barr): I add my warm thanks to the Minister for the statement and the way in which action has been taken so speedily. We note that he has left the door open, because, as the hon. Member for Cambridge (Mr. Rhodes James) said, we are dealing with a finite group of people; a group which by definition, from the Minister's other answers, cannot alter in any way. It cannot grow. This cannot happen again.

Does the hon. Gentleman appreciate that a non-statutory scheme funded by an ex-gratia payment means

[*Mr. Jeff Rooker*]

that there will be no accountability to the House for the operation of the scheme? There will be no questions or appeals—nothing at all. Therefore, it is crucial that we settle this once and for all, and here and now. Does the Minister accept that neither the public nor the House would want any of that money to find its way back to the Treasury via the tax system, or to his own Department, via clawback? Does the Minister further accept that the issue of interaction should not even operate? We can disregard attendance allowance and mobility allowance, so technically it is easier to deal with the matter. Why cannot the Minister say that now?

Mr. Newton: Because there are a number of issues, especially in view of the speed with which we have acted, as the hon. Gentleman said, that need further consideration. I note the points that have been raised on both sides of the House today.

With regard to the hon. Gentleman's earlier remarks, the flexibility that goes with the scheme has certain disadvantages of the type that he outlined. I can say only that, having given a great deal of thought to the matter over some months, I am convinced that the basic nature of what we propose is by far and away the most sensible and satisfactory way of providing flexible help to those who need it.

Mr. John Home Robertson (East Lothian): I welcome this important gesture by the Government, but the Minister must be aware that he has put a heavy burden of responsibility on the Haemophilia Society. Will he give an undertaking that it will be possible for either himself as Minister, or the House, to return to the subject to consider further the possibility of increasing the funds or the practical back-up that will be available to the society in future?

Mr. Newton: On the basis of some years' experience, I have never found it possible to prevent the House from returning to a subject if it wished to do so.

Mr. Graham Allen (Nottingham, North) *rose*—

Mr. Speaker: Order. Does the hon. Gentleman wish to ask a question on the statement? He was not rising during questions on the statement.

Mr. Allen *rose*—

Mr. Speaker: Did the hon. Gentleman hear the statement?

Mr. Allen: I was present throughout the statement.

Will the Minister tell us whether the Treasury has assessed the net cost of the scheme? Is it less than £10 million?

Mr. Newton: I have no reason to suppose that the net cost will be less. We certainly do not think that it will be intended to be less than the £10 million. The position is that £10 million has been made available from the reserve.

Several questions were raised this afternoon. Hon. Members were right to raise them and we shall consider them. No doubt such questions will be raised with us by the Haemophilia Society, but I cannot say more than that today.

The Grove Hospital, Ilkley

4.3 pm

Mr. Gary Waller (Keighley): I beg to ask leave to move the Adjournment of the House, under Standing Order No. 20, for the purpose of discussing a specific and important matter that should have urgent consideration, namely, "the proposed emergency closure of The Grove hospital, Ilkley."

One quarter of National Health Service convalescent beds are located there.

The matter is urgent because, at its meeting tomorrow, the Leeds Western health authority will have before it a proposal to close The Grove almost immediately as an emergency measure and as part of a package intended to deal with overspending of £800,000 in this financial year. The community health council has strongly opposed the closure and at its meeting last month, the health authority failed only narrowly by seven votes to five to throw out the closure proposal, but also resolved to consider fresh alternatives.

The reason why the House should discuss the matter is that a decision to accept an emergency closure at a time when the statutory procedures are in midstream would effectively tie the hands of Ministers, who can hardly consider objectively the future of a hospital, the doors of which have closed and the staff of which have been dispersed.

The matter is specific and important because on 7 April this year my hon. Friend the Minister for Health said in answer to a question from me in the House:

"Should there be objections from the relevant quarters"—and there have been—the proposals "would come to Ministers to determine".—[*Official Report*, 7 April 1987; Vol. 114, c. 147.]

However, everyone realises that if the hospital were to be closed now, before the statutory procedures are completed and before objectors have even had a chance to put forward alternatives, the involvement of Ministers would be a parody of what Parliament intended. Such a move would subvert the democratic processes under which we operate and, by doing so, would undermine public confidence in the processes laid down by Parliament to ensure that the viewpoints of all concerned can be given full weight.

Mr. Speaker: The hon. Member for Keighley (Mr. Waller) asks leave to move the Adjournment of the House for the purpose of discussing a specific and important matter that he thinks should have urgent consideration, namely, "the proposed emergency closure of The Grove hospital, Ilkley."

I listened with care to what the hon. Gentleman said, but I regret that the matter that he has raised is not appropriate for discussion under Standing Order No. 20. I cannot, therefore, submit his application to the House.

Felixstowe Dock and Railway Bill

4.6 pm

Mr. Andrew F. Bennett (Denton and Reddish): On a point of order, Mr. Speaker. Will you look at what happened on the Third Reading of the Felixstowe Dock and Railway Bill last week? As I understand it, no Privy Councillor moved the motion on Queen's consent during the process of Third Reading. If that is so, there is some