Witness Name: David Cameron
Statement No.: WITN3903007
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Dated: 13 December 2021

INFECTED BLOOD INQUIRY

EXHIBIT WITN3903009

PRIME MINISTER

From: **Nick Seddon**
Maddy Phipps-Taylor
Date: **6 February 2014**
Cc: Oliver Letwin, Jeremy Heywood, Ed Llewellyn, Catherine Fall, Oliver Dowden, Chris Martin, Jo Johnson, Craig Oliver, Simon Case, Ed Whiting

NS/ I agree the approach — and JH should lead But... we need some more money — and a rationale for who gets what (i.e. HIV v. Hep C etc etc). Have we [illegible] go at thinking of how to find some other [illegible]

Alistair GRO-C 7.2.

NEXT STEPS: CONTAMINATED BLOOD ISSUE FROM 1970-80S

This note follows your meeting in November with Alistair Burt MP and his constituents who suffered from infections caused by contaminated blood/blood products supplied by the NHS in the 1970-80s. In addition to this meeting, Maddy and Simon both met with Alastair and members of his all party group. He has been chasing us for progress; we need a further discussion with him, but not before we've had a chance to gauge your appetite for the types of remedy we recommend.

To recap: *The NHS introduced blood screening tests for blood transfusions when sensitive and reliable tests became available; this was in 1985 for HIV, and in 1991 for hepatitis C. Before these tests were introduced, however, thousands of NHS patients were exposed to Hep C and HIV infections:*

- *~1,300 people in the UK were infected with **HIV***
- *~5,000 people so far have been identified as being infected with **Hep C,** and more cases are being identified at rate of ~100 per year.*
- ***Haemophilia patients** were the single largest group infected - over 4,600 haemophilia patients were infected, of whom ~1,200 had both viruses.*

***Liability has never been established or accepted.** Haemophilia patients initiated litigation against the Government over HIV infections in the late 1980s, which was settled out-of-court in 1991; we have paid out to all those eligible. We have never been taken to court over the Hep C infections and have no similar out-of-court settlement to cover these infections; this indicates that legal advice to the claimants has been that they would be unlikely to win. Since 1988, people who have been infected have been given extra financial support by the Government, and this has been enhanced over the years. To date, **DH has paid over £308m, with £25m allocated for 2013/14.** Currently, ~370 people with HIV and ~680 people with Hep C receive annual payments, linked to CPI (£14,191 for 2013/14), as well as a lump sum. These schemes are essentially 'no fault compensation'.*[1]

You have been receiving significant number of correspondence, including from your constituents, on this issue since the meeting with Alistair. This has been encouraged by Alistair's press release (Annex A), the campaign group's press release (Annex B) and by the increasingly active all-party group convened on this issue.

[1] Keep this in mind as changes to these schemes could have wider implications, especially for vCJD and Thalidomide sufferers for whom we run similar 'no fault' schemes.

Doing nothing is no longer an option. The expectation of a resolution, raised by Alistair Burt and particularly about your personal involvement, is now in the public domain even if it hasn't got much media attention yet. The next moment to do something is in April/May when the Penrose Inquiry (currently investigating this issue in Scotland, but, since it pre-dates devolution, relevant to England) will publish its final report. The media will expect a comment from 'England' and we may be criticised if we don't say something. In saying something we should aim to provide closure on this issue to reduce the political hazard (if only in the Parliament) and give a sense of closure to those affected. This closure comes in two forms: justice in the form of an apology and financial compensation.

1. **Firstly, an apology and reconciliation process**

The victims are seeking some form of truth-revealing exercise because they believe that DH is yet to tell the full story, followed by an apology. There have been two inquiries: Lord Archer's independent inquiry 2009 for the UK, and Penrose's on-going public inquiry in Scotland. Neither were full Public Inquiries and no DH officials have submitted themselves for questioning. However, all papers from this period have been published (>5,000 documents up to 1985), and, without a Public Inquiry that compels ex-officials to submit to questioning, progress here is unlikely.

There is probably little to be gained from a new Inquiry. All the papers are published, it is not clear that the government was substantially at fault (if it was then we would have been successfully sued) and all the lessons were learnt years ago. A simple straight 'sorry' is probably the most pragmatic solution.

However, as we know from Bloody Sunday and Hillsborough, apologies without some form of truth-revealing don't really satisfy victims at all. If we can point to Penrose as the truth-revealing exercise then we could give a sincere apology; if we can't point to Penrose in this way (the obvious jeopardy here is that we don't know what the Penrose Inquiry will say) then we have to set up a new reconciliation process. The maximum we should consider is a Da Silva-style review of the existing material, at the expense of ~£1m to run for one year.

To get closure in this Parliament (and stopping this from escalating to an Election issue), we recommend making a statement in response to the Penrose Review (and after purdah) in May:

- **If the level of public interest in the run-up to Penrose is moderate, we:**
  - **Thank Penrose for his work and recognise that this tragic issue impacted patients in England as well as Scotland;**
  - **Say sorry for the suffering caused and emphasise that this can never happen again;**
  - **Apologise for the Government handling of the issue which should have been better, release all the documents we have relating to this issue up until 1995 and publish a full narrative account of what the DH knew and did.**

- Back up option: If the level of public interest escalates and calls for another inquiry are unanimous, in addition to the above, we announce a new top-up review to report back next Summer, 2015.

Do you agree this approach?

The connected question is: who should make these announcements? Campaigners have a totemic distrust of DH and they have already had a 'sorry' from Anne Milton when she was Public Health Minister back in October 2010. Another sorry from a DH Minister is unlikely to give them the closure they seek. That said, Jeremy is keen to show leadership on this, the handling will be difficult, and your involvement might fan the flames further. We – along with Olive, Jo and Jeremy Heywood – all advise against you leading on this.

Do you want to lead this announcement, or would you prefer Jeremy did?

2. Secondly, fairer (and potentially more generous) financial support.

Although Alistair Burt's constituents weren't asking for more money, they are unusual. The vast majority of campaigners are very focused on money. The comparison they make is to Ireland where in 2005 the government was found to have made mistakes, so gave everyone affected compensation up to €3m (~average €750k per person). This quite clearly contrasts with the English system where to-date the current maximum payout is ~£300k. However, we should be clear that the DH finances are in a very sticky place right now, which makes it difficult to see how we can offer munificence as an outcome.

Although we have never been found liable, we have created a complicated system of payments: initial lump sums for all, further lump sums, annual payments for those severely affected, and discretionary payments – in two parallel processes for the two separate diseases. There are three things we can do to improve these schemes:

A. **Organisational structure:** The 5 government-funded organisations that hand out money are widely resented; they could be rationalised and re-launched.

B. **Payments schemes:** The separation of Hep C and HIV schemes, and the complicated eligibility criteria have reinforced feelings of dissatisfaction. We could:
   - Merge all payments schemes based on individuals not diseases,
   - Continue to offer lump sums for new claimants to reflect distress caused by the act of infection,
   - Better assess people based on the severity of the illness as the fairest way to allocate the available money reflecting severity of the infection.

   While these changes could be worked up by DH officials, it is better to be seen to be objective. We recommend appointing a new head of the schemes who would take on the task of establishing the fairest way to allocate the resources available. They should have the remit to look only at the distribution not the quantum of money.

C. **Overall pot of money:** putting more money on the table is difficult as it will never be enough unless it's in the £billions, and we would just be pulling a

number out of thin air. If DH wants to put money in to help land the package, then it is up to them. However, DH is in serious financial trouble right now The Finance Director has imposed a **total lock down** on any spending that is not already committed, so they are unlikely to favour a big quantum.

As a package of announcements on financial support, we recommend in May announcing: a consolidation of the organisations; new work to re-configure the payments schemes to bring them together and consider the fairest way to distribute the available funding; and see if DH want to put in more money (perhaps in the order of ~£10m, although this is a nominal figure).

Do you agree to this approach?

If you do agree this approach then the next step will be for me to sound out Alastair and explain that this is the best we can offer. I will obviously come back to you after that meeting with an update.

NICK SEDDON & MADDY PHIPPS-TAYLOR

Annex A: excerpt from Alistair Burt's Press release after your last meeting with him which goes beyond the actions you agreed to at the meeting,

"The PM listened with great sympathy and agreed that the matter was not yet closed. He has asked No 10 officials to discuss with MPs and others what action he can take in relation to concerns that the Government had not so far taken a full part in any process to determine why the tragedy of contaminated blood transfusions had occurred and that existing trust and charitable financial arrangements were inappropriate and insufficient."

Annex B: Joint press release from campaign group Tainted Blood

November 15th 2013

Campaign representatives from the three groups affected by NHS contaminated blood and blood products today gave a united welcome to the update by Alistair Burt MP following his private meeting with the Prime Minister, public health minister Jane Ellison MP and two affected constituents.

Mr. Burt MP indicated willingness by the PM to consider concerns that the level of involvement of the government in determining the causes of the disaster and co-operation with investigations had been inadequate.

Recognition was also expressed of the need to review ineffective charitable government support provided so far for those affected by the complex range of infections. Campaigners and individuals have fought for recognition of the government's part in the NHS treatment-derived infections and its inadequate response for thirty years. This announcement marks the culmination of efforts since the coalition came to power, introducing a new approachability to seek resolution by working with representatives of all affected individuals.

We are hopeful that this marks an acceptance by the Prime Minister that a solution should finally be found.