**WITN0393014**

# MANOR HOUSE GROUP

SUPPORTING HAEMOPHILIACS & VON WILLEBRANDS INFECTED WITH HEPATITIS C

**58 Westcliffe Road, West Derby, Liverpool, L12 5JF Tel: 0151 281 8867**

In the early days of diagnosis with Hepatitis C there was very little information available which led to a lot of fear and confusion. Those Haemophiliacs who asked questions about their condition were not given answers. Some did not know what questions they should be asking.

Manor House Group was born out of this fear and confusion. Founded by sufferers of Haemophilia who had been diagnosed as Hepatitis C positive and felt they had no one to turn to. The Group membership soon began to grow and it was recognised that there was a great need for support amongst the infected and their families.

Initially Manor House Group functioned as a Group of the Haemophilia Society. This year however, we felt that the time was right for us to break away and attain our own Charitable status to enable us to achieve our goals.

Our main aims are to establish a Buddy system for those sufferers and their families who are to undergo liver transplants. We have already had experience of this in 1998 but found our funds were insufficient – hence our need for Charitable status/fundraising. We also wish to open a drop in centre which will become the hub of a nationwide contact/support network.

Manor House Group are in the process of achieving Charitable status and have been successful in raising funds from various quarters including Local Government. We have also been involved in the making of a television programme showing how to apply for Lottery funding.

We have recently been able to book and organise a Carers weekend to give carers some respite. This weekend will also give them much needed information and allow them to have contact with others in the same position. We hope this will be the first of many more projects.

**Charity No Pending**

Department
of Health

From Jane Ellison MP
Parliamentary Under Secretary of State for Public Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 4850

Your Ref: GRO-C

PO00000923563

25 MAR 2015

Mike Kane MP
House of Commons
Westminster
London SW1A 0AA

Dear Mike

Thank you for your letter of 25 February to Jeremy Hunt on behalf of your constituents Mr and Mrs Bates of GRO-C GRO-C about the alleged comments made by Roger Evans and Jan Barlow of the Macfarlane Trust.

I understand that the Haemophilia Society has now retracted the allegation and published an apology to the Macfarlane Trust, which can be found on its website at www.haemophilia.org.uk by clicking 'Latest news'.

I hope this reply is helpful.

Kind regards

GRO-C

**JANE ELLISON**

*From the Rt Hon Simon Burns MP*
*Minister of State for Health*

Department of Health

Richmond House
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SW1A 2NS

Tel: 020 7210 4850

PO00000681694

The Rt Hon Paul Goggins MP
House of Commons
Westminster
London SW1A 0AA

RECEIVED
13 MAR 2012

08 MAR 2012

Dear Paul

Thank you for your further letter of 17 February to Anne Milton on behalf of Mrs Eleanor Bates about the Caxton Foundation. I am replying on behalf of Anne, who is away due to a planned period of absence.

I am sorry that Mrs Bates remains dissatisfied with the responses she has received from the Caxton Foundation.

The Caxton Foundation is an independent charity that is funded by the four UK Health Departments. It is for the Caxton Foundation to determine how it prioritises applications made to it, and to determine the level and nature of the assistance it provides.

As Martin Harvey says in his letter of 26 January, the Foundation has only been operating since October. It invariably takes time for a new organisation to bed down and gain a good understanding of the needs of its beneficiaries. I do not think it is yet possible to draw any firm conclusions about how the Trust has been operating on the basis of just over three months work.

Mr Harvey indicates that, in this early period, the Foundation had made a decision to primarily provide support to the infected community. Nevertheless, it is considering applications from carers on a case-by-case basis. I note that Mrs Bates has been awarded a payment, although she had not received it at the time of writing. It is quite clear to me from Mr Harvey's letter that the Foundation does have a commitment to provide support to carers.

Given that the Foundation has made a decision to focus on the infected community in this early period, I would urge Mrs Bates to be patient. She will be able to make additional claims to the Foundation in future, and I would urge her to do so.

HOUSE OF COMMONS
LONDON SW1A 0AA

Eleanor Bates
GRO-C

16 March 2012

Dear Eleanor

Thank you for visiting my advice surgery.

I have received a reply from the Health Minister, Rt Hon Simon Burns MP, who is responding on behalf of Ann Milton MP.

I thought that you may want to see it before I write again to the Minister.

Yours sincerely

GRO-C

Paul Goggins
MP for Wythenshawe and Sale East

**Rt Hon Paul Goggins MP**
*Working for Wythenshawe & Sale East*
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HOUSE OF LORDS

London SW1A 0PW

FROM: THE RT HON THE LORD MORRIS OF MANCHESTER AO QSO

26 February 2007

Fred and Eleanor Bates
GRO-C

Dear Fred and Eleanor Bates

I am writing for Lord Morris – who has to be away from Westminster this week – to thank you on his behalf for the very kind thoughts and words expressed in your card, and to say that I have read these to him over the telephone.

Alf has been working very hard on behalf of those infected with contaminated blood products and will continue to do all he can.

Thank you for taking the time to write to him, which he very much appreciated.

Yours sincerely

GRO-C

Janet Gibson
PA to Lord Morris

JBG:3

*From Gillian Merron MP*
*Minister of State*

DH Department of Health

*Richmond House*
*79 Whitehall*
*London*
*SW1A 2NS*

*Tel: 020 7210 3000*

PO00000450534

The Rt Hon Paul Goggins MP
House of Commons
Westminster
London SW1A 0AA

4-11-09

Dear Paul,

Thank you for your letter of 2 October on behalf of your constituent Mrs Eleanor Bates of GRO-C about tissue samples obtained from haemophiliacs with suspected variant Creutzfeldt-Jakob Disease (vCJD).

In the specific case, as referred to in Dawn Primarolo's letter of 21 April (our ref: GRO-C), of a patient who was over 70 years old, I would like to reassure Mrs Bates that the National CJD Surveillance Unit did obtain consent for tissue samples from this patient to be tested for vCJD.

Tissues from any patient are removed and tested only if the appropriate consents specified in the Human Tissue Act have been obtained. Guidance on consent is available on the Human Tissue Authority website at: www.hta.gov.uk/legislationpoliciesandcodesofpractice/codesofpractice/code1consent.cfm.

I hope this reply is helpful.

Yours sincerely,

GRO-C

**GILLIAN MERRON**

*From the Rt Hon Dawn Primarolo MP*
*Minister of State*

Department of Health

*Richmond House*
*79 Whitehall*
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*Tel: 020 7210 3000*

PO00000396613

Paul Goggins MP
House of Commons
Westminster
London SW1A 0AA

Dear Paul,

2 1 APR 2009

Thank you for your letter of 6 March to Alan Johnson on behalf of your constituent Mrs Eleanor Bates of GRO-C about Lord Archer's report.

Mrs Bates has written several times before about people infected with hepatitis and/or haemophilia due to receiving contaminated blood or blood products following NHS treatment, and clearly this is a matter that worries her greatly.

I can appreciate the concerns that Mrs Bates has raised in her latest letter, and would like to assure both you and Mrs Bates that the Government takes this issue very seriously.

Whilst successive Governments acted in good faith, the serious infections inadvertently contracted by these patients as a result of their treatment have had tragic consequences. We are deeply sorry that this happened.

The Department of Health has received a copy of Lord Archer's report, and the recommendations made by Lord Archer, regarding financial relief schemes and secure support for the Haemophilia Society, are at present being considered by the Department, together with the other recommendations.

The Department recognises the important work undertaken by the Haemophilia Society, and will continue to work closely with the it throughout the year.

Looking at Mrs Bates's request for information on the number of haemophiliacs infected with vCJD, I am advised that there have been no clinical cases of vCJD in haemophiliacs. However, a single finding of the abnormal protein associated with vCJD has been found during post mortem research tests in the spleen of a person with haemophilia. I understand that the patient, who was over 70 years old, died of a condition unrelated to vCJD and had shown no symptoms of vCJD or any other neurological condition prior to his death.

Regarding the issue of anomalies in financial relief, the trustees of the MacFarlane Trust and the Eileen Trust have recently submitted to Departmental officials a set of options for large-scale long-term funding for the Trusts, involving sums in excess of £100million. These have yet to be assessed in detail, but the Department will be considering all the recommendations in the report carefully.

Turning to Mrs Bates' concerns over Department of Health funding for the Haemophilia Society, I understand that the Society has had £100,000 per year core funding for at least ten years from 1996. Funding at this level over such a prolonged period is exceptional. Core funding under the Section 64 scheme is not usually permanent and is provided to assist voluntary organisations with temporary financial assistance. As a result of the temporary nature of this financial assistance, voluntary organisations are advised that they should seek alternative sources of funding for the longer term.

During the application process in 2006, the Department informed the then Chief Executive of the Haemophilia Society of our intention to reduce the level of core funding as follows:

- 2007-08 to £60,000;
- 2008-09 to £30,000; and
- 2009-10 to £30,000.

Officials met with the Chief Executive and Chairman of the Haemophilia Society on 18 June 2008 and again on 2 December 2008, to discuss funding opportunities. The Society has also received a number of project grants from the Department, including current funding to deliver a three year project called *Young Bloods*, which runs from 2008 until 2011. This project is focused on the needs of children with bleeding disorders, and the funding for the project is as follows:

- 2008-09 - £30,000;
- 2009-10 - £40,000; and
- 2010-11 - £40,000.

The Department also has an annual grant scheme, the Innovation, Excellence and Service Development Fund. Charities and voluntary organisations are able to apply for funding as long as the proposals they submit fit the themes and criteria that are published at the beginning of the application process. The funding round for the period 2010-13 will open in summer 2009 and the information pack to support the fund will be available on the Department of Health website. Officials will continue to work with the Haemophilia Society to help it identify and capitalise on funding opportunities.

I hope this reply is helpful.

Yours ever,

GRO-C

**DAWN PRIMAROLO**

Permanent Secretary of the D.O.H.

From the Minister of State
Caroline Flint MP

Department of Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

PO00000215875

Paul Goggins MP
House of Commons
Westminster
London SW1A 0AA

RECEIVED
25 JUN

21 JUN 2007

Dear Paul

Thank you for your letter of 8 June to Patricia Hewitt on behalf of your constituent Ms Eleanor Bates of GRO-C GRO-C about haemophilia patients infected with contaminated blood products following treatment on the NHS. I am replying as the Minister responsible for this policy area.

In 2006, the Department commissioned a review of all the documents held between 1970 and 1985 relating to blood safety. The Department was not directly involved with Lord Archer's inquiry. However, officials from the Department met with members of the inquiry team on 25 April to discuss how the Department may assist. A copy of the *Review of Documentation Relating to the Safety of Blood Products 1970-1985 (Non-A Non-B Hepatitis)* was issued on 22 May 2007, together with all references. A copy of the report has been sent to Lord Archer and placed in the library of the House. More information about the inquiry is available at: www.archercbbp.com.

Two further sets of documents were released in line with Freedom of Information Act 2000. These are documents referenced in the report *Self-Sufficiency in Blood Products in England and Wales: A Chronology from 1973 to 1991* and documents returned to the Department by a firm of solicitors. These were released in August 2006 and November 2006 respectively. The documents returned by a firm of solicitors were subject to independent legal review prior to their release.

The review identifies approximately 4,600 official documents that are available, including those released with the review. It is not our intention to subject these documents to an independent legal review. We propose to release these documents in line with the Freedom of Information Act. I am sure you will appreciate that it will take some time to prepare this number of documents and officials will release documents in batches at monthly intervals.

I hope this reply clarifies the Government's position on this matter.

Yours

GRO-C

**CAROLINE FLINT**

25th Sept
6.20pm.

HOUSE OF COMMONS
LONDON SW1A 0AA

Eleanor Bates
GRO-C

3 September 2009

Dear Eleanor

As discussed, please find enclosed a copy of the reply I have received from Gillian Merron regarding post mortem findings of abnormal prion proteins associated with variant Creutzfeldt-Jakob disease.

Yours sincerely

GRO-C

Paul Goggins
MP for Wythenshawe and Sale East

**RT Hon Paul Goggins MP**
*Working for Wythenshawe & Sale East*
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*From Gillian Merron MP*
*Minister of State*

DH Department of Health

*Richmond House*
*79 Whitehall*
*London*
*SW1A 2NS*

*Tel: 020 7210 3000*

21 AUG 2009

PO00000434801

The Rt Hon Paul Goggins MP
House of Commons
Westminster
London SW1A 0AA

18/8/09

Dear Paul,

Thank you for your further letter of 24 July to Andy Burnham on behalf of your constituent Mrs Eleanor Bates about the post-mortem finding of abnormal prion protein, associated with variant Creutzfeldt-Jakob Disease (vCJD), in a haemophilia patient. I am replying as the Minister responsible for blood policy.

I can assure Mrs Bates that only in one case has a post-mortem of a haemophilia patient found evidence of abnormal prion protein. This finding was from an ongoing study of tissues from patients with haemophilia considered to be at increased risk of vCJD through exposure to UK plasma products.

At the time the finding was made, ten autopsy cases and seven biopsy cases had been analysed for disease-associated, protease-resistant prion protein ($PrP^{res}$). The tissues ranged from single biopsy samples to a wide range of autopsy tissues. The case reported is the only one to have shown any evidence of abnormal prion protein. From over twenty specimens analysed, a single specimen from the spleen of one autopsy case gave a positive result upon repeated testing for $PrP^{res}$.

A paper reporting the case will be published shortly in the British Journal of Haematology.

I hope this reply is helpful.

Yours sincerely

GRO-C

**GILLIAN MERRON**

HOUSE OF COMMONS
LONDON SW1A 0AA

Eleanor Bates
GRO-C

12 March 2010

Dear Eleanor

Thank you for visiting my advice surgery.

As promised, I have written to Dr Bolton-Maggs about the study. I will continue to liaise with Andy Burnham and other ministers on all the issues you have raised

Please do not hesitate to contact me again if you feel that I can help you with this or any other matter.

Yours sincerely

GRO-C

Paul Goggins
MP for Wythenshawe and Sale East

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HOUSE OF COMMONS
LONDON SW1A 0AA

Eleanor Bates
[redacted]

19 February 2010

Dear Eleanor

Thank you for visiting my advice surgery at the weekend and for the ribbons.

As I have not yet received a reply from the Department of Health about Lord Morris' bill I have written again. I will let you know as soon as I receive a reply.

Please do not hesitate to contact me again if you feel that I can help you with this or any other matter.

Yours sincerely

[redacted]

pp Paul Goggins
MP for Wythenshawe and Sale East

**Rt Hon Paul Goggins MP**
*Working for Wythenshawe & Sale East*
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HOUSE OF COMMONS
LONDON SW1A 0AA

Fred and Eleanor Bates
[redacted]

21 May 2010

Dear Fred & Eleanor

Thank you for visiting my advice surgery at the weekend.

I intend to table the Parliamentary Question as soon as possible. I will of course keep you fully informed. Louise will be in touch regarding the meeting in my office with Dave Fielding.

Please do not hesitate to contact me again if you feel that I can help you with this or any other matter.

Yours sincerely

[redacted]

Paul Goggins
MP for Wythenshawe and Sale East

First Tabling day for questions is Tuesday.

**Rt Hon Paul Goggins MP**
*Working for Wythenshawe & Sale East*
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*With Compliments*

Fred/Eleanor

Paul asked me to send you this asap.

GRO-C

HOUSE OF COMMONS
LONDON, SW1A 0AA

HOUSE OF COMMONS
LONDON SW1A 0AA

Eleanor Bates
GRO-C

2 October 2009

Dear Eleanor

Thank you for visiting my advice surgery at the weekend.

I have written again to Gillian Merron MP to pass on your concerns and I will let you know as soon as I receive a reply.

I will be in touch as soon as the arrangements for the meeting with the Secretary of State are made.

Yours sincerely

GRO-C

Paul Goggins
MP for Wythenshawe and Sale East

**Rt Hon Paul Goggins MP**
*Working for Wythenshawe & Sale East*
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Website: www.paulgoggins.org

(1)

Mrs. E. Bates

GRO-C

1-3.16.

Dear Mike.

Can you please ask the ublic Health Minister Jane Ellison MP. Some uestions for me with regard to HER roposals for the Infected blood Community.

: If. the Treasury at the Moment fund the acfarlain Trust, the Eileen Trust, and the M.F.E.T. ill the Treasury Continue to fund these trusts r will the Money to fund them under your roposals Come from the N.H.S. ex-Gratia udget for infected Victims.

Will Future Treatments for H.C.V. be unded by the N.H.S. or be funded by ayments set aside for ex-gratia payments.

(2) —

3) Will families who have lost Children to this atrocity be included in the ex-gratia payments.

4) Why are widows/widowers being Penalised under your Review/Proposals.

5) Why are Partners/Carers being excluded under your. Review/Proposals.

6) Why are stage 2 H.C.V. being offered a Reduced Payment under your Review/Proposals as the payments are not linked to C.P.I.

7) Why are discretionary payments from the four trusts being abolished under your Review/Proposals.

8) Who will pay for the assessment for Stage 1 H.C.V. Victims. Will the N.H.S. fund this or will it come from the N.H.S. ex-

gratia Payments.

9) If More Mone is being set aside for the Infected Blood Community under your Review/proposals why as this stricken Community going to be financialy worse off

10) Why is the Consultation open to Scotland, Wales, and Northern Ireland, Infected Blood Community when this is on England only Review/Proposal.

11) How Can we in the Infected Blood Community give an informed Responce to your proposals via the Consultation when we have More questions than answers.

HOUSE OF COMMONS
LONDON SW1A 0AA

Eleanor Bates
GRO-C

2 July 2010

Dear Eleanor

Thank you for attending the lobby on Wednesday.

I hope that your next journey to London is less eventful! I will keep you informed of any future developments.

Yours sincerely
GRO-C
Paul Goggins
MP for Wythenshawe and Sale East

**Rt Hon Paul Goggins MP**
*Working for Wythenshawe & Sale East*
Constituency Office: Tel GRO-C
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Website: www.paulgoggins.org

Department
of Health

*From Jane Ellison MP*
*Parliamentary Under Secretary of State for Public Health*

*Richmond House*
*79 Whitehall*
*London*
*SW1A 2NS*

*Tel: 020 7210 4850*

Your Ref: MK/JT/BATE01003/01140761

PO00000918538

Mike Kane MP
House of Commons
Westminster
London SW1A 0AA

05 MAR 2015

Dear Mike

Thank you for your letter of 5 February on behalf of your constituent Mrs Eleanor Bates of GRO-C about contaminated blood.

I was very sorry to read of the difficulties faced by Mrs Bates in gaining funding for a respite break and of Mr Bates' condition. I recognise the terrible impact these events have had and continue to have on the lives of many of those infected and their families.

However, I should explain that the Caxton Foundation is an independent charity. Its Board of Trustees decides how to disburse its funds and the Department of Health cannot interfere in such decisions.

As Mr and Mrs Bates will know, since 1988, successive governments have established a number of financial support schemes for people who have been infected with HIV and/or hepatitis C through treatment with NHS-supplied blood or blood products, and their families. In recent years, we have worked to improve the system further, with the aim of targeting greater resources at those in greatest need.

However, I recognise that many individuals remain unhappy with the current system of financial support, and work on what can be done to improve it is ongoing. A key part of this work will involve consideration of the final report of Lord Penrose's Public Inquiry in Scotland, and we are awaiting its publication, which has been delayed. We do intend to make an interim statement when the Penrose Inquiry reports.

I am sorry that I am not able to comment in more detail at this time but I can assure Mr and Mrs Bates that this issue is being looked at very seriously.

Kind regards,

GRO-C

**JANE ELLISON**

*From Anne Milton MP*
*Parliamentary Under Secretary of State for Public Health*

Department of Health

*Richmond House*
*79 Whitehall*
*London*
*SW1A 2NS*

*Tel: 020 7210 4850*

PO00000564365

The Rt Hon Paul Goggins MP
House of Commons
Westminster
London SW1A 0AA

03 DEC 2010

Dear Paul

Thank you for your letter of 8 November about contaminated blood and blood products, and for taking the time to raise your concerns with me.

As you will know, we are currently in the middle of the review that I announced on 14 October into a number of aspects of the support available to people who have been infected with HIV and/or hepatitis C by contaminated blood or blood products.

You state that an apology should be made by the Government to those affected. Successive governments have expressed their deep regret that people were infected with these viruses by contaminated NHS supplied blood and blood products. I have been clear that this Government is also deeply sorry that patients were infected with HIV and or hepatitis-C through contaminated blood products.

You also mention differences in financial recompense for people infected with hepatitis C and HIV. This is one of the issues that we will be assessing during the review. The difference between the ex-gratia payment schemes for HIV and hepatitis-C reflect the different times when they were set up rather than differences between the viruses themselves.

The Macfarlane Trust was established in 1988 to assist people with haemophilia who had contracted HIV infection through NHS treatment of their haemophilia with contaminated blood products. The Eileen Trust was set up in 1993 to assist people, other than those with haemophilia, who contracted HIV through NHS treatment with contaminated blood products. When the Macfarlane and Eileen Trusts were established, there was no effective antiretroviral drug treatment for HIV to prevent progression to AIDS, and life expectancy was short.

The Skipton Fund became operational in 2004, to implement and manage a UK-wide ex-gratia payment scheme for people infected with hepatitis-C from NHS treatment with blood, blood products or tissue. When the Skipton Fund was established, there were already National Institute for Health and Clinical Excellence-recommended drug treatments for hepatitis-C available. These treatments are effective for many patients in preventing progression to cirrhosis and primary liver cancer.

You also raise concerns about benefit entitlements for those affected and access to high quality health and social care support. Payments to those infected with HIV are free from income tax and are excluded for the purpose of calculating state benefits. The current review includes payments for hepatitis C infection, access to insurance, access to nursing and care services, and whether people affected can be exempted from prescription charges.

I have met representatives of the groups representing those affected by this tragedy and have also received written submissions from some of those affected. On 11 November, I met MPs and their constituents who had been affected by this tragedy to listen to their concerns and views on how to proceed. Therefore, the views of the affected community are being used to inform the conduct of the review.

I intend to announce the outcome of the review in the House of Commons before the end of the year. If you have any further concerns following the announcement, please do write again.

Best wishes

GRO-C

**ANNE MILTON**

P.S I do understand how long so many people have campaigned on this issue

Department
of Health

*From Jane Ellison MP*
*Parliamentary Under Secretary of State for Public Health*

*Richmond House*
*79 Whitehall*
*London*
*SW1A 2NS*

*020 7210 4850*

Your Ref: MK/JT/BATE01003/01160515

PO-1022350

Mike Kane MP
House of Commons
Westminster
London SW1A 0AA

24 MAR 2016

Dear Mike

Thank you for your letter of 3 March on behalf of your constituent Mrs Eleanor Bates of GRO-C about infected blood.

I note Mrs Bates' concerns about the ongoing scheme reform consultation.

The consultation went live on 21 January and will close on 15 April. Following this consultation, taking into account the views that we receive, we will then work as quickly as possible to launch any scheme reform. No decisions will be made on scheme reform until the consultation responses have been collected and analysed.

As I announced in Parliament, the overall aim is to provide annual payments for those infected individuals who do not currently receive regular support while ensuring that we do not take annual payments away from those who already receive them.

While I cannot comment on individual cases, the proposals for reform aim to ensure that everyone who is infected would receive regular financial support. The consultation proposes that:

- those currently registered with one or more of the scheme bodies who have HIV and hepatitis C stage 2 would continue to receive an annual payment at a rate of £30,000;
- those who are currently registered with one or more of the scheme bodies, and who have HIV and hepatitis C stage 1, would continue to receive an annual payment for their HIV at a rate of £15,000, and would receive a new annual payment for their hepatitis C at a rate set on the basis of the impact the infection is having on their health as determined by an individual health assessment; and

- those with hepatitis C stage 1, and those who are not currently registered with any of the scheme bodies who are eligible, would receive an annual payment at a rate set on the basis of the impact the infection is having on their health as determined by an individual health assessment.

As announced on 21 January, the Department of Health has committed £100million from its budget to provide additional funding to the reformed scheme. This is in addition to current spending and the £25million already announced in March 2015. The budget allocation will more than double the Department's annual spend on the scheme over the next five years. This is significantly more than any previous Government has been able to provide for those affected by the tragedy.

Ex-gratia support is currently funded from the Department's budgets and this will continue to be the case. While the Department of Health faces a significant financial challenge to continue to meet rising demands and provide high-quality, safe care to all, in the context of the current challenges facing the economy as a whole, the Government is keen to ensure that the difficulties you have highlighted are addressed as far as possible.

The recent Spending Review set government departments' budgets for the remainder of Parliament. The Department of Health, alongside all other departments, is required to manage existing pressures and commitments, and any new commitments, from within their budgets. This includes any additional funding for those affected by HIV and/or hepatitis C acquired through historical treatment with NHS-supplied blood or blood products. Money will not be withdrawn from other NHS frontline patient services to fund these reforms.

The consultation seeks views on providing discretionary payments for travel and accommodation costs relating to ill health. However, the charitable bodies make payments on the basis of need, in accordance with their specific objectives. These payments are not guaranteed from year to year and those in receipt of these payments are informed of this. Responses to the consultation will help us to decide if this is a viable proposal and we welcome any suggestions respondents may have in relation to the proposals and what would be of benefit to them.

The consultation proposes that those who are already bereaved and receiving discretionary means-tested payments of support will have the option of continuing to receive support in this way or of a lump sum payment, whichever would be of greater benefit to them financially. Newly bereaved people joining a new scheme will have a similar choice.

CPI linkage can result in an increase or a decrease to payments. For example, this year CPI decreased so the annual payments for 2016/17 should actually decrease. As