PLP Brief

Government response to the Archer Inquiry

From the office of the Rt Hon Alan Johnson MP Secretary of State for Health

27 May 2009

This brief applies to England only

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Top Lines

The Government has issued its response to the independent inquiry, set up by Lord Archer into contaminated blood supplies in the 1970s and 1980s. Lord Archer's report investigated the circumstances surrounding the supply of contaminated blood, the consequences for haemophilia patients and others, and it suggested further steps to address the needs of patients and bereaved families.

In a Written Ministerial Statement, Public Health Minister Dawn Primarolo set out the Government's response to the Archer Inquiry. Tough measures are already in place to prevent similar events happening in the future and a look back exercise will be undertaken to ensure all patients who may have been infected are identified.

Key Messages

- We offer our deepest sympathy for all those who suffered in this tragic episode.
- Sadly it was not possible to effectively test for these viruses in the 1970s and early 80s and we deeply regret that these events occurred following NHS treatment.
- Steps to safeguard blood products against HIV and hepatitis C have been in place since 1985. Government provided funding in 1998 to place all haemophilia patients under 16 on synthetic clotting factors. In 2003, we announced additional funding (£88m over three years) to extend provision of these products to adults.
- In addition, every reasonable step to minimise risks from blood transfusion has been taken, and robust screening measures are in place to protect patients.
- To help those affected by HIV and Hepatitis C, £150 million has already been given out in lump sums and discretionary payments. We recognise that further financial assistance is needed which is why we intend to increase annual payments to £12,800 for those infected with HIV.
- Alongside this measure we are strengthening support for the Haemophilia Society by providing further funding of £100,000 per year for the next five years.
- Comprehensive services are in place in the NHS to provide the necessary treatment for HIV and hepatitis C.
- We will look again at the help offered to individuals affected by hepatitis C in 2014.

Key Quotes

Minister for Public Health, Dawn Primarolo said:

"I would like to offer my deepest sympathy to all those who suffered in this tragic episode. Sadly, it was not possible to effectively test for these viruses in the 1970s and early 80s and we deeply regret that these events occurred following NHS treatment.

"Steps to safeguard blood products against HIV and hepatitis C have been in place since 1985. Every reasonable step to minimise risks from blood transfusion has been taken and robust screening measures are in place to protect patients.

"Financial help for those infected with HIV will rise to £12,800 per year. This is in addition to the £150 million already given out in lump sums and discretionary payments to those infected with HIV and hepatitis C as a result of their treatment with blood and blood products."

Q & A

What does Lord Archer's Report recommend?

The report, which does not find the Governments of the day to have been at fault, and does not apportion blame, recommends:

- establishment of a statutory committee to advise Government on the management of haemophilia in the UK;
- free prescription drugs and free access to other NHS and support services;
- secured funding by Government for the Haemophilia Society (a third sector organisation);
- review of the current ex-gratia payments system, including bringing payments in line
 with those in Ireland (very much higher than in the UK), and incorporating them
 within the DWP benefits system;
- · enabling haemophilia patients to have access to insurance; and
- establishing a 'look back' exercise to identify any remaining patients who may have been infected, and may not be aware of this.

How were people infected?

Blood and blood products, such as the clotting factors used in treatment of haemophilia, were contaminated by HIV and hepatitis C viruses in the 1970s and early 1980s before it was possible to effectively test for these viruses in blood. This problem was not confined to the UK, and the blood products were sourced from donors not only in the UK but from paid donors in the US.

Why did the Government not set up their own inquiry into this issue?

The time to have held a public inquiry was much closer to the events in the 1970s and 1980s. Previous Governments decided not to hold an Inquiry, and this Government have also considered the call for a Public Inquiry very carefully. However the Government does not consider an Inquiry is justified as it would not add to current knowledge about how infections happened or the steps taken to deal with the problem. The issue now is to best support those affected.

Will the Government issue an apology to NHS patients who have been infected following treatment from contaminated blood products?

There have been many expressions of sympathy and regret from former Ministers. The Government is deeply sorry that patients were infected with HIV and or hepatitis C through contaminated blood products, and fully appreciate the hardship and pain experienced by families who cared for those who have died.

The Republic of Ireland has made significant payments to those affected – why hasn't the United Kingdom done likewise?

The situation in the UK was different. Action was taken as soon as possible to introduce testing and safety measures for blood and blood products as these became available. The introduction of heat treated product in 1985 was a key factor in protecting our supply. In Ireland by contrast the Irish blood service was found to be deficient in its policies and practices in relation to blood testing for HIV, in particular that it delayed in the introduction of new testing methodologies. The Lindsay Inquiry also found that there was a failure to implement timely Hepatitis C screening. As a result the Irish government accepted liability and set up the Irish Hepatitis C and HIV Compensation Tribunal which determines and makes payments to claimants.

Will the Government relieve haemophiliacs from prescription charges?

The Department of Health recognises the need for a fairer system of prescription charging in England. We have therefore abolished prescription charges for cancer patients from 1 April 2009, and over the next few years we will progressively abolish charges for patients with other long-term conditions. Professor Ian Gilmore is currently considering how this can best be introduced.

What has the Government done to ensure relevant documents about the subject of Lord Archer's Inquiry have been made available?

The Department has made a commitment to release all relevant documents that it holds on the safety of NHS blood and blood products from 1970 to 1985, in line with Freedom of Information procedures. Over 5000 documents have been placed on the Department of Health website.

Is the Government going to co-operate with the public inquiry into these issues that have been set up in Scotland under Lord Penrose?

The Department of Health Permanent Secretary has written to his counterpart in Scotland, copying in Lord Penrose, to assure him of the cooperation of the Department in his inquiry. The Department is currently in correspondence with Lord Penrose's team to establish what help they require.

What are the existing arrangements for policy in relation to the safe management of haemophilia?

Measures are in place to help to prevent similar events happening in the future. Since the mid 1980s, when heat treatment became routinely used, effectively removing the risk of both HIV and hepatitis, the position on both safety and supply of blood, components and products has changed significantly. These are now regulated by safety and quality regulations:

- All blood donors are tested for HIV and hepatitis viruses.
- Recombinant (synthetic non-donor derived) product is available for all haemophiliacs for whom it is suitable.

 Introduction of suitably validated tests for new diseases, is a priority for the Government.

What support has the Department of Health previously given to the Haemophilia Society

The Department has supported the Haemophilia Society for more than 10 years through a Section 64 grant. In 2006 this provided 14% of the Society's overall funding. However, Section 64 Grants are not intended to be permanent sources of funding. They should only provide temporary financial assistance. The decision to reduce the Society's core grant was taken in line with these criteria. The changes were discussed with the Society in 2006, when it was informed of its future funding to allow it to plan for the change.