

Witness Name: Simon Hamilton  
Statement No: WITN2339012  
Exhibits: WITN2339013-WITN2339043  
Dated: 25th August 2020

**INFECTED BLOOD INQUIRY**

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**EXHIBIT WITN2339020**

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Department  
of Health

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

Richmond House  
79 Whitehall  
London  
SW1A 2NS

GRO-C

Your Ref: H/C/R/8/16

PO-1019716

Margaret Ritchie MP  
House of Commons  
Westminster  
London SW1A 0AA

17 MAR 2016

*Dear Margaret*

Thank you for your letters of 17 and 26 February about infected blood.

I note your concerns regarding the consultation on reforms to ex-gratia schemes of support for people who received infected blood through NHS treatment.

We have acknowledged that while the existing ex-gratia schemes of support have made a significant difference to the lives of many beneficiaries, many people remain unhappy with the current system of financial and other support. Reforming the current payment schemes remains a priority and we are keen to get this right for those affected.

The consultation seeks views on providing discretionary payments for travel and accommodation costs relating to ill health. However, the scheme bodies have always been clear that any discretionary payments they have made to registrants of the schemes will not necessarily continue to be made in the future.

The consultation further 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. The consultation also proposes providing improved access to treatment.

The £42million for the Macfarlane Special Payments Trust No 2 in the 1990s was recorded as a contingent liability until the payments were required, and then paid from the Department of Health's budget. The Department's funding for these payments, and those through the other schemes that have been established, are ex-gratia, which means they are made voluntarily by government, and not made due to a legal requirement. To date, over £390million has been paid out to those affected in the UK through the various schemes that have been established by government. The Department of Health has identified £100m from its budget for the proposals set out in the consultation. This is in addition to the current spend and the £25m already announced in March 2015.

With regard to the Republic of Ireland, on 25 January 2011, Andrew Lansley, the then Secretary of State for Health, clarified (*Hansard* column 222W – 223W) the distinction between the situation in the UK and that in the Republic of Ireland, following debate in the House of Commons on 10 January 2011 (column 35-36).

I referred to this in the debate on 16 December in the House of Commons, when I stated: *payments made by the Republic of Ireland are a matter for the Republic, and they were made in response to circumstances in Ireland relating to the use of blood products.*

No decisions will be made on scheme reform until the consultation responses have been collated and analysed. I am keen to hear the views of all those affected by this tragedy, and I want to understand any unidentified negative impacts that the proposals put forward in the consultation could have. To that end, I would encourage respondents to complete the consultation questionnaire before the consultation closes on 15 April.

The consultation document can be found on the Government's website, [www.gov.uk](http://www.gov.uk), by searching for 'blood reform of financial and other support'. A printed copy can be requested through the email address [infectedbloodreform@dh.gsi.gov.uk](mailto:infectedbloodreform@dh.gsi.gov.uk), or by calling 0300 123 1002. Details of the different ways of responding to the consultation can be found at the bottom of the consultation's webpage.

I hope this reply is helpful.

*With kind regards*

GRO-C  
JANE ELLISON