

HEALTH QUESTIONS, DATE: "TOPICALS"

ISSUE

The Archer Inquiry

KEY MESSAGES

- Government deeply regrets that patients acquired serious infections as a result of NHS treatment two or more decades ago.
- We gave very careful consideration to Lord Archer's recommendations and believe the Government's final response is as positive as possible.
- Lord Archer did not find the Government to have been at fault and did not apportion blame.
- Significant improvements have been made to assure the safety and quality of human blood and blood products, including measures to reduce risk from vCJD. We provide funding to the NHS (£46m in 2009/10) to help purchase of synthetic clotting factors, to minimise infection risk.

ESSENTIAL BACKGROUND

1. In the early 1970s, the production of clotting factors from pooled human plasma donations revolutionised the treatment of haemophilia, which, up to that time, limited life-expectancy to less than 30 years in severe cases of the condition.
2. Prevailing expert opinion at the time was that the infection risk from these products was low. This proved not to be the case, and 4-5000 people with haemophilia were infected with hepatitis C and/or HIV through their treatment until development of effective methods of preventing transmission via these products (1985).
3. Many other patients were infected, particularly with hepatitis C, through blood transfusion. It is not possible to reliably estimate the number affected.
4. Successive Governments have not accepted liability for these events, but set up three financial relief schemes to help those affected (Macfarlane & Eileen Trusts for HIV, Skipton Fund for hepatitis C). These have paid out nearly £150million to over 4000 people since their establishment.
5. Those affected have lobbied for many years, both for more money, comparable to the significantly higher payments made in Ireland, where (unlike the position here) the blood transfusion service was found to have been at fault; and for a public inquiry. UK ministers have resisted both.

6. Lord Archer set up an independent inquiry in 2007, which reported on 23 February 2009. It did not reveal anything new.

7. The Government's response was published on 20 May 2009. Key commitments are: £12,800/year for HIV patients and increased payments to their dependents; review of financial relief scheme for hepatitis C in 2014; £100k/year to the Haemophilia Society for the next 5 years; twice-yearly meetings between Government and the Haemophilia Alliance (patients and clinicians); and funding to identify any infected patients not yet identified. Reaction to the Government package has been limited, but negative. Media attention lasted only for a day or so. Interested stakeholders, including haemophilia patients have been highly critical.

MOST LIKELY QUESTIONS TO ARISE

What questions might be asked and what is the response. Again, full sentences should be used but please try and keep it brief but covering the potential questions that might be asked.

Question: Will the Government review the conditions under which the widow of a haemophilia patient infected through treatment with contaminated blood products becomes eligible for financial assistance?

- We have committed to review the Skipton Fund, for those infected with hepatitis C, in 2014. Payments to widows of those infected with HIV are made at the discretion of the trustees of the Macfarlane and Eileen Trusts.

Question: You have acted unfairly in increasing payments for HIV patients and not for hepatitis C?

- We have to make decisions about the fairest use of limited resources, and have decided this is an appropriate time to review payments to those affected by HIV, as the financial relief schemes have been operating since the late 80s and early 90s. We have committed to review the Skipton Fund for those infected with hepatitis C in 2014, after it has been in existence for 10 years.

Question: Why haven't you implemented Lord Archer's recommendation that payments to those affected be increased to the levels paid by the Irish Government?

- The position in Ireland is different. The Irish Blood Transfusion Service was found to have been at fault. This is not the case here. We have

established financial relief schemes for those affected, which have paid out nearly £150m to date.

Parliamentary Background

(Debates, Statements, Select Committees, Legislation, White/Green Papers etc)

- In 2005, Lord Winston described this as the worst treatment disaster in the history of the NHS.
- There continues to be a lot of support in the House of Lords for those infected and their dependents.
- The HoL debated Lord Archer's report on 28 April 2009
- A Lords' amendment to the Health Bill to implement one of Lord Archer's recommendations was withdrawn at committee stage.
- The leader of the House has indicated that Government's response is a suitable topic for a Westminster Hall debate.
- There was a Westminster Hall Debate (secured by Jenny Willot MP) on 1 July 2009.
- Lord Morris laid a PQ on 6 October asking when the Macfarlane Trust would get an answer to their letter about alternative proposals for making payments to infected individuals.