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Witness Name **GRO-B**

Statement No: WITN1791011

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Dated: June 2020

INFECTED BLOOD INQUIRY

EXHIBIT WITN1791012

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Summary Report: Lord Archer Meeting with Gillian Merron MP (Health Minister)

Attending:

- Jenny Willott MP
- Alistair Burt MP
- Brian Iddon MP
- Gillian Merron MP
- A senior civil servant
- A ministerial aide
- Ed Webber (Researcher for Jenny Willott MP)

Agenda Items Discussed:

1. MFT/ Eileen Trust Payments

The cross-party delegation asked the Minister:

- (i) What progress had been made to initiate the increased payments under the Trusts as promised in the Government's response to Archer Inquiry,
- (ii) How much additional funding was going to be made available to the Trusts to pay discretionary sums to dependents and widows as promised in the response and
- (iii) How the DH came to their figure of £12,800 when the MFT states that a doubling of average awards to the infected would be nearer £16-18,000.

Payments will start in December this year and the Minister confirmed that the delays had been due to problems with the current constitutional setup of the Trusts. She said that she sent a letter yesterday to the Trusts to clarify that £12,800 would be the absolute minimum that anyone infected would receive, that the Trusts had the flexibility to increase those payments to individuals if the Trustees decided to do so. The total annual budget for the two Trusts for 2009-10 will be £7.6m.

However, it remains unclear as to how this will work exactly and how much money is going to be available to Trustees for increased discretionary payments as outlined above and to widows as well. The letter to the Trusts should hopefully clarify this but further action may be needed if this remains an unsatisfactory arrangement.

The Minister also confirmed, when asked, that payments would be back dated to 20th May and that dependents of anyone who died between then and now would receive payment as well.

2. Skipton Fund and the 2014 Review

The delegation asked the Minister why those infected with hepatitis C were being treated differently to those infected with HIV, both in terms of the refusal to increase funding until after the 2014 review and the lack of annual payments under the Skipton Fund.

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The Minister responded saying that since the Skipton fund was set up much later than the MFT and Eileen Trust, it was established on a very different basis. This is because there are relatively good treatments available for Hep C (unlike for HIV in the early 1990s) and so annual payments would be inappropriate. Furthermore, the fund was established on the basis that it would be reviewed in 2014. The Minister feels nothing has changed since the Fund was set up (unlike with the other two funds) and, as a result, it would be inappropriate at this stage to review the Fund.

The point was made forcefully by the delegation that many of those infected with Hepatitis C are very ill and that, by 2014, many of them will have passed away. They should at least have parity with those infected with HIV. It was also emphasised how strongly those affected felt. However, the Minister refused to budge on this.

3. Ireland

The delegation made the point that the DH is mistaken in stating that there is a fundamental difference between the situations in Ireland and the UK. The Government has repeatedly said that in Ireland, the Government was found to be at fault and as a result set up the compensation scheme. The delegation produced various letters from the Irish Haemophilia Society and Irish Government, stressing the point that the Hep C Compensation tribunal was set up and payments were made before the Findlay Inquiry and well before the Lindsay Report. In other words, payments were made on compassionate grounds and not on the basis of any legal liability on the behalf of the Irish government.

The Minister continued to stress the point that the UK has never been found responsible for the infections, but she eventually conceded the point over the Inquiry dates. However, she argued that the report from the expert group carried out before the Findlay Inquiry was set up seemed to imply that there was likely to be liability and that this was why the compensation scheme was established.

4. Ireland

The delegation made the point that the DH is mistaken in stating that there remains a fundamental difference between the situation in Ireland and in the UK due to the former being found to be at fault. The group produced the various letters from the Irish Haemophilia Society et al, stressing the point that the Hep C Compensation tribunal was setup and payments were made before the Findlay Inquiry and well before the Lindsay Inquiry. In other words, payments were made on compassionate grounds and not on the basis of any legal liability on the behalf of the Irish government.

The Minister continued to stress the point that the UK was never found responsible for the infections. She eventually conceded the point over the Tribunal and Inquiry dates. However, she went on to argue that the report from the expert group carried out before the Findlay Inquiry was setup, implied liability and that, as a result, the Irish government's responded to "the writing on the wall" by pre-empting the inevitable inquiries and establishing the Tribunal. (as preivous)

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The delegation further argued that this was not the case, and that there had not been an opportunity to test whether or not the UK government was responsible.

The Minister said she would take this on board. She also alluded to the fact that, depending on the outcome of the Penrose Inquiry which began in January this year, the DH may be obliged to reconsider their position on the Skipton Fund and across other areas of Lord Archer's Recommendations.

5. Widows

The delegation made the point that the eligibility cut off date under Skipton Fund for widows is entirely arbitrary and deeply unfair. Widows whose partners' Hep C infections are only discovered when they die and before registering with the Skipton Fund are also excluded. Furthermore, under the MFT and Eileen Trust, there are insufficient funds to offer decent discretionary payments to widows as well as pay those who are infected.

The Minister said that the increase in MFT/Eileen funds may help and that the review of the Skipton Fund would include reviewing the situation for widows and dependents.

6. Insurance

The Minister initially said that life insurance was available but at higher premiums. The delegation provided evidence from the ABI made the point that those with a single infection faced totally unaffordable premiums on life insurance. Furthermore, those with multiple infections are simply unable to get life insurance at all as they are too high a risk group.

The Minister said that the increased MFT/Eileen Trust payments should help some people and that the Association of British Insurers (ABI) had told the Department that those infected are not barred from life insurance.

However, the group produced a letter from the ABI stating that those with multiple infections would not be able to receive life insurance at all. Furthermore, that the increased payments might help those with HIV but would do nothing for those with Hep C.

The Minister asked what solutions there were, and the group suggested either the government act as the insurer of last resort (as in Ireland) or introduced the MFT's proposal. The Minister said that she would consult colleagues and investigate what possibilities there are. There are other patient groups who are unable to access life insurance, and this would need to be considered as well.

Other Issues Raised:

The group also asked:

- For a proper debate in the House on Government time.

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- If the Department would be happy to meet with the Haemophilia Society and APPG group in a future meeting
- Whether the Government could do more in terms of the free healthcare treatment card suggested by Lord Archer.

The Minister refused to commit on the first issue. On the second, she said she would be very happy to meet with them in the future. On the third, she said there is a great deal of ongoing work regarding free prescriptions and that this would be fed into their work.