DRAFT SPEECH
Speech for Westminster Hall Adjournment Debate
1 July 2009. 16.00-16.30

Adjournment Debate: Archer inquiry report into contaminated blood and blood products

Jenny Willott MP

I'd like to begin by paying tribute to the Honourable Member for Cardiff Central, and other parliamentary colleagues in this House and the other place, who work tirelessly on behalf of those whose lives have been damaged by infections acquired through treatment with infected blood and blood products.

Examining events that took place so many years ago is difficult. Parliament has debated these matters many times during the past twenty years. Lord Archer and his colleagues have conducted a thorough and valuable review and I thank Lord Archer for his report. However it has not uncovered anything new – or anything that was not already known to this House.

I was distressed to learn, as would anyone, the detail of this tragic set of circumstances. How a revolutionary new treatment for haemophilia in the early 70s, a treatment that offered so much hope, would end in such tragedy for so many. That almost 5,000 people in the UK, not to mention the thousands more around the world, would be infected with hepatitis C and HIV. And that so many have lost their lives.

But it is important to remember that before this treatment became available, the life-expectancy of someone with severe haemophilia was less than 30 years. Although at the time there were warning voices about the risk from infection, the consensus both within the scientific and haemophiliac communities was that the risk was low and worth taking.

Unfortunately, the consensus was wrong. The best available treatment at that time, a treatment intended solely to improve the length and quality of life, instead resulted in heartbreak for so many families. The risk of infection was far higher than people thought. The lives that were lost, the pain and grief it caused can never be undone.

If governments, doctors and other experts had known then what we do now, we could have prevented perhaps the greatest tragedy in the history of the NHS. But the fact is, they did not.

Successive governments have been accused of covering up. Of trying to hide what was said and done during the period when most of these infections occurred. People will have their own views of what happened in the past. But this government has done more than any other to make available information about the events, judgments and decisions between 1970 and 1985, after which safer blood products were introduced.

In line with the Freedom of Information Act, we've published over 5,500 documents on the Department of Health website, and are committed to publishing any further documents that come to light. In examining all these documents neither we, nor Lord Archer and his team, have found any evidence of a "*cover up*".

We have nothing to hide. But the view that we do has been fuelled by the widespread misconception that the Department of Health did not co-operate with Lord Archer's inquiry. This is not true. Lord Archer asked for someone from the Department of Health meet with him, and officials did so on several occasions. Lord Archer did not invite Ministers to attend or participate in his enquiry.

I have received a great deal of correspondence from parliamentary colleagues on behalf of many of those affected. I am so sorry for what has happened and have the utmost sympathy for those whose lives have been touched by this.

I understand their sense of grievance and anger.
I understand their need to find out why it happened.
And I understand the feeling that someone *must* be to blame for what has happened - whether individually or collectively.
And I fully appreciate that, for some, whatever the Government does now, it can never be enough.

But when I look at what the government has done, I also believe that we've demonstrated our commitment to those affected and that we've responded positively to Lord Archer's recommendations.

We continue to work to provide ever safer blood and blood products. We're committed to helping everyone infected through contaminated blood transfusion. Giving them the high-quality treatment, care and information they need to help them look after their health. And we continue to provide financial relief for those infected through their treatment so many years ago.

Lord Archer made a number of recommendations. He recommended a statutory committee be established to advise Government across the UK on the management of haemophilia.

We think a better way forward is to work with the Haemophilia Alliance: the UK partnership of haemophilia patients, their clinicians and other professionals involved in their care. We will fund and host twice-yearly meetings, with representatives from all the UK health departments invited to attend.

He recommended that haemophilia patients and their partners should be tested for any condition identified by that committee. We agree.

He recommended that blood donors should be similarly tested. We already have a mechanism in place to advise on testing blood donations for infections, and this will continue.

Lord Archer recommended that those infected should be issued with cards to entitle those patients to benefits not freely available under the NHS, including free prescriptions.

Last year, we announced our intention to progressively phase out prescription charges in England for patients with long-term conditions. Professor Ian Gilmore chairs an independent review looking at how this might be done. We will consider whether further action is required in England to implement Lord Archer's recommendation following the Gilmore Review.

Lord Archer recommended that Government should urgently provide funding to the Haemophilia Society. We have agreed to provide £100,000 this year and for each of the next four years on top of any project funding that the Society receives from the Department of Health.

Lord Archer recommended that further efforts be made to identify people who may be unaware that they have been infected through their treatment with blood products. We agree, and will provide funding for the haemophilia doctors' organisation to identify any such patients.

Let me turn now to those recommendations where our responses have been most heavily criticised. The areas of financial relief and insurance.

Lord Archer recommended that payments be at least equivalent to those in Ireland, where payments are typically much higher - over a million pounds or even as much as £5m. However, the position in Ireland is very different.

There, an independent inquiry found the transfusion service to have been at fault because they had not followed their own official guidelines on protecting the blood supply from contamination. This is not the case in the UK. And so such high levels of payment would not be appropriate here.

Nevertheless, we've had to make some tough decisions on where to direct our resources, and I recognise that these may be perceived as inadequate or unfair.

So far, over £45million has been paid out through the two longstanding financial relief schemes for those affected by HIV. The Macfarlane and Eileen Trusts were established in 1988 and 1991 and this is the first occasion on which the structure of their payments has been reviewed. As a consequence, we're increasing the payments to those infected with HIV, providing them with a flat-rate payment of £12,800 per year, tax-free.

This amount is discounted for benefits, which are payable on top. This change removes the need for them to make repeated applications for funds, and addresses Lord Archer's recommendation that payment to those infected should not be means-tested.

We will also increase the funding to the Trusts to allow them to make higher payments to widows and dependents, although the level of payment will remain at the discretion of the Trustees.

Turning to payments to those infected with hepatitis C, the Skipton Fund has to date paid out nearly £100million. The Fund is relatively young, having been running for only 5 years. We have committed to review the Skipton Fund in 2014, and I believe this review date is fair and reasonable.

[*If payments to widows of hepatitis C patients who died before the Skipton Fund was announced in 2003 are raised:*

I am very conscious of the criticism that we have done nothing to review the position of widows who are ineligible for financial relief from the Skipton Fund. I understand those who say that this is unfair. But the Fund was established solely to provide relief for those who are infected. These decisions were made – and thoroughly debated – in 2004. I see no reason to revisit them so soon, particularly in view of the current economic climate.]

Lord Archer also recommended that patients be given access to insurance. The Government's view is that where additional funds are available, it's better to increase payments made to those affected. They can then choose for themselves how best to spend it, whether on insurance or not.

We've now published our final response to Lord Archer's recommendations, and we're working to implement our commitments as soon as we can.

I know that many will feel that we've not gone as far as they would like. But I want to assure them that we accept many of Lord Archer's recommendations. And where do not, we have nevertheless made what we felt were the most appropriate decisions in what are very difficult circumstances.