HM 16/1

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## Meeting with Lord Owen, Lord Morris and Michael Connarty MP – Self Sufficiency in Blood Products – 1 July 4.30pm

### Issue

1. You are meeting with Lord Owen, Lord Morris and Michael Connarty MP to discuss Lord Owen's claim that officials failed to honour his pledge to Parliament in the mid 70s to make the UK self sufficient in plasma products. The meeting was instigated by Yvette Cooper following a number of statements in the media by Lord Owen, and by Lord Morris quoting Lord Owen, using this claim to support the case for compensation for haemophiliacs with hepatitis C and for a public inquiry. Their argument is that UK self sufficiency in plasma products would have led to fewer people with haemophilia becoming infected with HIV and hepatitis C. Lord Owen has not raised his concerns with the Department directly, although we are aware that he did so in the mid 80s.

2. Lord Owen has requested that officials are not present at the meeting. However, we will be available to brief you at 1.30pm on 1 July.

### Background

3. A note of Lord Owen's allegations is at Annex A. We have looked back briefly at the papers from the time. These show that the money Lord Owen announced in Parliament in 1975 to promote self sufficiency was in fact spent as promised. However this, and later drives toward self sufficiency, did not keep pace with the growing demand by patients and clinicians for clotting factors, making imports a necessity. Self sufficiency became a moving target and was never attained. A summary of events is attached at Annex B.

4. This information has already been shared by officials with the Haemophilia Society so Lord Morris will be familiar with our findings.

**Further Investigation**

5. When we met Yvette Cooper to discuss handling, we agreed that officials would undertake a detailed review of the surviving papers between, roughly, 1973 and 1985 and put together a chronology of events. Without this it will be difficult to answer any detailed accusations levelled against the Department by Lord Owen and others. However, given the need to recruit someone to do this work and the huge volumes of paper to be read and analysed, a complete chronology is unlikely to be ready for at least 4-5 months.

**Handing the Meeting**

6. The meeting provides an opportunity to hear Lord Owen's concerns first hand and to offer to provide whatever information we can to help shed light on what really happened in the 1970s. You may wish to make the following points:

- these events happened over 25 years ago. We therefore can't say precisely what took place without going back over the Department's records in some detail;

- our preliminary understanding, from looking at responses to Parliamentary Questions and other documents, is that the money announced in Parliament in 1975 was spent as promised. However it appears that, even working at full capacity, UK clotting factor production was not sufficient to meet the rapidly growing demand for these products, making imports a necessity.

- I have asked officials to examine papers from this period so that we can be clear about what really happened and I am happy to share their findings with you. This will take 4-5 months given the volume of papers to be looked at.

<u>If Pressed</u>

- there has been no evidence presented to me so far that would justify a public inquiry.

- The technology to make blood products free from HIV and hepatitis C, in sufficient quantities to treat all haemophilia patients in the UK was not available until the mid 1980s. Once it was, the NHS introduced it.

- Until the mid to late 80s, the seriousness of "non A, non B" hepatitis (hepatitis C) was not fully appreciated. So, although clinicians who prescribed clotting factors in the 1970s and early 1980s would have been aware of viral risks, the prevailing view seems to have been that these were risks worth taking given the beneficial impact of clotting factors on the quality of patients' lives.

- I am considering the paper produced by the Haemophilia Society on a compensation scheme for people with haemophilia and hepatitis C. However, the Government's current position is that compensation for this group of people cannot be justified.

Additional lines to take are at Annex D.

Robert Finch