

# **The role of Northern Ireland in UK government decision making during the 1970s and 1980s**

<b>Introduction .....</b>	<b>1</b>
<b>Key figures in the Northern Irish administration .....</b>	<b>3</b>
<b>Structure of Northern Irish blood services .....</b>	<b>4</b>
<b>General overview of DHSSL - DHSSNI relationship .....</b>	<b>5</b>
<b>The relationship with the Republic of Ireland.....</b>	<b>12</b>
<b>Specific examples of DHSSL and DHSSNI interaction.....</b>	<b>13</b>
<i>Blood supply</i> .....	13
<i>Hepatitis</i> .....	14
<i>HIV / AIDS</i> .....	16
<i>Advisory Committee on the Virological Safety of Blood</i> .....	18

## **Introduction**

1. This presentation addresses the role of the Northern Ireland Department of Health and Social Services<sup>1</sup> (“DHSSNI”) in the decision making of Westminster’s Department of Health and Social Security (“DHSSL”) in the 1970s and 1980s.
2. From 1922 to 1972 Northern Ireland was self-governing through its Parliament and government, which were based at Stormont and established under the Government of Ireland Act 1920. As a consequence of the worsening violence in the Troubles, and in the aftermath of Bloody Sunday, direct rule from Westminster was introduced in March 1972, initially as a temporary measure. Between 1972 and 1998, the mechanism of this

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<sup>1</sup> In this period based at Dundonald House, Upper Newtownards Road, Belfast. Known in the early 1970s as the ‘Ministry of Health and Social Services’.

governance was by way of a Secretary of State for Northern Ireland and a number of junior ministers.<sup>2</sup>

3. During the period of constitutional change, health and social services in Northern Ireland *“underwent the most radical series of reforms since the foundation of the NHS in 1948.”* This resulted in the establishment on 1 October 1973 of four new health boards to deliver health and social services: the Eastern, Northern, Southern and Western Boards.<sup>3</sup> This replaced a system of administration of healthcare that involved eight health authorities, numerous district administrations, the Northern Ireland Hospitals Authority, and the General Health Services Board.<sup>4</sup> The reforms of 1973 were part of a wider restructuring of local government in Northern Ireland.<sup>5</sup> The population of Northern Ireland at that time was around 1.5 million.<sup>6</sup>
4. Unfortunately the available documents on this subject are extremely limited<sup>7</sup> and this presentation therefore cannot give the full picture. This presentation sets out the oral and written accounts of civil servants and politicians received by the Inquiry and then provides a series of examples, listed thematically, from the 1970s to mid-1980s, of interactions between DHSSL and DHSSNI.
5. The totality of the available evidence suggests that, on the whole, DHSSNI followed the policy decisions made by DHSSL and that DHSSNI had little, and often no, observable influence on those decisions.
6. There are a number of significant factors specific to Northern Ireland that provide important context for the interactions between Northern Ireland and Westminster on matters relating to blood and blood policy in this period. First, and most important, was the Troubles.

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<sup>2</sup> P. 4 of WITN3449008

<sup>3</sup> P. 5 of WITN3449008

<sup>4</sup> P. 4 of WITN3449008

<sup>5</sup> P. 7 of WITN3449008

<sup>6</sup> P. 5 of WITN3449008

<sup>7</sup> There is a particular dearth of relevant material in the early 1980s. The Inquiry has undertaken searches of documents from the main NI health authorities, NI blood services, the DHSS for NI, PRONI, historic material and off site archives. Searches for “Belfast” and “Northern Ireland” produced over 68,000 results. Within these, there were 12 results that were relevant between 1/1/1959 and 31/12/1979 and 23 documents that were relevant from 1/1/1980 and 31/12/1985. Specific named searches were also undertaken for people who held office in the NI government and in key roles.

Unsurprisingly the Inquiry has received evidence that security and political aspects ‘*took up a significant amount of ministerial time*’.<sup>8</sup> Second, was the relative size of Northern Ireland when compared to the rest of the United Kingdom. Third, the impact of geographical distance and ease of travel between Belfast and London when compared with administrative centres in Wales, Scotland and other parts of England, in an era before video-conferencing and remote-access. Fourth, it appears that the briefs of medical and administrative civil servants in Northern Ireland covered a broad range of matters and there was less specialism in relation to matters of blood and blood products. It is perhaps unsurprising therefore that DHSSNI closely followed the direction of DHSSL as the latter had greater resources and specialist knowledge.

7. The language used in some of these documents can be jarring to modern ears. The Northern Irish government, alongside its Welsh and Scottish counterparts, is sometimes referred to by officials in DHSSL and English politicians as “the territorials”.<sup>9</sup> This presentation will use the terms “Northern Ireland” and “DHSSNI” interchangeably to refer to the Belfast-based government.

#### Key figures in the Northern Irish administration

8. Humphrey Atkins was the Secretary of State for Northern Ireland from 1979 to 1981. He was succeeded by Jim Prior, who was Secretary of State for Northern Ireland from 14 September 1981 to 27 September 1984. Douglas Hurd then took up the role from 11 September 1984 to 3 September 1985. Tom King then held the role from 3 September 1985 to 24 July 1989.
9. In 1972 the role of Parliamentary Under-Secretary of State for Northern Ireland was created and the purpose of the role was to support the Secretary of State for Northern Ireland. This was a role within the Northern Ireland Office. John Patten held this role from 5 January 1981 to 13 June 1983 alongside David Mitchell.<sup>10</sup> They were succeeded by Chris Patten from June 1983 to September 1985, and Richard Needham from September 1985 to 1992.

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<sup>8</sup> See the evidence of Lord Patten: §8.3 of WITN5297001

<sup>9</sup> See, for example, DHSC0002429\_076, a letter from 3 January 1989

<sup>10</sup> §8.1 of WITN5297001

10. The Chief Medical Officers (“CMOs”) for Northern Ireland were Dr Thomas Terence Baird (1973-1978); Dr Robert Weir (1978-1988); and Dr James McKenna (1988-1995). The Inquiry has received a witness statement from Dr McKenna.<sup>11</sup> The Inquiry’s presentation about the role of the CMO is at INQY0000362.
11. During the 1980s Jack Scott was responsible for blood and blood products within DHSSNI as this fell under the remit of the division of acute hospital services.<sup>12</sup>
12. The Inquiry has received a witness statement from Dr Robert McQuiston, who was the Assistant Secretary of the Health Services Division of DHSSNI from 1984 to 1998.<sup>13</sup> He is due to give oral evidence to the Inquiry on 22 July 2022.

#### Structure of Northern Irish blood services

13. Northern Ireland had one blood transfusion centre, based in Belfast. From 1975 to 1981 England’s BPL supplied blood products to Northern Ireland as part of the Oxford extra-regional territory.<sup>14</sup> In 1982 a link-up was established between the Northern Ireland Blood Transfusion Service (“NIBTS”) and Scotland’s Protein Fractionation Centre (“PFC”).<sup>15</sup> From this time, the Belfast centre sent its plasma to be fractionated at PFC.
14. This presentation does not address issues of self-sufficiency and domestic production of blood and blood products in Northern Ireland in any detail. The Inquiry’s presentation on that topic, dated March 2022, can be found at INQY0000343.
15. Dr Morris McClelland, who has provided written<sup>16</sup> and oral<sup>17</sup> evidence to the Inquiry, was the Director of NIBTS from June 1980 to May 1994.<sup>18</sup> His predecessor was Colonel Field, who was Director from 1969 to 1980. Dr McClelland describes that both he and Colonel Field were ‘*very conscious of the relatively isolated position*’ of Northern Ireland. Dr

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<sup>11</sup> WITN6983001

<sup>12</sup> §7.1 of WITN5572001

<sup>13</sup> WITN5572001

<sup>14</sup> DHSC0100006\_179

<sup>15</sup> P. 25 of RHSC0000081

<sup>16</sup> Two statements: WITN0892001 and WITN0892006

<sup>17</sup> On 1 February 2022.

<sup>18</sup> From 1978 he was Deputy Director of NIBTS. From June 1994 until July 1990 he was CEO / Medical Director of NIBTS agency following a reorganisation in 1994 where NIBTS was established as an independent agency.

McClelland had therefore spent time in other regional transfusion centres such as Edinburgh, Bristol and London during his time as Deputy Director of the NIBTS.<sup>19</sup>

16. Responsibility for NIBTS sat with the Eastern Health and Social Services Board from the early 1970s.<sup>20</sup> There was also a reporting relationship from NIBTS to the CMO and to the DHSSNI.<sup>21</sup> In oral evidence to the Inquiry, Dr McClelland described that the reporting relationship with DHSSNI was not '*really spelt out*.'<sup>22</sup> He had no direct dealings with DHSSNI, other than on committees held in London where representatives from DHSSNI also attended.<sup>23</sup>
17. Dr Elizabeth Mayne was the Director of the Northern Ireland Haemophilia Reference Centre, based at the Royal Victoria Hospital in Belfast, from 1978 until 1999. She has provided a series of witness statements to the Inquiry.<sup>24</sup> Dr Mayne at times attended UK-wide meetings and fed back information to DHSSNI. For example, in June 1976 Desmond W Neill Scientific Advisor at DHSSNI wrote to Dr Rosemary Biggs at the Oxford Haemophilia Centre to say that, having discussed the matter with Dr Mayne, he was not going to attend and would receive an account from her.<sup>25</sup>
18. The Inquiry's presentation on the Belfast Haemophilia Centre can be found at: INQY0000246 and on the history of the blood services in Northern Ireland at INQY0000307.

#### General overview of DHSSL - DHSSNI relationship

19. The available evidence suggests that DHSSNI commonly followed Westminster's decision making and had limited, if any, influence on the key decisions on blood and blood products made in Westminster.

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<sup>19</sup> Oral evidence of Dr Morris McClelland, 1 February 2022, p. 3

<sup>20</sup> P. 9 of WITN0892001

<sup>21</sup> P. 4 of WITN0892001

<sup>22</sup> Oral evidence of Dr Morris McClelland, 1 February 2022, p. 29

<sup>23</sup> Oral evidence of Dr Morris McClelland, 1 February 2022, p. 31

<sup>24</sup> WITN0736001; WITN0736005; WITN0736007.

<sup>25</sup> OXUH0003588

20. The Inquiry has received written and oral evidence from a range of politicians as well as civil servants, both medical and administrative. When asked about the involvement of Northern Ireland in Westminster's decision making, the response has almost exclusively been that these witnesses do not recall any, or any significant, influence played by Northern Ireland in DHSSL's decision making on key issues in the 1970s and 1980s. Rather, the body of individuals' recollection overwhelmingly suggests that Northern Ireland mainly followed Westminster's approach on blood and blood products. In the absence of proper documentary records, these oral and written accounts from civil servants and politicians provide some of the best evidence about the relationship between DHSSNI and DHSSL. The key aspects of this evidence is set out below in a broadly chronological approach.

21. The Inquiry has received written and oral evidence from Lord Owen, Minister of Health from 1974 to 1976. When asked about whether Northern Irish (and Welsh) CMOs reported to him and the Secretary of State for Health or to the Secretary of States for the particular regions, Lord Owen's evidence was:

*'... the Secretary of State for Northern Ireland would take decisions but be hugely influenced by -- they would tend never to go against the grain of decisions that were taken in England. But they had the freedom to do so if they wished to, and they had to take account, you know, of border questions and what was happening in Dublin. And again, it was good relations. All the time I was in office with the Republic on healthcare matters I can't remember ever any difference of opinion.'*<sup>26</sup>

22. Lord Patten, the Parliamentary Under-Secretary of State in the Northern Ireland Office (from January 1981 to June 1983) and then the Parliamentary Under-Secretary of State for Health (from June 1983 to September 1985), has provided written and oral evidence to the Inquiry about Northern Ireland. In his earlier role as the Parliamentary Under-Secretary of State in the Northern Ireland Office from 5 January 1981 to 13 June 1983, Lord Patten states that his general recollection was that:

*'the liaison with DHSS on health issues was done by officials rather than at Ministerial level. Indeed, going from memory alone, I cannot remember any meetings with my opposite number junior health Ministers in the DHSS or in the Scottish and Welsh Offices. On major financial aspects, there would have been some liaison at Ministerial level. In the NIO, Michael Alison would have been involved because he was effectively our 'Chancellor' but*

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<sup>26</sup> Oral evidence of Lord Owen 22 September 2020, p. 153-4

*if it was health and social services related financial issues, I would probably have been copied in.'*<sup>27</sup>

23. In relation to his role as the Parliamentary Under-Secretary of State for Health from 14 June 1983 to 2 September 1985, Lord Patten has explained that he did not have responsibility for health matters in Northern Ireland but *'on some matters, UK-wide policy was in reality led by England by virtue of greater population / resource.'*<sup>28</sup> He has further stated that:

*'As a junior health minister, to the best of my recollection, I did not have much direct contact with the junior ministers in the territorial Departments. Most liaison was done at the level of officials; submissions could be copied to civil servants in the Scottish, Welsh and Northern Ireland Office or there could be separate correspondence and discussions with them. Where there were serious issues that needed resolving, they tended to be dealt with at Secretary of State level because the respective Secretaries of State were each Cabinet Ministers. I cannot recall having direct contact with the health-related bodies in Scotland, Wales and Northern Ireland, as opposed to the Ministers of those Departments.'*<sup>29</sup>

24. Lord Fowler, Secretary of State for Health and Social Security from 14 September 1981 until 13 June 1987, has provided written<sup>30</sup> and oral evidence to the Inquiry. His recollection was that:

*'..., what I recall on health issues generally was that Scotland tended to be the most independent, whereas Wales and Northern Ireland more closely followed the DHSS.'*<sup>31</sup>

25. He further states:

*'In general terms, however, it would be desirable in many contexts to adopt a common or similar approach to health issues across the four nations, and DHSS officials would have liaised with their counterparts in the Territorial Departments to that end. Membership of advisory committees also had to take this into account. Depending on the issue under consideration, there might be justification for different approaches being taken in Scotland, Wales, or Northern Ireland but I would have expected officials to alert us as Ministers if liaison with the Territorial Departments indicated a difficulty of which we needed to be aware.'*<sup>32</sup>

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<sup>27</sup> §8.4 of WITN5297001

<sup>28</sup> §2.11 of WITN5297001

<sup>29</sup> §2.12 of WITN5297001

<sup>30</sup> WITN0771001

<sup>31</sup> §2.17 of WITN0771001

<sup>32</sup> §2.18 of WITN0771001



26. During his oral evidence to the Inquiry, Lord Fowler expanded on the question of the structure of healthcare at government level in the UK. When asked about the responsibility for healthcare in Scotland, Wales and Northern Ireland falling within the responsibility of the respective secretaries of state for each area, he stated:

*‘That was the theory. In fact, it didn't quite work that way because we were so big that anything the DHSS did in terms of health tended to be followed in the other areas, in Scotland and -- not so much in Scotland, but certainly in Wales and Northern Ireland.’<sup>33</sup>*

27. Lord Kenneth Clarke, Minister of State for Health and Social Security from March 1982 to September 1985 and Secretary of State for Health from July 1988 to November 1990, in his written evidence to the Inquiry has stated that he did not have any involvement in Northern Ireland in relation to blood products.<sup>34</sup> This was a position he maintained in his oral evidence.<sup>35</sup>

28. Mr David Mellor, Minister of State for Health from July 1988 to October 1989, in his written witness evidence to the Inquiry confirmed that he had only limited interaction with DHSSNI (as well as Scotland and Wales):

*‘I think it is unlikely that I personally would have had interactions with the Welsh Office, the Scottish Office, the Scottish Home and Health Department and the Northern Ireland Office on these issues [relating to matters the Inquiry is concerned with] when I was Minister of State for Health (there is no suggestion of this from the documents I have seen), although there may well have been correspondence on some of these issues between officials from these health departments and Department of Health officials. I cannot now recall whether or how these departments influenced Government policy and that of the Department of Health in these areas...’<sup>36</sup>*

29. In his oral evidence to the Inquiry, his position was unchanged:

*‘This was, again, one of those things -- I am sure it would be nice to go and have a little bit of whisky with my Scottish equivalent but, you know, there wasn't the time.’<sup>37</sup>*

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<sup>33</sup> Oral evidence of Lord Fowler, 21 September 2021, p. 22-23

<sup>34</sup> WITN0758001

<sup>35</sup> Oral evidence of Lord Clarke, 28 July 2021, p. 118

<sup>36</sup> §2.6 of WITN7068001

<sup>37</sup> Oral evidence of Mr Mellor, 19 May 2022, p. 20



30. Baroness Bottomley, the Secretary of State for the Department of Health from 1989 to 1992, gave the following oral evidence in relation to Northern Ireland:

*'I think officials worked hard to align views and positions. I mean, evidently, the English Department of Health was hugely better resourced, more experts, more committees and all of the rest, than the territorials, but the territorials did have views of their own and Scotland often had a view of their own, and I didn't object to that, because it shows that, you know, they were independent and challenging and moving.'*<sup>38</sup>

31. Dr Morris McClelland, Director of NIBTS in the 1980s, describes the relationship between DHSSNI and DHSSL as one where: *'policies adopted by DHSSNI typically followed those of DoH (London) since NI was under direct rule from London.'*<sup>39</sup> In his oral evidence to the Inquiry Dr McClelland described it as being *'almost invariably'* the case that the *'NIBTS followed the policies in London.'* He stated:

*'If you contrast that with post-direct rule when the Assembly was started, which I think was 1999, I think one would still have found that their policies tend to follow the DoH London. But, on some issues, there might have been begun -- there might have started to be some divergence'.*<sup>40</sup>

32. One such example provided by Dr McClelland is the use of national guidance regarding the application of the NBTS memorandum on the selection, medical examination and care of blood donors.<sup>41</sup> This was used in Northern Ireland<sup>42</sup> until the development of Northern Irish questionnaires in the mid to late 1980s *'to put [the guidelines] into [a] sort of local context... we would have been basically following these national guidelines.'*<sup>43</sup> Another example provided by Dr McClelland in his oral evidence to the Inquiry is that of surrogate testing for non-A non-B hepatitis: Northern Ireland followed the national position and did not introduce such testing.<sup>44</sup> The Inquiry has also received written evidence from Dr Chitra Bharucha, Deputy Director of NIBTS, from 1981 to 2000.<sup>45</sup> Her recollection is that decisions in NIBTS regarding rejecting blood donors were *'in line with UK-wide policy*

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<sup>38</sup> Oral evidence of Baroness Bottomley, 28 June 2022, p. 58-59

<sup>39</sup> P. 5 of WITN0892001

<sup>40</sup> Oral evidence of Dr Morris McClelland, 1 February 2022, p. 31

<sup>41</sup> PRSE0004358

<sup>42</sup> Specifically the 1977 version followed by the 1982 and 1987 versions: see witness statement of Dr Morris McClelland, p. 72 of WITN0892001

<sup>43</sup> Oral evidence of Dr Morris McClelland, 1 February 2022, p. 103

<sup>44</sup> Oral evidence of Dr Morris McClelland, 1 February 2022, p. 134

<sup>45</sup> WITN6967001

*agreed by a committee for donor selection in National Blood Service (England). I do not recollect that government or DHSS was involved in decisions to implement policy.*<sup>46</sup>

33. Dr Andzej Rejman, Senior Medical Officer for DHSSL from March 1989 to December 1998, was asked if he had any regular interaction with either medical or administrative colleagues in Scotland, Wales and Northern Ireland. His evidence was:

*'... Not a regular thing. I mean to say, I met them at meetings of the ACVSB and MSBT.<sup>47</sup> If there were a particular, specific subject, then I might meet them at a meeting to discuss that, and I don't -- I can't remember -- I remember on one occasion seeing Dr Keel from SHHD at a meeting. I can't for the life of me remember what the topic was, but if there was a particular topic that, I don't know, they happened to have a particular interest in, or whatever. But in essence, the contacts with the other -- the other countries, departments, were primarily administrators.'*<sup>48</sup>

34. Dr Rejman's impression was that DHSSNI (along with the equivalents in Scotland and Wales) in contrast to DHSSL was:

*'smaller than DH [Department of Health] by a significant margin, and so the relevant doctors in their departments would have had a much wider role. So, for example, there would not have been an SMO [Senior Medical Officer] dealing just with haematology. You know, they'd be dealing with haematology and other matters as well. And because of that, I think they did, to a certain extent, rely upon work done within DH. And particularly a lot of the policy decisions would be -- would come from DH. Now, obviously they would discuss them with the territorials, but ultimately I think DH was the bigger department and where they went for -- because, I mean, to be frank, I mean to say, they couldn't possibly -- you know, to have that number of people working in SHHD, with a population of 5 million, whereas the rest of -- we had, whatever it was, 50-odd million, you couldn't justify it remotely.'*<sup>49</sup>

35. Dr Hilary Pickles, Principal Medical Officer in the DHSSL from May 1986 to June 1991, in her oral evidence told the Inquiry:

*'... I've seen or heard what Dr Rejman said. I guess I had slightly more involvement. It depended and it varied according to the time period I was concerned with. In Medicines it*

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<sup>46</sup> §92 of WITN6967001

<sup>47</sup> Advisory Committee on the Virological Safety of Blood and Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation.

<sup>48</sup> Oral evidence of Dr Rejman, 10 May 2022, p. 41

<sup>49</sup> Oral evidence of Dr Rejman, 10 May 2022, p. 41-2

*was the section 4 committees were for all health departments.<sup>50</sup> We had – representatives from what we would describe as the Celtic fringe, which was slightly unfair, were present at the time, so we didn't have to have any communications with them at all.*

*But within AIDS - in EAGA<sup>51</sup> they may have had members there but they obviously didn't have capacity to develop policy in the way that we did. My experience was the Northern Ireland group was very, very small, and was so grateful for anything we could do on their behalf, and lapped up what we said...'<sup>52</sup>*

36. Her evidence is that even when members of the DHSSNI attended meetings, this was on the basis of an afterthought:

*'... The[y] were clearly present or had the scope to have representation on ACVSB<sup>53</sup>, but I fear, although they were present at those meetings, during some of the other policy development, sometimes, "Oh, we must tell Scotland, Wales and Northern Ireland". It was a sort of -- often in -- maybe not so much in that time period and other time periods, they were a regretful late thought.*

*We only remembered them rather late in the process. So we'd occasionally get grumbles back that they wish they'd heard earlier. But I think for the blood side, they were probably plugged in rather better rather than actually in any of the other time periods.'<sup>54</sup>*

37. Dr Pickles explained the relationship between the CMOs in England and the CMOs in Northern Ireland, Wales and Scotland. She stated that the usual position was that the:

*'usually the lead was taken by the CMO England and we'd inform Scotland, Wales and Northern Ireland that a letter was going to go out, and give them an opportunity to send one out simultaneously. But they were entirely entitled to do their own at the timing of their choosing. On topics like AIDS it was -- I don't know, I haven't checked, but I'm assuming it was all UK nations. But there may be other topics that were particularly local to one country or another.'<sup>55</sup>*

38. Dr Pickles was asked whether advice given to the ministers responsible for Northern Ireland (as well as Wales and Scotland) came from officials within Northern Ireland rather than from the DHSS. Her evidence was:

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<sup>50</sup> Section 4 Committees were established under section 4 of the Medicines Act 1968 to provide advice on the process for licensing medicines, and specifically on the safety, quality and efficacy of medicines.

<sup>51</sup> Expert Advisory Group on AIDS.

<sup>52</sup> Oral evidence of Dr Pickles, 12 May 2022, p. 58

<sup>53</sup> Advisory Committee on the Virological Safety of Blood

<sup>54</sup> Oral evidence of Dr Pickles, 12 May 2022, p. 58-9

<sup>55</sup> Oral evidence of Dr Pickles, 12 May 2022, p. 191

*‘Yes, it would. But there would often -- they'd piggyback on advice we'd given them.’<sup>56</sup>*

39. The Inquiry has received a written statement from Dr Robert McQuiston, who was the Assistant Secretary of the Health Services Division of DHSSNI from 1984 to 1998.<sup>57</sup> His evidence on the relationship between DHSSL and DHSSNI is:

*‘On health policy generally, DHSS had an overall coordinating role on issues impacting on the whole of the UK while DHSS (NI) would tailor its approach to take account of particular considerations relevant to Northern Ireland. On other matters, such as prevention of coronary heart disease, DHSS (NI) took its own initiatives, reflecting a higher local priority.*

*I have no memory of the Northern Ireland Office having a distinctive role in health policy development in Northern Ireland, apart from Northern Ireland Office Ministers having to sign off on policies developed by the Department.’<sup>58</sup>*

#### The relationship with the Republic of Ireland

40. Politicians and civil servants in Northern Ireland had access to information and dialogue on blood and blood products from the Republic of Ireland. The extent of the relationship between DHSSNI and the Republic is outwith this presentation. However, some documents seen by the Inquiry suggest that there was information sharing between Northern Ireland and the Republic, particularly in relation to AIDS.

41. For example, on 7 August 1985 Mr Patten, the Parliamentary Under-Secretary of State in the Northern Ireland Office, met with Mr Desmond, Minister for Health and Social Welfare in the Republic of Ireland, at Barrettstown Castle.<sup>59</sup> This meeting took place against a background of 6 identified cases of AIDS in the Republic and 1 case in Northern Ireland:

*‘Both governments were extremely concerned about the disease and in an effort to curtail it, were anxious to discourage high risk groups from donating blood and to introduce reliable screening of blood at an early stage. It was agreed that both Departments of Health should keep in touch and aim to synchronise the introduction of blood screening North and South. The need for counselling would also require careful consideration, and the possibility of some co-operation on training.’*

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<sup>56</sup> Oral evidence of Dr Pickles, 12 May 2022, p. 196

<sup>57</sup> WITN5572001

<sup>58</sup> §7.2 of WITN5572001

<sup>59</sup> DHNI0100009

42. In his oral evidence to the Inquiry, Dr McClelland, Director of NIBTS, stated that there was quite a lot of information sharing with the Republic of Ireland at the blood transfusion level.<sup>60</sup>

#### Specific examples of DHSSL and DHSSNI interaction

43. Due to the absence of a comprehensive set of documents, what follows is a series of limited examples about interactions between DHSSL and DHSSNI in key areas of policy-decision making in relation to blood and blood products during the 1970s and 1980s. It in no way seeks to be comprehensive and care should be taken when considering such a small amount of material.

#### *Blood supply*

44. There is some evidence in the available documents that during the 1970s the question of blood supply focused on England and Wales, and Scotland, with limited attention being played to Northern Ireland.

45. In January 1977 DHSSL appointed a working group to determine the trends in the demand for blood products over the next 5 to 10 years.<sup>61</sup> This was organised in consultation with the Scottish Home and Health Department and the Welsh Office. However, the Inquiry has identified no evidence suggesting that membership was sought from Northern Ireland. The Working Group's report published in December 1977 makes no mention of Northern Ireland.<sup>62</sup>

46. On 1 December 1980 a meeting was convened with the Scottish, Welsh and Northern Irish departments in order to discuss UK self-sufficiency in blood and blood products.<sup>63</sup> Dr J D Acton attended on behalf of DHSSNI. Mr J Harley of DHSSL explained that Ministers had decided against commercial management of BPL and therefore questions arose about the funding and management of a new fractionating plant. While specific figures of factor VIII

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<sup>60</sup> Oral evidence of Dr Morris McClelland, 1 February 2022, p. 32

<sup>61</sup> DHSC0002189\_014

<sup>62</sup> DHSC0002189\_014

<sup>63</sup> DHSC0000064

and albumin usage were set out for England, Wales and Scotland, it was noted that *‘Northern Ireland’s needs would have to be considered.’*<sup>64</sup> It was further stated that:

*‘One possibility might be that PFC would fractionate plasma from the 4 Northern English Regions and from Northern Ireland. Dr Acton agreed to discuss with his Department the logistics of sending plasma to Edinburgh.’*

47. For further detail about the Scottish-Northern Irish arrangement for blood production see: INQY0000343.

### *Hepatitis*

48. The available evidence demonstrates that there was some information sharing between DHSSL and DHSSNI on the question of hepatitis B and non-A non-B hepatitis. It appears that DHSSNI was largely reliant on the information produced by civil servants and clinicians in the rest of the UK.

49. For example, an April 1977 circular from the DHSSNI to the Eastern Health and Social Services Board set out the 1970s history in the following terms:

*‘In 1970 an Advisory Group was set up to advise the Secretaries of State for Social Services, for Scotland and for Wales on the testing of blood donations and specimens for what was then known as Australia (hepatitis-associated) Antigen and its Anti-body [sic]. Its first Report was made in 1971 but in 1972 a revised Report, modified in the light of consultation, was issued. This was accepted in Northern Ireland and issued to the former Northern Ireland Hospitals Authority in January 1973 and to the former Northern Ireland General Health Services Board and the local Medical and Dental Committees in May 1973.’*<sup>65</sup>

50. An early example of interaction between DHSSNI officials and DHSSL is a July 1971 letter from a Senior Medical Officer in the Ministry of Health and Social Services of Northern Ireland, B E Swain, to Mr W G Robertson of DHSSL about Mr Swain being unable to attend a meeting of the Hepatitis Advisory Group in London held on 18 June 1971 but offering comments on a circulated draft of HAG(71)19 on the basis of what *‘the thinking*

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<sup>64</sup> DHSC0000064

<sup>65</sup> DHSC0002183\_028

*over here*' was.<sup>66</sup> This suggests that information did not travel exclusively from London to Belfast but that officials at DHSSNI shared information with London.

51. In 1980 another advisory group on hepatitis was set up and was chaired by Sir Robert Williams. Correspondence from July 1979 from DHSSL refers to an aim to keep '*the membership as small as possible*.'<sup>67</sup> Suggested members did not include any representatives from Northern Ireland. However, Dr R Logan of DHSSNI was invited to attend the meetings.<sup>68</sup> Along with Dr G I Forbes from the SHHD, Dr Logan is listed as attending the Group's first meeting held on 3 October 1980.<sup>69</sup> At this meeting it was stated that all RTCs should screen as many new donors as possible for anti-HBs, that hospitals should be encouraged to report all cases of post-transfusion jaundice and where these could be due to non-A non-B hepatitis this should be reported to an appropriate advisor in blood transfusion at DHSSL or SHHD. It was further noted that research should be undertaken in the United Kingdom to determine the extent and severity of post-transfusion hepatitis due to non-A non-B hepatitis. There was no express mention of Northern Ireland. Dr Logan did not attend the second meeting of this Advisory Group on Hepatitis, which took place on 27 October 1981, [REDACTED] **GRO-A** ]<sup>70</sup> It does not appear that any other Northern Irish representative attended in his place.

52. It appears that some formal reports concerning hepatitis produced in London were circulated to DHSSNI. For example, copies of the Advisory Group on Testing of Hepatitis B Surface Antigen and its Antibody were sent to DHSSNI.<sup>71</sup>

53. Dr McClelland's evidence to the Inquiry is that introduction for screening for HCV (introduced in September 1991) was a matter for DHSSL rather than a decision taken in Northern Ireland:

*'They had all the advisory machinery, the access to all the best advice.'*<sup>72</sup>

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<sup>66</sup> DHSC0103097\_029

<sup>67</sup> DHSC0002193\_091

<sup>68</sup> DHSC0003878\_156

<sup>69</sup> DHSC0000126

<sup>70</sup> NHB0000068\_039

<sup>71</sup> MACK0000725\_005

<sup>72</sup> Oral evidence of Dr Morris McClelland, 1 February 2022, p. 136



## *HIV / AIDS*

54. From the available documents it appears that there was little or no Northern Irish involvement in key DHSSL meetings on HIV / AIDS.
55. For example, no Northern Irish representatives were included in the 3 May 1983 letter on the government's 'Line to take'<sup>73</sup> over AIDS, despite the relatively wide distribution list.<sup>74</sup> In contrast, representatives from the Scottish Department and Welsh Office were expressly included. There was no DHSSNI presence at the first meeting of the Medical Research Council Working Party on AIDS, which took place on 10 October 1983. This was despite the fact that '*departmental observers*' from DHSSL and SHHD attended.<sup>75</sup>
56. Key Northern Irish figures outside of DHSSNI were invited to attend some important meetings in 1983. For example, Dr Mayne was invited (though sent her apologies) to attend the Special Meeting of Haemophilia Reference Centre Directors on AIDS, chaired by Professor Bloom.<sup>76</sup> Dr McClelland, Director of NIBTS, is noted as attending the 18 May 1983 meeting of RTC Directors with Dr Walford of DHSSL in attendance, where the questioning of donors regarding AIDS and the production of a specific leaflet was discussed.<sup>77</sup> However, there is no evidence that DHSSNI or the Northern Ireland government more broadly was shaping policy in Westminster on AIDS. Rather, the evidence suggests that Northern Ireland was following the decisions taken in London.
57. One example of DHSSNI following the approach of DHSSL is the use of the AIDS leaflet issued by DHSSL in September 1983,<sup>78</sup> which was in circulation in Northern Ireland.<sup>79</sup> In his oral evidence to the Inquiry Dr McClelland confirmed that no serious consideration was given to producing a leaflet specific to Northern Ireland.<sup>80</sup> Representatives from DHSSNI were copied into the DHSSL correspondence about the creation of the leaflet.<sup>81</sup>

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<sup>73</sup> I.e. that there was '*as yet no conclusive proof that AIDS has been transmitted from American blood products.*'

<sup>74</sup> DHSC0001651

<sup>75</sup> PRSE0000389

<sup>76</sup> HCDO0000003\_008

<sup>77</sup> CBLA0001707

<sup>78</sup> BPLL0007247

<sup>79</sup> Oral evidence of Dr Morris McClelland, 1 February 2022, p. 117

<sup>80</sup> Ibid.

<sup>81</sup> For example, see DHSC0002309\_024 which was copied to Mr F W T Green.

58. However, there were small differences in the Northern Irish approach in terms of distribution of the leaflets. Dr McClelland's evidence to the Inquiry was that from around December 1984 these leaflets were left or displayed at donor sessions rather than being given directly to donors:<sup>82</sup>

*'I think we had -- and our donor admin and recruitment staff did have real concerns about the impact or potential impact of this on donor attendances. And in a society like Northern Ireland, we had quite a conservative society, I think we had reason to have those concerns. So I probably felt that there may be some merit in this sort of gradual approach to introducing this leaflet, which was something very different to anything that had come before.'*<sup>83</sup>

59. In November 1984 the Advisory Committee of the National Blood Transfusion Service established a Working Group on AIDS. A paper setting out membership of the body indicated that while the DHSS, the SHHD and the Welsh Office all sent observers, "*NI were invited but declined.*"<sup>84</sup> The Inquiry has not been able to determine the reason that this invitation was declined.<sup>85</sup>

60. A Northern Irish representative, Dr S N Donaldson, was in attendance at the meeting of the Expert Advisory Group on AIDS, held on 1 October 1985, alongside colleagues from the Scottish and Welsh departments.<sup>86</sup> The purpose of the group was to provide advice about AIDS. One example of its work was the production of a paper entitled '*AIDS – General Information for Doctors*' which was circulated by the CMO on 15 May 1985.<sup>87</sup>

61. On the issue of screening of blood for AIDS, DHSSNI also followed the approach decided in Westminster.<sup>88</sup>

62. On 2 December 1985 the first meeting of an inter-department Ministerial Steering Group on AIDS meeting at DHSSL took place.<sup>89</sup> There were representatives from DHSSL, FCO, Home Office, Defence, Treasury, Cabinet Office, DES, Employment, Environment as well

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<sup>82</sup> In around 1985 leaflets were provided directly to donors alongside sign up letters: p. 12 WITN0892001; DHSC0010166

<sup>83</sup> Oral evidence of Dr Morris McClelland, 1 February 2022, p 1121-122.

<sup>84</sup> CBLA0001914\_007

<sup>85</sup> Dr McQuiston has no evidence on this matter: §29.1 of WITN5572001

<sup>86</sup> MRCO0000001\_068. He also attended on 30 July 1985 meeting: PRSE0002628

<sup>87</sup> DHSC0105232

<sup>88</sup> RHSC0000042\_080

<sup>89</sup> CABO0000221

as from the Welsh Office, Scottish Office and Northern Ireland. DHSSNI was represented by Dr McQuiston. During this meeting the number of people with HIV and AIDS, spousal transmission, screening and heat treatment were items of discussion.

63. In his written evidence to the Inquiry Dr McQuiston has described that his role on this group was to represent DHSSNI when the Minister was unable to attend, which was generally the case.<sup>90</sup> He stated that prior to the establishment of this group, the DHSSNI raised issues concerning AIDS with DHSSL *‘through ad hoc communications and meetings.’*<sup>91</sup> In the second meeting of the steering group Dr McQuiston raised the point that the UK Aids Public Information advert had been missed *‘by many in Northern Ireland.’*<sup>92</sup> He cannot now recall the reason for this statement.<sup>93</sup>

64. In the late 1980s Dr McQuiston was also chair for the Northern Ireland Committee on AIDS. This was a group to facilitate information exchange between DHSSNI and the four health boards.

#### *Advisory Committee on the Virological Safety of Blood*

65. The Advisory Committee on the Virological Safety of Blood (“ACVSB”) was established in 1989. According to the paper sent to Ministers supporting the formation of the ACVSB, the membership of the Committee included:

*‘observers from the territorials since CSM gives advice for all health departments. Officials in other health departments are content with these proposals.’*<sup>94</sup>

66. Dr Flett of DHSSNI<sup>95</sup> was suggested for membership of this committee and Dr Glenda Mock then took over from Dr Flett.<sup>96</sup>

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<sup>90</sup> §30.1 of WITN5572001

<sup>91</sup> §31.1 of WITN5572001

<sup>92</sup> SHTM0001036

<sup>93</sup> §32.1 of WITN5572001

<sup>94</sup> SCGV0000210\_140

<sup>95</sup> Senior Medical Officer at DHSSNI: NIBS0001501\_002

<sup>96</sup> CBCA0000080\_008

67. Dr Pickles, in her oral evidence to the Inquiry, was asked about whether the minutes of ACVSB meetings were confidential. In relation to Northern Ireland (as well as Scotland and Wales) she stated that these representatives:

*‘... were free to copy within their own hierarchies, and we expected they would do so.’<sup>97</sup>*

JENNI RICHARDS QC

KATHERINE SCOTT

MATTHEW HILL

TAMAR BURTON

Inquiry Counsel Team

July 2022

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<sup>97</sup> Oral evidence of Dr Pickles, 12 May 2022, p. 141