The role of the Welsh Office in UK government decision making during the 1970s and 1980s

Introduction

1. This presentation addresses the role of the Welsh Office ("WO") in the decision making of Westminster's Department of Health and Social Security ("DHSSL") in the 1970s and 1980s.[1]

2. This presentation sets out the oral and written accounts obtained by the Inquiry from some of the civil servants and politicians relevant to this topic and then provides a series of examples, listed thematically, from the 1970s to mid-1980s, of interactions between DHSSL and the WO. This presentation does not address issues of self-sufficiency and domestic production of blood products, which are addressed in a separate presentation at

[1] "DHSSL" is used to refer to both the Department of Health and Social Security and, from 1988, the Department of Health.

INQY0000333. Nor does this presentation deal with the question of the role of the Welsh Office in the HIV litigation and other efforts to provide financial support to those infected and affected by the use of infected blood. A number of witnesses have, in recent weeks, been questioned on those matters and it was not practicable to seek to capture that evidence in this presentation.

3. The available documents are limited and this presentation therefore cannot give the full picture. For example, the Inquiry has received witness evidence that the documents held by the Welsh Blood Service only date to the early 1990s and earlier documents are not available.[2] The Inquiry has also found it difficult to obtain further evidence, at this point in time, from Welsh Office officials and Ministers who were involved in relevant events. Many have died, including all Ministers who were in post between the advent of the Thatcher Government in 1979 and 1985.

4. 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".[3] This presentation will use the terms "Cardiff" and the "WO" interchangeably to refer to those working from the Welsh Office, or institutions overseen or administered by the Welsh Office.

Key figures in the Welsh Office administration

5. Nicholas Edwards (Baron Crickhowell) was the Secretary of State for Wales from 1979 to 1987 under Mrs Thatcher's government. He was succeeded by Peter Walker (Baron Walker of Worcester) from 1987 to 1990, and then by David Hunt (Baron Hunt of Wirral) from 1990 to 1993.

6. Wyn Roberts (Baron Roberts of Conwy) was the Parliamentary Under-Secretary at the Welsh Office from 1979 to 1987, when he became Minister of State at the Welsh Office. Michael Roberts, Mark Robinson and Ian Grist also served as junior ministers in the Welsh Office during the 1980s.

[2] WITN6915001
[3] See, for example, DHSC0002429_076, a letter from 3 January 1989.

7. The first CMO for Wales was Dr Richard Bevan, from 1969 to 1977. Professor Gareth Crompton was Welsh CMO from 1978 to 1989. He was succeeded by Dame Deirdre Hine, who held the post from 1990 to 1997. She had been the Deputy CMO prior to this.

8. Dr David Ferguson-Lewis was the Senior Medical Officer at the WO in the early 1980s. His name features prominently in papers of relevance to this Inquiry. Dr J A V Pritchard was a Scientific Adviser at the WO in Cathays Park.

9. Dr John Napier was the Medical Director of the Welsh Regional Blood Transfusion Services from 1977-1998 ("WRTS"). He has provided a witness statement to the Inquiry,[4] and also gave oral evidence on 30 November and 1 December 2021. The Welsh Regional Transfusion Centre ("WRTC") was based at Rhydlafar on the outskirts of Cardiff. The WRTC was under the authority of the South Glamorgan Health Authority, which managed WRTC on behalf of the WO.[5] Dr Napier describes the WO as having the '*ultimate responsibility*'.[6] Dr Napier reported to the Chief Medical Officer. He has explained that '*the formal relationship with the DoH was mediated through the Welsh Office.*'[7]

10. The Inquiry has heard considerable evidence about the role played by Professor Arthur Bloom on various advisory committees and other bodies. His was a prominent voice in matters relating to haemophilia and policy concerning blood and blood products during the period of time relevant to this presentation. Professor Bloom was the Director of the Cardiff Haemophilia Centre, and the papers suggest that he played a role in informing and advising the Welsh Office and its officials of relevant matters.

Structure of blood services

11. In the 1970s and 1980s '*blood production in England and Wales [was] organised on an integrated basis'*.[8] There was a single transfusion centre in Wales, based in Cardiff.[9]

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[4] WITN6915001
[5] §18 of WITN6915001. In 1991 management of WRTC was transferred to the Welsh Health Common Services Agency and then later in 1999 to the Velindre NHS Trust.
[6] §29 of WITN6915001
[7] §30 of WITN6915001
[8] NHBT0101336_009

12. On 8 October 1976 R A Owen of the WO wrote to DHSSL stating that the WO wanted '*to play a full part'* in the proposed review of the National Blood Transfusion Services.[10] He stated that the desire was for '*a Welsh presence on both of the proposed study groups*.' Dr Bloom from the University Hospital of Wales was put forward in addition to Jim Morgan from the WO.[11]

13. In the 1980s Representatives from the WO attended meetings of the Advisory Committee on the National Blood Service. Dr Napier has told the Inquiry that meetings of this Advisory Committee:

> '*comprised chairs of the various divisional transfusion committees and the SNBTS director, Representatives of RHA's & the Welsh office. Director of BPL, the consultant advisor to DoH, the CMO or representative and the DHSS secretariat. I think its principal remit was to address the major issues facing the collective transfusion services; these included blood safety, plasma self-sufficiency, professional and technical standards, improved financial and management arrangements Professional and technical staffing.*'[12]

14. Dr Ferguson-Lewis, of the WO, was listed as a member, rather than observer, of the Advisory Committee. For example, he attended the 10 January 1983 meeting, which discussed UK-wide questions of stock control, record keeping, hospital blood banks and the establishment of a Central Blood Laboratories Authority.[13]

15. On 10 April 1984 Dr Pritchard attended the ninth meeting of the Advisory Committee on the National Blood Transfusion Service at DHSSL on behalf of the Welsh Office.[14] It was recorded that '*Dr Pritchard and Dr Lawson reported that Wales and N Ireland were following the DHSS line*' in relation to handling charge for the supply of blood and blood products to non-NHS hospitals.

16. In the mid-1980s the WO was involved in discussion about structural changes to the NBTS. For example, on 9 August 1985 Alun J William of the DHSS wrote to Alan

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[9] CBLA0001208
[10] DHSC0003738_026
[11] See also DHSC0002181_056
[12] §173 OF WITN6915001
[13] NHBT0010816
[14] CBLA0001835

Dredge of the WO about the future management of the NBTS.[15] WO views were sought on '*a major management reorganisation of the NBTS*' and a request was made not to discuss the enclosed paper outside of the WO. An offer was made to discuss the issue over the telephone or face to face in London.

17. On 10 September 1985 there was a response from the WO, L M Lloyd, which stated that the DHSSL proposal had been discussed at the WO Executive Committee, comprising of the Director, CMO, the Chief Nursing Officer and the three Divisional Heads in the Directories.[16] The response was:

'*The feeling of the Executive Committee was that there is no point in altering the present organisation about which there have been very few complaints, without very strong economic arguments for such an action. We feel that many of the advantages of scale are already afforded by the present organisation and we do not see any need for or advantage in change at the moment. If, however, you decide to proceed, the Welsh Office would wish to be involved from the very beginning*.'

General overview of relationship between the Welsh Office and Department of Health and Social Security

18. Dr Napier of the WRTS has described the relationship between DHSSL and the WO in the following terms:

'*the DoH had a working relationship with officials in the Welsh Office and would have shared policy and objectives, this arrangement would complement my own communications with Welsh Office officials. The managing health authorities would for the main part not be active participants in these deliberations*.'[17]

19. Lord Fowler, Secretary of State for Health and Social Security from 14 September 1981 until 13 June 1987 has provided written[18] and oral evidence to the Inquiry. His recollection was that:

'Constitutionally, my recollection is that the responsibility for healthcare in Scotland, Wales and Northern Ireland (including in relation to blood and blood products) rested with the respective Secretaries of State of the `Territorial Departments'. The three Secretaries of State were, of course, Cabinet members in their own right. One major

[15] DHSC0002323_045
[16] DHSC0002323_056
[17] §48 of WITN6915001
[18] WITN0771001

difference from the current devolved administrations, however, was that we were all Ministers in the same Government and as such, had the usual collective responsibility for all Government policies. However, I do not consider it would be right to say that as Secretary of State of the DHSS I retained an oversight responsibility for health policy in Wales, Scotland and Northern Ireland.

In practice, 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 ...

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.'[19]

20. Lord Fowler recalled some specific interactions with the Welsh Secretary, Nick Edwards. He recalled that Nick Edwards would talk with me '*frequently on health issues.*'[20] In his oral evidence to the inquiry Lord Fowler described Nick Edwards as '*very jealous of the fact that Wales could make its own policy.*'[21] The interactions between Lord Fowler and Nick Edwards are addressed below in relation to HIV / AIDS.

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

'*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.*'[22]

22. 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:

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[19] §2.16-7 of WITN0771001
[20] §2.20 of WITN0771001
[21] Oral evidence of Lord Fowler, 21 September 2021, p 26.
[22] Oral evidence of Baroness Bottomley, 28 June 2022, p. 58-59

'… Not a regular thing. I mean to say, I met them at meetings of the ACVSB and MSBT.[23] *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.'*[24]

23. Dr Rejman's impression was that the WO (along with the equivalents in Scotland and Northern Ireland) 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.'[25]

24. 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 was the section 4 committees[26] *were for all health departments. 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[27] *they may have had members there but they obviously didn't have capacity to develop policy in the way that we did. ... The Welsh were also mostly passive...'*[28]

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[23] Advisory Committee on the Virological Safety of Blood and Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation.
[24] Oral evidence of Dr Rejman, 10 May 2022, p. 41
[25] Oral evidence of Dr Rejman, 10 May 2022, p. 41-2
[26] 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.
[27] Expert Advisory Group on AIDS.
[28] Oral evidence of Dr Pickles, 12 May 2022, p. 58

25. Her evidence is that even when members of the Welsh, Scottish and Northern Irish governments attended, this was on the basis of an afterthought:

'*…The[y]were clearly present or had the scope to have representation on ACVSB,*[29] *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.'[30]

26. Mr David Mellor, Minster 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 Wales, Scotland and Northern Ireland:

'*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...*'[31]

27. 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.*'[32]

Communication between the Welsh Office and Department of Health and Social Security

28. It appears from the available documents that there was fairly regular communication and interaction between DHSSL and the WO on a broad range of issues during the 1970s and 1980s. On the documentary evidence available, it is not possible to properly analyse the

[29] Advisory Committee on the Virological Safety of Blood.
[30] Oral evidence of Dr Pickles, 12 May 2022, p. 58-9
[31] §2.6 of WITN7068001
[32] Oral evidence of Mr Mellor, 19 May 2022, p. 20

nature of the relationship between the WO and DHSSL but it appears that some members of the WO were able to express dissatisfaction or concern about DHSSL's approach to certain issues. Some examples of the interaction are set out below.

29. On 28 February 1983 Stan Godfrey of DHSSL wrote to David G Thomas of the WO about blood transfusion record keeping and stock control. He had included Dr Napier of the WRBS on the distribution list to some recent correspondence. He then stated: '*I hope I had not trodden on Welsh toes by sending a copy to Tony Napier*.'[33] It is not clear from this document what the reference to a possible encroaching on WO jurisdiction refers to.

30. One document seen by the Inquiry, dated 8 January 1986,[34] can perhaps be interpreted as some evidence of slight friction between DHSSL and the WO:

> '. . . *the question of Welsh Office involvement ties in with a move by that Office to assert independence from the DHSS. We will need to think whether there is any case for giving way on that point - and thereby establishing a precedent - or if we stick by the letter of the 1980 Concordat with the Health Departments which, I think, specified that the DHSS would take account of Welsh interests*.'[35]

31. A letter of the same date from P Gregory of the WO to P Allen of DHSSL set out '*considerable concerns*' by the WO about the delay in production of guidance to surgeons, anaesthetists and dentists about the treatment of actual or potential AIDS suffers.[36] Mr Gregory wrote:

> '*I have to record our view that still further delay in issuing the SAD guidance would be unacceptable. There is concern at the most senior levels in the Welsh Office that Ministers are being exposed to criticism for failing to provide Government guidance on a matter of real significance for public health*.'

Specific examples of Welsh Office-Department of Health and Social Security interaction

32. Due to the absence of a comprehensive set of documents and rule 9 evidence, what follows is a series of limited examples about interactions between the WO and DHSSL in

[33] SCGV0000083_024
[34] It is unclear from the face of this document what issue was being discussed.
[35] MRCO0000470_041
[36] DHSC0003685_053

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 in drawing any inferences from such a small amount of material.

Hepatitis

33. The available evidence demonstrates that there was some information sharing between DHSSL and the WHO on the topic of hepatitis B and non-A non-B hepatitis. An early example is on 1 September 1971 the DHSSL shared with the WO a report by an Advisory Group about testing for Australian Antigen (HBV).[37] In 1970 a committee was set up to advise the Secretaries of State for Social Services, Scotland and Wales on the testing of blood donations and specimens for HBV.

34. There was a WO presence on the Central Committee for the NBTS. For example, at the 2 November 1976 meeting held at the DHSSL, Dr W C D Lovett was noted to have attended. He presented an item on the agenda: it was the WO's position that, while it was desirable for the rebuilding of the Cardiff Blood Transfusion Centre at the main teaching hospital site, the scheme was not '*of sufficient priority to justify the necessary expenditure at this point.*'[38] During this meeting testing of HBV was discussed and it was noted that a Health Circular giving effect to the Advisory Group's Second Report was due to be issued in late November. DHSSL '*had decided that the recommendation to readmit to donor panels persons with a history of jaundice would be permissive; Regional Transfusion Directors could exercise their individual clinical judgement in the matter.*'

35. In 1980 a Hepatitis Advisory Group, chaired by Sir Robert Williams was established. Correspondence from July 1979 from DHSSL refers to an aim to keep '*the membership as small as possible.*'[39] T Geffen of DHSSL on 7 July 1980 noted that he intended to write to:

> '*colleagues in SHHD, Welsh Office and Northern Ireland, letting them know where we are, that their officers would be welcome as observers and, in the case of the SHHD, giving them an opportunity to nominate an expert as a member.*'[40]

[37] DHSC0100004_215
[38] DHSC0002181_054
[39] DHSC0002193_091
[40] DHSC0003878_161

36. It is not apparent from this document why the WO, unlike Scotland, was not able to nominate an expert as a member. It appears there was no representative from the WO at the Advisory Group's first meeting held on 3 October 1980 as Dr Lovett was listed under the apologies for absence.[41] 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 Wales.

37. On 5 December 1980 the Advisory Group on Hepatitis had its second meeting. Dr Lovett attended from the WO, alongside SHHD and NI counterparts.[42] During this meeting Dr Lane emphasised '*the need to make any tests for markers of non-A non-B hepatitis available as soon as possible when they were developed*'.[43] It was noted that the '*Chairman asked Dr Lane to keep the Committee informed about these*.'

38. It appears that some formal reports concerning hepatitis produced in London were circulated to the WO. For example, copies of the Advisory Group on Testing of Hepatitis B Surface Antigen and its Antibody were sent to the WO on 21 July 1981.[44]

39. On 4 October 1983 the WO was copied in to DHSSL correspondence to the HSE about the handling of Hepatitis B specimens.[45]

40. On 9 October 1984 the Advisory Group on Hepatitis, chaired by Sir Robert Williams met. Dr S R Palmer attended on behalf of the WO.[46] The main topics of conversation were HBV and AIDS.

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[41] DHSC0000126
[42] WITN4461098
[43] WITN4461098
[44] ARCH0001997_006
[45] DHSC0003820_074
[46] DHSC0003826_106

41. On 19 October 1984 the WO was represented by Dr D M Gambier at the Joint Committee on Vaccination and Immunisation.[47] The question of vaccination for HBV, particularly for new-born children of HBV positive mothers was discussed.

HIV/AIDS

42. The Inquiry has heard evidence, and an oral presentation by Counsel to the Inquiry, about a patient in Cardiff who was infected with HIV through the use of blood products. The presentation is at INQ1000092, and is not repeated here. This presentation seeks to address the question of the relationship between the WO and DHSSL during this period. There was a significant amount of communication between the WO and DHSSL in relation to AIDS from 1983 to 1985. Within correspondence that related to the HIV litigation, the WO described relying on the DHSLL to '*take the principal lead in determining national policy on matters relating to HIV/AIDS prevent, but contributes to the formulation of policy through membership of inter-Departmental bodies and their sub-groups… and reserves the right to adapt policies to the local circumstances in Wales.*'[48]

43. On 3 May 1983 Dr D G Thomas was copied into a fairly large distribution list in a letter from J A Parker of DHSSL.[49] This enclosed a copy of central government's "*line to take*" on the emergency of AIDS.

44. On the same day, 3 May 1983, Dr Ferguson-Lewis, Senior Medical Office at the WO, wrote to Dr Lovett and others on the issue of reports about the emergence of AIDS.[50] He noted that Dr Napier, director of WRBT, had published a statement in the *Western Mail* and that the Minister: '*will also wish to note that that the Medical Services Health Professional Group are further investigating the local situation and are in contact with DHSS colleagues nationally*.'

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[47] JCVI0000020
[48] DHSC0019634_001; see also DHSC0019634_002
DHSC0019634_003
[49] DHSC0001651
[50] HSSG0010055_004

45. The following day, 4 May 1983, a meeting was convened by the WO to discuss the latest information on AIDS. It was attended by Dr Crompton, Dr Lovett, Dr George and Dr Ferguson-Lewis of the WO, along with Dr Napier, Professor Bloom as well as Dr McEvoy from the CDSC and Dr Skone, Chief Administrative Medical Officer of South Glamorgan Health Authority.[51] This meeting did not have any DHSSL attendance and appears to have been a meeting to discuss the background and implications of a publicly reported case of AIDS at the University Hospital of Wales.

46. On the same day Dr Ferguson-Lewis wrote to the Minister notifying him that the patient at the Cardiff Haemophilia Centre now met the CDSC definition of AIDS.[52] Dr Ferguson-Lewis further wrote the DHSSL had informed them that the Minster was due to meet the Haemophilia Society on a date to be fixed.

47. On 1 July 1983 Mr D G Thomas of the WO was copied into correspondence along with a large number civil servants, attaching a paper prepared by Dr Walford in relation the publication of an information leaflet on AIDS.[53]

48. On 13 August 1984 Dr Smithies of DHSSL wrote to Dr Harries regarding the establishment of an Advisory Committee on the National Blood Transfusion Service on the consequences to the NBTS of screening for HTLV III.[54] In terms of membership, no specific individual from Wales were suggested. It was noted that '*observers to be invited from the Army, SHHD, Welsh Office [and] Northern Ireland.*' On 6 September 1984 M E Abrams of DHSSL wrote to Dr Crompton about the establishment of a Working Group on AIDS.[55] The request was for Dr Crompton, CMO, to join the Working Group.

49. On 17 October 1983 Dr Ferguson-Lewis attended the eight meeting of the Advisory Committee on the National Blood Transfusion Service at DHSSL.[56] During this meeting Dr Walford reported that to date of the 24 cases of AIDS reported in the UK, two were haemophiliacs who had died. It was recorded that: '*Although there was as yet no conclusive proof of a link between AIDS and blood products the Department had, in*

[51] HSSG0010055_001
[52] HSSG0010055_002
[53] DHSC0002309_024
[54] PRSE0003109
[55] HSSG0010054_009
[56] CBLA0001763

conjunction with RTDs produced a leaflet agreed at reducing the risk of the transmission of AIDS by blood donation.' No Welsh-specific issues were discussed at the meeting and Dr Ferguson-Lewis is not recorded as making any express contribution.

50. Dr S Palmer of the WO was in attendance at the meeting of the Expert Advisory Group on AIDS, held on 1 October 1985, alongside colleagues from the Scottish Office and Northern Ireland Office.[57] 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.[58]

51. As set out above, there was fairly regular communication between Norman Fowler and Nick Edwards, Secretary of State for Wales. In his written evidence Norman Fowler describes this as '*frequent*' discussion on health issues.[59] In his oral evidence he put it in the following terms:

> '*there was quite a lot of interaction, because -- on all that, because they were all members of the cabinet and when we came on to AIDS and we set up the Special AIDS Committee which was one of the important issues then, they were on that as well. So there was no question that they could make their contribution at any stage, and they did, as you saw from Nick Edwards' intervention. So -- and we obviously talked about it as well, we talked about health issues as well. I think I probably had the closest relationship with Nick Edwards. We were friends and so we did talk a lot about health. But he could be quite outspoken, as you will see from his intervention, but he was also very determined, and he was very determined that Wales should have an independent voice, as far as this was concerned, and they shouldn't just rubber stamp everything that came out of the Department of Health in Alexander Fleming House*.'[60]

52. One topic that provides an example of the interaction at Ministerial level between WO and DHSSL is that concerning HIV antibody screening of blood donations in around late 1985. This was introduced in October 1985. On 25 September 1985 Mr Fowler, in the context of the fight against AIDS, wrote to the Prime Minister in the following terms:

> '*The AIDS infection represents one of the most serious public health hazards faced by this country for many decades. With the help of our Expert Advisory Group on AIDS a range of measures has been taken to control the spread of the infection, for which there is at*

[57] MRCO0000001_068. He also attended on 30 July 1985 meeting: PRSE0002628
[58] DHSC0105232
[59] §2.20 of WITN0771001
[60] Oral evidence of Lord Fowler, 21 September 2021, p. 24-25

present no specific treatment or vaccine. Further action is in the pipeline. Barney Hayhoe will be announcing a package of measures on 26 September. This will include new money for the Thames Regions treating the majority of UK cases, assistance to Haemophiliac Reference Centres for counselling and further support for voluntary sector organisations doing valuable information and counselling work. Experience in the United States (they have 12,000 fully developed cases while we have just over 200) indicates that we will shortly have to deal with a number of long term problems resulting from the spread of the infection. Problems already identified lie in the areas of housing, education, insurance, employment generally and particularly in bodies like the prison service and the armed forces. Cooperation between Departments on an ad hoc basis has worked well so far, but I am sure we need to establish more formal arrangements for the resolution of problems which will arise in the areas I have mentioned.

I therefore propose to ask Barney Hayhoe to invite colleagues from those Departments which have these broader interests to join him in a Steering Group. It will direct the work of an interdepartmental team of senior officials, under DHSS chairmanship, who will explore the details of problems and make recommendations to the Steering Group. I think it is important that the Government should be seen to be taking action to cope not only with the public health problems involved, on which we are well advanced, but also with these wider implications. The announcement planned for 26 September will cover both aspects. I enclose a draft of what we intend to say. I am copying this to Geoffrey Howe, Douglas Hurd, Nigel Lawson, Keith Joseph, Kenneth Baker, Leon Brittan, Michael Heseltine, David Young, George Younger, Nicholas Edwards, Tom King and to Sir Robert Armstrong.'[61]

53. Nick Edwards replied on 8 October 1985 in the following terms:[62]

'I read with interest your letter of 25 September to the Prime Minister. The initiative to set up a Ministerial Steering Group to direct work in the wider implications of AIDS is timely. Since my Department has responsibilities for housing, education and employment as well as health services I am particularly conscious of the need to address these wider issues and look forward to hearing about Steering Group arrangements. Mark Robinson will represent the Welsh Office on the Group.

You mentioned in your letter the establishment of an interdepartmental team of senior officials to make recommendations to the Steering Group. The Welsh Office will need to be represented on that too at a senior level. This would go some way to promote the close liaison that is needed between our Departments, both on the wider implications of AIDS and on those aspects relating primarily to health services.
It seems to me that the Government's strategy for containing and combating AIDS rests heavily upon the sensitivity and reliability of the testing kits that the BTS and the PHLS will use and upon public confidence in these tests. I think it is important that monitoring of the kits' performance, and if necessary their manufacture, be instituted as soon as they are brought into use, and that arrangements be made to ensure quality control, and so maintain public confidence. I hope that this is being actively considered.'

[61] SCGV0000150_067
[62] DHSC0044118

54. On 18 October 1985 Nick Edwards wrote again in relation to HIV testing:[63]

'Since I wrote to you on 8 October on this subject, I have been given a detailed presentation by my officials. In the course of it, I was given the results of the evaluation by the National Blood Transfusion Service of the Wellcome and Organon test kits which have been recommended for use in the BTS. As the table I attach shows, I in 5 of "strong positive" test material was missed by the Wellcome kit, and about half of the "weak positive" material was missed by the Organon kit. I understand that the manufacturers have given assurances about future quality control but I cannot help wondering how realistic their promises are: I would have expected that firms producing kits for evaluation in the knowledge that a very lucrative contract lay in the offing would have done their utmost to ensure the highest possible degree of quality control in the material supplied.

Be that as it may, I accept that even unreliable testing is better than no testing at all. But clearly we must take every step to ensure that we get the system as foolproof as it can be. I am therefore surprised to learn that no further evaluation is planned of the other test kits which are available on the market. I believe this is because there were considerable doubts about the suitability of the other kits, such as Abbott. However, the 4 October edition of the Journal of the American Medical Association (JAMA) reports (copy attached) that 5 months of experience with other kits in the American Blood Transfusion Services have shown a very high standard of performance. Whatever doubts we might have about their claims, it does seem to me that we would be in an indefensible position if, in a few months' time, the earlier doubts about the systems we are using were not allayed and we had no alternative available which the BTS could immediately turn to. In short, I consider it essential that all kits should be put into an evaluation programme. A public comparison between the report of the BTS on our present kits with the JAMA report would make life very difficult for us all!'

55. Mr Harris (HS1) put in a submission to the CMO and Norman Fowler's private office with a draft response to this correspondence.[64] Mr Harris wrote:

'I attach a draft reply to the Welsh Secretary's letter of 18 October. It also disposes of a related point raised in paragraph 4 of his letter of 8 October.

2. The reaction of Mr Edwards is understandable. He has been shown the draft report of the evaluation in the BTS of two screening tests. The purpose of the evaluation was to look hard for problems. As expected it found some. The report is a highly technical document needing expert interpretation. A group of experts examined the findings. The Welsh Office were represented on this group. The group were able to put the problems found in their proper context. They had no hesitation in recommending the general use of these tests. The performance of the tests since introduction has been monitored. Experience to date suggests they are satisfactory.

[63] ARCH0000068
[64] WITN0771090

3. A fairly robust response is proposed. The introduction of a screening test, after a rigorous two stage evaluation, is one of the Government's most notable achievements in response to the challenge of AIDS. It is highly undesirable that another member of the Government should have such a negative perception of this achievement. Private attitudes can easily become reflected in the tone, if not the content, of public statements and correspondence. Damning the test by faint praise could lead to the very failure in public confidence which Mr Edwards wishes to avoid'.

56. Mr Harris' submission was robust[65] and Norman Fowler sent this to Nick Edwards on 15 November 1985:[66]

'*I am concerned that you have obtained from your officials such a negative impression of the Government's achievements in this area. This is the more surprising since your officials have participated fully in the forums which gave us the medical and scientific advice on which our policy has been based. Perhaps the most worrying misconception is the statement "unreliable testing is better than no testing at all".*

… The evaluation results were considered in detail by an "ad hoc panel" of leading experts (on which Welsh Office were represented). They had no hesitation in agreeing that routine testing of all blood donations should start, using these two test kits'.

57. Nick Edwards' response was sent on 11 December 1985:[67]

'*I am grateful for the comprehensive reply which you have given and for the reassurance that it provides. I regard confidence in the effectiveness of these testing arrangements as a matter of the first importance. That confidence must start with Ministers. Although you have not acknowledged it, I hope that you regard my letter of 18 October as a constructive contribution to its establishment. At that time, and I understand, that much has been done since, my officials were not able to satisfy me during a personal briefing (as yours had been unable to satisfy them) that all was well. I have made it clear that I expect any further doubts to be drawn to my attention should that be necessary.*

Far from seeking to diminish Government's achievement in providing mass screening, my intention was to establish that the achievement was real and not illusory. I am as glad to rejoice in the former, as I should have been disappointed to be pilloried for the latter.'

58. In his statement to the Inquiry Norman Fowler has described this response as '*carefully nuanced, as seeking to justify the concerns that the Welsh Office had raised through his earlier letters and their reasons for doing so, but acknowledging that more information had become available and they were re-assured.*'[68]

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[65] WITN0771091
[66] DHSC0002482_126
[67] DHSC0004360_061
[68] §6.98 of WITN0771001

59. In around 1986 the WO also expressed views in 1986 that central government had been slow to respond in relation to AIDS:[69]

'*we have often found DHSS (and particularly their CMO) slow to move on issues of real importance - e.g. on sterilisation in dental practices and the issue of guidance to surgeons, anaesthetists and dentists. We have also shown the way to deal with the public in the direct way needed without involving the Department and our Ministers.*'

Advisory Committee on the Virological Safety of Blood

60. 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.'[70]

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

'… *were free to copy within their own hierarchies, and we expected they would do so*.'[71]

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[69] HSSG0010218
[70] SCGV0000210_140
[71] Oral evidence of Dr Pickles, 12 May 2022, p. 141