Wednesday, 18 January 2023

(2.00 pm)

SIR BRIAN LANGSTAFF: Yes, Ms Grey.

Closing submissions by MS GREY KC

On behalf of the Department of Health and Social Care

MS GREY: Good afternoon, sir. Good afternoon, everyone. I would like to start by explaining for the benefit of those whom I haven't met and who may not be familiar with my role that I'm speaking today on behalf of the Department of Health and Social Care, or the DHSC, its predecessor bodies and the relevant bodies or organisations which the Department was responsible for over the years being considered by the Inquiry.

These bodies included the Medicines and Healthcare Products Regulatory Agency, the MHRA; the National Institute for Biological Standards and Control, or NIBS; Public Health England, or PHE; and the Blood Products Laboratory or the Bio Products Laboratory, BPL, for the period that it was state owned. Instructions in relation to those bodies corporate now come from the current body or organisation, such as the UKHSA, which has replaced PHE. These are the Core Participants recognised by the Inquiry.

The legal team that I'm part of has supported the individual witnesses who were employed by any of those

bodies, both ministers and civil servants, past and present, throughout the Inquiry.

Former employees and ministers, ie the individual witnesses, aren't Core Participants and haven't been treated as such throughout the Inquiry. So consistently with this, my team and I don't speak, whether in the written submissions or today, on behalf of the individual witnesses who were supported by the DHSC legal team when they gave evidence.

I would like to start, if I may, sir, by just making a few observations on the evidence that was heard throughout the course of this Inquiry and about the importance of this Inquiry.

The Inquiry's review of over 50 years of National Health Service history, of treating those who suffer from illness or injury, requiring treatment with blood products or blood or who have received blood transfusions leading to infection has been important and salutary. In its work, the Inquiry has given a powerful voice to the patients who were harmed by those treatments and to their families and loved ones.

We have acknowledged, in our written submissions filed on behalf of the Department of Health and Social Care, that we, as the DHSC, cannot do justice to the powerful accounts that the Inquiry has heard over the

four years and more in which it has gathered evidence.

We wish to start again by recognising this suffering and loss. We know that the evidence heard includes harrowing accounts of the physical suffering and psychological injuries suffered by those harmed by infected blood or blood products. The infected and their families and carers and now the submissions filed on behalf of the infected and affected or by some directly have spoken of the challenges in securing necessary treatment and counselling or other forms of support.

Witnesses have spoken of the damage and sense of betrayal caused by the loss of trust in clinicians, the medical system and the NHS and the wider government system that shapes and directs the NHS.

Many have told the Inquiry of their severe financial hardship and of the loss of dignity and self respect involved in making applications for support payments, especially those which were means tested. Campaigners have told the Inquiry of the long and, until 2017, fruitless campaign for a UK-wide public inquiry and their frustration and distress when lengthy and detailed arguments were met with standard responses that were felt to repeat inaccurate or simplistic explanations or did not answer the questions raised.

The call for an Inquiry fell on deaf ears, compounding distress in a way that has ultimately been damaging for everyone concerned, whether first and foremost the infected and affected whose questions went unanswered, but also those who ultimately were called to give evidence to the Inquiry many years after the events in question.

Now, we are not trying to repeat the evidence of the infected and the affected, which speaks for itself, but the Department of Health and Social Care began its written closing submissions by acknowledging the force of that evidence and by stating clearly to those who gave it that they have been listened to and heard, and we wish to do so again.

Can I come then to the Department's position in this Inquiry and today. The Department -- the current Department, which, as I explained, we represent, together with the agencies that I listed at the beginning of these comments, does not have and has not had throughout this Inquiry a case to put or a set of views to press on the Inquiry. DHSC ministers and the wider Government will, in due course, react to the Inquiry's findings and recommendations but it has not wished to pre-empt that process by offering opinions now.

Yesterday, the Inquiry heard submissions made by Mr Snowden KC who, with his characteristic eloquence, criticised that approach, contrasting it with, say, the approach of the NHSBT. It was submitted that the Department should have set out in its submissions a corporate case on what had gone wrong and that the absence of such a case or evidence of learning represented a lack of candour or good faith on the part of the Department.

He suggested that I should today or perhaps, he suggested in closing, within three weeks set out the Department's response, in all but name a case, on a number of issues where the detailed ones, such as the date at which Government knew that the NANB, non-A, non-B hepatitis, could have serious consequences or a response to the more general challenge that he made, "What does the Government accept happened that should not have happened, let's have the detail?"

With the greatest of respect, there is not one model of how to participate in or how to respond to an Inquiry and, as a result, I'm not going to offer answers to the six or so questions he challenged me to respond to.

The submissions that you heard, sir, yesterday assume that it is a requirement on The Department of Health and Social Care, ministers and officials, to

assess the detailed evidence regarding more than 40 or 50 years of NHS and Government actions that the Inquiry has heard over the course of four years or so and to make its own assessment of it and then to present a concluded case or position on this. Even leaving aside the complexity of such a process, it is worth thinking about the implications of this demand, we would suggest. Such a stance would, no doubt, have involved accepting some, perhaps many of the points that have been made so forcefully on behalf of the infected and affected about the history of those events.

We acknowledge that when that happened, that would presumably have been welcome. But, logically, it might also have involved rejecting other points explaining why. We anticipate that that would have been a process that would have stoked disappointment, distrust and confrontation. It seemed to the Department fairer to wait for the Inquiry's conclusions than to rush into forming our own. Now, this Inquiry, sir, is not in a position of having to rule on the cases or positions of any Core Participant, including that of the Department of Health. It has the resources and the expertise to chart its own path and to reach its own conclusions.

We have tried to assist the Inquiry to draw on the

information held by the Department, that is both documents and people, as the Inquiry has requested. But we are not presenting a case based on the proposition that we can add further insight to the evidence that the Inquiry has already heard or by adding our own conclusions to the ones that the Inquiry has heard from witnesses. The DHSC and the witnesses associated with it have very actively engaged with this Inquiry. The DHSC does not seek to urge particular conclusions on the Inquiry in its closing submissions.

That does not reflect a lack of self reflection. It reflects the acceptance that it is uniquely your role to make those findings. Sir, we do not believe that there is any requirement, whether in the Inquiry rules or elsewhere, to undertake the process that Mr Snowden has criticised the DHSC for failing to undertake, that is for failing to set out, across the huge sweep of the issues which this Inquiry has considered, the detailed matters that DHSC accepts should not have happened or the failings that it does accept.

In many contexts, it would be commonplace to set up an expert body, such as this Inquiry, to resource it and to support it to the best of our ability, and then to await the results, without further engagement or commentary on the conclusions that it's contended it

should reach.

Mr Snowden does not criticise, as I understand it, the efforts made to engage with the Inquiry and to support witnesses throughout the Inquiry. The only real difference is that we have filed closing submissions. Now, we might, of course, have remained silent and filed no submissions. But we took the view that it might be of assistance to the Inquiry if we try to draw together the threads of the evidence given by, in particular, those we have represented, this being the evidence that we have the best knowledge of.

We hoped that the submissions might assist the Inquiry by gathering together the threads of evidence and the perspectives of those who were involved at the time, especially when some of them could not be heard directly as they were no longer available to give evidence.

It was our view that the exercise should also be attempted out of fairness to those involved at the time, particularly those acting for the Department or departmental bodies.

We also hoped that that exercise might assist the Inquiry in reaching conclusions that reflected the state of knowledge, as it were, at the relevant time. However, what we tried to do was to be clear and

explicit about the basis of our submissions. We also, as part of that process, aimed to set out key material from those sources, that is predominantly from the witnesses that we represented, as I have just explained, fairly and evenhandedly.

We also tried to make suggestions about issues for consideration by the Inquiry when we thought they were raised by the evidence, rather than to suggest answers or to draw conclusions.

For example, on the subject or in relation to evenhandedness, we set out the evidence of Mr Burnham in his witness statement of the resistance he encountered to changing the line, when he said:

"During all of my time as Secretary of State, I got the strong impression that the Department did not want the position agreed by my predecessor to be in any way revisited. This much is evident in the advice not to meet protestors and the preparation of *'strong defensive lines'* for meeting with the MPs but it was also clear in my interactions with civil servants."

That was from his witness statements set out in our submissions.

We set out the evidence of Mr Hunt, that it was ultimately his position that an Inquiry should have been established decades earlier. The question thus was how,

how it could have been established by the establishment that nothing wrong was done and that the line was then religiously stuck to by government after government, as well as Mr Hunt's reflection that this was the kind of groupthink that was in the government that said:

"This scandal happened because, you know, good people were trying to do their best, something terrible happened, it wasn't any one individual's fault and therefore when it comes to compensation the matter is closed."

Set out in our submissions.

We also reminded the Inquiry, and it is obvious I'm taking a few examples, sir, but we reminded the Inquiry, if that was needed, of the evidence of Dr Walford when she expressed the concern that the recommendations made by the UKHCDO in May 1983, on the subject of AIDS of course, were weak because they were advisory rather than mandatory. She felt that a great deal of account would have been taken of them by Haemophilia Centres but her personal view was that the most problematic issue was the position of those patients who were at times treated outside of Haemophilia Centres.

We also noted her agreement that no one in the Department applied their minds to a more nuanced programme of risk mitigation that had been suggested by

Dr Galbraith, such as restricting home treatment, limiting surgery and keeping available NHS products for life threatening surgery. Those sets of steps being put to her by CTI.

These are just a few examples of the careful consideration that we tried to give to ensure that the evidence summaries that we put in our closing submissions were full and not partial.

Now, we have been criticised, sir, for a lack of candour. With respect, we would say that it is not a failure of candour to say that the Department does not have a case or a position to urge on the Inquiry when that reflects its position. It is not a failure of candour to set that fact out openly in submissions that are available to CPs and to the public and which will be fact checked by the Inquiry.

Equally, we would respectfully submit that it is proper to attempt a summary of the perspectives of those involved at the time, again, I say, focusing on those whom we represented, in their many aspects and variations.

There was no shortage of perspectives in the summaries that we drew together, and we were clear about what we were attempting to do. Quite some number in the evidence of individual departmental witnesses were self

critical or accepting that things could and perhaps should have been done differently by the Department, and that was reflected in the submissions that we made.

But we recognise, sir, and have recognised throughout, that the task of putting those reflections together with all the other evidence that you have heard is yours as Chair of the Inquiry.

If there are errors in the evidence that we have tried to summarise fairly they will be identified by the Inquiry as well as, no doubt, by the oral submissions of other Core Participants. And of course, sir, we have already alerted the deputy solicitor to the Inquiry of any factual errors that we found to date and will make sure that we participate in the process to do so, to continue to do so, that counsel to the Inquiry has now outlined to Core Participants.

We respectfully repeat, sir, that the submissions were drafted with the object of assisting the Inquiry, and bearing also in mind that the perspectives of some of those involved can't be articulated directly. It is for the Inquiry to make up its own mind about whether we have succeeded in our objective of assisting it.

Sir, if I could turn to the second limb of what was said yesterday, the subject of financial compensation. This was about good faith and the position of the

Department related to financial support and compensation for the infected and affected.

As everybody in this room will know, the Government commissioned Sir Robert Francis to examine a possible compensation framework in an attempt to ensure that it had considered this issue, including the mechanisms for the delivery of compensation before any report was published, rather than waiting for a report as perhaps it might have done.

Thereafter, linked to Sir Robert's work, the Chair's interim recommendation, that interim payments should be made to those registered with the existing financial support schemes, was promptly accepted by Government. The recommendation was made by you, sir, at the end of July 2022 and on 16 August the Minister for the Cabinet Office and Her Majesty's Paymaster General, Mr Michael Ellis wrote to you, sir, agreeing that payments of 100,000 would be made across the United Kingdom to all beneficiaries registered with the national support schemes.

The payments will be tax free and disregarded for benefits purposes.

Payments were made to eligible beneficiaries of the United Kingdom Infected Blood Support Schemes and by the end of October 2022 around £400 million had been paid

out. In relation to the issue of compensation, as the Paymaster General and Minister for the Cabinet Office, the Right Honourable Mr Jeremy Quin MP set out in a statement to the House of Commons on 15 December:

"Work is ongoing to consider the wide range of factors set out in Sir Robert Francis' study. A cross-government working group, coordinated by the Cabinet Office, is taking forward work strands informed by Sir Robert's recommendation. The work will ensure that the Government is prepared to act swiftly in response to your final recommendations related to compensation and the Department of Health and Social Care will play any part requested in this work but it is being led by the Cabinet Office and coordinated across government and the four nations."

Now, we recognise that amongst the submissions that the Inquiry has received are criticisms of the fact that the Government has not published a response to Sir Robert's work or moved more swiftly. The Cabinet Office leads on this work. The major response from Government came in the acceptance of the recommendations for interim payments and in carrying out the work that was needed to implement that recommendation.

We understand that Sir Robert made his recommendation in recognition of the fact that it would

take time to consider and then to set up any system of compensation, just as the Chair -- you, sir -- recognised that it will take time to complete this work.

The submissions the Inquiry has now had include requests from members of the community of the infected and affected for further consideration of elements of Sir Robert's recommendations to be made by the Inquiry to widen them. This is not a simple process and the work stream set up reflect this but the Government is committed to the process that it has outlined.

The financial payments and commitments that have been made to date are, we suggest, or represent, tangible proof of the acceptance made publicly on a number of occasions that the Government owes a moral responsibility to those who are harmed through the receipt of infected NHS blood and blood products, prescribed or given to them by NHS doctors, nurses or other clinicians, and which prove to be infected by AIDS or hepatitis C.

Apologies have been given on several occasions over the years and, most recently, on 15 December the Minister for the Cabinet Office confirmed the Government's acceptance again of Sir Robert's view that there is a moral case for compensation to be made.

Before that, there was, of course, work done to

deliver parity in the financial payments given across the four nations in 2021, in response to observations from the Inquiry on this issue.

Now, we had hoped that those efforts, together with the further ongoing work, represented visible and tangible evidence going beyond mere words of the sincerity of those apologies and of the desire to do what can be done to give some real and practical assistance and redress to those who have suffered.

It may be that the submissions heard yesterday suggest that these efforts, including the acceptance of moral responsibility and the payment of interim compensation, have done little to mitigate the damage caused by suffering over the years. But we can only repeat that our client, the Department of Health, will continue to work closely with the Cabinet Office, which, as I say, leads on this work, not least because of that history, in the weeks to come.

Sir, if I turn then to the topic of any further submissions today. I would say that we had originally been minded to summarise what we regarded as the more central evidence in our written submissions today as a guide to those who hadn't wished to spend time on them, for understandable reasons.

We had intended to draw the threads together of what

had been said in our written submissions. The primary aim had been to highlight aspects of those written submissions, rather than to comment on the contents of written submissions made by other Core Participants, although we did have a few comments on some observations that had been made.

However, in the light of yesterday's submissions, we don't propose to do that. We don't wish to provoke further suggestions that what we say represents a less than genuine attempt to assist the Inquiry or to stir up further comments to the effect that the Department is putting its own point of view when the Government should have listened more and read more, as we heard from some of the observations in the written submissions from the Core Participants.

We do hope that the written submissions that have already been filed are genuinely helpful to the Inquiry, which may make what use it sees fit of them. Instead, I'm going to make a few short remarks, if I may, about recent disclosures and the process of the Inquiry over the last few years.

I do regret any inconvenience caused by the delivery of a substantially shorter address than originally timetabled. In relation to documents that have been produced since the written submissions were filed, we

note that counsel to the Inquiry have produced a very helpful note on the topic of parliamentary privilege and we welcome this. We would respectfully suggest that the Chair should provide a ruling on this topic, after inviting submissions from interested parties which might usefully include the parliamentary authorities. The point is of some constitutional significance and, without a ruling, the position which the Inquiry has reached on the law, will be clarified only once the report is published.

I will turn then, if I may, just to make a few concluding remarks because we would like to end by recognising again the importance of this Inquiry's careful work. We wish to thank all of those who have contributed to its work, not only the Inquiry's legal team, but the Inquiry staff who have been utterly essential to its smooth running and have given so much help to all those who have entered this building. This includes support to all of those who have been following the Inquiry's proceedings, as well as to the witnesses and the legal teams.

In relation to those who have been following the Inquiry, we would like to pay particular tribute to those who have been listening to the evidence in this hearing room, often day in day out. The dignity of

those who have been able to listen with such care and attention, often to what must have been difficult, sometimes distressing evidence, has been remarkable. We would wish to place on record our thanks for the courtesy that has been shown to witnesses. Everyone present here, observing and listening, as well as the Inquiry and staff, have enabled an atmosphere in which witnesses were able to come to this Inquiry and be questioned in a courteous but rigorous manner.

That this has happened is not only an achievement on the part of the Inquiry team, which we acknowledge, but also an achievement on the part of those listening to the evidence and we would like to record our recognition of this and our thanks.

We don't forget the invisible contribution of those who watched remotely. We are sure that they too are feeding into the proceedings. We are very glad that the use of technology has enabled wider participation, not least against the background of the Covid pandemic which this Inquiry has successfully navigated with care and thought, particularly with regard to the vulnerabilities of some of those who have been attending. Again, we would like to acknowledge this.

We would also like to acknowledge the contribution of the many witnesses who have given much time and

thought to their evidence. Of course, it is to be fully expected that serving civil servants and ministers will do this, however many of the departmental witnesses were long since retired but diligently sought to assist the Inquiry, notwithstanding the challenges presented by age, infirmity or just the passage of time.

Now, I just mention the Departmental witnesses but both they and the Department of Health itself would immediately continue by saying that we are all conscious above all of the contributions of the infected and affected who gave evidence. We recognise the strains imposed on them, not only because of the result of the challenges presented by age, infirmity or the passage of time, as I have just mentioned, but because they were also being asked to re-visit trauma and suffering. All of us who have sat and listened to their evidence will have memories of dignity, courage and endurance and will have heard evidence that was deeply moving.

I would like on behalf of the Department to recognise their contribution, both to the Inquiry and to the improvements in policy and practice that we fully anticipate will follow the Inquiry.

In that spirit, the Department will now await the Inquiry report and is committed to considering all of its findings and recommendations with great care.

Sir, that is all I wish to say.

SIR BRIAN LANGSTAFF: Let me start by thanking you for your -- in particular the remarks with which you concluded, which involve the way in which all who have attended have respected the right of people to express their own different views. And to this day that has been a hallmark of this Inquiry and the dignity and restraint with which many have watched the proceedings.

My own position, let me make it clear, I do of course intend to reach my own conclusions on all the evidence that I have heard, exactly as you have said, and I understand the position of the Department in not wishing to pre-empt anything I might say or indicate a contrary view.

I have been particularly helped by much of the material which the Department has provided, in general -- I say in general because there have been the odd wrinkle, as you well understand -- that the Department has done its best to help and provide material and information and to support the witnesses whom it felt it could support.

In that respect, although I understand that the Department's position is not to take a position, it does strike me that when the Inquiry opened you did, on behalf of the Department, appear, at least to me and no

doubt to others, to take a position, and that was that wrong had been done. It would help me, without in any sense prejudging any of the other findings I might make, to understand what wrong the Department had in mind when you said that.

MS GREY: Well, sir, that is an invitation that you extend to me. We have been careful, as I have said throughout the submissions I have made and in the written submissions, to say that we don't have a position to offer to you on what that might be.

Now, if the Inquiry wishes to press us further on that, I can take that back to my clients and we can reflect further on it, but it is our position, as I have just been explaining to you, that we think it is fairer not to do so and not to seek to pre-empt the position -- the conclusions that you will reach.

SIR BRIAN LANGSTAFF: It might occur to some that apologising for some wrong that has been done without knowing what the wrong was, at least at that stage -- I appreciate that views on whether it was wrong, whether it wasn't, may have changed over time, and after all when the Inquiry began it was open to me to find that absolutely nothing wrong had happened at all, but you were there saying, "No, wrong has been done". What exactly -- can you help -- was it at that time, as

a matter of history as opposed to now, what was it that the Department had in mind that you were apologising for?

MS GREY: Well, sir, I can't answer here and now as to what happened or what was thought by those in -- was it September 2018? If you wish to press me further I will go away, take instructions, seek to respond, but I'm not able to give you an answer now in this Inquiry hearing chamber.

SIR BRIAN LANGSTAFF: Well, I note your response. Thank you. As to the other matter you mentioned, the question of privilege, we shall give it due consideration.

I think counsel to the Inquiry left it open to those who wish to make submissions about that to do so in the course of these submissions but it may be that it is appropriate to have them at a later stage. I shall reflect on that.

Thank you.

MS GREY: Thank you, sir. Thank you, all.

MS RICHARDS: Sir, our next speaker is scheduled for 3.30 pm and I'm asked to say could we stick with that time and therefore have a slightly longer break now, please?

SIR BRIAN LANGSTAFF: Yes, we will do that. 3.30 pm, a longer break.

(2.35 pm)

(A short break)

(3.30 pm)

Closing statement by BARBARA SCOTT

A Core Participant

SIR BRIAN LANGSTAFF: Barbara Scott, welcome.

MS SCOTT: Thank you.

SIR BRIAN LANGSTAFF: Over to you.

MS SCOTT: Thank you. My name is Barbara Scott, I'm an unrepresented Core Participant. My husband Ronald Scott had severe haemophilia and he died in March 1993 as a result of being given infected blood products.

He had HIV and hepatitis C and he endured a decade of poor health, anxiety and uncertainty. He was a kind, generous, loving, brave, stoic and clever man. He was a good son and a good partner and we were mostly a happy family.

We were married for 22 years and we have three children: our daughter born in 1974 and our son in 1976 and our youngest son in 1981. Two of my children are here today and I want to thank them for their love and resilience.

In 1977 the first signs of his illness began to appear. He was hospitalised and, in the fullness of time, he recovered but he was given a diagnosis of having a non-A, non-B hepatitis and in 1983 he was told,

quite casually when he went to the hospital one day to pick up some blood products, that he was HIV positive.

The impact of infected blood has been very difficult and a source of sadness for our family. The secrecy around Ronald's diagnosis caused some tension, particularly in the early years after his death. Secrets in families are toxic, even if the intention is from the best of motives. We told no one about his diagnosis, not his parents, not my children, not our friends. Only one friend guessed near to the end.

I have prepared a witness statement for the Inquiry which can be found presumably on the website and provides a detailed account of our history.

SIR BRIAN LANGSTAFF: I have read it.

MS SCOTT: Thank you.

It is self-evident that this Inquiry, when it ends, should give participants a sense that they have had justice and compensation for the losses and difficulties they have endured since the 1980s.

For myself, I hope that when the report is published it will give me a clearer overview of the way this treatment disaster played out, with analysis of the role of key players and decision makers and organisations. I know, through lived experience, the impact on my family and I have heard some truly harrowing

descriptions of the impact of the viruses, their treatment and the dreadful financial impact on some individuals and families.

But what I don't have is an aerial view of how it all happened and, obviously, it is incredibly complex. But I want to know what did or didn't contribute to the disaster. I certainly don't believe it was bad luck.

I hope the report addresses the intransigent stubbornness of politicians who have simply refused to consider that they might have taken a more sympathetic and compassionate view of the people caught up in this disaster. My impression in viewing the -- listening to the Inquiry is that there was little real regret and their overriding concern has always been for cost. If there was any admission of fault or liability they feared an endless stream of supplicants seeking redress. After all, why enrich people who are going to die? It is not as if we are going to offshore our money.

I hope the Inquiry has quite a lot to say about this, but it stopped sympathetic response.

The hubris of some political contributors expose their patronising view of the people affected as being "other" and viewed as being "unfortunate" but of lesser importance. Of course, there have been some notable exceptions. There is a wider point which should be made

in the report which applies to the suggestion that others, as well as the infected blood community, are denied justice for decades because it is simply too inconvenient or expensive to take their views or experiences seriously.

New arrangements for families bereaved through public tragedy are long overdue. The title of Bishop James Jones' Hillsborough report, 'The patronising disposition of unaccountable power', encapsulates the experience of many of the infected blood community as well as those involved in Hillsborough, Grenfell, Windrush and probably many others. What is the purpose of government if one of its functions is not to support and protect citizens in times of crisis and difficulty?

I think there are good arguments for a no-fault compensation scheme for the times when things go wrong, particularly in health care. Why do we have such adversarial systems where health bodies do their best to avoid saying that mistakes have been made?

Bishop Jones has already suggested a different approach for those who find themselves bereaved by events over which they have little or no control. They are stunned by tragedy and then have to battle for an apology and some sort of award to allow them to

continue to care and recover. I am sure cost is at the heart of this. But in the long-term it surely costs more and the loss of trust is never assessed.

Organisations can hardly expect clinicians or others to practice in a reflective way if the culture of public life -- if it doesn't exist. I suppose things like clinical governance and the Nolan Principles were steps in the right direction but it seems to me it hasn't gone far enough.

I'm still firmly of the belief that a publicly funded health care system is the fairest and most economical way of delivering health care. However, it is almost treated as a belief system where questioning is treated as heresy. This is in itself leads to an erosion of confidence. People are scared to challenge and often do not have the language or confidence to raise questions. Better scrutiny, challenge and greater use of user involvement surely could make a difference. And race and class remain one of the unaddressed issues in health care. The necessity of scrutiny and challenge are especially important where people have to manage conditions on a lifelong basis.

The sheer length of time we have waited for this Inquiry and its recommendations is embarrassing and mean spirited compared to other jurisdictions who have

acted much more quickly to deal with the fallout from infected blood.

The beginning of reparations have been made for some people such as myself but it is not clear what the final arrangements will be. I very much hope that the compensation arrangements will be sufficiently generous and will not leave people feeling aggrieved or pit one group against another.

Given the length of time it has taken to get to this point, I hope it will be as unbureaucratic as possible. Time is pretty critical as it has already run out for some people.

Thank you.

SIR BRIAN LANGSTAFF: I add my own thanks to those from the room. Thank you.

MS RICHARDS: Sir, then the arrangements for tomorrow. We will be hearing from Ms Gollop on behalf of The Haemophilia Society and a number of individual Core Participants in the morning and, in the afternoon, we will be hearing from Mr Kennedy on behalf of UKHCDO.

SIR BRIAN LANGSTAFF: Thank you. So The Haemophilia Society and UKHCDO tomorrow in the morning, Haemophilia Society including some individuals who were affected.

MS RICHARDS: Yes.

SIR BRIAN LANGSTAFF: Thank you. 10.00.

(3.41 pm)

(The Inquiry adjourned until 10.00 am on Thursday, 19 January 2023)

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