

HANSARD
12 April 2016
EXTRACTS PARTICULARLY RELEVANT TO SCOTLAND

Diana Johnson (Kingston upon Hull North) (Lab)

We are now a few days away from the end of the consultation period. I understand that the Minister was advised—wrongly, I think—by her officials that she could not meet with the all-party group during the consultation period. I know that that was not the case in Scotland: the Minister there met MSPs and individuals. We called for this debate so that the Minister could listen to the comments of her fellow parliamentarians about the Government's proposals and then feed them into the consultation.

Rebecca Pow (Taunton Deane) (Con)

I have many constituents in Taunton Deane whose lives are blighted by this issue of contaminated blood. Although I applaud the Government for bringing forward this consultation, there are many who believe that it is only adding fuel to the fire. In fact, it could be making the situation worse and causing more pain, not least because, in Scotland, people may get a better deal than those in England. I urge the Minister to look very carefully at the consultation so as not to penalise people who are already badly suffering.

Diana Johnson

Fifthly, there is concern about the fact that beneficiaries in England will be worse off than beneficiaries in Scotland. The Scottish proposals are far more generous to hepatitis C stage 2 and HIV sufferers, who will receive £27,000 per annum or £37,000 if they are co-infected, which is welcome, but are much less generous for hepatitis C stage 1s, who will receive an additional lump sum payment but no ongoing support. The Scottish proposals have been broadly welcomed, partly because of the way in which the consultation was conducted in Scotland, and the clear acknowledgement, for example, that the existing trust structure will be scrapped.

Several hon. Members rose—

Diana Johnson

I am conscious of time, and I am about to reach my allocated 15 minutes, so if hon. Members do not mind I will complete my speech.

Following the scrapping of the trust structure in the Scottish model, may I seek reassurance from the Minister that she will scrap trust structures in England, Wales and Northern Ireland, which have been subject to much criticism?

Jason McCartney (Colne Valley) (Con)

That is the point I was going to make. I should like to thank the hon. Lady for co-chairing the APPG on haemophilia and contaminated blood with me, and with many others in the last Parliament. Does she agree that the Minister should accept that we have a framework with the settlement in Scotland, which needs tweaking, and the comprehensive APPG report, which looks at the fact that trusts and funds did not operate to support the victims? If we heed experiences in Scotland and our report, we can begin to help the victims.

Drew Hendry (Inverness, Nairn, Badenoch and Strathspey) (SNP)

On mitigating the loss, I am here to represent several constituents, but one in particular—Andy Gunn. He is extremely concerned by the Health Secretary’s suggestion that the funding might come from the NHS budget. Does the hon. Gentleman agree that that would be highly inappropriate?

Stephen Doughty (Cardiff South and Penarth) (Lab/Co-op)

That story is just one of the many we have heard from constituents. I heard from a constituent, David, who similarly spoke passionately about his circumstances. He will not even be affected by the consultation that is going on. Clearly, this is a UK legacy issue and a UK historical injustice. We have heard about the difference in Scotland and elsewhere. Does my hon. Friend agree that we need to make sure the UK Government lead on working with the devolved Administrations—in Wales, that means the Wales Office—to ensure that we do not end up with a postcode lottery, with some people potentially in worse situations and some not getting the same justice as others?

Jessica Morden

My hon. Friend makes an incredibly valuable point, which I hope the Minister will listen to—I know it will be heard by the large contingent of Welsh campaigners who have come here today to listen to the debate.

Jessica Morden (Newport East) (Lab)

What has been proposed is very different from what will be offered by the Scottish Government. For widows who have lost their loved ones, the difference is not just stark—the proposals are poles apart. I will leave it to SNP Members to elaborate on that, but the difference is very pointed.

Mr Alistair Carmichael (Orkney and Shetland) (LD)

Does the hon. Lady not accept that this is one occasion when there should be close working across the Administrations? I offer her the example of a constituent who was infected 35 years ago in Staffordshire. Although he has lived in Scotland for all that time, he will get compensation under the scheme devised by the Department of Health in England. Where is the sense in that?

Jessica Morden

I thank the right hon. Gentleman for his intervention. He is absolutely right and I am sure he will get the chance to elaborate on that point later. For parents and families who have gone through the trauma of losing a child like Colin, there is nothing at all.

Mrs Sheryll Murray (South East Cornwall) (Con)

My constituent wanted me to highlight her case as an example of where anomalies in support for patients suffering from cirrhosis of the liver have led to financial hardship and additional worry at a very distressing time. She was very grateful for the lump sum she received and an income of £14,760

per annum. However, that figure would be £26,000 in Scotland, nearly double the sum offered in England. That is iniquitous.

Dr Paul Monaghan (Caithness, Sutherland and Easter Ross) (SNP)

One of my first actions, following my election to this place, was to highlight the plight of those infected with contaminated blood in the 1970s and 1980s. I did this by writing to the Department of Health, following discussions with Julie, a constituent of mine. In July 2015, I also tabled early-day motion 334 to recognise

“the ongoing hardship and challenges faced by those infected with contaminated blood”

and to encourage

“the Prime Minister to implement promised arrangements to distribute an additional £25 million to those affected as soon as is practicable.”

Infected blood is one of the most terrible chapters in the history of the NHS. Many people have died or suffered long-term disability and hardship as a result of infection. Relatives have had to sacrifice careers to provide care and support, and in some cases partners and loved ones have become infected. Patients, families and carers have dealt with those difficulties with immense and enduring courage. My constituent Julie was born with a rare genetic condition known as Ehlers-Danlos syndrome, which requires treatment, including blood transfusions. She was infected with contaminated blood in 1974—42 years ago—while a young woman with her whole life ahead of her. Following a transfusion that September, she quickly developed symptoms of hepatitis and suffers today from a range of chronic and debilitating health conditions that have rendered her unable to remain upright for longer than 10 minutes at a time without becoming fatigued, owing to liver and lung damage arising directly from the transfusions.

Although now living in Scotland, Julie was infected in England. The liability for the current ex gratia schemes is based on where the individual was infected, rather than residency. This means that the English schemes and the consultation recently launched by the Under-Secretary of State for Health, the hon. Member for Battersea (Jane Ellison), are responsible for supporting Julie and delivering the financial support she will require.

Julie is currently classed as Skipton stage 1 and has received an ex gratia payment of £20,000 but receives no annual award. Her medical condition means that she has great difficulty meeting the qualifying criteria for stage 2, which would increase her ex gratia payment and provide approximately £15,000 per annum in badly needed support. I have reviewed her correspondence with the Skipton Fund on the reassessment and have found it unhelpful, perhaps even deliberately obtuse.

Brendan O’Hara (Argyll and Bute) (SNP)

I thank my hon. Friend for giving me the opportunity to raise the case of my constituent Susan Webster who lost her partner, Charlie, almost five years ago, after he contracted hepatitis C as a result of contaminated blood, leaving her and their now 14-year-old daughter without any financial support. Since Charlie’s death, Susan and her daughter have received little or no Government help and have had to approach the Skipton Fund themselves. Today, they remain in a state of limbo while the Government dither over the future of the UK scheme. Does he agree that the Government,

having dragged their heels for years, must now act to support the survivors of this scandal without any further delay?

Dr Monaghan

I absolutely agree with my hon. Friend. It is a tragic case that he outlines, and I will come to his specific point shortly.

On 21 January 2016, the Health Minister stated that the UK Government wanted to increase the amount of money on offer for victims of infected blood by £100 million, in addition to the £25 million announced in March 2015 by the Prime Minister. This takes the total to £225 million over the five years to 2020. As we know, there is a 12-week consultation on these proposals that closes this week, on 15 April. However, the proposed payment schemes have been heavily criticised by many of those affected for being outdated and confused in structure. That is my experience of them too. They also appear unfair.

The UK Government have estimated that the Department will spend a further £570 million over the projected lifetime of the reformed scheme, but analysis shows that the Department wants to cap annual payments for victims in England at £15,000 and that these will no longer be index linked and so will not increase with the cost of living. The UK Government also want to remove regular discretionary payments, including the winter fuel allowance and the £1,200 per child annual payment.

Andrea Jenkyns (Morley and Outwood) (Con)

On the point about the cost of living, I have several constituents in the same situation. One suggested that pension payments be increased to at least the level of the living wage. What does the hon. Gentleman think of that idea?

Dr Monaghan

I would absolutely support that suggestion. I would also note that many victims in England now face cuts of up to £7,000 a year, together with cumulative losses from the freezing of six annual payments to patients of £15,000 a year, time-limited support for partners and spouses after patients' deaths, and the ending of help for the children and parents of those affected. Moreover, victims will no longer have access to grants for support with such things as mobility issues and modifications to property; nor will they have access to free expert advice.

The Haemophilia Society, which campaigns on behalf of victims of this scandal, has said that it has deep concerns about the proposals for England. It compared the proposals for England to those in Scotland, saying:

“These concerns are compounded by the fact that similar proposals in Scotland offer more generous payments to its affected community. There is a risk that, if both sets of proposals are accepted (as they currently stand), affected people in England will receive much lower incomes than those in Scotland.”

The Scottish Government have already provided £32 million over the last 10 years to the current UK-wide schemes, so they are already committed to support those infected in Scotland. Nevertheless, on 18 March this year, the Scottish Government announced a substantial package of increased financial support for those affected by infected NHS blood and blood products in Scotland, amounting to an additional £20 million over the next three years alone. The new Scottish scheme will see annual payments for those with HIV and advanced hep C nearly double from £15,000 to

£27,000 a year, and those affected with both HIV and hep C will have their annual payments increase from £30,000 to £37,000.

Sir Peter Bottomley (Worthing West) (Con)

This is a pure inquiry. Would it have been open to the Scottish authorities to say that the increased levels of compensation would be available to all those affected within Scotland rather than on the basis of where people had acquired the infection?

Dr Monaghan

I do not think that would be possible because it would be an admission of liability, and these are ex gratia schemes with no liability in response to the payment.

In addition to the measures I have explained so far, a new support and assistance grant scheme will be established in Scotland to administer and provide more flexible grants to cover additional needs. Scottish Government funding for this scheme will increase from £300,000 to £1 million a year. In real terms, the new arrangements will mean additional financial support is available for all categories of infected people and their dependants in Scotland. In Scotland, we are clear that this is not the end of the process and that there will be ongoing work with patient groups on this matter.

In overwhelming contrast to the Scottish Government, the UK Government are proposing to cut funding for victims of this scandal, leaving vulnerable people thousands of pounds a year worse off. It is extremely disappointing that the UK Government do not think it important to support those who were infected in England, and it is clear that the proposed cuts demonstrate that the UK Government's priorities lie with austerity, not with the victims of this terrible scandal. It is time for the UK Government to support those whose lives have been ruined by this unprecedented scandal. For people such as Julie, anything less literally heaps insult on injury.

Sir Gerald Kaufman (Manchester, Gorton) (Lab)

What my hon. Friend says is remarkably valid and I concur with it. As a consequence of what she and other Members have said and, most of all, of my communications from Mohibul Islam, I want to know why the Government cannot at least provide parity with Scotland. That would not solve the problem, but it would to some extent alleviate the financial consequences.

Norman Lamb

As my right hon. Friend the Member for Orkney and Shetland (Mr Carmichael) and others have said, it is surely not right that people in Scotland benefit more than people in England. Surely everyone should be treated exactly the same as a result of this scandal.

Dr Philippa Whitford (Central Ayrshire) (SNP)

Will the right hon. Gentleman give way?

Norman Lamb

I will not, because I am concerned about the time.

Kevin Foster (Torbay) (Con)

I hope that the Government will relook at the proposals they put out for consultation, and take on board the comments from the all-party group, which have been put forward in a constructive and genuinely helpful way. I ask the Minister to take a view on what is being done in Scotland, and to explain why the UK Government do not think that the Scottish model would be appropriate here. If there is a particular reason, let us hear it. For me, it seems that the model has been welcomed and could be taken forward here.

Chris Stephens (Glasgow South West) (SNP)

It is a pleasure to follow the right hon. Member for North Norfolk (Norman Lamb). I thank fellow members of the all-party group on haemophilia and contaminated blood for securing the debate. I pay particular tribute to the hon. Member for Kingston upon Hull North (Diana Johnson), who chairs the group superbly, and I start my remarks the way she ended hers—by saying that we are debating compensation proposals for what has been described as the worst treatment disaster in the history of the national health service.

Some 80% of victims are critically ill as a result of receiving contaminated blood and blood products. They suffer the side effects of past treatments, and they are in financial hardship, having been forced out of employment precisely because of the health issues caused by infection. They, their families and the families of those who have died should be treated with equal primacy.

Only weeks after my election, I was contacted by my constituent Cathy Young, who is a stage 1 widow. Cathy is a member of the Scottish Infected Blood Forum and a passionate advocate on this issue. When I met her last week, I asked her to give me her thoughts on what I should say this afternoon, so let me describe them for the next few moments.

Cathy said:

“I don’t know due to the Scottish Government’s recently accepting the review group’s recommendations what can be said, but what I would say is how can the UK Government consultation regarding other UK widows be so far off the mark compared to Scotland. There is more work to be done particularly in relation to extra hepatic manifestations, other illnesses caused by hepatitis C other than liver disease. What will the UK Government do to address this?”

She sent me an email today saying she was sorry that today sees the funeral of another victim of contaminated blood.

As the right hon. Member for Orkney and Shetland (Mr Carmichael) and my hon. Friend the Member for Caithness, Sutherland and Easter Ross (Dr Monaghan) have pointed out, the Scottish Infected Blood Forum has identified 25 families resident in Scotland who would be covered under the proposed UK Government scheme, as the original incident took place while they were resident elsewhere in the UK. Therefore, MPs representing constituencies in Scotland may find themselves representing constituents with two distinct offers of compensation. That is not fair—it is completely unjust.

The Haemophilia Society has sent an email, which I think the Father of the House has touched on, about the differences between the UK and Scottish Government proposals. It is worth emphasising those differences for the benefit of those watching these proceedings. Those in the rest of the UK

with advanced HIV or hepatitis C will get £12,000 less in annual payments. Those elsewhere in the UK who are co-infected with hepatitis C and HIV will get £7,000 less in annual payments, and there will be limited or no support available for the widows, partners and children of those infected. There will be substantially reduced ongoing support for those elsewhere in the UK.

The Scottish Government have, in effect, committed to almost doubling the support they give to victims, widows and widowers, and dependent children. The Haemophilia Society is concerned that, without significant revisions to their proposals, the UK Government will fail to follow the example set by the Scottish Government in offering victims of this terrible tragedy and their families the support they deserve. I hope that Ministers in this place recognise that and that they will address the issue.

There is now a very real concern that the UK Government have broken their promise to deliver improvements to the current scheme of payments. In early 2015, the Prime Minister said:

“I want us to take action. I am not sure whether that action will ever fully satisfy those who want this wrong to be righted, but as a wealthy and successful country we should be helping these people more. We will help them more, but we need Penrose first, and if I am standing here after the next election it will be done.”—[Official Report, 11 March 2015; Vol. 594, c. 289.]

Where do we go from here? The First Minister of Scotland, Nicola Sturgeon, who represents part of my constituency in the Scottish Parliament, has summed it up beautifully:

“In total, of course, hundreds of people in Scotland died after being infected through blood transfusions and even after all this time it is still hard to imagine the difficulties, the anxieties, and the hardships that people and their families have had to contend with.

In addition to dealing with the illness itself, you’ve had to cope with uncertainty, with sorrow, and with grief. Many people, of course, feel stigmatised despite being utterly blameless. And I know that people still fight daily battles, both physical and physiological, to achieve some kind of normality in their lives... We as a society have a moral obligation to help people who are infected with an illness by the Health Service”.

Let us use those words as a guide to how we take this issue forward, compensate the victims and their families, and provide for them what they truly deserve.

Sir Peter Bottomley (Worthing West) (Con)

It was 1958 when Dr Garrott Allen at Stanford started discovering the risks of contamination in blood. Over the next 20 to 30 years, he spent his time trying to persuade people that commercial blood companies probably knew early on—they certainly knew later on—that one in seven of those from whom they were taking donations were at high risk of contamination. It was not until 1991 that Crown immunity was lifted from the blood products laboratory. If people look at the taintedblood.info website, they will see the chronology, which is pretty accurate and very useful.

That does not solve the problem faced by the Government, Members of Parliament and those affected. I propose that, while the national health service should be treating people, responsibility for dealing with the compensation and trying to make up for the costs to those affected should be taken away from the Department of Health and held jointly by the Cabinet Office and the Treasury. I think that that is the only way of solving the problem of Scotland having to determine where those

affected got the infection, rather than their actual situation and where they live. If we are going to have a national approach that not only recognises the autonomy of the Scottish Parliament and the Scottish health service but treats people fairly, we have to find a way of getting the non-health aspects away from the Department of Health. I ask the Government to consider whether there is any way of doing that effectively.

Moving on to how people should be treated, I have received a message from someone on behalf of the nearly 200 co-infected people and the 2,220 mono-infected hep C stage 1 victims. Here are some words directly:

“Now about the way they are blackmailing us over the drugs!

I and every other Haemophiliac have never paid for our Factor VIII, I have never paid for any of my HIV anti viral drugs, and my other prescription charges are covered by a pre payment certificate, my blood tests, ultrasounds scan, Fibroscans, and all my appointments are covered by the NHS? So why would they even consider asking us if we think the money should come out of the additional £100 Million they have offered as financial help?”

The answer to that is that it should not. By the way, to those for whom the proposals on which the Government are consulting would lead to a reduction in income, the Government certainly should say that they need to be red-circled—that their money will remain the way it is—and no one should have their money reduced as a result of the changes. We are trying to extend help to people, not to reduce it.

I turn to another quote:

“Co-infected Haemophiliacs need a voice in the debate, we are so few left, dealing with two virus as you know has increased complications. We need to be respected and remembered as are the Scottish Haemophiliacs in the midst of all the mono Hep C victims.

Being co-infected with HIV/AIDS and Hepatitis C is the equivalent of 2nd stage Hepatitis C, but at the top end where someone has received a liver transplant, has a limited life expectancy and has to take medication every day for the rest of their lives or die, but the co-infected also has the additional problems of having the illnesses both these viruses can cause—even to the point doctors cannot tell which virus is causing the problem. On top of this we have the life-long secrecy and stigma attached to HIV/AIDS virus.”

It seems to me that we have got to say to Government that they may be trying more now than Governments have tried before, but it is not appropriate for Department of Health Ministers to have to balance this against other treatments. It must come out of the Department of Health so that the money can go properly to those who have suffered because we made mistakes and the American blood companies made mistakes. We need to recognise that. I am not talking about liability; I am trying to deal with what should happen now.

As it happens, the first person in my family to take an AIDS test was my mother, who had a serious operation and received lots of blood. The second was my wife, who received eight units of blood in 1975 when the issue started to come out. I have my blood tested for HIV/AIDS and hep every 10 weeks as a blood donor. I only wish that we had remembered what Richard Titmuss said in his book about giving blood, “The Gift Relationship”. We do it for free, and we do not know who is going to benefit. The people who benefit do not know where the blood comes from, but at least it comes from people who have been tested to make sure that it is safe for our blood to be passed on.

Andy Slaughter (Hammersmith) (Lab)

Let me end by making two quick points. First, it has been said that Scotland has set an example. It is not a perfect example, but I strongly believe that we should at least be able to match what happens in Scotland. Secondly, my constituents have told me that they do not feel comfortable filling in responses to the consultation. They do not believe the consultation is presented clearly and honestly, and the questions are phrased so prescriptively that they are unable to communicate what they think. The Government can do what they want—it would have been better if they had withdrawn the consultation, but that has not happened—but they do have the power to respond by saying, “We have made a mistake. We haven’t taken into account everything that should be done. We have to act with compassion and with honesty, and we have to give proper compensation.”

Alison Thewliss (Glasgow Central) (SNP)

I am very glad to be able to participate in this debate. I thank the hon. Member for Kingston upon Hull North (Diana Johnson) for securing it. This is a very important debate.

I am slightly sad to have to say this, but it is a shame that the debate is happening at this time of day. I know that constituents of many MPs around the country have travelled a long way to come to Parliament today. Some of my constituents were in the Gallery earlier, having got up at 3 o’clock this morning to come down from Glasgow, but they have had to leave to fly back up and go back to work. [Interruption.] I appreciate that, as the Under-Secretary of State for Health, the hon. Member for Battersea (Jane Ellison), says, it was the Speaker’s decision. I am just reflecting on the fact that that is quite sad, and perhaps the procedures of the House should be looked at, particularly when already vulnerable constituents who do not have an awful lot of money have had to travel a great distance to hear what their MPs have to say. I went to join the lobby outside earlier this afternoon and spent a lot of time speaking to people, and their sense of frustration at having to wait so long for justice was compounded by their not being able to stay for the whole of this debate, after waiting for so long for a chance to come to the House to listen to us.

To move on to the more substantive issues, many of us are wearing ribbons given to us by the campaigners, so I will tell members of the public who may be watching at home what the ribbons mean. The red is for sufferers of HIV, the yellow is for people who have suffered from hep C, and the black is to remember those who have died waiting during this process. It is very profound to see the number of people who have lost their lives, over the piece, waiting for justice and for some answers.

The constituent of mine who was here today is Maria Armour. She contracted hep C in 1981 when she suffered a miscarriage in hospital and needed a blood transfusion. She did not find out that she had been infected until she turned about 35; she took ill and had to find out what was wrong. People did not know and could not tell her. She had to wait two years for a diagnosis, when she found out that she had hep C. The treatment that she began at that time further compounded her ill health. She now has fibromyalgia and lupus, and also has issues with her bowels. That causes her great distress. She cannot go out and her life is on hold.

Despite all that, Maria is a very inspiring individual. I spoke to her today. She continues to campaign. She, like many people, has dedicated her life to others, and now wants to be able to spend time with her family rather than having to continue to fight this fight. I asked her what she would like to be

highlighted this afternoon in the brief time available to us. She said that she is looking for fair and equal treatment. She does not want to be a charity case—to have to go to funds such as the Caxton Foundation, or send them begging letters for very simple things that most of us would take for granted.

In particular, Maria mentioned that she was turning 50. She applied for funds for a dress to wear to her 50th birthday party, because, unlike many of us, she did not have the general funds to go out to the shop and buy herself a dress. She has to put in three quotes for that dress—they choose which dress she gets—and gets vouchers to pay for it. She mentioned that when, in the past, she has asked for furniture, she had to have vouchers, so she had to go to the shop to buy the furniture and count out all those vouchers in the shop, in front of people, to pay for it. That is very stigmatising. It is unfair that people have to do that, and do not get money, which the rest of us have to go and buy the things we need to make our lives easier. She has a lack of choices in her life. She cannot go on holiday with her grandchildren, as she would like to. She does not have the funds to do all the things she would like.

It would be easier for many people in Maria's situation if they got the fair funding that they deserve. I am glad that the Scottish Government have recognised that funding should be available at a higher level. It has been said that it is a shame that constituents in England, and the few in Scotland who are affected, will not get that higher level, but that is not an unfairness on the part of the Scottish Government. They have recognised the issue, listened to people, consulted, and done a lot of work, and have decided what they think is fair. The ball is now in the UK Government's court—they need to decide what is fair.

Some people have waited a long time—in the case raised by my hon. Friend the Member for Caithness, Sutherland and Easter Ross (Dr Monaghan), 42 years—since the initial infection. They need to have what is fair and what is due to them. They are not at fault here. We need to recognise that and find the funds to enable those people to live their lives with dignity as we wish to live our own lives. People should not in any case have to write begging letters to get what they need to live their life with dignity. I commend that point to the House.

Jim Shannon (Strangford) (DUP)

The current trusts and systems are not working as well as they could, and they are talking of doing away with aspects of the support for those affected. That is simply outrageous. Of course there are people affected by hepatitis who had nothing to do with the contaminated blood. I understand that we are talking about some 40,000 people across the country, and sadly there is an ever-growing number in Northern Ireland. Scotland has a strong track record through its "Sexual Health and Blood Borne Virus Framework". It has set an example for the rest of the United Kingdom to follow.

Dr Philippa Whitford (Central Ayrshire) (SNP)

We have paid tribute to many of the people who have come from across the UK to listen to today's debate, but there is one group missing: members of Haemophilia Scotland, who are in Tayside attending a funeral of one of their members, the second of three brothers who have haemophilia. The remaining brother has had a transplant because of liver damage. I expect that everyone here would want to send their condolences to the family.

Let us recall that this scandal has been going on for over 40 years. People have been dying without being recognised and without being looked after for all that time. It really is a disgrace. We talk about not accepting liability. I have my specs on because I want to read out some quotations, which, as Members know, I do not normally do. I have a letter here. According to a leading doctor in the Food and Drug Administration in America, in May 1985, heat treatment of blood products had been available for some time, but non-heat-treated blood could continue to be produced with the current licences because the FDA was not going to do anything about it. It could have regulated the practice out, but it wanted things to be tidied up quietly. The doctor explained that although the FDA could revoke the licences through regulatory process, it did not want any attention to be paid to the fact that the practice had been allowed to continue for so long; it wanted the issue to be

“quietly solved without alerting the Congress, the medical community and the public.”

I have a copy of a letter from John Major, the former Prime Minister, who was at the time Chief Secretary to the Treasury. In 1997, he wrote to Tony Newton, then a Health Minister, raising the possible consequences of a sympathetic response to the Haemophilia Society:

“It could lead to an open-ended commitment of huge dimensions

and

“give rise to court action against the Government because of the implication of negligence”.

He asked Tony Newton to “consider the points” made by the society, but

“with no implication that the Government will take action.”

Here we are, nearly 30 years on, in almost exactly the same situation.

As has frequently been mentioned, this is the biggest treatment disaster in the NHS, and it happened because we were importing American coagulation products and American blood—blood taken from prisoners, or units of blood that were sold. Who sells their blood for donation? People living on the streets; people who are drug addicts. The main reason haemophiliacs and others are suffering is that making factor VIII meant using the blood products of multiple donors, which meant an increase in the risk of a positive result. Moreover, the haemophiliacs received those products over and over again.

Here we are, all these years on. When I graduated in 1982, and when I worked as a young surgeon throughout the 1980s, this was just beginning to emerge and be discovered. It certainly left me, as a surgeon, with an absolute fear of transfusing blood. I used to go to great lengths to use electrocautery and other techniques to avoid shedding blood in elective cases, because we did not know what other problems were there.

Some of my colleagues have drawn attention to the exact terms of the Scottish settlement, but the first three can be summarised thus. People who are suffering from hepatitis C, HIV or co-infection will receive more money, allowing them to receive at least the equivalent of an average income of £27,000. People with stage 1 hepatitis C will receive £50,000 instead of £20,000, and those who have received compensation of £20,000 in the past will be eligible for £30,000 now. It is totally accepted by the Scottish Government that focusing solely on cirrhosis is a rather bizarre way of assessing people, and they are entirely open to an evidence-based piece of work in the future looking into how people should really be assessed.

I think that one of the biggest differences in Scotland is the recognition of the bereaved families. They will receive the money for another year, and will then receive a lifelong pension of 75%. Our flexible fund will continue to be topped up to the point of £1 million a year. As has already been said, that will not give people back their lives, but it can allow them to live with dignity.

The right hon. Member for Orkney and Shetland (Mr Carmichael) and the right hon. Member for North Norfolk (Norman Lamb) suggested, with a degree of criticism, that Scotland had gone ahead rather than seeking a United Kingdom solution. How long should we wait? Scotland was criticised because although we were ready to screen blood in 1990, we waited until 1991 so that there would be UK screening of blood donations. We made that mistake then, and we cannot make it again now.

Norman Lamb

Will the hon. Lady give way?

Dr Whitford

I am sorry, but I do not have enough time.

I do not think that we would be debating this matter with the same urgency if there were not the contrast with what Scotland is doing. This is not just about financial support and recognition. All patients in Scotland with hepatitis C for whom Sofosbuvir is appropriate can receive it. I find it shocking that people in England who have been infected with contaminated blood should have to use any of their funding to buy a drug that can increase their quality of life and reduce the risk of giving the condition to their family. We are doing this not just for those patients but as a public health measure. If we reduce the burden of virus in the community, we will reduce the number of new cases.

A year ago, the Prime Minister and our First Minister responded to the Penrose inquiry. That inquiry was carried out in Scotland; the UK has never had a public inquiry on this matter. Both of them apologised, and our First Minister has used this first year to set up a group to look into changing support, and ensuring that people can access treatment and that families are recognised. I call on the Prime Minister to honour his apology and to ensure that patients in the rest of the UK receive the same treatment.

Andrew Gwynne (Denton and Reddish) (Lab)

Finally, I want to mention the discrepancies between the responses of the Scottish and UK Governments. As we have heard, the Scottish Government will increase annual payments for those with HIV or the hepatitis C virus, increasing the initial lump sum from £20,000 to £50,000. Will the Minister elaborate on what alignment there might be with the English system?

The Parliamentary Under-Secretary of State for Health (Jane Ellison)

Let me touch on the Scottish reforms. Clearly, that has been quite a key theme today. I have been asked to consider matching the recent reforms. The Scottish Government established a financial review group, as we heard, and they announced their plans on 18 March. The package announced by the Scottish Government differs from the proposals on which the Department is consulting. One major difference is in relation to annual payments provided to infected individuals. The Department

of Health proposals for England are intended to ensure long-term stability and security to all infected individuals. The hon. Member for Newport East (Jessica Morden) made a point about long-term security and sustainability. To reiterate, in England, there are about 2,400 individuals with hepatitis C stage 1 who do not receive any annual payment. Our proposal is to provide a new ongoing payment to all those individuals that reflects the level of ill health that they experience. The Scottish Government have chosen to provide a lump sum payment.

The Scottish Government have chosen to provide a lump sum payment, and they currently have no proposals for annual payments to the hepatitis C stage 1 group. To give an idea of the difference, in England, over a five-year period, a stage 1 hep C sufferer who currently gets nothing but is awarded the highest proposed annual payment of £15,000 would receive £75,000. Officials from the Department of Health and the Scottish Government continue to exchange views on scheme reform, and we will reflect on the points that have been made today.

Let me touch briefly on the point about Wales and Northern Ireland. It is a matter for the Welsh and Northern Irish Governments to decide how support is provided for those infected in their areas, but they could opt to make the same reforms as the Department of Health and, indeed, participate in some administration arrangements following scheme reform. My officials hosted a meeting on 24 March with officials from each of the devolved Administrations to discuss scheme reform, and they will continue to work with their counterparts from the DAs on that.