



# Diana Johnson

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The Lord Prior of Brampton  
Parliamentary Under Secretary of State for Health  
Department of Health  
Richmond House  
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Dear

I am writing further to the Backbench Business Debate on 23<sup>rd</sup> November, in which your Ministerial colleague the Parliamentary Under-Secretary of State for Public Health & Innovation, Nicola Blackwood MP (copied in), responded for the Government.

In this debate, the Government made some welcome new commitments to those affected by the contaminated blood scandal, and promised to look into a number of specific concerns raised by MPs. At the meeting with All-Party-Parliamentary Group members in the Department of Health on Wednesday 16<sup>th</sup> November, you also personally assured those in attendance that you would address a number of issues we highlighted.

I am writing to follow-up on a number of these commitments, and reiterate the points which have been made by members of the APPG in recent weeks. I write to follow-up on seven main issues.

Firstly, I wish to follow-up on the comments Nicola Blackwood MP made about Atos and Capita's potential involvement as administrators of the reformed support scheme. In her speech, she confirmed that the invitation to tender is yet to be issued, and was clear that "as the tender is being designed, the concerns that have been raised in the debate will be heard, and that the concerns about trust and the history of this situation will be well understood by all those involved in the design." I would be grateful if you could outline how these concerns will be addressed in the tender process, although I must reiterate my view that anything short of a commitment *not* to put out to tender to a profit-making private firm will not be sufficient.

Further, when I pressed Nicola Blackwood MP to confirm that Atos and Capita were attendees of a 26<sup>th</sup> September Q & A session with officials of the Department of Health, as is noted on the Gov.uk website, she offered to look into this and write to me with further details on the involvement of these companies. I would be grateful if she could do so.

Secondly, as soon as possible, I would be grateful if you could provide the APPG with information on precisely how the £10,000 bereaved lump sum payments will be considered. We were assured in the debate that if someone's death certificate does not contain reference to Hepatitis C or HIV as a cause of death, the consideration process "will recognise other ways to show a causal link between infection and death." Could you outline what other documents could prove a causal link? What proportion of bereaved partners are likely to be excluded as a result of these requirements? I should again be clear that whatever changes to the consideration system are planned, I still disagree with the principle that this should be a basis of support: bereaved payments exist to account for the care and support many devoted to their loved ones, and the cause of their partners' deaths is not relevant for these purposes.

Thirdly, in the debate, Nicola Blackwood MP stated that "the aim of this support scheme is that no one will be worse off." Can the APPG take this as a clear *guarantee* that no one will be worse off under the reformed English scheme? I can only reiterate the contrast with the Scottish support scheme, which I made in my speech: there, we have seen an explicit assurance to this effect. If the Government could make a similar unequivocal guarantee, this would do much to allay so many people's concerns.

Fourthly, in the debate, the Government provided a welcome guarantee that any money not spent under the English support scheme year-on-year will continue to be held by the Department of Health. It would therefore be up to the DH whether to take that money forward. However, I still have two further concerns. On the one hand, can the DH please reassure beneficiaries that if there is any under-spend, this money *will* be brought forward? On the other, can you confirm what will happen at the end of the five-year Spending Review period, in 2020/2021, should any money remain unspent by then?

Fifthly, Nicola Blackwood MP kindly promised to write with further details of why people with other forms of Hepatitis, such as Hepatitis E, cannot be included in a reformed support scheme. I would be grateful if she could indeed write to me with these details.

Sixthly, at the meeting on Wednesday 16<sup>th</sup> November, you kindly promised that the Infected Blood Reference Group would consider a joint exercise with the Department for Work and Pensions, to ensure automatic passporting onto welfare benefits for those infected by contaminated blood. You also said that the Blood Policy Team would look into the Haemophilia Society's analysis of the costs of the English and Scottish support schemes. Could you provide an update on your progress in addressing both of these issues?

Finally, as promised at last week's meeting, I am writing to provide further details on how additional money could be found to support those affected by this tragedy. For some time, I have raised with DH and Treasury Ministers the possibility of using some of the Government's £230 million proceeds from the sale of our 80% stake in Plasma Resources UK to support beneficiaries. I have consistently been told that this would not be possible under current Treasury spending

rules because the proceeds from this sale are marked as capital expenditure, and that any support for those affected takes the form of revenue spending. I accept this distinction and I acknowledge that any additional help for beneficiaries would not, *technically-speaking*, derive directly from that Plasma Resources UK sale.

However, the Department of Health could easily work around this and make use of this money for beneficiaries: it would simply be a case of transferring money from its capital budget over to its revenue budget. Indeed, I know from a parliamentary question I tabled that the DH regularly transfers money from its Capital Departmental Expenditure Limit to its Revenue Departmental Expenditure Limit: some £640 million was transferred in 2014/15; and £950 million in 2015/16. If the DH wanted to make use of the proceeds of the Plasma Resources UK sale, it would simply be a case of making a similar transfer over to revenue spending. I simply ask that you acknowledge this point, and accept that HM Treasury rules would not prevent the DH from making this kind of decision.

On behalf of the APPG, I would like to thank both you and Nicola Blackwood MP for providing further details on the reformed English support scheme in recent works. I look forward to your reply.

Yours sincerely,



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cc: Nicola Blackwood MP, Parliamentary Under-Secretary of State (Public Health & Innovation),  
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