

# Infected Blood Inquiry

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## A Bad Call

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**D**awn Primarolo who had been a Treasury and a Health Minister in the Blair/Brown governments gives evidence.

Her health brief included blood policy.

Early questioning examines government resistance to setting up a public inquiry and reluctance to support a Scottish Inquiry and another led by Lord Archer.

*"The government of the day acted in good faith, relying on the technologies available at the time. A public inquiry would provide no real benefit for those affected".*

Counsel takes her through the government thinking at the time.

She had wanted to make as positive a response as was possible to the Archer Inquiry and admits to a degree of frustration at the attitude of officials who resisted many of the recommendations for change including measures that would have

removed some of the inconsistencies in the qualification for benefits from the various Trusts [Skipton et al]. Like others she found it difficult to get round the fact that there had been no wrongdoing that might have justified compensation.

The Chairman asks her about the criteria for deciding whether to establish public inquiries.

Should there be an independent Officer of Inquiries? No clear answers but perhaps a clue about one the Inquiry's recommendations.

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**N**ext, some days hearing from panels of patients about their experience with the Skipton Fund, of those infected with Hep B and Hep C and those children treated at Alder Hey Hospital in Liverpool.

These are all difficult sessions with harrowing stories both about the life experience of patients and the NHS response.

The gloom lifts a little as some witnesses recall caring doctors and nurses.

One witness compares the NHS to the tightly regulated gas ,oil and chemical

industries. The NHS, in his view, was a law unto itself.

Managers should find the time to read at least one of these days of evidence.

What can I learn?

What can I do?

The DH and the NHS were not totally blind to the life experience of these patients, it just did not think it could help very much and was worried about the consequences if they did more.

That was a bad call!

Would the outcome have been different if the issue had been handled by the NHS Executive [out of their budget] rather than the DH with tightly constrained central funds? I like to think that the allocations to the support funds might have been more generous, but I suspect they too would have been just as worried about the implications of making payments when no negligence was involved.

A tough political and managerial problem for the future.

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