Infected Blood Inquiry

Prof Brian Edwards
10th October 2022

History, an expert parent and access to support.

The Inquiry receives a report from its expert committee on public health and administration led by Lord Bichard.

The full report can be found on the Inquiry web site.

It is strong on history and the working of central government but not a lot about decision making in the NHS. Mixed team produced it including Nick Timmins, Kieran Walshe, Charles Vincent and Allyson Pollock. All academics.

She did remember with gratitude the nurse who became known as Auntie by her sons.

An interesting background paper although Allyson Pollock's politics are very evident as she talks about a Conservative plot to break up the NHS.

In verbal evidence Lord Bichard talks through the Ministerial Code and the convention that civil servants did not brief on the work and performance of past governments so as to avoid a new government making political capital about its predecessor. Civil servants had to keep the corporate memory. Governments were not good at long term planning and delivery.

The brightest civil servants moved frequently to broaden their experience.

Policy was always a better career ladder than delivery. We touch on the Civil Service code and the role of the Civil Service Commission.

Lots of people were involved in generating health policy. It was complicated! Ministers were usually presented with consensus advice from expert groups and heard little about dissenting voices or minority views.

The CMO acted as an interface between the government and the medical profession [on policy matters not industrial relations]. A little background of the operation of the Duty of Candour and patient engagement.

We go back to Community Health Councils! In the view of our panel the

NHS lost a lot of expertise when Regions were dismantled. The many NHS reorganisations are listed as they got in the way of long-term planning and policy implementation. Examples of payments made to other groups of patients when things had gone wrong are listed.

The full report [100 pages] is worth a read particularly by anybody interested in history and policy development.

A day or two later we hear from three families about their experience in Birmingham.

First a parent with an expert knowledge of the NHS having served as a member of the NHS Blood and Transplant Authority and as chair of a Strategic Health Authority.

The Skipton Fund required access to their clinical records and proof that they had received a blood transfusion. Many of their clinical records had been lost or destroyed

Elizabeth Buggins had three sons who suffered from Haemophilia A, all treated from a young age at Birmingham Children's Hospital.

The hospital had been caring and supportive but it is clear that sometimes the clinical care was varied and at times outside national guidelines. An expert medical witness in a later legal case described some of the clinical processes as negligent. Giving a very young child American Factor 8, from multiple batches, was not the appropriate step.

Cryoprecipitate which was much safer and equally effective in most cases, would have been the correct step.

Was it down to junior medical staff acting inappropriately in emergency situations or senior clinicians getting it wrong? We will see if the Inquiry reaches a view.

Mrs Buggins related her memory of the meeting of parents called by the medical staff when it first became clear that Aids might have been transmitted by blood. Parents were left to decide whether to have their children tested but, they were discouraged on the grounds that even if there was a positive result there was nothing that could be done, and it might harm the parent/child relationship.

She found out by accident about one of her sons having spotted his name on a list fixed to a ward fridge door.

She did not have a fruitful experience with her request for support for her sons from the Skipton Fund. She did

remember with gratitude the nurse who became known as Auntie by her sons.

Two families follow with similar experiences.

Elizabeth Buggins' evidence is clear, unemotional, and balanced. She does not apportion blame but wants fairness for surviving victims and families who still need support. There is much that can be learned from her families experience by both clinicians and managers. I strongly recommend a read of the transcript of the hearing on the 6th of March 2022 when it becomes available.

For some reason, the transcript did not appear on the web site as usual. Perhaps a legal challenge or an accidental reference to personal data!

For the record, a day earlier, the Inquiry had listened to evidence from families from minority ethnic groups.

They were not well served.

In some respects, their care pathway was more complicated particularly if they had been born outside the UK.

Their collective experience with the Skipton Fund had been poor.

The same was true for patients who gave evidence about their Hepatitis, acquired they alleged, after an NHS Blood Transfusion.

The Skipton Fund required access to their clinical records and proof that they had received a blood transfusion.

Many of their clinical records had been lost or destroyed.

Many of the applications for support from the Skipton Fund were subject to an independent report by a medical assessor.

I suspect some may be called to give evidence.

As an organisation was Skipton inefficient and uncaring or were they bound to apply strict and inflexible eligibility rules set by the DH in order to contain costs?

The Inquiry will judge.
