

# The Infected Blood Public Inquiry NEWSLETTER



THE  
HAEMOPHILIA  
SOCIETY

## A summary of remote inquiry hearings

This week the inquiry's focus has been on support for those infected with hepatitis C and their families with an examination of the Caxton Foundation (CF) and the Skipton Fund (SF).

Jenni Richards QC, began with a presentation on the Skipton Fund, which was set up as an "agent of government" in a deal signed off in 2007. It was not allowed to make proposals to amend government policy. The inquiry put together data provided by the SF during its lifetime from 2003 to 2017. It showed 6,712 applications - 5,529 were approved, 338 were unresolved, 845 were declined.

Nick Fish, long-time SF administrator told the inquiry that claims relied on hard medical evidence. Personal information from applicants was not used. Even a treating clinician's opinion was not enough to have a claim approved if medical notes were missing. Prof Howard Thomas, who was the SF's first medical director, explained the "highly subjective" process of trying to assess whether it was more than 50 per cent likely that a transfusion had occurred, in the absence of medical notes. According to the original Skipton Fund agreement, claims should have been assessed on the "balance of probabilities", rather

than "beyond reasonable doubt".

Mark Mildred, who served on the SF independent appeals panel, said it had no power to hold oral hearings and had no direct contact with applicants. He said the "technical view" of clinicians on the panel was "highly influential". No reasons for approving or refusing a claim were given to beneficiaries.

Charles Lister, former CF trustee 2011-15, said in his "middle class naivety" he was shocked by how little money some claimants were living on. He believed regular payments were needed to help lift them out of poverty.

## Quotes of the week

"We felt, very strongly, we had to do something to support better people that were in parlous situations."

Ann Lloyd, on the Caxton Foundation

"I welcome the commitment to bring the four national schemes into broader parity, to help to alleviate what I have described as the grinding hardship which far too many people have been condemned through no fault of their own."

Sir Brian Langstaff, on changes to the infected blood schemes announced by the government this week

"It was our mandate to say when it was more than 50% likely that the transfusion had occurred. If there were no notes and no evidence ...then I couldn't say that." Prof Howard Thomas on approving stage 1 claims

"We thought our obligation was to take a fresh view because... if the Department of Health had wanted a scheme where the certification of the clinicians was conclusive, it would have said so." Mark Mildred on SF appeals

## Inquiry news in focus: Caxton Foundation

When Ann Lloyd joined as chair of the Caxton Foundation in 2013 she said there were "concerns" about the effectiveness of the organisation. Set up in 2011 to provide discretionary payments to people infected with hepatitis C through NHS contaminated blood and blood products, the charity had only reached a quarter of the number of people estimated to be eligible for support and was underspent in its early years. Its first newsletter came out in December 2014. After a look-back exercise carried out by the Skipton Fund in 2014, the number of beneficiaries rose substantially, from 555 in March 2013 to 1,089 in March 2015. However, the regular payments introduced during Ms Lloyd's tenure had to be greatly reduced when government rejected Caxton's business plan in 2014.