

➤ INTRODUCTION FROM LORD PENROSE

From the outset, I advised that I would take forward the work of the Inquiry in two phases. I am pleased to advise that the second phase is now well underway as we prepare for the oral hearings which are scheduled to commence on 8 March 2011. The venue for the hearings will be the Clydesdale Bank Plaza (Ground Floor), 50 Lothian Road, Edinburgh. I am satisfied that a suitable and accessible venue has been made available for the hearings.



The programme for the hearings will be published on the Inquiry website. I anticipate that the hearings will take place over the course of 2011. Progress will be reported on the Inquiry website.

I appreciate that some of those with an interest in the Inquiry will not be able to attend through reasons of distance or ill-health. Consequently I have arranged for a transcript of proceedings to be available on the website as soon as possible after the end of each hearing day.

I am grateful to those who commented on the Preliminary Report and the draft list of topics for the oral hearings. I have amended the list in light of the responses. A copy of the amended list can be seen below. The topics represent areas of controversy which have been identified. They are not written in stone; further amendments may be made as we progress. If you have any questions about this or any aspect of the work of the Inquiry, please contact Maria McCann, Secretary to the Inquiry. Contact details are provided below.

A handwritten signature in blue ink, appearing to read 'C. Penrose'.

The Right Honourable Lord Penrose

➤ LIST OF TOPICS FOR ORAL HEARINGS

The Inquiry received 15 responses following Lord Penrose's call for comments on the proposed list of topics for further examination at the oral hearings. All comments and suggestions were carefully considered. Each respondent received an individual letter addressing their specific issues. The changes which have been made are highlighted in italics. The amended list is as follows:

PART A

The deaths of Reverend David Black, Mrs Eileen O'Hara, Alexander Black Laing and Victor Tamburrini, with particular reference to the circumstances in which they became infected with the Hepatitis C virus, HIV or both.

PART B - HIV/AIDS

B1) The efforts made to discourage 'higher risk' donors from giving blood (by the dissemination of information, including leaflets); whether these efforts went far enough and began early enough.

B2) The use of *blood product concentrates in Scotland, including any perceived disadvantages of such products, from their introduction in or around 1974*; the continuation of *the use of commercial concentrates in particular* after:

- international realisation that these carried a risk of AIDS;
- the proposal by Dr Galbraith of the Public Health Laboratory Service in May 1983 that use in the UK should be stopped; and
- significant progress towards self-sufficiency in the manufacture of blood products by the NHS in **Scotland** had been made.

B3) The implementation of heat treatment against LAV/HTLV-III by the Protein Fractionation Centre in Scotland in December 1984, and the technological background to such implementation, including the history and exploration of methods of heat inactivation by the Scottish National Blood Transfusion Service.

PART C - HEPATITIS C

C1) The acceptance of blood from 'higher risk' donors, in particular:

C1A) prisoners; and

C1B) donors who had a history of jaundice, and who were negative for Hepatitis B when the existence of non-A non-B Hepatitis was known and its presence could not be excluded.

C2) The non-introduction in Scotland of surrogate testing for non-A non-B Hepatitis.

C3) The implementation of heat treatment sufficient to inactivate Hepatitis C in blood products by the Protein Fractionation Centre in Scotland in 1987, and the technological background to such implementation, including the achievement of this objective by the National Blood Transfusion Service in England and Wales in 1985.

B4) The decision not to use kits from the United States of America for testing donated blood for the virus as soon as they became available but, instead, to follow a process of evaluation of the kits before any such use.

B5A) The information given to patients (or their parents) about the risk of AIDS before their treatment with blood or blood products;

B5B) The tracing and testing of patients who might have been exposed to the virus through their treatment with blood or blood products;

B5C) The information given to patients who might have been infected, or who were found to be infected, and their families;

B5D) *In particular, the circumstances in which those patients known collectively as the Edinburgh Cohort became infected with HIV, the testing of such patients for HIV and the information given to them about their infection.*

B6) The effects of infection with HIV, including the effects of treatment, on patients and their families.

C4) The interval between the availability of tests for the Hepatitis C virus in 1989 and the introduction of screening of donated blood for the virus in the United Kingdom in September 1991.

C5A) The information given to patients (or their parents) about the risk of non-A non-B Hepatitis *and the severity of the condition* before their treatment with blood or blood products;

C5B) the tracing and testing of patients who might have been exposed to the virus through their treatment with blood or blood products; and

C5C) the information given to patients who might have been infected, or who were found to be infected, and their families.

C6) The effects of infection with Hepatitis C, including the effects of treatment, on patients and their families.

➤ CORE PARTICIPANTS

Lord Penrose has designated 21 individuals and 17 organisations as core participants to the Inquiry. For confidentiality purposes, individual core participants are identified by their initials only. Further details can be found on the Inquiry website at: www.penroseinquiry.org.uk

➤ VENUE FOR ORAL HEARINGS

The oral hearings will take place at the Clydesdale Bank Plaza, 50 Lothian Road, Edinburgh, EH3 9BY. These premises are fully accessible. Transport links for trains and buses are good. Public car parks are available within the vicinity.

Further guidance on the oral hearings is available on the Inquiry website, www.penroseinquiry.org.uk

➤ TIMETABLE FOR THE HEARINGS 2011

8 March – 31 March	Investigation into the deaths referred to in Terms of Reference 6; Statistics; Introduction to the use and collection of blood; B1 and C1 – Higher risk donors
26 April – 19 May	Introduction to haemophilia; B2 – Blood Products; B3 – Viral inactivation - heat treatment against HIV
31 May – 24 June	Patients' and relatives' experiences – B5, information, tracing and testing – B6, effects of infection; return to B3; B4 – The introduction of screening of blood for HIV
28 June – 1 July	This week will be held in reserve in order to complete any matters which have not been completed in their original block.

It is anticipated that hearings will resume in August 2011, on a date yet to be confirmed.

Hearings will commence at 9.30am, with a morning break, and we will generally aim to conclude at 4pm. There will be a break for lunch from 1pm to 2pm. Typically hearings will take place Tuesday to Friday but there will be exceptions to this, and these will be publicised on the Inquiry website www.penroseinquiry.org.uk

Contact us

If you have any questions about the Inquiry, please contact:

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The Penrose Inquiry is an independent public inquiry under the Inquiries Act 2005, chaired by the Rt Hon Lord Penrose.