ANDREW MARR:
Don’t panic is the message from the government to women with breast implants - a message spelt out in newspaper adverts this weekend. The National Health Service will put right operations it performed, and many private clinics that used faulty implants say they will cover the expense of fresh operations. However, two of the biggest chains of private clinics that perform breast enlargements say their patients will have to pay all over again to have the potentially unsafe silicon replaced. Well earlier I spoke to the Health Secretary Andrew Lansley from our Cambridge studio, and I began by asking him if the government could force private companies to act.

ANDREW LANSLEY:
No, we have no powers to force them to do so. These were private contracts and private health care providers providing cosmetic surgery privately, so we don’t have a power to do this. But I think there are clear legal obligations on these providers, as well as a moral obligation for the continuing care to their patients. But I should say the point of taking advertisements in the newspapers this morning was to make very clear to all women, whether they were originally NHS patients or originally private patients, that we are there to support them; and if their private provider will not or have gone out of business and cannot provide them with support, we will do so. So
the advert is very clear: if a woman has any need for support, talk to your GP; and on the basis of that, the NHS can give you access to investigation if you need it …

ANDREW MARR:
Right.

ANDREW LANSLEY:
… and indeed removal of the implant if that is the conclusion you reach with your doctor.

ANDREW MARR:
Well, as I understand it Mr Lansley, the NHS would remove a faulty implant if that was what was needed, but would not pay for a replacement, will not put a replacement in. Now in practical, physical and indeed emotional terms, that isn’t a realistic sounding prospect to a lot of people.

ANDREW LANSLEY:
Well I should make clear we will replace the implants for those who were originally NHS patients …

ANDREW MARR:
(over) But for those who weren’t?

ANDREW LANSLEY:
… or where it is clinically necessary to do so. But it is not the role of the NHS to replace implants purely for cosmetic purposes and our expert group was very clear that in many cases there won’t be a need to do so from a clinical point of view. But I think the thing that …

ANDREW MARR:
(over) Sorry, could I just jump in there for a second? Won’t that leave, wouldn’t that leave a lot of women in a pretty unpleasant condition, feeling very bad about themselves, and perhaps you know there’s lots of surplus skin and so forth? That actually this is something, for all the extra amount of money involved - probably not a
great deal - that the NHS should pick up?

**ANDREW LANSLEY:**
Well the expert group were very clear in their advice to me that it wasn’t necessary clinically except in relation to women who had had breast reconstruction surgery who’d been supported through the NHS in the first place. I mean clearly if women are looking for replacement of these implants, then ideally they should be looking to do so through their private providers who provided them with a cosmetic benefit in the first place. So that’s what they’re looking for and the NHS is there to provide clinical services, not to provide services that aren’t clinically necessary. So we will support women, but let me also just say - I think it’s quite important, Andrew - is the expert group are also very clear that this is not an urgent procedure. There is no clear evidence of increased risk associated with these PIP implants compared to normal implants. There is no link to cancer - which of course, if you remember before Christmas, was the original press reporting suggested there was a link to cancer. But there is no link to cancer and the French authorities are very clear that there is no link to cancer as well. So from that point of view …

**ANDREW MARR:**
(over) And yet … Sorry …

**ANDREW LANSLEY:**
(over) … I know women are worried, and they’re understandably worried, but I don’t think they should proceed on the basis that there is an urgent need for the removal of these implants.

**ANDREW MARR:**
But in this case, we have private companies walking away from what many people would consider to be their obligations. Are you happy that they carry on working, they carry on functioning after this kind of abdication of responsibility?

**ANDREW LANSLEY:**
No, I’m not happy about private providers not stepping up to their responsibilities at all, and I think the argument that somehow they can’t afford to do so begs the
question of where was their insurance, where were they insuring themselves against their liabilities? But these are all issues that I hope as the Medical Director of the NHS (as I’ve asked him to do) convenes an expert group to look at the future regulation of the cosmetic surgery industry, I think their ability to meet their liabilities toward their patients should be one of the issues we look at.

ANDREW MARR:
Sure. Finally, can I just ask you about the wider position here because a great many people have had or will have hip replacements, knee replacements, all kinds of operations performed by private clinics, and inevitably some of these at some point will go wrong. Is there a wider issue here about the responsibility of the NHS picking up problems or failings which emerged through private clinics and private hospitals?

ANDREW LANSLEY:
Well I think if there is a wider issue, it’s something that the review of surgery that we’ll look at, cosmetic surgery we’ll look at will identify. I think where there are clinically … I mean you talked about issues like hip replacements and so on. Let’s be clear, we have in the past, for example, had hip replacements that turned out to be faulty. It wasn’t somebody’s intention to do so, as happened with these implants, but they weren’t effective. And of course the NHS is there for patients. Whenever it’s clinically necessary to replace any kind of device of this kind, the NHS is there. And indeed there may well be private providers providing NHS services who had independent sector treatment centres doing knee and hip replacements, for example. Under all of those circumstances, the NHS is there to provide NHS services and to give people that kind of confidence that if anything were wrong, the NHS would be there to support them. So I don’t think we can have … there’s no comparison between what happens in the private sector privately outside the NHS and the role of the private sector in providing NHS services.

ANDREW MARR:
Alright, Andrew Lansley, thank you very much for joining us from Cambridge this morning.
ANDREW LANSLEY:
Thanks, thank you.

INTERVIEW ENDS