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Infected Blood: Victim Support

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The Paymaster General >

(Penny Mordaunt)

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Today I am providing an update on parity of financial support, the commitment to considering a compensation framework, and enhancements to the psychological support for the victims of the infected blood tragedy.

Parity

In July 2019, a UK-wide agreement was reached in principle to resolve disparities in levels of support for people infected and affected. In January 2020 at a meeting with campaigners, the UK Government committed to resolving the disparities in financial support in Wales, Northern Ireland, and Scotland as well as addressing broader issues of disparity, including support for bereaved partners.

I am pleased to confirm that the following changes are planned to the four separate schemes to bring them into broader parity. Increases in annual payments will be backdated to April 2019. Where lump sum payments are being increased, this will apply to all current scheme members. We will work with the four schemes to communicate the changes to beneficiaries. Beneficiaries will continue to receive their current payments until the changes can be made. We hope that the schemes will be able to make additional payments where required by the end of the calendar year, and sooner if possible.

The key elements of change for the England infected blood support scheme are:

annual payments for bereaved partners will be increased to an automatic 100% of their partners annual payment in year 1, and 75% in year 2 and subsequent years, in line with the position in Scotland;

the lump sum bereavement payment will move from a discretionary £10,000 to an automatic £10,000, in line with the position in Wales;

the lump sum payment paid to a beneficiary in the scheme with hepatitis C stage 1 will increase by £30,000 from £20,000 to £50,000, in line with the position in Scotland; and

the lump sum payment paid to a beneficiary in the scheme with HIV will increase from up to £80.5k maximum in England, to an automatic £80.5k.

In addition, the schemes managed by the devolved Administrations in Scotland, Wales and Northern Ireland will be similarly adapted so that across the UK there is broad parity of payments to infected and affected people. These adaptations are in line with the UK-wide agreement reached in July 2019.

In Scotland, the changes are to increase annual payments for infected beneficiaries and bereaved partners, and to introduce £10,000 lump sum bereavement payments for the families of those beneficiaries who have died since the scheme began.

In Wales, the changes are to increase annual payments for infected beneficiaries, increase both the payments and length of payments for the bereaved partners, in line with the position in Scotland, and changes to the lump sums for hepatitis C and HIV.

In Northern Ireland, the changes are to annual payments for non-infected bereaved spouses/partners, lump sum bereavement payments, and a commitment to introduce enhanced financial support for hepatitis C (stage 1), at the same payment levels as in England, as soon as a system can be put into operation.

We have agreed with Health Ministers that any future changes to national schemes would be subject to consultation between the UK Government and devolved Administrations.

Compensation framework

To meet the Government's commitment to consider a framework for compensation, we can confirm our intention to appoint an independent reviewer to carry out a study, looking at options for a framework for compensation, and to report back to the Paymaster General with recommendations, before the inquiry reports.

The terms of reference of this study will be finalised in consultation between the independent reviewer and those infected and affected. The study will include consideration of the scope and levels of such compensation, and the relationship between a compensation framework and the existing financial support schemes in place.

The study is entirely separate from the public inquiry, which continues to have this Government's full support; it will not duplicate the work of the inquiry, or cut across the inquiry's findings. The study shall provide the Paymaster General with advice on potential compensation framework design and solutions which can be ready to implement upon the conclusion of the inquiry, should the inquiry's findings and recommendations require it.

The name of the independent reviewer will be announced shortly.

Psychological support

Since May 2020, there have been important improvements to how beneficiaries of the England infected blood support scheme can access psychological support. Beneficiaries are now able to receive funding for counselling directly from the scheme without GP approval or the need to access waiting lists. This change has been communicated to beneficiaries.

The Department of Health and Social Care will continue to work with EIBSS and NHS England and Improvement to review if further improvements are necessary to the psychological support which is available for beneficiaries.

Finally I would like to place on record my thanks to the inquiry chair, Sir Brian Langstaff, and his team for the way the inquiry has managed to continue its work throughout the last 12 months despite the challenges presented by covid-19, and for consistently putting the interests of the infected and affected victims at the heart of their decision-making when dealing with significant logistical and planning challenges.

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