

Witness name: The Scottish Infected Blood Forum

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Dated: 10th August 2022

INFECTED BLOOD INQUIRY

EXHIBIT WITN7165002



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17 January 2018

Ref.: STAGE ONE WIDOWS INFECTED BLOOD SUPPORT PAYMENTS

Dear Cabinet Secretary,

We are writing to you further on the subject of what we believe is the unfairness that Stage 1 widows have suffered under the SIBSS and their not receiving the £30,000 that other widows have received either after their husbands are dead or with their husbands while still alive. Further information has come to light about the number of widows involved and we believe it is time for a fresh perspective on this vexed and divisive matter.

We suggest that this is an anomaly that needs to be addressed separately to the current Clinical Review and the very good work being conducted by Professor David Goldberg. The reason we believe it needs to be addressed separately is simple.

Stage 2 widows whose husbands die or have died do not have to prove that Hepatitis C was the cause of death. In other words whether or not HCV was or is the cause of death does not have to be proved for Stage 2 widows to benefit under the scheme.

Stage 1 widows whose husbands die after the launch of the Scottish Support Scheme will have shared with their husbands benefitting from £30,000 and enjoyed a longer time shared with their partners / husbands.

Stage 1 widows whose husbands/partners died in Scotland prior to the establishment of the scheme not only have had less time spent with husbands / partners but have received no such recognition under the Scottish Scheme even though they were infected in Scotland, other than odd circumstances involving extra assessment under the support and grant assistance scheme.



It has come to light from SIBSS records that these widows are 12 in number. We remain of the view that in the race to complete the Financial Review within a very tight time deadline, insufficient attention was awarded to this particular anomaly and as you are aware it was never our intention to leave out this particular group from those affected and thus benefitting from the scheme.

We welcome the assertion you yourself have made that this is an evolving scheme and that we need to take a 'can do' approach in the scheme's development. We urge you to consider extending the payment of £30,000 to these 12 people prior to the end of March to indicate that their situation is being recognised, whatever the outcome of the clinical review.

Needless to say we are happy to discuss the matter further.

With kind regards.

Yours sincerely,

GRO-C

Bill Wright
Chair, Haemophilia Scotland

GRO-C

John Rice
Convener, Scottish Infected Blood Forum