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**INFECTED BLOOD INQUIRY**

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# The Contaminated Blood Scottish Financial Support Review Group

## Regional Meetings Summary

This short note of the regional consultation meetings has been produced to maintain transparency about the work of the Scottish Financial Support Review Group (The Group). The meetings are only one part of the qualitative consultation exercise being conducted by The Group and therefore should not be interpreted as indicative of the findings of that exercise.

During the last two weeks of August 2015, meetings were held in Edinburgh, Inverness, Dundee, Glasgow, and Aberdeen. They produced more than 10 hours of detailed discussion. The meetings were advertised by Haemophilia Scotland and the Scottish Infected Blood Forum as the letter distributed through Alliance House did not arrive in time to fulfil this role. 86 people attended the meetings, half of these were at the Glasgow meeting.

The substance of each meeting was to have a facilitated discussion on seven key topics. This note will take each of these topics in turn and give a brief summary of the dominant feeling across the meetings. A much wider range of opinions were expressed at the meetings and all views will be considered by The Group as part of the consultation exercise.

In all cases the discussion was limited by their being no guidance about the amounts of money being discussed and by the inherent interrelation between the topics.

### **Lump Sums vs Regular Payments**

In principle, there was a preference for lump sum payments over relying on regular payments. This was because of the greater independence and control lump sums provide, especially with financial advice. However, concerns were raised that ongoing and changing needs might necessitate regular payments for some people. Similarly, that regular payments might suit some bereaved families better than a lump sum. There were also discussions of the tax and benefits implications of these choices. There were several suggestions about offering people choices about how they received support.

### **Who should be able to make a claim?**

The right of infected people, and their bereaved families, to claim was universal. However, there was strong support for people who had been carers as a result of the disaster (such as partners or parents) to have a claim in their own right. Similarly, there was support for the children of those who were infected having a claim in recognition of the loss of the financial support and the emotional impact of growing up in a home affected by the disaster.

### **How should bereaved families be supported?**

Making sure bereaved families are secure was extremely important at all the meetings. Infected people who have survived are concerned about being able to leave their families secure when they pass. Similarly, there was a strong feeling that families shouldn't be disadvantaged as the result of having lost someone already.

### **What general approach? How should support be targeted?**

There was a divide in opinion between the Glasgow meeting and the other meetings on this point. In Glasgow, there was strong support for a flat payment level. The meeting did not support any assessment or directing different amounts of support to people according to their experience of the

contaminated blood disaster. The view was that as a single suffering community there should not be variations in how people were supported.

In contrast, the non-Glasgow meetings all favoured, in different way, a combination of approaches with different parts of the settlement recognising different sorts of loss. Elements which were mentioned in proposals put forward included,

- Something for being infected and the underlying pain and suffering it caused.
- Financial losses, in particular lost earnings and being penalised for being frozen out of the housing market.
- Aggravating legal issues surrounding the infections.
- Ongoing needs, in recognition of the ongoing health problems experienced by many.
- Financial security for families, in recognition that people had been prevented from providing this by the infections.

#### **How much assessment should there be?**

At all the meetings the view was expressed that people were sick and tired of having to apply for support, provide illness or need, and fill in seemingly endless forms. There was a desire to keep the amount of assessment to the minimum which was required for a fair settlement. There were also concerns raised that too much assessment could slow the process down. These considerations were influential in the view of the Glasgow meeting that flat payments were preferable.

#### **Should there be interim payments?**

It was universally recognised that there was an urgent need for financial support, especially for some people. The general view was that an interim payment should be sought and made if at all possible, however, this should not be allowed to slow down the current process towards a full settlement.

#### **Who should administer any payments?**

Although there was appreciation expressed for the way the Skipton Fund payments work once applications have been accepted there was anger expressed about the distribution of discretionary funds. There was universal support for the idea that a single, Scottish, body should administer payments to provide better accountability and a more accessible service. The need to transfer information from the current payment bodies and to ensure that transition arrangements were in place were raised.

The detailed notes of these meetings will be used, in combination with the free text boxes on the questionnaire and the one-to-one conversations, to provide inform The Group as it begins testing potential proposals for its recommendation.

Everyone on The Group is extremely grateful to everyone who has taken part in the consultation so far. The final consultation meeting of The Group will take place on Saturday 31<sup>st</sup> October in Perth at a venue to be confirmed. This meeting will provide an opportunity to discuss potential recommendations from the Group to the Cabinet Secretary before they are made.