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Welsh Government Survey: Summary of responses

**REFORM OF SUPPORT FOR THOSE AFFECTED BY NHS SUPPLIED
CONTAMINATED BLOOD**

30 March 2017

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1. Introduction

Since 1988, ex-gratia support has been provided to people affected by Human Immunodeficiency Virus (HIV) and/or hepatitis C (HCV) following treatment with National Health Service (NHS) supplied blood or blood products.

The five infection-specific support schemes¹ established since 1988 evolved in an ad hoc manner and, over time, the system has become complex. Improvements have been made pre and post devolution such as the introduction in 2009 of annual payments for those with HIV and annual payments for those most severely affected (Stage 2) by hepatitis C from 2011. However, widespread dissatisfaction continues about the way and the extent to which affected people are being supported.

As a first step to reform the schemes and taking account of the views expressed from within Wales² the Cabinet Secretary for Health, Wellbeing and Sport decided that up to 31 March 2017 payments to individuals infected in Wales would be the same as in England. This was an interim measure pending a further decision about the scheme from 1 April 2017.

In October, the Cabinet Secretary wrote to the 280 people currently being supported to invite them to complete a short survey of their views about how available funding could best be used to assist in everyday living and planning for the future. All were also invited to contribute their views at two workshops, one in north and one in south Wales.

2. Summary of survey responses

The survey closed on 20 January. Thirty-eight responses, including one late one, were received and the views expressed, together with those from the 40 attendees at the workshops, are detailed below. We are not including the individual survey responses in this report due to the nature and sensitivity of the subject matter and the potential harm that could arise from disclosure. Instead, we have included responses to each of the questions posed, where possible in the respondents' own words.

Q1. How could financial support be tailored better to meet your needs and circumstances?

Q2. In what ways could financial support be provided that best suits your needs and circumstances?

- Levels of payments need to take recipients above the poverty line.
- Payments need to be a living wage.
- Remove discretionary payments and pay higher monthly payments – shouldn't need to go cap in hand for monies.
- Higher payments, no discretionary support.

¹ Skipton Fund, Caxton Foundation, Macfarlane Trust, Eileen Trust and MFET Ltd

² To the 2016 Department of Health Consultation, by the National Assembly for Wales Cross Party Group on Haemophilia and Contaminated Blood and in correspondence to the Welsh Government.

- Set up an advocacy service to help people through the maze of treatment and payments.
- HCV Stage 2 scheme access needs refreshing/very hard to access funds and medical opinion is not always taken into consideration.
- Remove HCV Stage 1 & 2 payments – one entry level for all cases.
- Better communications are needed with the Department of Works & Pensions - shouldn't need to go through hoops to receive benefits.
- More clinical input into payment decisions.
- Widows should have a pension.
- Uncertainty over payments is very worrying.

Q3. Do you think any changes need to be made to the timing of payments received (for example monthly/annually/one off payment)?

- One-off payment - but how would you calculate to be fair to all?
- Pension/payments for dependents.
- Lifetime guarantee for all scheme recipients – not dependent on which Government is in power.
- Stop winter fuel payments – should form part of annual payments.
- Scottish model preferred.
- Payments should remove uncertainty.
- Pensions preferable for the bereaved.
- Would like to have the choice of monthly/yearly payments.
- One-off payment of £10,000 is an insult to widows.
- Would prefer 1 large pay-off as with other compensation cases.

Q4. Are there any issues in relation to the use of Welsh language which you feel should be considered as we make any future decisions?

To be able to have the choice in the language you choose to communicate in.

Q5. Is there anything else you would like to tell us about how support arrangements could be improved?

- Thoughts turned to the bereaved and the need for a pension similar to the Scottish model. It was felt that all family members were affected and many family members/spouses had been unable to work due to caring responsibilities. £20k was felt to be a reasonable amount for a pension.
- Additional service provision across Wales especially in north Wales.
- Consistent use/acceptance of fibroscans and their outcomes.
- Treatment pathway required for equitable treatment across Wales.
- Set up an advocacy service to help people through the maze of treatment and payments.
- Assistance is required by some to help people through the maze of application forms.

- Payments need to be responsive if health needs change.
- Move to the Scottish scheme.
- Winter fuel payments should be included in the annual payments.
- Recipients would like to see a 'Not for Profit' organisation be the new scheme administrator.

3. Summary of views heard the workshops

At the workshops, a number of general issues and concerns were raised in the hope these could also be taken into account in the reform:

- Dignity issues in health care settings – needs improvement.
- Loss of financial earnings when unable to work due to the impact of the infection.
- Anger that issue has not be resolved.
- Treatments often worse than the illness.
- Too many funds at present – need streamlining.
- Issues building your career due to sickness absences.
- Feeling of shame.
- Better communication is needed between clinicians and scheme recipients.
- Clinical connection to payments requires strengthening.
- Constant worry over money doesn't help.
- Shouldn't be reliant on benefits.
- Support should be on health need not diagnosis.
- Life insurance and travel insurance is not easy to arrange and very expensive.

4. Summary of responses from within Wales to the England consultation

The responses from within Wales to the earlier England consultation also provided a rich source of information on the current arrangements and expectations for the future. Out of the 77 respondents that answered the specific questions:

- 73% preferred having one scheme rather than the current five;
- 64% were not in favour of individual assessments, 11% were;
- 75% thought a £20,000 lump sum should be provided for new registrants; 13% thought not; and 12% didn't know;
- 27% thought the scheme should offer the existing bereaved a final lump sum; 3% thought access to discretionary support should continue; and 70% thought there should be choice;
- 70% thought access to HCV treatment should be part of the scheme; 21% thought not; and 9% didn't know;
- of infected beneficiaries, 53% would be interested in being considered for access to treatment under the scheme; 19% said not; and 28% didn't know;
- 52% thought greater equality between HIV and HCV should be provided by removing the £50,000 lump sum payment;

- 24% thought newly bereaved should be offered one final year of payment; 5% thought there should be continued access to discretionary support; and 71% thought there should be choice;
- 87% thought discretionary payments should be available for travel and accommodation relating to ill health; 6% thought not; and 7% didn't know;

Other comments expressed were:

- There should be fair treatment for all those infected regardless of stage of infection.
- Compensation or a significant final lump sum being preferable to annual payments.
- Parity with Scotland, including the opinion that all devolved administrations should provide the same support due to the initial scandal happening pre-devolution.
- Dissatisfaction with regards to the arrangements for discretionary funding.
- That the way this situation has been handled in the Republic of Ireland, Canada, France and other countries should be considered.
- A lack of empathy shown and understanding of the wider impact on sufferers lives not only from a health perspective.

5. Next steps

The views expressed in the survey, at the workshops and from those who responded to the consultation undertaken by the Department of Health have proved invaluable in gaining a deeper understanding of the impact of the tragedy on people's lives and those of their families in many cases. We would like to take this opportunity to thank people for their time and for their openness in sharing their stories with us. This has made a real difference in shaping the way forward.

Three essential principles drawn from these responses have influenced the decisions made by the Cabinet Secretary for Health, Wellbeing and Sport in reforming the system in Wales. The first was that there is a need to provide broader assistance over and above financial support. Affected individuals can experience difficulties accessing healthcare services, home or travel insurance, other financial benefits, or suitable public services. Our new scheme will therefore include a holistic support service for every affected individual - to be provided face to face, on-line and by telephone. We believe this will significantly improve our beneficiaries' sense of security, quality of life and care and, I hope, ensure they are treated with the dignity they have a right to expect.

Secondly, the need to address concerns about access to discretionary funding. Access has not been straightforward or equitable previously - in that many never apply at all for these funds and those who did found it burdensome and undignified to fill in forms seeking often modest amounts of money. As equity is a key value for our new scheme, all regular payments will be increased to include an amount towards additional expenses such as increased winter fuels; in relation to treatment and hospital visits (travel/overnight accommodation); and insurance

(personal/travel). The intention is to remove the need for people to apply for this support although a small discretionary fund will be retained.

Finally, we want to do more to support those who have been bereaved, especially during the early years when distress and financial difficulty may be greatest. The one-off payment is not considered sufficient to help people adjust when regular payments cease. To address this, spouses or partners will receive 75% of the regular payments for three years after bereavement. For the newly bereaved, payments will reflect the regular payment rate at the time of death. For those bereaved in earlier years, the 2016-17 rate will be applied and one payment made in full. This will be in addition to the one-off payment that will continue.

The current UK system evolved largely in an ad hoc manner involving five schemes with different aims and approaches. We have listened to the strong views about the need for the administration of any new scheme to be provided through a not for profit arrangement. Officials will work with the Department of Health and the current scheme administrators to ensure the transition to the new scheme is as smooth as possible.

Those identified by the existing UK schemes as Wales' beneficiaries will automatically transfer to our new scheme that will be operational from October 2017. Enhanced regular payments (annual, quarterly or monthly) under the new scheme will be backdated to April 2017. Officials will ensure through collaboration with HM Revenue & Customs and the Department of Works & Pensions that the existing provisions whereby payments do not adversely affect tax liability or state benefits entitlement are preserved.

The new scheme has been designed to be compassionate and aligned to the expressed needs of those affected by this tragic episode. There is now much to do to set up these new arrangements, operationally and legally, and to ensure a smooth transition to the new scheme running from October 2017. The financial elements of the new scheme are at Annex A. Regular payments made by the new scheme administrator from October will be backdated to April 2017.

Annex A

	2016-17	2017-18
Regular payments: annual entitlement for those with hepatitis C at Stage 1.	£3,500	£4,500
Regular payments: annual entitlement for those with hepatitis C at Stage 2.	£15,500	£17,500
Regular payment: annual entitlement for those with HIV.	£15,500	£17,500
Regular payments: annual entitlement for those with HIV and hepatitis C Stage 1.	£18,500	£21,500
Regular payments: annual entitlement for those with HIV and hepatitis C Stage 2.	£30,500	£34,500
New registrants: one off lump sum payment for those with hepatitis C Stage 1.	£20,000	£20,000
New registrants: one off lump sum payment for those who progress to hepatitis C Stage 2.	£50,000	£50,000
New registrants: one-off lump sum payment for those with HIV.	£20,000	£20,000
Bereavement payments: one-off lump sum for scheme registered spouses/partners of scheme registered beneficiaries.	£10,000	£10,000
Regular bereavement payments: for three years following death, payment to spouses/partners of scheme registered will be at 75% of the annual entitlement.		
A one-off payment equivalent to three years' entitlement at the 2016-17 annual rate will be paid to spouses/partners of scheme registered beneficiaries for deaths in earlier years.		

Rhif

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Arolwg Llywodraeth Cymru: Crynodeb o'r ymatebion

DIWYGIO'R CYMORTH I'R RHAI A HEINTIWYD GAN WAED HALOGEDIG Y GIG

30 Mawrth 2017

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6. Cyflwyniad

Ers 1988, mae'r rhai a heintwyd â'r Feirws Imiwnoddiffygiant Dynol (HIV) a/neu C (HCV) yn dilyn triniaeth â gwaed neu gynhyrchion gwaed gan y Gwasanaeth Iechyd Gwladol yn cael cymorth ex-gratia.

Mae'r pum cynllun³ a sefydlwyd ers 1988 i gynorthwyo'r rhai sydd â heintiau penodol wedi datblygu mewn modd ad hoc ac mae'r system, dros gyfnod, wedi mynd yn gymhleth. Cafodd y system ei gwella cyn datganoli ac wedyn, fel y penderfyniad yn 2009 i roi taliadau blynyddol i'r rhai sydd ag HIV ac i roi taliadau blynyddol i'r rhai sy'n dioddef fwyaf (Cam 2) oherwydd hepatitis C o 2011 ymlaen. Fodd bynnag, mae anfodlonrwydd eang o hyd ynghylch y modd y caiff y rhai sydd wedi'u heintio eu cynorthwyo a faint o gymorth a gânt.

Fel y cam cyntaf yn y broses o ddiwygio'r cynlluniau, a chan ystyried safbwyntiau pobl a chyrrff yng Nghymru,⁴ penderfynodd Ysgrifennydd y Cabinet dros lechyd, Llesiant a Chwaraeon y byddai'r taliadau i'r rhai a heintwyd yng Nghymru yn cyfateb i'r taliadau yn Lloegr hyd at 31 Mawrth 2017. Mesur dros dro oedd hwn, nes byddai penderfyniad arall ar ôl 1 Ebrill 2017 ynghylch y cynllun newydd.

Ym mis Hydref, ysgrifennodd Ysgrifennydd y Cabinet at y 280 o bobl sy'n cael cymorth ar hyn o bryd, yn eu gwahodd i lenwi arolwg byr a rhoi sylwadau ar y ffordd orau y gellid defnyddio'r cyllid sydd ar gael i'w helpu i fyw o ddydd i ddydd ac i gynllunio at y dyfodol. Cawsant eu gwahodd hefyd i roi sylwadau mewn dau weithdy, y naill yn y gogledd a'r llall yn y de.

7. Crynodeb o'r ymatebion

Daeth yr arolwg i ben ar 20 Ionawr. Daeth tri deg wyth o ymatebion i law, gan gynnwys un ymateb hwyr, ac mae'r safbwyntiau a nodwyd yn yr arolwg, ynghyd â'r safbwyntiau a gynigiwyd yn y gweithdai, wedi'u cofnodi isod. Nid yw ymatebion unigol i'r arolwg wedi'u cynnwys yn yr adroddiad hwn a hynny oherwydd natur a sensitifrwydd y pwnc, a'r niwed posibl a allai godi wrth eu datgelu. Yn hytrach, rydym wedi cynnwys yr ymatebion a gafwyd i bob cwestiwn a hynny, os oes modd, yng ngeiriau'r ymatebwyr eu hunain.

C1. Sut y gellid teilwra'r cymorth ariannol yn well ar gyfer eich anghenion a'ch sefyllfa?
C2. Ym mha ffyrdd y gellid darparu cymorth ariannol yn fwyaf priodol ar gyfer eich anghenion a'ch sefyllfa?

- Mae angen i lefel y taliadau sicrhau bod y rhai sy'n eu derbyn yn gallu byw uwchlaw'r ffin dlodi.

³ Cronfa Skipton, Sefydliad Caxton, Ymddiriedolaeth Macfarlane, Ymddiriedolaeth Eileen a MFET Ltd

⁴ Ymatebion i Ymgynghoriad yr Adran Iechyd yn 2016, sylwadau gan Grŵp Trawsbleidiol Hemoffilia a Gwaed Halogedig Cynulliad Cenedlaethol Cymru a sylwadau mewn gohebiaeth at Lywodraeth Cymru.

- Mae angen i'r taliadau fod yn gyflog byw.
- Mae angen cael gwared ar daliadau dewisol a darparu taliadau uwch bob mis – ni ddylem orfod gofyn am arian â chap yn ein llaw.
- Taliadau uwch, dim taliadau dewisol
- Dylid sefydlu gwasanaeth eirioli i helpu pobl i ddeall y triniaethau a'r taliadau dryslyd.
- Mae angen diweddarau cynllun HCV Cam 2/mae'n anodd iawn cael arian ac nid yw'r farn feddygol bob amser yn cael ei hystyried.
- Dileu taliadau HCV Cam 1 a 2 – un lefel mynediad i bawb.
- Mae angen cyfathrebu'n well â'r Adran Gwaith a Phensiynau ac mae angen i'r system fudd-daliadau fod yn llai dyrys.
- Mae angen i dystiolaeth glinigol ddylanwadu mwy ar benderfyniadau ynghylch taliadau.
- Dylid rhoi pensiwn i weddwon.
- Mae ansicrwydd ynglŷn â thaliadau yn peri cryn ofid.

C3. Ydych chi'n meddwl bod angen gwneud unrhyw newidiadau i amseriad y taliadau yr ydych yn eu derbyn? (er enghraifft taliadau misol/blynyddol/unigol)

- Un taliad unigol – ond sut fydddech chi'n cyfrifo'r taliad i sicrhau tegwch i bawb?
- Pensiynau/taliadau i ddibynyddion.
- Sicrwydd i bawb y bydd y taliadau'n parhau ar hyd eu hoes – ni waeth pa Lywodraeth sydd mewn grym.
- Rhoi gorau i daliadau tanwydd dros y gaeaf – dylent fod yn rhan o'r taliadau blynyddol.
- Mae model yr Alban yn well.
- Dylai'r taliadau ddileu unrhyw ansicrwydd.
- Mae'n well gan y rhai sydd wedi colli priod neu bartner gael pensiwn.
- Byddai'n braf medru dewis cael taliadau misol/blynyddol.
- Mae'r un taliad unigol o £10,000 yn sarhad i weddwon.
- Byddai'n well cael un taliad unigol mawr tebyg i achosion iawndal eraill.

C4. A oes unrhyw faterion yn ymwneud â'r defnydd o'r Gymraeg yr ydych yn teimlo y dylid eu hystyried wrth i ni wneud penderfyniadau ynghylch cymorth yn y maes hwn yn y dyfodol?

Mae angen medru dewis ym mha iaith rydych yn cyfathrebu.

C5. A oes gennych unrhyw awgrym arall am ffyrdd o wella trefniadau cymorth?

- Mae rhywun yn meddwl am y rhai sydd wedi colli anwyliaid a'r angen iddynt gael pensiwn tebyg i'r hyn a gynigir ym model yr Alban. Teimlwyd bod y teulu cyfan yn dioddef ac yn aml iawn nid oedd un aelod o'r teulu/priod wedi gallu

gweithio oherwydd cyfrifoldebau gofalu. Teimlwyd bod £20,000 yn bensiwn rhesymol.

- Mae angen gwasanaethau ychwanegol ar hyd a lled Cymru yn enwedig yng ngogledd Cymru.
- Mae angen defnyddio a derbyn ffibrosganiau a'u canlyniadau'n gyson.
- Mae angen llwybr triniaeth i sicrhau bod pawb yng Nghymru yn cael eu trin yr un fath.
- Dylid sefydlu gwasanaeth eirioli i helpu pobl i ddeall y triniaethau a'r taliadau dryslyd.
- Mae angen cymorth gan rai i lenwi'r holl ffurflenni cais cymhleth.
- Mae angen i'r taliadau newid wrth i anghenion newid
- Dylid mabwysiadu'r system sydd ar waith yn yr Alban.
- Dylid cynnwys taliadau tanwydd gaeaf yn y taliadau blyneddol.
- Byddai'r rhai sy'n cael y taliadau'n hoffi gweld corff dielw'n gweinyddu'r cynllun newydd.

8. Crynodeb o'r sylwadau a gynigiwyd yn y gweithdai

Yn y gweithdai, cyfeiriwyd at nifer o broblemau a phryderon yn y gobaith y gellid eu hystyried yn y diwygiadau:

- Urddas mewn lleoliadau gofal iechyd – angen gwella hyn.
- Colli cyflog pan nad oes modd gweithio oherwydd yr haint.
- Pobl yn flin gan nad yw'r broblem wedi'i datrys.
- Mae'r triniaethau'n waeth na'r salwch yn aml.
- Gormod o gronfeydd ar hyn o bryd – angen symleiddio.
- Mae'n anodd datblygu gyrfa oherwydd absenoldeb salwch.
- Teimlo cywilydd.
- Mae angen cyfathrebu gwell rhwng clinigwyr a'r rhai sy'n derbyn taliadau.
- Mae angen cryfhau'r cysylltiad rhwng tystiolaeth glinigol â thaliadau.
- Nid yw'r poeni cyson am arian yn helpu.
- Ni ddylem fod yn ddibynnol ar fudd-daliadau.
- Dylid rhoi cymorth ar sail anghenion iechyd, nid diagnosis.
- Nid yw'n hawdd trefnu yswiriant bywyd ac yswiriant teithio ac mae'n ddrud iawn.

9. Crynodeb o'r ymatebion o Gymru i'r ymgynghoriad yn Lloegr

Roedd yr ymatebion a gafwyd o Gymru i'r ymgynghoriad cynharach yn Lloegr hefyd yn ffynhonnell gyfoethog o wybodaeth am y trefniadau presennol a'r disgwyliadau ar gyfer y dyfodol. O'r 77 o ymatebwyr a atebodd y cwestiynau penodol:

- Roedd 73% o blaid cael un cynllun yn hytrach na'r pum cynllun presennol;
- Roedd 64% yn anghytuno ag asesiadau unigol ac roedd 11% o'u plaid;
- Roedd 75% yn teimlo y dylid rhoi cyfandaliad o £20,000 i'r rhai sy'n cofrestru o'r newydd; roedd 13% yn anghytuno ac roedd 12% yn ansicr;

- Roedd 27% yn credu y dylai'r cynllun gynnig cyfandaliad terfynol i'r rhai sydd wedi colli priod neu bartner; roedd 3% yn credu y dylai'r cymorth dewisol a roddwyd iddynt barhau; ac roedd 70% yn credu y dylent gael dewis;
- Roedd 0% yn credu y dylid caniatáu i bobl gael triniaeth HCV fel rhan o'r cynllun; roedd 21% yn anghytuno ac roedd 9% yn ansicr;
- O'r buddiolwyr a oedd wedi'u heintio, hoffai 53% gael eu hystyried ar gyfer triniaeth fel rhan o'r cynllun; roedd 19% yn anghytuno ac roedd 28% yn ansicr;
- Roedd 52% yn credu y dylai HIV a HCV gael eu trin yn fwy cyfartal drwy ddileu'r cyfandaliad o £50,000;
- Roedd 24% yn credu y dylid cynnig un taliad blynyddol terfynol; roedd 5% yn credu y dylid parhau i gynnig cymorth dewisol ac roedd 71% yn teimlo y dylai pobl gael dewis;
- Roedd 87% yn teimlo y dylai taliadau dewisol fod ar gael ar gyfer costau teithio a llety'n gysylltiedig â salwch; roedd 6% yn anghytuno ac roedd 7% yn ansicr

Dyma rai sylwadau eraill:

- Dylai pawb sydd wedi'u heintio gael eu trin yn deg ni waeth beth yw eu cyflwr.
- Byddai iawndal neu gyfandaliad terfynol sylweddol yn well na thaliadau blynyddol.
- Dylid efelychu model yr Alban, a theimlwyd y dylai'r holl weinyddiaethau datganoledig ddarparu'r un cymorth gan fod y sgandal cychwynnol wedi digwydd cyn datganoli.
- Mae anfodlonrwydd â'r trefniadau ar gyfer cyllid dewisol.
- Dylid ystyried y modd y mae Gweriniaeth Iwerddon, Canada, Ffrainc a gwledydd eraill wedi ymdrin â'r sefyllfa.
- Mae diffyg empathi a dealltwriaeth o'r effaith ehangach ar fywydau dioddefwyr, ac nid dim ond o safbwynt eu hiechyd.

10. Y camau nesaf

Bu'r sylwadau a gafwyd drwy gyfrwng yr arolwg, y gweithdai ac ymgynghoriad yr Adran Iechyd yn amhrisiadwy o safbwynt meithrin dealltwriaeth ddyfnach o effaith y trychineb ar fywydau pobl ac, yn aml iawn, ar eu teuluoedd. Byddem yn hoffi manteisio ar y cyfle hwn i ddiolch i bawb a roddodd o'u hamser ac am fod mor agored â ni wrth rannu eu storïau. Mae hyn wedi gwneud gwahaniaeth gwirioneddol wrth inni gynllunio at y dyfodol.

Mae tair o egwyddorion sylfaenol yn deillio o'r ymatebion hyn ac maent wedi dylanwadu ar benderfyniadau Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon ynghylch diwygio'r system yng Nghymru. Yr egwyddor gyntaf yw bod angen gwneud mwy na dim ond darparu cymorth ariannol. Gall yr unigolion a heintiwyd ei chael yn anodd cael gwasanaethau gofal iechyd, yswiriant cartref neu deithio, budd-daliadau eraill neu wasanaethau cyhoeddus addas. Bydd ein cynllun newydd, felly, yn cynnwys gwasanaeth cymorth cyfannol i bob unigolyn y mae'r trychineb hwn wedi effeithio arnynt - a bydd y gwasanaeth hwnnw ar gael wyneb yn

wyneb, ar-lein a dros y ffôn. Rydym yn credu y bydd hynny'n gwneud llawer i helpu buddiolwyr i deimlo'n ddiogel, i wella ansawdd eu bywyd a'u gofal a, gobeithio, i sicrhau eu bod yn cael eu trin â'r urddas y mae ganddynt hawl i'w ddisgwyl.

Yr ail egwyddor yw bod angen ymdrin â phryderon am gyllid dewisol. Yn y gorffennol, nid yw'r broses o hawlio'r arian wedi bod yn syml nac yn deg – yn yr ystyr nad yw pawb yn gwneud cais am yr arian ac, yn ôl y rhai sydd wedi gwneud cais, mae'r broses o lenwi'r ffurflenni yn feichus a diurddas a symiau cymharol fach sydd ar gael beth bynnag. Gan fod ecwiti yn allweddol i'n cynllun newydd, bydd yr holl daliadau rheolaidd yn cynyddu a byddant yn cynnwys cyfraniad at gostau ychwanegol fel tanwydd gaeaf; triniaethau ac ymweld â'r ysbyty (teithio/llety dros nos); ac yswiriant (personol/teithio). Y bwriad yw dileu'r angen i bobl wneud cais am y cymorth hwn er y bydd un gronfa ddewisol fach yn barhau. . a small discretionary fund will be retained.

Yn olaf, rydym am wneud rhagor i gynorthwyo'r rhai sydd wedi colli priod neu bartner, yn enwedig yn ystod y blynyddoedd cynnar pan fydd y gofid a'r anawsterau ariannol ar eu gwaethaf. Nid ydym yn credu bod y taliad unigol a gânt yn ddigon i'w helpu i addasu pan ddaw'r taliadau rheolaidd i ben. I fynd i'r afael â hyn, bydd y rhai sydd wedi colli priod neu bartner yn cael 75% o'r taliadau rheolaidd am dair blynedd ar ôl eu profedigaeth. Yn achos y rhai sydd newydd golli priod neu bartner, bydd y taliadau'n cyd-fynd â chyfradd y taliadau rheolaidd y byddai eu priod/partner yn eu cael. Yn achos y rhai a gollodd briod neu bartner yn ystod y blynyddoedd cynharach, cyfradd 2016-17 fydd yn gymwys a byddant yn cael un taliad llawn. Bydd hyn yn ychwanegol at y taliad unigol a fydd yn parhau.

Datblygodd y system bresennol yn y DU mewn modd ad hoc yn bennaf, ac roedd pum cynllun gwahanol a chanddynt amcanion gwahanol a dulliau gwahanol o weithredu. Rydym wedi gwrando ar y farn gref am yr angen i gorff dielw weinyddu unrhyw gynllun newydd. Bydd swyddogion yn gweithio gyda'r Adran Iechyd a gweinyddwyr y cynllun presennol i sicrhau y bydd y broses o drosglwyddo o'r naill gynllun i'r llall yn mynd rhagddi mor ddidrafferth â phosibl.

Bydd buddiolwyr cynlluniau presennol y DU sy'n dod o Gymru yn trosglwyddo'n awtomatig i'n cynllun newydd a gaiff ei roi ar waith ym mis Hydref 2017. Bydd taliadau rheolaidd ychwanegol (blynyddol, chwarterol neu fisol) o dan y cynllun yn cael eu hôl-ddyddio i fis Ebrill 2017. Bydd swyddogion yn cydweithredu â Chyllid a Thollau Ei Mawrhydi a'r Adran Gwaith a Phensiynau i gadw'r darpariaethau presennol sy'n sicrhau nad yw'r taliadau'n effeithio er gwaeth ar atebolrwydd treth neu ar fudd-daliadau gan y wladwriaeth.

Mae'r cynllun newydd wedi'i gynllunio i fod yn fwy ystyriol o anghenion y rhai y mae'r trychineb hwn wedi effeithio arnynt. Mae llawer i'w wneud yn awr i sefydlu'r trefniadau newydd hyn, yn weithredol ac yn gyfreithiol, ac i sicrhau cyfnod pontio didrafferth cyn i'r cynllun newydd ddechrau ym mis Medi 2017. Mae elfennau ariannol y cynllun newydd i'w gweld yn Atodiad A. Caiff taliadau rheolaidd a wneir gan weinyddwr y cynllun newydd o fis Hydref ymlaen eu hôl-ddyddio i fis Ebrill 2017.

Atodiad A

	2016-17	2017-18
Taliadau rheolaidd: taliad blynyddol i'r rhai sydd â hepatitis C Cam 1.	£3,500	£4,500
Taliadau rheolaidd: taliad blynyddol i'r rhai sydd â hepatitis C Cam 2.	£15,500	£17,500
Taliadau rheolaidd: taliad blynyddol i'r rhai sydd â HIV.	£15,500	£17,500
Taliadau rheolaidd: taliad blynyddol i'r rhai sydd â HIV a hepatitis C Cam 1.	£18,500	£21,500
Taliadau rheolaidd: taliad blynyddol i'r rhai sydd â HIV a hepatitis C Cam 2.	£30,500	£34,500
Taliadau i'r rhai sy'n cofrestru o'r newydd: un cyfandaliad i'r rhai sydd â hepatitis C Cam 1.	£20,000	£20,000
Taliadau i'r rhai sy'n cofrestru o'r newydd: un cyfandaliad i'r rhai sydd â hepatitis C Cam 2.	£50,000	£50,000
Taliadau i'r rhai sy'n cofrestru o'r newydd: un cyfandaliad i'r rhai sydd â HIV.	£20,000	£20,000
Taliadau i'r rhai sydd wedi colli priod/partner: un cyfandaliad i briod/partner buddiolwyr cofrestredig y cynllun.	£10,000	£10,000
Taliadau i'r rhai sydd wedi colli priod/partner: am dair blynedd ar ôl y farwolaeth, 75% o'r taliad blynyddol gaiff ei dalu i briod/partner buddiolwyr cofrestredig.		