

Witness Name: **GRO-B**

Statement No.: WITN1150004

Exhibits: WITN1150005-6

Dated: 19 March 2025

INFECTED BLOOD INQUIRY

EXHIBIT WITN1150006

GRO-B

05.03.2025

Paymaster General
Cabinet Office

ministerial.correspondence@cabinetoffice.gov.uk
ibiresponse@cabinetoffice.gov.uk

Dear Paymaster General,

Re: Concerns Regarding the Inconsistency and Unfairness of the Special Category Mechanism (SCM) Compensation Criteria

I am writing to express serious concerns about the proposed changes to the criteria for claims under the Special Category Mechanism (SCM) as part of the Infected Blood Compensation Scheme, particularly as they relate to the supplementary route. I believe that the current draft legislation introduces inconsistencies and an unfair burden on claimants, further disadvantaging individuals already affected by the infected blood scandal.

Under the English Infected Blood Support Scheme (IBSS), all claimants were required to have their medical conditions confirmed by clinicians. As a result, every claimant receiving an IBSS SCM payment have already provided the necessary clinical evidence, **signed off by a clinician which is documented in their IBSS record**. Given this established process, it is both impractical and unjust to impose additional evidence requirements or alter the criteria for claims under the supplementary route for SCM.

Introducing a separate set of criteria for the supplementary route creates a disparity between those who opt for enhanced monthly payments under IBSS and those who pursue supplementary SCM compensation as a lump sum. Specifically, claimants who have met the IBSS eligibility requirements may be unfairly penalised if they do not fall within one of the **additional** specified medical conditions or lack further evidence as demanded by the supplementary route draft legislation. This two-tier approach risks undermining the fairness of the overall compensation framework. The original information published in August 2024 by the Cabinet Office clearly stipulated that applicants who were already registered under SCM or equivalent would automatically be accepted for supplementary compensation, it is not acceptable to put the community through such a farce with changes being made to already documented guidance.

I respectfully submit that the attached claim form from the EIBSS, or its equivalent used in other regions of the UK, should be accepted as sufficient evidence of a claimant's eligibility for SCM compensation under the supplementary route. The infected blood community have already endured considerable trauma and anguish, and the introduction of further screening or gatekeeping measures is both unnecessary and detrimental. It suggests finance or limiting the cost being the major driver for the government, I really hope this is not the case.

I urge you to review these proposed changes carefully to ensure that all claimants are treated equitably, without imposing additional burdens on those who have already provided the necessary evidence of their condition. Ensuring consistency in the criteria will not only uphold fairness but also prevent further distress to a community that has experienced significant hardship. The government are committed to pass the second set of legislation by the end of March, I really hope that pace of approval doesn't lead to the community concerns being ignored.

Thank you for your attention to this important matter. I look forward to your prompt response.

Yours sincerely,

GRO-B

Cc Sir Brian Langstaff, Chair Infected Blood Inquiry
Des Collins, Collins Solicitors
Kirith Entwistle, MP Bolton North East
Sir Robert Francis, Chair IBCA
David Foley, CEO IBCA
Clive Efford, Chair Haemophilia and Contaminated Blood APPG