

Witness Name: Martin Bell
Statement No: WITN4728043
Exhibits: WITN4728044
Dated: 30 June 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF MARTIN BELL

I provide this statement following my oral evidence to the Infected Blood Inquiry on 18 May 2021.

I, Martin Bell, will say as follows:

List of supplementary tasks:

1. [Page 116, Line 22 of the transcript] Clarify what the number '1' means on table of Payment Scheme - Chronic HCV (Stage 1) with Widows Annual Payments (WITN4508001, page 5). Does it mean one widow is receiving Annual Payments out of 57 on table overall?

1.1. In 2018, a policy change to the Scheme document was made following the Clinical Review Group's recommendations [GGCL0000168] to allow Stage 1 widows to receive a regular payment.

1.2. Prior to 2018, partners/widows/widowers of beneficiaries were only eligible to apply for regular payments if they could establish that HCV or the treatment of HCV directly contributed to the death of their partner, the beneficiary. On this criterion, SIBSS has one stage 1 partner receiving regular stage 2 payments. This pre-2018 category remains in the Scheme; hence the beneficiary continues to be recorded separately.

1.3. After the 2018 change to the Scheme (Schedule 1, paragraph 4. (a)), all stage 1 widows became eligible for regular payments hence the further 57 members/ beneficiaries shown separately.

2. [Page 135, Line 2 of the transcript] Clarify whether some of those applicants who were turned down by an Alliance House organisation and subsequently applied to SIBSS have been successful?

2.1. SIBSS does not record this information in its database. Following a review of all records, SIBSS has identified two successful applications from those originally turned down by the Skipton Fund.

3. [Page 157, Line 22 of the transcript] Clarify the process for a widow receiving payments for a deceased partner where the infection contributed

towards the partner's death and where the partner was infected with hepatitis C stage 1.

- 3.1. Partners/widows/widowers of deceased primary beneficiaries do not normally need to prove the cause of death of their late partner to receive regular payments from SIBSS. A copy of the death certificate is requested for audit purposes to establish the fact of the death not the cause of death.
- 3.2. The cause of death is only relevant to stage 1 partners/widows/widowers applying for stage 2 regular payments *under Schedule 1, paragraph 4 of the Scheme, i.e. where the primary beneficiary was self-assessed as Hepatitis C (HCV) Stage 1 but the applicant wishes to receive bereaved payments at the advanced HCV (Stage 2) level due to a direct causal link between the Hepatitis C infection and death.* This might be the case where the primary beneficiary had under-reported their severity of impact during the self-assessment process.
- 3.3. Therefore, for stage 1 partners/widows/widowers to be eligible for stage 2 payments SIBSS requires a medical professional to confirm that HCV, or the treatment for HCV, directly contributed to the beneficiary's death. In these circumstances SIBSS does not rely on the death certificate alone.
- 3.4. Prior to regular payments being available for all stage 1 partners; if SIBSS staff noted HCV recorded on the death certificate, the partner would be informed that they might be eligible for regular payments and were encouraged to apply.

4. [Page 164, Line 8 of the transcript] Send SIBSS video containing explanation of the self-certification process.

4.1 Video attached [WITN4728044]

5. [Page 169, Line 1 of the transcript] Confirm that SIBSS do not award payments for 'white goods'.

- 5.1. I wish to clarify my statement as I was asked specifically about grants in relation to an example of white goods. SIBSS does not support applications specifically for white goods as the non means-tested Living Cost Supplement of £1000 is available for such goods. Since the introduction of this regular payment, SIBSS receives very few grant applications.
- 5.2. Currently, when assessing applications for discretionary grants, SIBSS checks the household income level of the applicant, i.e. primary beneficiary or partner/widow/widower. If that level is below the threshold set, i.e. a small grant of up to £5000 requires an income threshold of under £20,000 and any major grant request above £5000 has an income threshold of £50,000, and the application is related to the applicant's infection, then the application will be successful, regardless of household expenditure.

5.3. See extract from our SIBSS Guidance and Forms for Support and Assistance Grants [WITN4728037] which states:

“One-off low-value grants. This element covers grants between £200 and £5,000 – it is intended to cover costs of mobility aids, vehicle repairs, funeral plans, education/training, respite breaks and respite care due to treatment complications, although there should be flexibility to cover other items where appropriate if the applicant can demonstrate the need for it and how it links to their or their relative’s illness. The threshold level of gross household income to access these grants should generally be up to £20,000 per year.

One-off grants for high value items/services. These are intended to cover high value repairs; home and vehicle adaptations (where NHS and local authority support is not available or only partially meets the cost). While these should be means-tested, the threshold level of gross household income should generally be up to £50,000 per year with the applicant just needing to demonstrate: a) that they need the repair/adaptation, b) that they cannot fund it all themselves or from any other source. Those on higher incomes (over approximately £27,000 per year) would normally only receive a proportion of the cost of the item or service and be expected to make a contribution themselves – this would be assessed on a case by case basis.”

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed
 GRO-C

Dated 30 June 2021

Table of exhibits:

Date	Notes/ Description	Exhibit number
1 May 2018	Clinical Review of the Impacts of Hepatitis C: Short Life Working Group Report for the Scottish Government.	GGCL0000168
22 June 2021	Video: Regular payments Guidance – Self Assessment	WITN4728044