



Scottish
Infected
Blood
Forum

From:
Infected Blood Inquiry Core Participants
(via)
The Scottish Infected Blood Forum
c/o Joyce Donnelly (Convener)

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To:
Rt Hon Boris Johnson MP
Prime Minister
10 Downing Street
London
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11 July 2022

Dear Mr Johnson

Infected Blood: Interim Payments

This letter is being hand delivered to you today at Number 10 Downing Street from a delegation of individuals from England, Northern Ireland, Scotland and Wales. It is sent on behalf of a large number of victim-survivor core participants of the Infected Blood Inquiry who associate themselves with various support groups and registered charities across the United Kingdom. And it is sent five years to the day that your predecessor, the Rt Hon Theresa May, announced the setting up of the Infected Blood Inquiry.

We are seeking to progress the matter of interim payments for infected people as a matter of urgency. This is due to the unrelenting death rate and increasing frailty among people who were virally infected by the NHS. The matter of interim payments was one of the significant topics that featured in the report of the Compensation Framework Study led by Sir Robert Francis QC. Our hope is to work with you, your officials, and perhaps the current Support Schemes to expedite this opportunity to demonstrate the Government's determination to provide life-sustaining support before it is too late.

The Compensation Framework Study included a range of matters that must be considered when calculating commensurate compensation amounts. These are covered in the report of the Study as submitted to Michael Ellis QC MP on 14 March 2022 and published 7 June 2022. It is acknowledged that the Study was established pre-emptively; before the Inquiry has reported with its recommendations. This will allow for a swifter roll out of compensation payments based on the subsequent findings of the Inquiry because a mechanism will already be in place.

A main driver for preparing a compensation framework so early is in recognition of the grim fact that infected people are dying at an alarming rate; commonly reported as "one every four days". Since the Infected Blood Inquiry was announced, from July 2017 until February 2022, 419 people have died according to the data held by the Infected Blood

Support Schemes (summarised overleaf). At least 31 women infected with HIV by their spouses had died before the Inquiry started. These numbers highlight the frighteningly high level of mortality amongst those that have been infected and clearly identifies the desperate situation we find ourselves in. It is reasonable to predict that many more will not get to see the end of the investigation by the time the Inquiry Chairman, Sir Brian Langstaff, submits his Final Report and Recommendations.

In light of the dire situations people have faced and are still facing, during the Study the matter of interim payments received significant attention. This was in response to the ever-present fact of people dying, and of people getting older and frailer. Most infected people and their family/carers have endured hardship and poverty for many years. There simply has not been the money to buy the family home in preparation for passing it on to spouses and children. There has not been the money for a memory-creating family holiday. There has not been the money for many of the other nice things which most families enjoy. The fear lingers of death running faster than the Inquiry process can, followed by the ensuing Government considerations before it acts. Interim payments appear to be a reasonable and practical stop-gap which would make a massive difference to people. Significantly, Sir Robert unequivocally states in his report that there is a compelling case for awarding interim payments to those registered on the UK support schemes as soon as possible.

It is clearly premature to attach supposed final figures to any anticipated compensation package. However, given the scale of the harms resulting from the NHS Contaminated Blood Scandal as evidenced during the Inquiry, then the compensation payments may well be “substantial”, as mooted to the Treasury by a former Cabinet Office Minister. Accordingly, a six-figure amount has been discussed as a prudent level for any interim payment. This formed part of the consultation and evidence-gathering during Sir Robert Francis’ Study. A six-figure amount for interim payments would be considered as a “without prejudice” sum prior to the conclusion of the Inquiry, designed to alleviate more immediate needs to providing a sustaining level of comfort and security. It would be seen as a payment to account on the eventual compensation settlement for individuals and estates. Sir Robert even went so far as to mention the figure of £100,000 (the lowest possible six-figure sum) in his report.

When this was discussed with Sir Robert, he stated that there is precedent for such sizeable interim payments in cases of anticipated compensation being due. It would certainly make a huge difference to the quality of life, and in some cases the quality of end of life, for those people who would receive such interim payments. So, through this letter the Government is being asked to make the payment of interim amounts to infected and affected people a pressing priority.

It has not gone unnoticed how recently the Home Affairs Committee, in its review of the Windrush Compensation Scheme, highlighted how the Government could speed up the overall payments process, including the option of making interim payments. It was noted that these initial payments could be arranged within two months of the decision to accept this course of action. For the community of contaminated blood victim-survivors, two more months could result in the death of another 15 or 16 people (“one every four days”). But those who remain would surely experience a life-sustaining boost by receiving an interim payment before it is too late. Speed, therefore, is of the essence.

There is also the example of the Post Office scandal. In July 2021 the Government announced that sub-postmasters and mistresses wrongly convicted of offences would get interim compensation, and more recently the Treasury committed to fully compensate those previously accused of fraud, even while that Inquiry was ongoing.

The mechanism for facilitating interim payments is already in place for the majority of likely eligible people – at least those infected and widowed spouses – in the form of the current Infected Blood Support Schemes. It has been recognised during the Inquiry and through the Compensation Framework Study how the current schemes are not sufficiently inclusive; for example, with respect to affected family members such as parents, siblings, children, or other carers. Their needs are also undeniable, but for the purposes of interim payments the focus would be on those infected who are all getting older and frailer. The Schemes could administer monies to either living infected people or the estates of the deceased. Through this means the payments could all be received by the autumn.

It is respectfully suggested that the provision of interim payments is among the least of any actions the State could take to redress people for what they have been through and what they have lost. This includes the damage from the original harm, the damage from historic treatments given to the infected, and the compounded damage from the decades of delay in addressing this issue. And while it may be a short-term measure to alleviate distress, it could be life-changing for those running out of time and energy to gain some dignity and security in their remaining lifetimes.

It is hoped that this letter will stimulate a swift, compassionate and empathetic reply from you as the Prime Minister of the United Kingdom. Your response will be eagerly awaited. The representatives of the community of infected and affected people stand ready to engage productively and practically with the Government on this most urgent matter.

Yours sincerely



Catherine Joyce Donnelly Convener, Scottish Infected Blood Forum

For and on behalf of:

Glenn Wilkinson	Contaminated Blood Campaign
Clive Smith	Chair, The Haemophilia Society
Simon Hamilton	Chair, Haemophilia Society NI
Rachel Halford	Chief Executive Officer, The Hepatitis C Trust
Ian Green	Chief Executive, Terrence Higgins Trust
Jackie Britton	Bloodloss Families
Frankie Hammond	Factor8Positive Women
Michelle Tolley	Contaminated Whole Blood UK
David Tonkin	Chair, Manor House Group
Sue Threakall	Secretary, taintedblood

Additional representatives of 4 UK Nations, delivering the letter to No.10 Downing Street:

Margaret Hamilton	Trustee, Scottish Infected Blood Forum
Clive Smith	The Haemophilia Society
Nigel Hamilton	Haemophilia Society NI
Richard Angell	Terrence Higgins Trust
Stephen Roles	Infected Welsh citizen
Samantha May	The Hepatitis C Trust

CC.

Sir Brian Langstaff
Chair, Infected Blood Inquiry

Patrick McGuire
Thompsons Solicitors Scotland

Philip Dayle
Saunders Law

Rt Hon Steve Barclay MP
Secretary of State for Health and
Social Care

Des Collins
Collins Solicitors

Peter Watkin Jones
Eversheds Sutherland

Rt Hon Nadhim Zahawi MP
Chancellor of the Exchequer

Emma Jones
Leigh Day Solicitors

Michael Imperato
Watkins & Gunn Solicitors

Rt Hon Michael Ellis QC MP
HM Paymaster General

Ben Harrison
Milners Law Solicitors

Dame Diana Johnson MP, Chair,
All-Party Parliamentary Group on
Haemophilia and Contaminated Blood

Number of deaths of those infected with hepatitis C and/or HIV registered with infected blood support schemes since the Infected Blood Inquiry was announced in July 2017 until February 2022

UK support scheme	Total infected deaths between July 2017 and February 2022	Current number of registrants/ %'age of total	%'age of deaths
Scottish Infected Blood Support Scheme	79	548 (13.5%)	14.4%
Wales Infected Blood Support Scheme	18	214 (5.3%)	8.4%
Infected Blood Payment Scheme for Northern Ireland	8	105 (2.6%)	7.6%
England Infected Blood Support Scheme	314*	3,186 (78.6%)	9.9%
Total	419	4,053 **	10.3%

*EIBSS figures from November 2017

** 3,318 of which primary infected