



Rt Hon Nick Thomas-Symonds MP
Paymaster General
The Cabinet Office
70 Whitehall
London, SW1A 2AS

12 December 2024

Dear Mr Thomas-Symonds

I met with you and your team yesterday, which was welcome, but it must be the start of a meaningful listening exercise with the infected blood community.

As was said yesterday, the time allocated to discuss the issues of concern to our members was far too short to adequately convey the breadth of topics in need of some urgent answers or clarification.

We wanted to set out a snapshot of some of the concerns our members have raised as an illustration of the need for regular meetings with yourself and Cabinet Office officials. It is vital that these topics, and others, are addressed if a workable compensation scheme is to be created that has the confidence of the infected blood community.

The key issues are:

- There is great confusion about how the payments are calculated and therefore what people will receive, due in part to the lengthy and piecemeal way in which information about the compensation scheme has been published
- There is an urgent need for community engagement when considering 'supplementary route' payments, the details of which will be contained in the next set of regulations to go before parliament. Any working groups must include members of the community
- The lack of involvement from the infected and affected communities in the development of the tariffs for compensation has resulted in mistrust of how the figures were calculated.

The Haemophilia Society

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President: Clive Smith. Registered charity no. 288260. Charity Registered in Scotland no. SC039732
A company registered in England and limited by guarantee. Registered Company No. 1763614



There must be greater transparency on how government is making decisions about compensation awards

- The infected blood community must be involved in shaping the second set of compensation regulations, due to be laid before parliament in March 2025
- On standard compensation tariffs most people will be getting compensation between £500,000 and £2.5million, therefore the decision to offer an additional £10-15,000 for unethical testing is so low as to be offensive. This must be reviewed and a radically higher figure agreed
- Clarification is needed over the status of partners of people registered on UK support schemes beyond 31 March 2025 in the event of bereavement. Currently, bereaved partners continue to receive 75% of the support their spouse had received as well as a one-off payment. There is concern that this will not apply from 1 April 2025
- Payments to estates of people who died as children are lower than expected because of the way financial loss is calculated, which we do not think is fair
- Given the slower than expected roll-out of compensation, our members ask if there will be backdated interest on payments?
- Our members do not believe that the full impact of hepatitis C and its treatment has been reflected in the payment tariffs proposed. Almost all people with bleeding disorders expect to have to apply through the supplementary route with many expecting to have to return to court for the full compensation they think they are due
- The minister should embark, as the previous Paymaster General did, on a series of meetings with groups of campaigners and their representatives in advance of the publications of the second set of regulations next year. These meetings should focus on understanding the problems both with the process of applying for compensation but the tariffs and proposals themselves which currently are the sole remit of the Cabinet Office to determine
- We are also concerned about the confusion and upset caused by apparent changes to eligibility documents for people applying for interim compensation payments. Bereaved families who'd had their applications approved and a payment date set were then told that their claim was paused. This is completely unacceptable and has been very damaging to the compensation process. Lessons must be learnt.

The Infected Blood Inquiry recommended that charities which offer vital support, including the Haemophilia Society, should receive government funding. As discussed yesterday, our charity is

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currently offering hugely complex support to thousands of the infected and affected community who have nowhere else to turn.



We are currently stretched to breaking point and cannot continue to do the government's job for it without long-term sustainable funding. Yesterday you offered to write to the Department for Health and Social Care on this issue, but we do not think this is appropriate. Funding should come from the Cabinet Office as it is predominantly your work that we are attempting to interpret and help our members navigate.

It should be clear to you and your team that the infected blood community expects to be meaningfully involved in the compensation process. Views differ and no one would suggest this is easy. However, if your government is truly accepting of the Infected Blood Inquiry's recommendations, then it is your moral duty to make this happen.

Yours sincerely

A handwritten signature in black ink, appearing to read "C. McIlwrath", written in a cursive style.

Conan McIlwrath
Chair
The Haemophilia Society

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