



Submission to the Health, Disability and Work Green Paper – APPG on Haemophilia and Contaminated Blood

Passporting to benefits for people affected by the Contaminated Blood Scandal

Overview

It is the view of the APPG on Haemophilia and Contaminated Blood that people affected by the Contaminated Blood Scandal should be passported directly to certain benefits, specifically Employment Support Allowance (ESA) and Personal Independence Payment (PIP), without the need for assessments and re-assessments, if they meet certain criteria.

We further feel that many of those affected by the scandal should not need to be re-assessed if they are successful in claiming ESA or PIP. Particularly as many qualify as having “the most severe health conditions” as described by the DWP in their review.

Following on from the meeting with the Co-Chair of the APPG Diana Johnson MP and the Disabilities Minister Penny Mordaunt MP on 19th January 2017, the APPG also agrees with her further proposals to continue to engage those affected into this review, by establishing working group and a user panel.

Reasoning for passporting

The primary reasoning for this is that it can be damaging to individuals to have to apply and reapply to Government bodies for support when the harm they have suffered was caused by the Government in the first place.

There is also potentially a conflict of interest for Government, other public bodies and their agents making judgements on the severity of impact that NHS and Government actions and inactions caused. The extent to which this community feel wronged by the Government often goes under-appreciated. Understandably, those affected by the scandal are suspicious of the ulterior motives behind initiatives such as welfare re-assessment. Yet service providers do not have any understanding of the history of the contaminated blood scandal, and the unique historic experiences of this community are ignored.

Importantly, most of the affected community have progressive conditions which continue to affect them even in cases where they can be treated. This often goes unrecognised in the DWP’s system. We have also received reports in some cases, the very fact that someone affected appealed against a wrong decision would be used against them as evidence that they were fit to work.

Detail on the conditions

Most primary beneficiaries are infected with Hepatitis C. While Hepatitis C can be treated and treatments are continuing to improve those who develop cirrhosis will never recover their liver health. Also, cognitive impacts such as anxiety and fatigue can continue.

Many affected individuals also have a bleeding disorder. Those with a bleeding disorder will have irreparable joint damage which will worsen over time. While treatment for bleeding



disorders continues to improve, the existing impact on mobility and flexibility cannot be undone.

Those in the community with HIV (most of whom also were infected with Hep C) have a life-long progressive condition, which brings additional complications due to the length of their infection and treatment as well as co-morbidities with their Hepatitis C and bleeding disorder.

As well as those infected the families can also be severely impacted by the Contaminated Blood Scandal. Bereaved partners and parents in particular can be diagnosed with anxiety disorders such as PTSD and severe depression. The nature of the PTSD is also more difficult to treat due to the extended period of time over which the trauma occurred as well as the continuing campaign for justice.

For those people with PTSD assessments for PIP and ESA can be particularly harmful as speaking about their history and the condition can trigger their symptoms. This harm is only worsened if their application is initially unsuccessful and needs to be pursued to appeal before their support is reinstated.

It should also be stressed that whilst there have been improvements in medical treatments for HIV and Hepatitis C since these people were first infected, it is wrong to deny them welfare support because of any new medical advances. These treatments were simply not available in the 1970s-1990s, and it would be incorrect to assume that their conditions are equivalent to someone who became infected today with the current treatments available to them. This historic scandal has also affected their work history in such a way that, even were new treatments to help alleviate their conditions, they would have no prospect of finding jobs in the current labour market.

Finally, it is also important that the DWP recognises the compounding affect that having numerous conditions can have on those affected. This can worsen their prognosis and also prevent them from receiving new medical treatments.

Our proposal on passporting

We would support the creation of a system whereby anybody that meets the criteria below should be entitled to PIP and ESA without the need for face-to-face assessments.

Those eligible would include people infected with blood-borne viruses from contaminated blood and blood products, those secondarily infected and close family members who are living with mental health conditions.

This should include people affected by the contaminated blood scandal where at least one of the conditions below applies:

- They were infected with HIV
- They have cirrhosis due to their Hepatitis or are classed as Skipton Stage 2
- They have substantial health impacts from their Hepatitis or qualify for additional support under the Special Category Mechanism



- They have been diagnosed with severe anxiety or PTSD
- They were already disabled prior to their infection with contaminated blood or blood products
- They are diagnosed with severe depression

Passporting would mean that any of these people who already claim Incapacity Benefits and/or Disability Living Allowance will be transferred straight to ESA and PIP, respectively, without the need for re-assessment. Crucially, however, it will also mean that those who were previously unsuccessful in claiming ESA or PIP, but who meet the above conditions, will now be approached to make a further claim without having to go through an assessment.

At present, this does not happen and information which would be useful in aiding decision-makers is not shared between bodies in the DWP and DH. If the DWP made use of existing medical notes in NHS hospitals, in addition to any relevant information held by the current three discretionary charities and two companies which provide support to those affected, this would improve the system for all those affected.

Our proposal on ending disability re-assessments for those with the most severe health conditions

The DWP is also exploring whether those with “the most severe health conditions” need to be regularly re-assessed once they are successful in claiming ESA or PIP.

We feel that many of the people affected by the contaminated blood scandal meet this criteria, and should therefore be exempted from regular re-assessments.

Our proposal for continued engagement with the affected community

As part of the review, the Department is also looking at having a “vulnerable claimant list” of people with the most severe conditions, who will get additional support and extra help through the system. They are happy to consider putting those affected by the scandal within this group. We request that the DWP includes those affected by the scandal in this list.

At the meeting on 19th January 2017, the Disabilities Minister suggested we create a working group to look into this issue in more detail. We ask that this working group be established; and that it include representatives of both the APPG, affected individuals and the Haemophilia Society.

Finally, we understand the DWP is also now looking at establishing “User Panels” which involve those with conditions, who can report on any concerns they have to the DWP and provide the DWP with real time information on how problems are affecting them. They are happy for those affected by the scandal to be put in as part of this User Panel.

**By the All-Party Parliamentary Group on Haemophilia and Contaminated Blood,
secretariat provided by the Haemophilia Society.**