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|  | **Scottish Infected Blood Support Scheme**  Practitioner Services  Gyle Square  1 South Gyle Crescent  Edinburgh  EH12 9EB  **Email: NSS.SIBSS@nhs.net**  **www.nhsnss.org/SIBSS** | N H S NATIONAL SERVICESLOG |

Minutes

**Meeting: Scottish Infected Blood Support Scheme – Advisory Group**

Date: 9th December 2021, 10:30 -12:00

Location: via TEAMS

Attendees:

Martin Bell (MB) NHS National Services Scotland - Practitioner Services (Chair)

Sally Richards (SR) NHS National Services Scotland - Practitioner Services

Kelly Watt (KW) NHS National Services Scotland - Practitioner Services (Minutes)

Michelle Kivlin (MK) Scottish Government

Sam Baker (SB) Scottish Government

Tommy Leggate (TL) Scottish Infected Blood Forum

Joyce Donnelly (JD) Scottish Infected Blood Forum

Bill Wright (BW) Haemophilia Scotland

George McNaughton (GM) Patient Representative

In attendance:

Emma Mauchline (EM) NHS National Services Scotland - Practitioner Services

Apologies:

David Goldberg (DG) Public Health Scotland

1. **Welcome and Apologies**

MB welcomed everyone to the meeting and introductions were made to BW and GM. BW advised that DFS had moved on in his position at Haemophilia Scotland and had, therefore, stepped down from his role on the Advisory Group. He advised that his replacement would be joining the group at the next meeting in April 2022.

MB proceeded to take the group through the agenda.

***NOTE: MB advised that comments, feedback and questions were welcomed. Both SR and MB were available to contact.***

[***Martin.Bell@nhs.scot***](mailto:Martin.Bell@nhs.scot)

[***Sally.Richards@nhs.scot***](mailto:Sally.Richards@nhs.scot)

1. **Actions and Matters Arising from previous meeting held 12th August 2021**

The group went through the previous minutes and the actions were updated and minutes agreed.

1. **Scheme Update**

SR updated the group on the scheme progress. She advised the summary was correct as at 30th November 2021; [20211209 Advisory Group Meeting](file:///C:\Users\kellyw01\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\GOH7NDPZ\20211209%20Advisory%20Group%20Meeting.pptx)

**Update Summary:**

* Total number of beneficiaries – 547

* Total haemophiliac members – 198.

This was a slight difference since the last meeting in August 2021.

* Applications processed Aug - Nov 2021 – 26.

This was mostly new members to the scheme. SR advised her team had chased up any entitled members who had not yet applied.

* Value of payments made Aug – Nov 2021 – £5.6m
* Unsuccessful applications Aug – Nov 2021 – 1.
* Deceased Aug – Nov 2021 - 9.

SR advised there had been an increase in deaths since the August meeting.

**Scheme Numbers:**

* Co-infected and Mono-HIV Infected – BW asked for clarification on the timeline for this. SR confirmed for the co-infected this was from the start of the scheme in 2017 and for Mono-HIV this was mostly new applications.
* Haemophiliac Beneficiaries – SR advised number were still to be confirmed. This was due to the 1st set of data being unreliable due to confusion on the questionnaire questions. Another audit/questionnaire was planned for 2022, which would provide another opportunity to check numbers.
* Applications Processed – SR advised that most have been HCV due to parity and entitled to regular payments.
* Payments Made Aug – Nov 2021 – SR confirmed that this included some parity payments for Aug – Nov only.

HCV Stage 1 Audit/Update – SB explained to the group that chronic Hep C payments had been set up in 2018, with agreement that people would be asked to reassess every 3 years in case the impact on their physical or mental health had changed. This was now due. Everyone in the Stage 1 group would be written to (apart from new joiners and others who had reassessed their category in the past 12 months) to ask if they wanted to remain in their category or to move. A nil response meant that it would be assumed that the member wished to remain in their current category. It was agreed that there was no need to ask widows/widowers/ partners to reassess as the impact on their partner before their death would not have changed. It was agreed that an audit of forms should not be needed, although SIBSS may still ask for further evidence in some cases e.g. if a person’s comments do not seem to fit with the guidance on the categories or where a person wishes to change categories a short time after their previous assessment without a clear reason for the change.

1. **Scottish Government Update**

SB reported the following:

* Inflationary Increases – for next year 3.1% expected for CPI. SB advised the Scottish Government would confirm and send updated figures so that letters could be sent out to the membership. This would be from April 2022 onwards.
* Insurance – information received from the Association of British Insurers on how people can access different brokers if they have more complex needs and guidance on finding travel insurers. Information will be added to the website for members to view. Policies were being updated regularly to reflect different medical conditions.

**ACTION 054: SR to add information to website and put in the next newsletter (due March 2022).**

BW advised that Sir Robert could potentially be in touch with the Scottish Government to discuss benefits of the Scottish scheme and the differences with the English scheme.

1. **Clinical Update**

No update

1. **AOB**

Discretionary Grants – TL reported that he had circulated an email with regards to discretionary grants to the group and was looking for some clarification on a few points. He advised he was unsure of the comparison between what had been paid out via SIBSS and via the English scheme (EIBSS). SB advised that some things had not been mentioned in the Scottish guidance but that this could be looked into; the guidance does not that there is flexibility to cover grants for other items where appropriate. English spend was a lot higher than the Scottish spend due to income top up payments, but this would eventually disappear and be replaced with non-discretionary widow payments (at 75% of the infected annual payment levels). With regards to household/car repairs, SB and SR advised that there were not a lot of these received in Scotland. She advised that there may be an increase in demand now that means testing has largely been removed from SIBSS grants (except for grants over £5,000). TL asked about changing the SIBSS requirement that grants must be linked to a person’s HCV or HIV (for infected beneficiaries), but SB noted that there were no plans to make significant changes until the Inquiry has concluded as it may recommend something different.

Scheme Future - BW added that the operational team were highly valued by the membership and that payments provided monetary security for a lot of people. SB advised that Scottish Ministers were still committed to SIBSS going forward, but would need to consider whatever recommendations the Inquiry makes and Sir Robert Francis’ recommendations for any compensation framework.

**Next Meeting:** 18thApril 2022 at 10.30am.

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| Action Log | **Scottish Infected Blood Support Scheme**  Practitioner Services  Gyle Square  1 South Gyle Crescent  Edinburgh  EH12 9EB  **Email: NSS.SIBSS@nhs.net**  **www.nhsnss.org/SIBSS** | N H S NATIONAL SERVICESLOG |

Scottish Infected Blood Support Scheme – Advisory Group

9th December 2021, 10:30-12:00, via TEAMS

| ACTION NO. | ACTION DETAILS | OWNER | DATE RAISED | TARGET  DATE | UPDATES | STATUS |
| --- | --- | --- | --- | --- | --- | --- |
| 053 | Membership - SR agreed to engage with the SIBSS Community and add to the next newsletter. | SR | 12/08/21 | ASAP | New member coming to Dec meeting | CLOSED |
| 054 | Insurance - SR to add information to website and SG to provide article for the next newsletter (due March 2022) | SR | 09/12/21 | By March 2022 |  |  |