

Points for the Health Select Committee, Northern Ireland

1. Overview of the Victims and Prisoners Bill

Current Status:

- The Victims and Prisoners Bill has been pushed through Westminster during the wash-up period. This stage involves the rapid passage of legislation before the end of a parliamentary session.

Westminster Legislation on NI's Behalf:

- Clarification is needed on whether the Minister of Health (MOH) for Northern Ireland has requested or granted Westminster the authority to legislate on Northern Ireland's behalf regarding this specific bill. This situation underscores the complexity and sensitivities around devolved powers and their intersection with UK-wide legislation.

2. Compensation and Support Scheme Payments

Concerns with the Compensation Framework:

- The current compensation framework, as outlined by the UK Cabinet Office, raises significant concerns. Despite assurances that no one will be worse off, many, including myself, find they are not better off, questioning the true compensatory nature of the scheme.

Definition of Compensation:

- Compensation should, by definition, make up for damage or loss. If support scheme payments are removed (despite being previously classified as non-compensatory), this constitutes a loss. Therefore, true compensation must be provided to account for this loss and the damage which was carried out by the viruses given to the community.

Devolution and Support Schemes:

- Given that support schemes are a devolved matter and funded by the NI Department of Health budget, it is inappropriate for the UK Cabinet Office to dictate terms. It is crucial that the committee recommends the continuation of these support schemes in Northern Ireland to protect the interests of victims.

Mechanism for Compensation Payments:

- To ensure timely delivery of compensation, the mechanism used should mirror that of the initial interim compensation payments, bypassing devolved bureaucratic delays.

Hepatitis B Victims:

- The Infected Blood Support Scheme Northern Ireland (IBSSNI) should increase resources to facilitate the registration of victims of Hepatitis B from contaminated blood products, even if informally, ensuring they are recognised and supported.

3. Regional Administration and Support**Regional Administrators:**

- The presence of regional administrators has been a crucial support mechanism for victims in Northern Ireland, providing personal reassurance and a readily accessible point of contact. Any future compensation body must maintain regional administrators to continue this level of support.

Ministerial Office Continuity:

- Ensuring continuity in ministerial oversight is essential. Should there be a change in the Health Minister, the health committee must ensure that corporate memory and the ongoing understanding of these matters are preserved to maintain consistency in policy and support for victims.

4. Psychological Support for Victims**Current Changes in Psychological Support:**

- The transition from a dedicated infected blood psychological support service to a general psychologist within the Belfast Trust's haemophilia centre raises concerns. While a dedicated service for haemophiliacs is welcome, it risks neglecting the broader affected community.

Need for Dedicated Psychological Support:

- It is imperative that dedicated psychological support for infected blood victims remains separate from the haemophilia centre to ensure comprehensive and specialised care for all affected individuals.

5. Implementation of the Infected Blood Inquiry Final Report Recommendations**Commitment to Implementation:**

- The Health Select Committee must ensure that the recommendations from the Infected Blood Inquiry Final Report are fully implemented in Northern Ireland. This includes comprehensive measures to address the harms caused and to prevent future occurrences. This must with urgency include the DUTY OF CANDOUR be implemented into the civil service code.

Victims' Needs and Rights:

- The recommendations emphasise the need for a victim-centred approach, ensuring that victims' needs and rights are prioritised in all actions and policies derived from the report.

Coordination and Accountability:

- There should be clear coordination between Westminster and Northern Ireland's devolved institutions to ensure seamless implementation of the recommendations. Accountability mechanisms must be put in place to monitor progress and address any delays or issues.

Transparency and Communication:

- Continuous transparency and open communication with the victims and affected communities are essential. Regular updates on the progress of implementing the recommendations should be provided to build trust and ensure all stakeholders are informed.

Financial and Medical Support:

- Adequate financial compensation and medical support must be guaranteed as per the recommendations. This includes long-term healthcare provisions and support for mental health and well-being.

Recommendations to the Health Select Committee

1. **Request Clarification from the MOH NI:** Ensure transparency on whether Westminster has been asked or has been granted the authority to legislate on NI's behalf concerning the Victims and Prisoners Bill.
2. **Retain Current Support Schemes:** Advocate for the continuation of current support schemes in Northern Ireland, given their devolved nature and funding from the NI DOH budget.
3. **Fair Compensation Framework:** Demand a compensation framework that genuinely compensates victims, taking into account the removal of support scheme payments and ensuring no loss is incurred.
4. **Streamlined Compensation Delivery:** Recommend using the same swift mechanism for distributing compensation as was used for the initial interim payments.
5. **Resource Allocation for Hepatitis B Victims:** Increase resources within the IBSSNI to register and support victims of Hepatitis B due to contaminated blood products.
6. **Maintain Regional Administrators:** Ensure any future compensation body includes regional administrators to provide personalised support to victims.

7. **Ensure Ministerial Continuity:** The health committee should ensure the retention of corporate memory and policy continuity if there is a change in the Health Minister.
8. **Dedicated Psychological Support:** Advocate for maintaining a separate dedicated psychological support service for infected blood victims to ensure all affected individuals receive appropriate care.
9. **Implement Inquiry Recommendations:** Ensure full implementation of the Infected Blood Inquiry Final Report recommendations, prioritising victim needs, coordinating efforts between governments, maintaining transparency, and providing adequate financial and medical support.