Cabinet Office

Proposed changes to the Infected Blood Compensation Scheme

Consultation

Closing date: 22 January 2026

CP 1430

Government of the United Kingdom

Cabinet Office

Consultation: Proposed changes to the Infected Blood Compensation Scheme

Presented to Parliament
by the Minister for Cabinet Office
by Command of His Majesty

October 2025

CP 1430

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Contents

Ministerial Foreword 3
Introduction 5
About You 10
Section 1 - The Special Category Mechanism and its Equivalents 11
Section 2 - Severe psychological harm 17
Section 3 - Recognition of Harm caused by Interferon Treatment 22
Section 4 - Past Financial Loss and Past Care Awards 27
Section 5 - Evidence Requirements for Exceptional Loss 34
Section 6 - Supplementary Awards for Affected People 38
Section 7 - Unethical Research 43
Section 8 - Additional issues 48
Privacy Notice 49

Summary

The Government is consulting on proposed changes to the Infected Blood Compensation Scheme ('the Scheme') on the basis of recommendations made in the Infected Blood Inquiry's Additional Report. Responses to this consultation will support the Government to make any future changes to the Scheme through legislation.

This consultation will run for 12 weeks, closing on 22 January 2026.

Respondents

In line with government consultation principles, this consultation is open to the general public. In particular, the Government invites responses from the infected blood community and those with an interest in the Infected Blood Inquiry.

Privacy and Confidentiality

We recognise that the experiences of people in the infected blood community are both private and sensitive, and that they have not always been treated with dignity and respect. Because of that, some people may feel concerned about how their personal information will be handled.

Any information shared as part of this consultation will remain private and confidential. All personal information will be handled in accordance with data protection legislation, including the General Data Protection Regulation and Data Protection Act 2018. The Privacy Notice for this consultation provides further detail on how data will be handled.

No one responding to this consultation is obliged to share personal information about their health or circumstances unless they wish to. Respondents may choose to share some but not all of their experiences, or to remain completely anonymous if they prefer.

Enquiries

Please send any enquiries relating to this consultation to:
ibconsultation@cabinetoffice.gov.uk

Government response to this consultation

The Government will publish a response to this consultation on gov.uk within 12 weeks of its closing. If, for any reason, it is not possible to publish a response within this timeframe, an explanation for the delay will be provided on this consultation page on gov.uk.

Ministerial Foreword

The infected blood scandal has shattered and continues to shatter the lives of infected people, their families and whole communities on an unprecedented scale. No level of financial compensation could make up for the suffering that so many people are still enduring today.

I express my heartfelt thanks to everyone who has shared and who continues to share their experience and expertise both with the Inquiry and with the Government. Your input is invaluable in ensuring that the compensation scheme, delivered by the Infected Blood Compensation Authority (IBCA), can bring long-awaited justice to the people harmed by this devastating scandal.

This consultation will further support this endeavour. As I set out in my update to Parliament in July, we are already taking action to address the recommendations made in the Infected Blood Inquiry's Additional Report published in July this year. We immediately accepted some of the recommendations relating to the design and structure of the Scheme and we are implementing these changes as soon as we can so that IBCA can get on with paying compensation. In order to determine how to best take forward other recommendations, however, it is crucial for us to work with and understand the views of the infected blood community.

That is why this consultation invites feedback and views from the public, and specifically the infected blood community, on the proposed changes to the Scheme. This is your opportunity to help make the Scheme work for the people it was designed to deliver for. I encourage you to take the time to share your perspective and assure you that every response to this consultation will be considered carefully and with the seriousness this issue deserves.

The Government has sought initial advice from the Infected Blood Compensation Scheme Technical Expert Group (TEG) to develop proposals in response to the Inquiry's Additional Report, to inform this public consultation. Once the consultation closes and we have looked at all of the responses, we will be in a position to finalise any changes to the Scheme. These changes will be directly informed by the findings of this consultation and advice from the TEG. Further legislation will then be brought forward so that these changes can be implemented to the Scheme.

We are committed to supporting you in responding to this consultation. That is why we will run engagement with the infected blood community and its key representatives to encourage a wide range of responses to the consultation. Once the consultation closes, we will publish a summary of the responses within 12 weeks.

I am personally grateful to everyone who provides feedback as part of this consultation. We recognise the urgency of this matter and the desire for resolution within the infected blood community. Your constructive contributions are vital in shaping proposals that

are appropriate and can be delivered effectively. I look forward to hearing your views and to working together to ensure our response meets expectations.

Introduction

Reason for consulting

In its response to the Infected Blood Inquiry's Additional Report in July 2025, the Government committed to publicly consult in relation to seven specific areas of the Scheme where the Inquiry recommended changes may be needed. Responses to this consultation will help inform any future changes in these areas.

The Government aims to bring forward any legislative changes as a result of this consultation before parliamentary recess in summer 2026, subject to parliamentary approval.

Who should complete the consultation?

This consultation is led by the Cabinet Office in the UK government and open to the general public. We particularly welcome responses to this consultation from the infected blood community and any people or organisations with an interest in the Infected Blood Inquiry.

How will we use your data?

The Privacy Notice sets out how personal data will be used.

Responding to the consultation

This consultation is hosted on an online survey platform called SmartSurvey. The online consultation can be accessed via weblink.

We are committed to making sure that anyone who wants to respond to the consultation is able to do so. If, for any reason, you are unable to complete the consultation using the online platform, please contact ibconsultation@cabinetoffice.gov.uk to request a Word Document version of the response template.

Once complete, your response should be returned to the same email address. If you would like to send in your response via post, please mark your correspondence '**Proposed changes to the Infected Blood Compensation Scheme**' and send it to:

Infected Blood Inquiry Response Team
Cabinet Office
Third Floor
1 Horse Guards Road
SW1A 2HQ

All responses must be received by the Cabinet Office before the closing date. We will be unable to consider responses received after this deadline.

We recommend that individual organisations provide a single consolidated response.

Navigating the consultation

This consultation is split into sections, each based on a different area of the Scheme in which the Inquiry recommended changes may be required. You do not need to complete all sections of the consultation if you do not want to, or they are not relevant to you.

The consultation begins with background information on the Infected Blood Compensation Scheme, before asking some personal information questions to help us understand the capacity in which a person or organisation is responding. You are not obliged to provide this information if you do not wish to do so.

Some questions are multiple choice, while others invite more detailed written responses or supporting evidence.

Background to the Infected Blood Compensation Scheme

Over seven years, the Infected Blood Inquiry, led by Sir Brian Langstaff, investigated the circumstances which led to and were caused by people being given infected blood (or blood products) by the UK's National Health Services, most notably between 1970 to 1998. The Inquiry considered the impact and the awful effects it had both on people who were infected and on their loved ones. The Inquiry issued its Second Interim Report in April 2023, in which it made recommendations for the design of a scheme to compensate victims, and its final report in May 2024.

On 21 May 2024, the Government announced plans for the Infected Blood Compensation Scheme (the Scheme), which would be operated by a new arm's length body called the Infected Blood Compensation Authority (IBCA). As part of this announcement, the Government set out the broad principles for how the Scheme would work. IBCA was established in May 2024.

The Government had to make regulations to formally establish the Scheme and give IBCA the powers to pay compensation. The first set of regulations came into force in August 2024, and enabled IBCA to start making 'core' compensation awards to infected people. A second set of regulations came into force in March 2025 which gave IBCA all the powers it needed to make compensation payments, including paying compensation to affected people (like partners or children) and to pay supplementary compensation to infected people.

Since IBCA was established in May 2024, it has paid over £1 billion in compensation payments to victims of infected blood. This is in addition to the £1.2 billion already paid in interim payments. Anyone who intends to make a claim for compensation can now register with IBCA.

In March 2025, the Infected Blood Inquiry announced its intention to publish an additional report to "consider the timeliness and adequacy of the Government's response on compensation". The Inquiry published its Additional Report in July 2025 which made a number of recommendations for IBCA and the Government in relation to the operation and design of the Scheme.

Responding to the Additional Report, the Government accepted several of the Inquiry's recommendations immediately. For other recommendations, the Government committed to launch a public consultation to seek views from the infected blood community on how best to implement the recommended changes.

Key information about the Infected Blood Compensation Scheme

The Infected Blood Compensation Scheme ('the Scheme') is now fully established in law. A user-friendly explainer of how the Scheme works can be found here, and a gov.uk page with more detailed information about each aspect of the Scheme can be found here.

This section of the consultation gives some important information about how the Scheme currently works. This should help respondents consider whether they think the changes suggested are a good idea and what, if anything else, we should consider changing.

How the Scheme works:

- The Scheme provides financial compensation to victims of the infected blood scandal.

- The Scheme is UK-wide and operated by an independent arm's length body called the Infected Blood Compensation Authority (IBCA).

- The Scheme is open both to those who were **directly or indirectly infected**, and to those who are **affected** through their relationship with an infected person.

- The Scheme has two main components: the core route and the supplementary route. Everyone eligible for compensation will receive an offer through the core route. Most people will only require this route. The supplementary route is available in exceptional cases where the level of compensation offered through the core route does not reflect the financial losses or care costs a person may have experienced. **This consultation proposes some changes to the core and supplementary route.**

- Under the **core route**, there are five award categories, each of which provide compensation for the harm someone suffered in different aspects of their life.

- The award categories, and what they provide compensation for, are: **Injury** (for physical and mental injury and emotional distress); **Social Impact** (for stigma and social isolation caused by the infection); **Autonomy** (for the impact of the infection on personal life, for example on relationships); **Care** (for past and future care costs); and, **Financial Loss** (for past and future financial losses, for example loss of earnings). **This consultation does not propose adding or removing any award categories, but it does propose changes to the values of some award categories.**

- Core route compensation is calculated using set payment rates called tariffs. People's personal circumstances (like the severity of their infection, or their relationship to an affected person) are used to work out what tariff of compensation they should receive. Tariffs reduce the information that claimants need to provide and enable compensation to be paid more quickly. **The use of tariffs was recommended by the Infected Blood Inquiry and is fundamental to how the Scheme operates - this consultation does not propose changing the way the Scheme works in this regard. It does propose changes to the values of some tariffs.**

- In exceptional cases, higher compensation awards are available through the **supplementary route** for the Autonomy, Care and Financial Loss award categories.

- A person can choose to receive their compensation as a **lump sum or series of regular payments** over 5, 10 or 25 years.

- Compensation paid through the Scheme is exempt from income, capital gains and inheritance tax, and compensation does not impact a person's eligibility for means tested benefits. **This consultation does not propose any change to these exemptions.**

- Accepting compensation through the Scheme does not remove any right a person has to pursue a claim in court.

- For people diagnosed with an eligible infection before 1 April 2025, the Scheme will remain open to applications until 31 March 2031. For people diagnosed after 1 April 2025, the Scheme will remain open to applications for 6 years from the person's date of diagnosis.

Technical Expert Group

The Government established an 'Infected Blood Inquiry Response Expert Group' in January 2024 to provide independent technical advice to support the Government to design the Scheme. It was chaired by Professor Sir Jonathan Montgomery and was composed of legal, clinical and actuarial experts, who were assisted where required by specialists in social care.

Following the Inquiry's Additional Report, the Government required further technical advice in order to make the proposed changes. This advice is provided by the 'Infected Blood Compensation Scheme Technical Expert Group' (TEG) which was established in September 2025. The membership of this group includes members from the previous Expert Group, and an additional five experts in transfusion medicine, haematology, psychiatry and psychology. The names of the new members were tested with the community before being appointed. The TEG has provided advice to the Government on some of the Inquiry's recommendations. Where this is the case, this document explains what the TEG's advice was, so that respondents can see how it led to the development of the relevant proposals and questions.

About You

The following questions ask for some basic personal information about the respondent. Please refer to the Privacy Notice for information about how personal data will be handled.

1. In what capacity are you responding to this consultation?
    - I am a person who is living with or has previously had an infection (as a result of indirect infection or treatment with infected blood or blood products)
    - I am a person who has been affected (as a result of another person's infection due to indirect infection or treatment with infected blood or blood products)
    - I am a person who is both living with or has previously had an infection due to infected blood or blood products **and** I have been affected as a result of another person's infection
    - I am neither an infected or affected person, but have an interest in the Infected Blood Inquiry
    - None of the above
    - Prefer not to say

2. If you are responding as a person who is or has been infected, please confirm the nature of your infection
    - HIV
    - Acute Hepatitis C or B (i.e. where infection lasted less than 6 months)
    - Chronic Hepatitis C or B (i.e. where infection lasted more than 6 months)
    - Co-infection (HIV andHepatitis C and/or Hepatitis B)
    - Co-infection (Hepatitis C and Hepatitis B)
    - Prefer not to say

3. If you answered 'None of the above' in question 1, please confirm the nature of your interest in the Inquiry
    - Charitable organisation
    - Recognised Legal Representative
    - Campaigner
    - MP / MP Office
    - Healthcare professional
    - Prefer not to say
    - Other
        - Please specify the organisation that you are responding on behalf of

Section 1 - The Special Category Mechanism and its Equivalents

Summary

Since 2017, some infected people and their bereaved partners have received regular support payments from the Infected Blood Support Schemes (IBSS) in England, Scotland, Wales and Northern Ireland. Anyone who is receiving these support payments and would like them to continue for the rest of their life can arrange for this as part of their overall compensation offer from the Infected Blood Compensation Authority (IBCA).

The IBSS offer a particular type of payment to people with chronic Hepatitis C who experience significant impacts on their day-to-day life as a result of their infection or treatment they received for it.

This payment is known as the 'Special Category Mechanism' (SCM) in England, or an equivalent term in the other nations. Each IBSS has slightly different assessment criteria and an approach to assessment for the payment. It is to help people better manage their daily life following an infection, if they require more financial support to do that than the standard levels of support payment provide.

The names each Support Scheme are:

- Hepatitis Special Category Mechanism (England Infected Blood Support Scheme)
- 'Severely Affected' Hepatitis C (Scotland Infected Blood Support Scheme)
- Hepatitis C Stage 1 Plus (Wales Infected Blood Support Scheme)
- Hepatitis C Stage 1 Enhanced Payments (The Infected Blood Payment Scheme for Northern Ireland)

There are multiple things that make some people with chronic Hepatitis C eligible for this payment from the support schemes. These are largely: autoimmune conditions linked to treatment with a medicine called interferon; mental health concerns; or chronic fatigue.

In this section, the term 'SCM' is used to refer to the Special Category Mechanism in England, and all of the equivalent payments in the devolved nations.

While IBCA has not yet opened applications on the supplementary route, the way it will do this is set out in the 2025 Regulations. The Scheme is currently designed so that people who can show IBCA that they are eligible for SCM because their interferon treatment caused them to suffer from a defined set of autoimmune-related illnesses will receive a Severe Health Condition award. It does not currently give a Severe Health Condition award to people who are eligible for SCM for any other reason.

The Inquiry's Additional Report included recommendations to change this.

In this chapter, we set out how we propose doing this by making more people eligible for the Severe Health Condition award.

Inquiry recommendation
The recommendation on SCM from the Inquiry's Additional Report is:

> "*The Government reconsider whether to maintain its rejection in February 2025 of the recommendations of Sir Robert Francis KC and advice from the Infected Blood Inquiry Response Expert Group of August 2024, which was expressly accepted at the time by the Government, to introduce (as one of six health impact groups which would justify a severe health condition award) the following for people infected with Hepatitis B and Hepatitis C:*
>
> *Other Hepatitis C associated extra hepatic disorders resulting in long term severe disability. This includes those currently assessed as the following category on IBSS:*
> - *Hepatitis Special Category Mechanism (England Infected Blood Support Scheme)*
> - *'Severely Affected' Hepatitis C (Scotland Infected Blood Support Scheme)*
> - *Hepatitis C Stage 1 Plus (Wales Infected Blood Support Scheme)*
> - *Hepatitis C Stage 1 Enhanced Payments (The Infected Blood Payment Scheme for Northern Ireland)*"

What this recommendation means
The Inquiry recommended that the Government reconsider the decision it made when it laid the 2025 Regulations regarding how the Scheme provides compensation for people who currently receive SCM. The Government was asked to look again at the decision to limit the Severe Health Condition award to only those in receipt of SCM because of certain autoimmune conditions caused by treatment with interferon.

Government response
When the Government responded to the Inquiry's Additional Report in July 2025, we acknowledged the concerns that many in the infected blood community raised with the Inquiry about how the Scheme compensates people for the impacts that would make them eligible for SCM or an equivalent payment.

We have **accepted** the Inquiry's recommendation that the Severe Health Condition award should recognise everyone who would meet the criteria for SCM payments. This means that anyone currently receiving SCM payments through the Infected Blood Support Schemes will now be automatically eligible for a Severe Health Condition award.

As well as this, we said we would consult on how eligibility should be established for people who are not registered with an IBSS, but who experience the same effect on

their day-to-day life, for the same reasons, so that they too become eligible for an award.

Technical Expert Group

The Technical Expert Group (TEG) provided advice on the following two areas:

SCM award assessment criteria

Living people who are not registered with an IBSS (such as those with Hepatitis B) need to be able to apply for a Severe Health Condition award from IBCA. We propose that the fairest way to do this is to replicate the existing SCM assessment process.

- The four different support schemes have similar but not identical assessment criteria. It is important that the Scheme treats every applicant in the same way. **The TEG has advised that the Scheme should use the assessment process currently used by the England Infected Blood Support Scheme (EIBSS).** This is because most IBSS-registered applicants (approximately 80%) will have been assessed using the EIBSS criteria.

- The EIBSS assessment process for SCM involves 2-3 medical assessors reviewing evidence. This evidence is presented by the infected person themselves, and the UK-registered health professionals that treat them. When the medical assessors review this evidence, they will be looking to see whether a person's infection (or treatment) has caused a substantial and long-term effect on their ability to carry out daily activities and work.

Award level

The **TEG has also provided advice on the level of compensation that people eligible for a Severe Health Condition award as a result of this new proposal should receive**. To do this, they have looked again at the criteria that would make someone eligible for SCM, and considered what effect those criteria would have on someone's requirements for care, and on their ability to keep working. These are the two award categories that make up the Severe Health Condition award.

These award levels are set out as part of the proposal.

Proposal

Based on advice from the TEG, we propose to make more people eligible for the award who currently are ineligible:

- Infected people or the estates of infected people who are receiving SCM or equivalent payments (or received them before they died) would be **automatically eligible** for this award.
- Living infected people who are not currently receiving SCM or equivalent payments from an IBSS would be **able to apply to be assessed by IBCA** against the EIBSS assessment criteria and if they meet them, will receive the award.

The award would provide more compensation for financial loss, and for people's care needs. The proposal therefore means that the Scheme would provide greater recognition for people who were receiving SCM, or for people who meet the same criteria, on top of their core compensation award.

Proposed eligibility

Because the core compensation awards available for people infected with HIV already provide compensation for the effect their infection had on their day to day life, this new proposal is about **making more people infected with Hepatitis B and/or C eligible for compensation through the Severe Health Condition award**.

We propose that the following cohorts of people are eligible:

Living and deceased infected people who were registered with an IBSS: all infected people that were registered with an IBSS and received one of the following types of payments would automatically be eligible for the Severe Health Condition award:

- Hepatitis Special Category Mechanism (England Infected Blood Support Scheme)
- 'Severely Affected' Hepatitis C (Scotland Infected Blood Support Scheme)
- Hepatitis C Stage 1 Plus (Wales Infected Blood Support Scheme)
- Hepatitis C Stage 1 Enhanced Payments (The Infected Blood Payment Scheme for Northern Ireland)

Living infected people not registered with an IBSS: we propose that infected people who were not registered with an IBSS should be able to apply for this award. People in this circumstance would need to provide a range of medical documents and evidence so that IBCA can determine their eligibility. This would require medical assessors to review applications.

We do not propose that **estates of infected people who were not registered with an IBSS** are eligible**.**

The SCM and equivalent payments made by the IBSS are available to living infected people only. This is because the assessment criteria used by each of the IBSS are designed to assess the effect that a person's infection is having on their life currently, and the effect it is likely to have on them in the future. They are not designed to look back at what happened in the past and make a judgement on how much of an impact the infection had on someone, and for how long. We therefore propose that the Severe Health Condition award, which is based on the IBSS assessment criteria, is not available to estates of people who were not registered with an IBSS.

Award calculations

Award values:

- **Financial Loss award -** Financial Loss awards would be increased to **£17,794 or £20,760 per year.** There are two different values because of the way

financial loss awards change after the introduction of effective treatment for an infection. The values have been calculated on the basis that people eligible for SCM will be able to work much less than full time (instead, approximately one and a half or two days a week, on average over a year).

Our proposal is to assume that people eligible for a Severe Health Condition award as part of this new group had their earning capacity reduced by 70% before effective treatment was available for their infection, and a little less (60%) after the introduction of effective treatment. This is based on advice from the TEG.

We also propose that if someone becomes, or became, eligible for SCM in the year they reached the age of retirement (66 years), they will not receive any additional compensation for financial loss as a result of reduced earning capacity. Where someone becomes, or became, eligible for SCM *before* the year they reached the age of retirement, the annual amount of their increased financial loss award will reduce by 50% once they reach the year of retirement. Both of these proposals are consistent with the way the award works for all other eligible applicants.

- **Care award** - Care awards would be set at £5,460 per year, if not already at that level or higher, to cover weekly domestic and ad-hoc care for life. This is the same amount of compensation that the Scheme provides for people in need of 'level 1' care (there are five different levels of care).

The proposal is that people eligible for a Severe Health Condition award as part of this new group are given additional care compensation equivalent to a 6 hours per week of domestic support and ad-hoc care. This is because the TEG has advised that care needs related to the SCM criteria typically relate to someone's ability to carry out daily domestic activities such as cooking, cleaning and shopping. If someone has multiple conditions that make them eligible for a Severe Health Condition award, they receive the highest amount for which they are eligible, and we propose that the same would apply in this circumstance too.

Award dates: It is important that there is a start date for the award, because it is used to calculate the value of that award.

The criteria that make someone eligible for SCM or an equivalent do not come with an exact diagnosis date or specific clinical 'marker' that could be used to determine a tailored start date for each person. Instead, the assessments conducted to determine whether someone should be in receipt of one of these payments look at the overall impact that a person's infection or treatment is having on their life now and in the future.

Because of this, we propose that the following dates are used for the start of awards:

- For people registered with an IBSS and receiving SCM or equivalent payment, the date that they were assessed for this payment by their Support Scheme.
- For people not registered with an IBSS, awards would be calculated from 2024, inclusive of this year. Setting this consistent date ensures that people whose claims are assessed later by IBCA are not disadvantaged.

Questions

1. Should infected people who have been assessed as eligible for SCM and its equivalents by one of the Infected Blood Support Schemes qualify automatically for this award?

2. Do you agree with the proposal to introduce an SCM Severe Health condition award for living infected people who are not currently registered with an IBSS?

   As a reminder, this would require people to undergo an evidence-based assessment similar to and based on the current England Infected Blood Support Scheme SCM assessment process to be eligible for this award. For this reason the award would not be available to estates of people who were not registered with an IBSS.

3. Do you think the proposal to give people eligible for the award more compensation for financial loss - based on a reduction in their ability to work by 60-70% (in other words, that they are able to work less than half a 5 day working week) - is fair?

4. Do you think the proposal to give people eligible for the award compensation for 6 hours a week of domestic support and ad hoc care is fair? What, if anything, might someone have experienced that would require more than 6 hours of this type of care per week?

Section 2 - Severe psychological harm

Summary

Most victims of the infected blood scandal have suffered psychological harm because of what happened to them. For some people, this harm has been particularly severe and has significantly affected their ability to work or look after themselves.

The Scheme currently provides compensation for psychological harm through both the core and supplementary route, depending on the type and severity of harm:

- The **core route** provides compensation for psychological harm in three ways. The Injury, Autonomy, and Social Impact awards give compensation for poor mental health, emotional distress, and the effects of stigma and social isolation caused by an infection.
- In the **supplementary route**, the Severe Health Condition award offers additional compensation where someone has been diagnosed with a severe psychiatric disorder that has caused suffering beyond what is recognised and compensated for as part of their core award. To qualify for the Severe Health Condition award, an infected person must provide a report from a consultant psychiatrist that confirms their diagnosis, and shows that the diagnosis is linked to their infection. They must also provide evidence that specialist treatment was required (for example, a six-month period of consultant-led secondary care, inpatient admission, or detention under the Mental Health Act).

We have committed to consulting on the level of psychological harm, and the evidence needed to demonstrate this, that makes someone eligible for the Severe Health Condition award.

In its Additional Report, the Inquiry said the current evidence requirements for the Severe Health Condition award were too high, and that a '**formulation-based opinion**' should be sufficient to demonstrate someone's eligibility for this award.

Respondents will need to understand what this term means so they can fully consider the proposal and questions in this section of the consultation. A formulation-based opinion is a description of the mental health difficulties someone is facing. It is developed between a patient and the psychological professional treating them. It is used to help guide someone's treatment.

The Technical Expert Group (TEG) has advised that formulation-based opinions are not a reliable way of measuring the severity of psychological harm someone is experiencing, nor how it affects their ability to work or care for themselves. The TEG engaged psychologists involved in the Infected Blood Psychological Service (IBPS) as part of their work on this recommendation, and before giving their advice to the Government. The TEG has instead advised that severe psychological harm for people infected with either Hepatitis B or C could, instead, be covered by the proposed changes to the Severe Health Condition award for people with SCM (pages 11-16). **If**

you have not read this part of the consultation yet, you may wish to read it before reading this section.

This section of the consultation asks questions about this proposal to find out whether the suggested changes would fully cover the impact on mental health as a result of infection or treatment for an infection.

Inquiry recommendation

The recommendation made in the Inquiry's Additional Report in relation to severe psychological harm is that:

> "*The approach of the Infected Blood Psychology Service is adopted so that both a diagnosis made by a psychiatric professional and a formulation-based opinion of all qualified psychological and counselling professionals are accepted as sufficient evidence of severe psychological harm and that such evidence should qualify a person for a supplementary Severe Health Condition award without the additional need to demonstrate a period of consultant-led secondary mental health treatment or assessment/treatment as an inpatient."*

What this recommendation means

The Inquiry recommended that the Government re-examine the evidence needed for a Severe Health Condition award for severe psychiatric disorders. Specifically, the Inquiry recommended that 'formulation-based opinions' should be accepted as evidence for severe psychological harm.

Government response

In our response to the Inquiry's Additional Report in July 2025, we accepted the need for change and committed to consulting publicly on the level of psychological harm that would make someone eligible for the Severe Health Condition award. We also agreed to consult on what evidence should be required to demonstrate eligibility.

Technical Expert Group advice

The TEG has worked directly with the Infected Blood Psychological Service (IBPS). This section of the consultation summarises their advice and how it was informed by the IBPS's views on the **benefits and limitations of formulation-based opinions in the context of the compensation scheme**.

This section summarises the advice that the TEG provided to inform the development of this proposal, based on what they were told by the IBPS.

The TEG provided advice on the following three areas:

Consideration of formulation-based opinions:

The TEG has been unable to define criteria for an award based on formulation-based opinion without the need to introduce additional, new individual clinical psychological assessments for all applicants, which is not possible within a tariff-based scheme. The reasons for this are set out below:

The IBPS explained that a 'formulation-based opinion' is an account of someone's mental health, which examines relevant physical, psychological, and social factors. It considers their history, vulnerabilities, strengths and current circumstances.

The IBPS has advised the TEG that while formulation-based opinions can help guide someone's treatment, they cannot by themselves provide clear, reliable markers of how severe the impact of psychological harm is, nor do they assess how far the psychological harm affects someone's ability to earn or care for themselves. Only a psychological assessment could do this.

This is important because these factors are the basis on which the Severe Health Condition award provides additional compensation. An approach based on formulation-based opinions cannot be used to determine eligibility for the Severe Health Condition award if it does not provide the information required.

Evidence threshold for severe psychiatric disorders: To qualify for the Severe Health Condition award as a result of suffering from a severe psychiatric disorder, an infected person must provide a report from a consultant psychiatrist that confirms their diagnosis, and shows that the diagnosis is linked to their infection. They must also provide evidence that extensive treatment was required (for example, a six-month period of consultant-led secondary care, inpatient admission, or section under the Mental Health Act).

The TEG has not been able to identify any additional eligibility criteria that would enable someone to demonstrate an equivalent level of severe psychological harm in a manner consistent with the principles of a tariff-based scheme.

Special Category Mechanism (SCM): Some infected people may have experienced poor mental health that is more severe than the core route for chronic Hepatitis infections provides compensation for, but not severe enough to qualify for a Severe Health Condition award.

Given the limitations set out above in using formulation-based opinions and reconsidering the evidence threshold for severe psychiatric disorders, the **TEG has looked at other ways to identify and give more compensation to people in this situation.**

As an alternative to introducing a new Severe Health Condition award group, they have advised that the new proposal for a Severe Health Condition award for people who meet the criteria for SCM or an equivalent payment (set out in Section 1 of this consultation) **is likely to capture, and therefore give additional compensation to, people whose psychological harm was severe enough to affect their ability to work or care requirements in excess of the core route.** They have concluded this for the following reasons:

- The assessments used by the Infected Blood Support Schemes (IBSS) for SCM evaluate the effects of an infection or treatment on someone's capacity to work and perform daily tasks. The IBSS in all four nations have assessment criteria which include a review of the mental health concerns someone is

experiencing. A large proportion of applications to EIBSS (English Infected Blood Support Scheme) for SCM were made on the basis of substantial and long-term impact on someone's life, most commonly relating to mental health deterioration.

- The EIBSS criteria for assessing mental health concerns for SCM include: an expectation that the infected person will have been assessed for, and then received treatment, for a psychological condition (or attempts at treatment have been made); an assessment of long-term prognosis will have been made by an appropriately qualified specialist (usually a psychologist or psychiatrist); and an expectation that the infected person will have engaged with this assessment and treatment and have documentation to confirm this. This criteria was established following a public consultation by the Department for Health and Social Care in 2017.

Proposal

The TEG has been unable to define criteria for an award based on formulation-based opinion without the need to introduce additional, new individual clinical psychological assessments for all applicants. We welcome views from respondents on how we might do this, as well as views on the proposal set out here.

On the basis of advice from the TEG, we propose that **severe mental health issues not covered in the core route are compensated for by the proposal to make more people eligible for a Severe Health Condition award because they meet the criteria for SCM or equivalent payments.**

This proposal would mean that the Scheme provides compensation for a full range of mental health issues, depending on how severe they are:

- Through the core route: all infected people will have suffered psychological harm as a result of what has happened to them
- Through the proposed changes to the Severe Health Condition award for SCM: for people whose mental health issues require more compensation than the core route provides but that are not severe enough to meet the threshold for the Severe Health Condition award for severe psychiatric disorders, and;
- For the most severe harms, where neither of the above options provide enough compensation, through the Severe Health Condition award for severe psychiatric disorders, which would remain unchanged in this proposal.

Award eligibility

Because we think that the best way to compensate people suffering from severe psychological harm is through the proposed change to make more people eligible for a Severe Health Condition award for SCM, the eligibility for that award is relevant, and is repeated here:

- Infected people or the estates of infected people who are receiving SCM or equivalent payments (or received them before they died), will be **automatically eligible** for this award.
- Living infected people who are not currently receiving SCM or equivalent payments from an IBSS, will be able to **apply to be assessed by the Infected Blood Compensation Authority) IBCA** against the same criteria. If they meet the criteria, they will receive the award.

We also propose that the following dates are used for the start of awards:

- For people registered with an IBSS and receiving an SCM or equivalent payment, the date that they were assessed for this payment by their support scheme.

Award values

Because we think that the best way to compensate people suffering from severe psychological harm is through the proposed change to make more people eligible for a Severe Health Condition award for SCM, the values for that award are relevant, and are repeated here:

- **Financial Loss award -** Financial Loss awards would be increased to **£17,794 or £20,760 per year.** This has been calculated on the basis that people eligible for SCM will be able to work much less than full time (instead, approximately two or one and a half or two days a week, on average over a year). There are two different values because of the way financial loss awards change after the introduction of effective treatment for an infection.
- **Care award** - Care awards would be set at £5,460 per year, if not already at that level or higher, to cover weekly domestic and ad-hoc care for life. This is the same amount of compensation that the Scheme provides for people in need of 'level 1' care (there are five different levels of care).

<u>Questions</u>

1. The majority of victims of the infected blood scandal have suffered psychological harm. The Scheme compensates for this in three ways, depending on the severity of harm suffered:

    - **Core route**
    - **New proposed Severe Health Condition award for SCM**
    - **Severe Health Condition award for severe psychiatric disorders**

    Across these three different awards, are the mental health effects of infection or treatment fully covered by the compensation offered? If you answered no, what other mental health issues do you think the Scheme should consider?

2. To qualify for the Severe Health Condition award for severe psychiatric disorders, infected people must currently provide a report from a consultant psychiatrist confirming a diagnosis and causation, alongside evidence of

extensive treatment (a six-month period of consultant-led secondary care, inpatient admission, or section under the Mental Health Act).

What other pre-existing evidence could the Scheme ask applicants to provide to demonstrate severe psychological harm, similar to the Severe Health Condition award for Severe Psychiatric Disorders?

Section 3 - Recognition of Harm caused by Interferon Treatment

Summary

Many people infected with Hepatitis B and/or C have been treated for their infection with interferon (with or without ribavirin, which is sometimes used alongside it). In many cases, interferon treatment has caused people to suffer from terrible psychological and physical side effects.

The proposals in this chapter are relevant for people treated with interferon, either with or without ribavirin.

Some people are eligible for compensation because of the effect interferon is likely to have had on them.

'Severity bands' are used in the Scheme to make sure people receive the right compensation for the severity of their infection. Unless they have developed liver cirrhosis or they are co-infected with HIV, the Scheme currently gives infected people who have been treated with interferon compensation amounts in line with the Level 2 Hepatitis (chronic) severity band. That is because the Level 2 band has been designed to provide compensation for the conditions and other effects on their life that people with a chronic Hepatitis infection would commonly experience, including treatment with interferon.

The Inquiry's Additional Report suggested that the Level 2 severity band does not provide enough compensation to fully recognise the impact that treatment with interferon had on infected people. The Inquiry has therefore recommended that the Government makes changes to the infection severity bands.

We agreed that changes are needed and have proposed introducing a new infection severity band, referred to as Level 2B, to give people who have been treated with interferon more compensation. In practice, this would increase the compensation award for people treated with interferon before the onset of cirrhosis.

This section of the consultation seeks views on the proposal in this area.

Inquiry recommendation

The Inquiry's Additional Report made the following recommendation in relation to interferon:

> *"People infected with Hepatitis B or C who have received a course of treatment with or based on interferon should be recognised as entitled to core awards at Level 3."*

The Inquiry went on to say that treatment with interferon should be recognised through Level 3 or the introduction of a new infection severity band. The Inquiry said "*the choice –[Level] 3 or [Level] 2B – is for his [the Minister's] judgment*".

What this recommendation means
The Inquiry recommended that higher awards be given to those treated with interferon than those currently offered through the Level 2 severity band. The Inquiry suggested this could either be done by uplifting those who received interferon treatment to the higher Level 3 (Cirrhosis) band, or by creating a whole new severity band between Level 2 and Level 3 to specifically provide compensation for the impact of interferon treatment.

Government response
Responding to the Inquiry's Additional Report in July 2025, the Government proposed to introduce a new Level 2B severity band to give people more compensation for the impact of interferon treatment. The Level 2B severity band would provide core awards higher than Level 2 Hepatitis (Chronic) and lower than Level 3 (Cirrhosis).

Technical Expert Group
The Technical Expert Group (TEG) provided advice on the following two areas:

The impact of interferon on people's physical and mental health

- **Short-term impact of interferon:** The TEG looked at evidence of the short-term side-effects of interferon treatment. This included guidance from the National Institute for Health and Care Excellence (NICE). This guidance suggests that many, but not all, people find interferon alfa therapy very hard to tolerate. The guidance notes that a large number of patients experience flu-like symptoms after each injection, and up to half may suffer from chronic fatigue, headaches, fever, muscle aches, insomnia, and nausea. It also notes that around a quarter of patients report hair loss, joint pain, chills, irritability, itching, depression, skin rashes, and a decreased appetite, and that such side effects frequently lead to patients stopping or not adhering to treatment.

- **Long-term impact of interferon:** The TEG also considered the available evidence on long term side-effects of interferon treatment, which many infected people report experiencing. The Infected Blood Inquiry's Hepatitis Expert Group found no predictable long-term side effects of interferon in the available clinical trial data. While depression is a known risk of interferon treatment, studies suggest these symptoms typically resolve quickly once treatment ends.

Award level and values

- **Level 2B:** The TEG advised that the Level 2B proposal should provide compensation for the short-term side-effects of interferon treatment. The TEG advised that the long-term side-effects of interferon treatment would be better addressed through the current and proposed supplementary Severe Health

Condition awards. This means that someone who did experience them would have the option to apply for a supplementary award for further compensation. The Severe Health Condition award groups that would be relevant to someone in this position are: autoimmune diseases; severe psychiatric disorders; and the new proposal under consideration in this consultation to introduce a new award, to give more compensation to people who meet the SCM criteria.

- **Duration of treatment:** The TEG advised on the design of a Level 2B infection severity band that provides compensation based on an average treatment period with interferon of 48 weeks. As set out above, their advice is based on relevant NICE guidance and the Infected Blood Inquiry's Hepatitis Expert Group report. We recognise that treatment length is variable. We propose using the 48 week period advised by the TEG consistently for every infected person who is eligible for this award, in part to minimise the burden on them to provide specific and detailed evidence of their own treatment and its duration. In some cases, this means that people will receive compensation as if they had been treated for longer than was in fact the case.

- **Award levels:** The TEG provided advice on the appropriate award values for a Level 2B infection severity band. These award values are set out in the proposal.

Proposal

Based on advice from the TEG, the proposal for how the Level 2B severity band should work is set out below, covering each award level and value. We also explain how the proposed award compares to the current Level 2 Hepatitis (Chronic) award, and the basis on which the higher award has been determined.

Eligibility

All infected people who have received treatment with interferon will qualify for the proposed Level 2B infection severity band. It will be part of their core compensation award.

Award levels

- **Injury award**: The new Level 2B award would offer a £10,000 uplift on the current Level 2 Hepatitis (Chronic) band, bringing the total value of the injury award to **£70,000**.
- **Financial Loss award:** The new Level 2B award would compensate people for a higher level of financial loss than the Level Hepatitis (Chronic) band for two years. To work out what this compensation should be, we need to make assumptions about the amount people were able to work during and immediately after treatment with interferon. We assume that someone's earning capacity was reduced to 20% during the year of interferon treatment and the following year, whilst they recover. In other words, we assume that they were able to work much less than full time. The total value of the award would therefore be £23,726 per annum (80% of UK median salary plus 5%) for two

years (the year in which interferon treatment was started and the year after) before reverting to the level of financial loss that someone would get as for Level 2 Hepatitis (Chronic) severity.
- **Care award:** The new Level 2B award would compensate people for one additional year of low-level care (which is 16.5 hours per week, for the year) compared to the Level 2 Hepatitis (Chronic) band. This proposal is based on the TEG's advice that additional care needs related to interferon are typically limited to the treatment period and a short time afterward. No further evidence of care will be required to qualify for this uplifted care award.

How this proposal would change the compensation that people have already received

To help respondents give views about this proposal, we have explained below what it would mean for people who have already received compensation from IBCA. This is important because IBCA has now paid most IBSS-registered infected people their core compensation award, meaning that most of the people who would be affected by this change have already been paid some compensation.

If you are **currently eligible for the Level 2 Hepatitis (Chronic) band** and you have previously received interferon treatment, the proposed Level 2B award would mean you receive more compensation for injury, financial loss and care.

If you are **currently eligible for the Level 3 (Cirrhosis) band or Level 4 (Decompensated Cirrhosis)** and you have previously received interferon treatment, the change to your compensation as a result of this proposal would depend on the severity of your infection when you received interferon treatment:

- If you received interferon **before developing cirrhosis**, your award for financial loss would increase, but your Injury and Care awards would not change. This is because your Level 3 or 4 award already gives you compensation for the types of physical and mental harm that are also caused by interferon treatment.
- If you received interferon **after developing cirrhosis** (i.e. Level 3 or 4), your compensation award would not change at all. This is because your Level 3 or 4 award already gives you compensation for the types of physical and mental harm that are also caused by interferon treatment.

Questions:

1. Do you think there are short term side-effects (lasting less than 2 years) of interferon treatment that we have not taken into account in this proposal?

   As a reminder, Level 2B suggests two extra years of higher financial loss and one extra year of low-level care (16.5 hours per week) compared to Level 2. The types of short-term side effects caused by interferon include: chronic fatigue, headaches, and insomnia.

2. If you answered yes to question one, what short term side-effects (lasting less than 2 years) do you believe have not been covered by this proposal? We welcome evidence to support your response to this question and any detail you can provide about how these side-effects affected your care needs and ability to work over a given duration.

3. Do you think there are long term side-effects (lasting more than 2 years) of interferon treatment that are not fully covered by the proposed Severe Health Condition award?

   As a reminder, the Severe Health Condition award currently gives compensation for people who have autoimmune diseases triggered or made worse by interferon and severe psychiatric disorders. The new proposal gives more compensation to people who meet the criteria set out by the IBSS 'Special Category Mechanism' or equivalent.

4. If you answered yes to question one, what long term side-effects of interferon treatment (lasting more than 2 years) do you believe have not been covered by the Severe Health Condition award? We welcome evidence to support your response to this question and any detail you can provide about how these side-effects affected your care needs and ability to work over a given duration.

Section 4 - Past Financial Loss and Past Care Awards

Summary

Many victims of infected blood have suffered financial losses as a direct result of their infection. To address these losses, the Scheme awards compensation to cover the cost of care that occurred in the past, and that is expected to occur in the future. It also awards compensation to cover wider losses caused by, for example, the effect that an infection had on someone's ability to work, and will have on their ability to work in the future.

The Inquiry's Additional Report included recommendations to change this.

The Inquiry has recommended a change to the mathematical formula used in the Scheme to calculate awards for past care costs and past financial loss. This is relevant to infected people who choose to continue receiving support scheme payments when they receive their compensation from IBCA.

We have developed a proposal for changing how 'past' **Care** awards are calculated, in a way that does not create a disadvantage based on how a person chooses to receive their compensation (i.e. through a one-off lump sum or through ongoing support payments).

We have considered two different ways of changing the calculation for how **Financial Loss awards** are calculated.

This section of the consultation invites views on these proposals.

Inquiry recommendation

The recommendation made in the Inquiry's Additional Report in relation to past financial loss and past care is that:

> *""x" be removed from the equation set out in Regulation 7."*

What this recommendation means

Removing the letter 'x' from the equation changes how it will work.

The Inquiry recommended this change because it wants the Government to look again at the way past Care and past Financial Loss awards are calculated for people who choose to continue receiving support scheme payments. They think that the calculation causes an unfairness between people who continue receiving support scheme payments and those who do not. This equation is relevant to those calculations.

Government response

The Government accepted the need for a change to the Scheme in this area and committed to consulting on what would be the most appropriate set of changes to make.

To help respondents understand the proposals and consider which they think would be most fair, we have provided some more information about the equation referenced in the Inquiry's recommendation, and how it works.

This is the equation that would be changed by the Inquiry's recommendation:

$$x \times ((Y2 + 0.25) \div Y1) \times T$$

In this equation, 'Y2' represents the number of years in the period between someone's infection and the year 2024 (which is when the regulations first came into force). It is inclusive of both of those years. 'Y1' is the number of years in the period between someone's infection and their projected life expectancy. "T" represents the value of the award that is being divided into past and future components.

So that IBCA can calculate people's awards, there needs to be a set definition of what 'past' and 'future' mean. For the purposes of the Scheme, the past is the period up to 31 March 2025 and the future is the period from 1 April 2025 onwards.

For calculating someone's past Financial Loss award, 'x' has the value of 1. This means that when the formula is used to calculate an award for past financial loss, the 'x' does not change the compensation value.

For calculating someone's past Care award, 'x' has a different value. It has the value of 0.75. This means that when the formula is used to calculate an award for past care, the 'x' in the equation **reduces** the compensation value by 25%.

As recommended by Sir Robert Francis, this reduction is made on the assumption that past care was provided to a person free of charge by a loved one, rather than by professional carers. The infected person would not, therefore, have incurred costs such as tax and national insurance.

For most people, therefore, compensation for all of their past care is calculated using the 2023/2024 commercial care rates and the total value is then reduced by 25%. The exception to this is where a person can show that they did pay for professional care in the past, in which case the 25% deduction is not made. This is to make sure their award fully reflects the cost of their care, including expenses like tax and national insurance.

The courts also typically apply a reduction when care has been provided to someone without charge. The typical reduction applied in court is between 20%-30%.

Proposal: Care awards

At the moment, when someone who has chosen to keep receiving support scheme payments for life dies, IBCA runs a calculation. They look at the value of the person's **future** Care and **future** Financial Loss awards. Then they look at how much money

that person has already received in Support Scheme payments. If, before they passed away, they received less in Support Scheme payments than the value of their future Care and future Financial Loss awards, their estate receives a payment to account for the difference.

For example, if someone passes away having received £100,000 in Support Scheme payments before they died, but their future Care and Financial Loss awards combined were worth £120,000, IBCA would pay £20,000 to their estate.

We are proposing to change how this works, so that when IBCA calculates this, they instead look at the person's future care, future financial loss **and the 25% that would have been deducted from their past care.** This would mean that the estate receives the payment mentioned above, plus the value of the 25% discount that was applied to the person's past Care award.

This means that an infected person can never be worse off, in terms of the overall package of compensation they receive, than if they had chosen to stop receiving Support Scheme payments and take a lump sum instead.

In this proposal, "x" and how it works in the equation would not change. What happens instead is that the value it deducts would be added to someone's award in a different way.

We are proposing this because doing exactly what the Inquiry has recommended (changing the equation to remove the 25% discount from a person's compensation for past care) would benefit living people who have chosen to receive ongoing Support Scheme payments. However it would create a new unfairness as it gives a significant financial benefit to those who choose to take Support Scheme payments for life, putting them in a better position than estates and people not registered with an IBSS, who do not have this choice.

Proposal: Financial loss

The Inquiry's recommendation (to remove "x" from the relevant formula) would make **no change** to how past financial loss is calculated under the Scheme. This is because when calculating financial loss "x" has a value of "1". It represents the exact value of someone's past financial loss.

However, though it did not make a specific recommendation, in its Additional Report the Inquiry did look at the way past financial loss is calculated under the Scheme and discussed an alternative approach.

In this consultation, we are therefore inviting views on whether we should keep the calculation of financial loss the same, or move to the approach discussed by the Inquiry. These two proposals for financial loss would affect different claimants in different ways. These proposals, and what they mean, are set out below:

Proposal One: Keep the current method of financial loss calculation.

Currently, the financial loss calculation assigns each year of a person's infection a particular value for financial loss. This value changes depending on someone's infection severity. In years where the infection is more severe, a larger value of financial loss is assigned to reflect this. Then, these yearly values are added together, to create a total award value for someone's whole lifetime.

The total award value is then split proportionally into 'past' and 'future' periods (where, for the purposes of the Scheme, 'past' is the period ending with 31 March 2025). Each year then ends up with an average value, because the total award value is split out equally across each of those years. If someone chooses to keep receiving support scheme payments for life, they get the 'past' value from IBCA immediately.

For respondents to consider whether this is the proposal they prefer, it is also important to understand what it means for people infected as a child.

Only the years where an infected person is 16 years and older are used to calculate their overall Financial Loss award, as they would not have been old enough to work in paid employment before that. However, as set out earlier in this section of the consultation, the 'past' value of someone's award is calculated from the point of their infection, even if they were infected before they were 16.

This means that people who were infected before they turned 16 have a larger 'past' award, because their childhood years as well as their 'working' years will each have part of the overall award assigned to them.

Proposal Two: Change the current method by not averaging financial loss over the years of someone's life.

The alternative to splitting out the overall Financial Loss award equally across all of the relevant years is to change the calculation so that each year of a person's period of infection retains its specific value. The value in each given year is determined by the severity of their infection in that year. This is the approach discussed in the Inquiry's report.

The specific award values for each year in the period up to April 1 2025 would then be added together to create a "past" award; and then specific award values for each year after that date would be added together to create a "future" award. This means that if the years of a person's life with a higher award value are in the future, their future award will tend to be bigger than their past award (and vice versa).

Under this approach, childhood years - which do not have a Financial Loss award - would not be factored into the calculation, which means that people infected before the age of 16 may see their past financial loss reduce in value compared to the way the calculation works currently, for the reasons set out in Proposal One. The basic Financial Loss award of £12,500 would continue to be split in the same way as under Proposal One, because it is not attached to any particular year.

What the proposals would mean for infected people

Because the Government does not hold individualised data on people's age or health status, we are not in a position to know exactly how many infected people would see their past award go down if proposal two - to change the calculation - was taken forward.

We can, however, say in general terms how it is likely to affect infected people based on their circumstances:

- People who have recently moved up a severity band or developed a severe health condition (or, in less likely circumstances, either been recently diagnosed with HIV or infected with any relevant infection) are likely to see their past award go **down** if the calculation changes, compared to keeping the current method.
- People who have been at their current severity level for a long time are likely to see their past award value go **up** if the change is made, compared to keeping the current method.

The following hypothetical examples may also help explain this.

Examples

Example 1: Aaron

Aaron applies to the Scheme in 2026, aged 66. He was infected with Hepatitis C at or shortly after being born in 1960, likely from treatment for severe haemophilia. Aaron is registered with an IBSS and has a projected year of life expectancy of 2045.

Aaron has chronic Hepatitis C and developed cirrhosis in 2000. His Financial Loss award if he were to choose to stop receiving Support Scheme payments is £1,151,348.

Should he choose to keep receiving Support Scheme payments, this would be split into past and future components.

Under Approach 1 (the current approach): Aaron would have a past Financial Loss award of £873,511.83 and a future Financial Loss award of £277,796.17.

This is calculated using the formula set out above:

$x \times ((Y2 + 0.25) \div Y1) \times T$

In Aaron's case this would be

$1 \times ((65 + 0.25) \div 86) \times £1,151,348 = £873,511.83$

For Aaron, 'x' is 1 because we are calculating financial loss. 'Y2' is 65 because that is the number of years in the period beginning with the year Aaron became infected and ending with 2024 (including both years). 'Y1' is 86 because that is the number of years in the period beginning with the year Aaron became infected and ending with the year

of his life expectancy. T is £1,151,348 because that is the value of Aaron's total Financial Loss award.

Under Approach 2 (the alternative approach): Aaron would have a past Financial Loss award of £893,277.50 and a future Financial Loss award of £258,070.50.

This is because Aaron has 24 years in the past at level 2 and 25.25 years at Level 3. Additionally £9,484 of his basic Financial Loss award would be in the past, using the formula above.

	24 x £11,863 = £284,712
+	25.25 x £23,726 = £599,081.50
+	£9,484
=	**£893,277.50**

This means changing the approach would increase Aaron's past Financial Loss award by £19,725.67 and reduce his future Financial Loss award by the same amount.

Example 2: Bill

Bill's situation is very similar to Aaron's. He applies to the Scheme in 2026, also aged 66. He was also infected with Hepatitis C at or shortly after being born in 1960. Bill is registered with an IBSS and, like Aaron, has a projected life expectancy year of 2045.

Bill's infection, however, has progressed differently to Aaron's. Bill did not develop cirrhosis until 2020. His Financial Loss award if he were to choose to stop receiving Support Scheme payments is £914,088.00 - lower than Aaron's, because he has spent fewer years with cirrhosis.

Should he choose to keep receiving Support Scheme payments, this would be split into past and future components.

Under Approach 1 (the current approach): Bill would have a past Financial Loss award of £693,537.70 and a future Financial Loss award of £220,550.30.

This is calculated using the formula set out above:

$x \times ((Y2 + 0.25) \div Y1) \times T$

In Bill's case this would be

$1 \times ((65 + 0.25) \div 86) \times £914,088.00 = £693,537.70$

All of the values are the same for Bill as for Aaron except 'T'. 'Y2' and 'Y1' are the same for Aaron and Bill because they are the same age and were both infected in the same year.

Under Approach 2 (the alternative approach): Bill would have a past Financial Loss award of £656,017.50 and a future Financial Loss award of £258,070.50.

This is because Bill has 44 years in the past at level 2 and 5.25 years at Level 3. Additionally £9,484 of his basic Financial Loss award would be in the past, using the formula above.

	44 x £11,863 = £521,972
+	5.25 x £23,726 = £124,561.50
+	£9,484
=	**£656,017.50**

This means changing the approach would **decrease** Bill's past Financial Loss award by £37,520.20 and increase his future Financial Loss award by the same amount.

Questions

1. Where someone chooses to receive Support Scheme payments for life, the Inquiry has proposed that the 25% deduction to past care should be removed (Option 1). The proposal is an alternative where the deduction applied to the past Care award would instead be included in the calculation to determine whether an additional award is paid to their estate upon death (Option 2).

   Which proposal do you think creates the fairest balance between compensation for those receiving Support Scheme payments and other claimants?

2. On calculating past financial loss, we are inviting views on whether people favour the current calculation, which uses an average value for each year, or a calculation that keeps a strict year-by-year approach, with no averaging.

   Which approach do you believe to be fairer?

Section 5 - Evidence Requirements for Exceptional Loss

Summary

In some exceptional cases, infected people will have suffered greater financial losses as a result of their infection than they will be compensated for as part of their core route award. This might be, for example, where they had particularly high earnings prior to their infection. Infected people in this situation can apply for an Exceptional Loss award through the Scheme's supplementary route, and if eligible, receive additional financial loss compensation to reflect their circumstances.

To show that they are eligible for the Exceptional Loss award as it works currently, people must provide evidence (for example, their payslips or invoices) that they gave up salaried or self-employed work because of their illness, and that through this work they would have otherwise earned more than the amount they received as part of their core route award. Where someone was self-employed, evidence must be provided for each year of loss. Where they were a salaried employee, they must provide evidence for two out of every three years of earnings. Where a person cannot provide this evidence, they cannot currently access the Exceptional Loss award.

The Inquiry's Additional Report included a recommendation to consult on whether these evidence requirements mean that some people who ought to be eligible for the award are prevented from accessing it, and whether there are ways to address this.

We have agreed to consult on this issue. Having asked the Technical Expert Group (TEG) for advice, we do not have a specific proposal for how the exceptional loss award could change in a way that was viable and fair, within a tariff-based compensation scheme. We encourage respondents to review what we took into account to come to this conclusion, which is set out in this part of the consultation.

Inquiry recommendation

The recommendation made in the Inquiry's Additional Report in relation to the evidence requirements for financial loss is that:

> *"The Cabinet Office consult on whether the evidential requirements for exceptional reduced earnings are likely to prove a barrier to people who have sufficient evidence that their eligibility for such an award could with confidence be established on a balance of probabilities, and if so to consider what if any provision might be introduced to enable them to access an award."*

What this recommendation means

The Inquiry's Additional Report considered whether the level of evidence the Scheme currently asks for to confirm eligibility for the Exceptional Loss award could prevent some people, who should be eligible, from accessing the award. The Inquiry recommended the Cabinet Office consult on this issue, considering what could be done to support those who cannot provide the evidence currently required (for example

someone whose business was bankrupted as a direct result of treatment for their infection but who did not retain full records) but might have other evidence that demonstrates that they should be eligible on the balance of probabilities.

The Inquiry's Additional Report also commented on the situation of people who were infected early in life or in working life before they had been able to realise their potential. It acknowledged that in the case of a child *'it is unusual for there to be any evidence which will show on balance of probabilities that earnings would be any higher – or any less – than median earnings'*. However it suggested that there could be cases where the evidence is strong that the potential for higher than average earnings was real, and gives the case of someone who has started professional training with every apparent prospect of succeeding but is then infected and therefore unable to pursue their career.

Government response

When responding to the Inquiry's Additional Report in July 2025, the Government agreed to consult on the level of evidence currently required to ensure that the people for whom the award is intended are able to access it.

Technical Expert Group

We asked the TEG for advice on how the Exceptional Loss award could be changed to better meet the Inquiry's considerations on evidence requirements, and the Inquiry's comments about people who were infected before realising their full potential. However, the TEG was unable to come up with a specific proposal for how the Exceptional Loss award could change in a way that was viable and fair, within a tariff-based compensation scheme.

Current Scheme design

How the core award works

All infected people are entitled to compensation for the financial loss they will have experienced as a result of their infection. There are two parts to this. The first is a 'flat rate' Financial Loss award that everyone gets. Where someone has a chronic infection, or did have a chronic infection before they passed away, they also receive an additional Financial Loss award. This is calculated based on the severity of their infection and how long they were infected for.

This additional Financial Loss award is calculated on the basis that somebody would have worked from the age of 16 to 66. The calculation assumes someone has annual post-tax earnings of £29,657 throughout their whole working life. This was the median salary in the UK in 2023, plus an additional 5%.

This figure was chosen on the basis that a tariff-based scheme should be able to compensate for the losses suffered by most people. To do that, it should base earnings on a higher-than-average figure.

The 2023 median salary plus 5% is used consistently for every year of someone's working life. This affects people's Financial Loss awards in two ways. First, it is used

regardless of when someone was working. For example, if someone was of working age during the 1980s and 1990s, the 2023 salary would be used for all of those working years. It is also used for every year of someone's working life from 16 to 66, though average salaries vary significantly by age. For example, in 2023 the median net earnings for 18-21 year olds was £17,894.

Fifty years of annual earnings at this rate equate to a lifetime earning figure of £1,482,850. Not all Financial Loss awards provided by the core route of the Scheme will reach this amount (there are multiple reasons why this is the case - one is that the years in someone's life before they were infected do not have a Financial Loss award attached to them). No deductions are made to the yearly value to account for the fact that someone in employment may have made contributions, from their salary, to a pension scheme. Infected people are entitled to this award for each year of their chronic infection, regardless of whether or not they were working at the time, although the award is adjusted based on how much they were likely able to work given their illness.

How the Exceptional Loss award works
Currently, if an infected person can provide evidence that their lost earnings, either through salaried work or self-employment, were higher than the core route award, they can apply for an Exceptional Loss award.

The value of the Exceptional Loss award is currently calculated based on someone's **actual past earnings**. This means that someone applying needs to show evidence of their own past earnings (for example,payslips or invoices) which IBCA will use to determine what the person's future earnings would have been if they had not become ill. This calculation takes into account salary increases based both on inflation and the possibility that the person would have advanced in their career.

Where someone cannot provide evidence of past earnings, they are not currently eligible for an Exceptional Loss award through the Scheme. This is because there is no evidence from which IBCA can predict what their future earnings would have been.

Approach
The Technical Expert Group has not been able to find a way of changing the Exceptional Loss award that would work within a tariff-based scheme. **We strongly welcome responses about how the Inquiry's recommendations could be best taken forward and what evidence could be submitted in support of such a claim.**

Specifically, we welcome views on what additional forms of evidence someone could provide to meet the current criteria for the award, and what people may be able to provide IBCA if they have no forms of written evidence to show high earnings but feel that the core route does not sufficiently cater for their circumstances. We also welcome views on what could be done to make sure any changes that are made are fair to everyone and do not, for example, mean it is easier to receive an award with one type of professional qualification or experience than another.

Respondents may find it helpful to understand the Inquiry's concerns in more detail, to inform their response.

The Inquiry considers two different rare cases where it is concerned people may not be able to produce evidence.

The first is:**"[S]omeone whose business was bankrupted many years ago in direct consequence of the impacts of infection and/or treatment, who had no reason to retain full records for a compensation scheme decades in the future when there seemed no prospect of this at the time."**

The second challenging set of circumstances the Inquiry raises are those **"cases where the evidence is strong that the potential for higher than average earnings was real, but the infection or the side effects of its treatment happened too early in life (or in working life) or in family life to enable the infected person to establish the significant earnings pattern that appears to be a prerequisite of such a claim".**

In these cases, we expect that clear written evidence will be challenging to produce. As the Inquiry notes, it is "**unusual for there to be any evidence which will show on balance of probabilities that earnings would be any higher – or any less – than median earnings**". The Scheme's core route already compensates people on the basis of median net earnings plus 5%.

The difficulties of individual assessments under the Scheme were recognised by the Infected Blood Inquiry in its second interim report, where it noted that a scheme that "provides individualised assessments to each claimant before it, is to be avoided". Therefore, the 2025 Regulations set out that an award is given in respect to specific record of earnings.

Questions for respondents

1. In cases where someone believes their earnings would have exceeded the salary assumptions of the core route (UK median salary + 5%) had they not been infected, but cannot prove this from salary and other records, are there forms of evidence (e.g., professional qualifications) that IBCA could consider when calculating an Exceptional Loss award?

2. If changes were made to bring more people within the scope of the award, how could the Scheme ensure that there is fairness in treatment for people who cannot provide the additional evidence listed in question 1 (for example if they did not belong to a profession with training and qualifications)?

3. What types of evidence could IBCA take into account when someone says they earned beyond what is provided for under the core route but no longer has documentary evidence to prove so?

Section 6 - Supplementary Awards for Affected People

Summary
The supplementary route offers additional compensation awards in cases where the core route does not adequately reflect a person's situation. Currently, there is a supplementary route for both infected and affected people, but they are different from each other. For affected people, the Scheme only offers a supplementary route award for financial loss. Affected people are not eligible for Financial Loss awards through the core route unless they were dependents (i.e. children under 18 or partners) of an infected person who has died. The supplementary Financial Loss award exists to offer compensation in cases where the affected person was financially dependent on the infected person but would not automatically be eligible as a dependent under the core route. This could be, for example, where an affected person has a disability that limited their financial independence, or where an elderly parent of an infected person was financially dependent on their child.

The Inquiry's Additional Report asked the Government to consider whether there should be a supplementary route available to affected people, and suggested this could be done by opening up applications for a supplemental award for severe psychological harm to those who are affected by it. The Government agreed to consult on this issue and has sought advice from the TEG about how the recommendation could be taken forward within a tariff-based scheme.

This section of the consultation seeks views on whether, and how, an expanded supplementary route for affected people could work.

Inquiry recommendation
The recommendation made in the Inquiry's Additional Report in relation to the evidence requirements for financial loss is that:

> *"The Minister give consideration to there being a supplementary route for people affected. This could include opening the supplemental award for severe psychological harm to people affected. He should involve parents, children, siblings, partners and carers, and their legal representatives if wished, in this consideration."*

What this recommendation means
The Inquiry's recommendation asked the Government to look at whether a supplementary route should be introduced to the Scheme for affected people, noting that this could include opening it to people who have suffered severe psychological harm. The Inquiry recommended that affected people and their legal representatives were involved in this consideration, and so we welcome their responses to this consultation.

Government response
The Government accepted the Inquiry's recommendation to consult on whether it is

possible to introduce a supplementary route to provide additional compensation to affected people who suffered the most severe harms.

We are therefore consulting on whether it is possible to introduce a supplementary route for affected people based on severe psychological harm, as the Inquiry has suggested, without causing significant delay to the process of providing compensation as a whole.

The Inquiry made a separate recommendation about the evidence infected people need to provide to be considered eligible for supplementary awards for severe psychological harm. Section 2 of this consultation sets out our proposal for how this might work for infected people. **This recommendation is also relevant for affected people, because it suggests a way of evidencing severe psychological harm, which the Inquiry has specifically asked us to consider for a supplementary route for infected people.**

The recommendation, and what the TEG advised as a response, is repeated here below for ease, but respondents may wish to review Section 2 as well.

"[I recommend that] the approach of the Infected Blood Psychology Service is adopted so that both a diagnosis made by a psychiatric professional and a formulation-based opinion of all qualified psychological and counselling professionals are accepted as sufficient evidence of severe psychological harm and that such evidence should qualify a person for a supplementary Severe Health Condition award without the additional need to demonstrate a period of consultant-led secondary mental health treatment or assessment/treatment as an inpatient."

The TEG has been unable to define criteria for an award based on formulation-based opinion without the need to introduce additional, new individual clinical psychological assessments for all applicants, which is not possible within a tariff-based scheme. The reasons for this are set out below:

The Infected Blood Psychological Service (IBPS) explained that a 'formulation-based opinion' is an account of someone's mental health, which examines relevant physical, psychological, and social factors. It considers their history, vulnerabilities, strengths and current circumstances.

The IBPS has advised the TEG that while formulation-based opinions can help guide someone's treatment, they cannot by themselves provide clear, reliable markers of how severe the impact of psychological harm is, nor do they assess how far the psychological harm affects someone's ability to earn or care for themselves. Only a psychological assessment could do this.

Technical Expert Group

More detail on the advice provided by the Technical Expert Group (TEG) can be found in Section 2, as it is relevant to infected people as well. Their advice, which was based on engagement with the Infected Blood Psychological Service, was that formulation-based opinions can be used to guide and inform a choice of therapeutic interventions

for psychological harm (which might be different types of talking therapy, for example). However, they do not include reliable or consistent markers of the severity of that harm and would not, therefore, include an assessment of someone's ability to earn or care for themselves.

Given this limitation, the TEG has not been able to recommend an approach to eligibility based on formulation-based opinions without also requiring new and additional clinical assessment from a psychological and/or counselling professional - for either infected or affected people.

Because of this, we have not found a way to implement a supplementary route for psychological harm suffered by affected people that would avoid the requirement for an individualised medical assessment of each affected person who wanted to claim. We have proposed a way, in Section 2, that medical assessments could be conducted for infected people, but we do not think this can be extended to affected people. The reasons for this are set out later in the 'Proposal' part of this section.

Current approach

The scheme as it currently operates gives eligible affected people core awards for two, three, or four of the five award categories, depending on their circumstances. All eligible affected people receive **Injury** and **Social Impact** awards, some affected people receive **Autonomy** awards, and affected people who are assumed to have had a dependency on an infected person also receive a **Financial Loss** award if that infected person has died.

In addition, there is an existing supplementary route for affected people, which is limited to the Financial Loss award.

As part of the core route for affected people, certain affected people are assumed to have had a financial dependency on the infected person (or people) to whom they are connected. Where that infected person has died, the relevant affected people may be entitled to a Financial Loss award to reflect this dependency. Specifically, children who are or were under the age of 18 and partners are entitled to such an award. No other affected people receive an automatic Financial Loss award as part of their core claim.

This means that the supplementary route for affected people allows for an affected person who does *not* fit those criteria to show that they were dependent on an infected person and therefore receive a Financial Loss award. For example, this could be a child of an infected person who has a disability that means their dependency on their parent continued past the age of 18, or an elderly parent who was financially dependent on their child.

The supplementary route for affected people is not currently available for any other award category.

Proposal

Because the TEG have been unable to find a way to introduce a further supplementary route for affected people that would not involve individual assessments of every applicant, **we welcome responses to this consultation that may provide evidence on how this could be done whilst continuing to allow for timely delivery of compensation within a tariff-based scheme.** We also welcome views on who ought to be eligible for this, and what evidence they might be able to provide.

To help respondents consider these issues, this section sets out the factors we considered in reaching our initial conclusion.

First, we expect that there will be many more affected people than infected people who are eligible for compensation. Because the Scheme provides compensation to a range of people who have a relationship with an infected person (like family members and partners), we know that affected people will have experienced harm in a range of different ways. If individual assessments were to be required, applicantations to the affected supplementary route could be slow to process. This is because of the time it would take to go through an individual assessment, compared to a simpler, broader, tariff based-scheme that can account for all of these circumstances. It is our intention that compensation payments are made as quickly as possible and for that reason we have agreed to consult on the basis that any changes to the Scheme **do not slow down the speed of delivery of compensation payments.**

For these reasons, we are seeking views on whether, and how, an alternative approach to a supplementary route could be constructed. We are particularly interested to know whether it could be designed for **specific groups of affected people,** where membership of that group could be verified without the need for rigorous individual assessments.

If this were to be the approach taken as a result of this consultation, IBCA would need to be able to use existing evidence to determine whether a particular person belongs to one of these groups or not. Membership would need to be judged against objective and verifiable criteria, using pre-existing evidence rather than relying on IBCA conducting new assessments in order to not slow down timely delivery of compensation.

An example of such a group would be people who were affected by infected blood while younger than a particular age (18, for example). IBCA would be able to use existing evidence to determine how old a particular affected person was when their loved one became infected.

Questions for respondents

1. Taking into account the factors set out in this section, including the need to avoid the type of lengthy and intrusive individual assessments that the Inquiry advised were avoided, how would you recommend constructing a form of supplementary award for affected people which would allow for continued,

timely delivery of tariff-based compensation awards?

2. Would you support an alternative approach to a supplementary route in place of individual assessment, which would be to pay higher awards to everyone in a specific group, without them having to prove their eligibility beyond belonging to that group? [YES/NO]

3. If you do support this approach, which specific groups of affected people do you believe should qualify for a supplementary award on this basis?

4. What pre-existing evidence could IBCA use to determine whether particular applicants belong to these groups?

Section 7 - Unethical Research

Summary

Some infected people have suffered as a result of being victims of historic unethical research practices.

The Scheme provides compensation to infected people who are victims of unethical research to recognise the suffering this caused them. The way it does this is by giving eligible people additional compensation for the loss of autonomy caused by being victim to unethical research. Currently, infected people are eligible for a £10,000 Unethical Research award if at any point between 1974 and 1984 they either received treatment for a bleeding disorder at one of a defined set of institutions or were victims of research led by Dr John Craske. A higher-value award of £15,000 is available for people who were students at Lord Mayor Treloar College at any point between 1970 and 1983.

The Inquiry's Additional Report made a set of recommendations about the Unethical Research award. It asked us to look again at the evidence people are required to provide to prove eligibility for the awards, and the value of the awards offered through the Scheme. It also asked us to consider the way we have defined unethical research for the purposes of the Scheme. As the Inquiry recommended, we have committed to consult on the best way forward to provide an award that requires the minimum possible evidence, minimises delays, and ensures consistency across awarding criteria.

This section seeks views on the proposal in this area.

Inquiry Recommendation

The recommendation on unethical research from the Inquiry's Additional Report is:

(a) *Where there is evidence that an individual was the victim of unethical research practices IBCA should be authorised to make an unethical research practices award to that individual.*

(b) *When considering the evidence IBCA applies the wider definition of research explained in the Infected Blood Inquiry Additional Report chapter on Unethical Research.*

(c) *The Minister consider whether the £10,000 (£15,000 for Treloar's pupils) should in justice be increased and further decides what sum he considers accords most closely with the general public's sense of justice and fairness in respect of an individual being subject of research without informed consent.*

What this recommendation means

The Inquiry's Additional Report suggests that the Scheme's current definition of 'research' is too narrow and that where there is evidence that someone has been the

victim of any form of unethical research, there should be a way for that person to receive the award.

The Inquiry also suggests that the Government consider increasing the current award amounts for unethical research.

Government response
In its response to the Inquiry's Additional Report in July 2025, we committed to consult on the best way to provide an award for victims of unethical research practices that requires minimal evidence, minimises delays, and ensures consistency across awarding criteria.

We recognise that the unethical research described by the Inquiry has caused significant harm to infected people and their loved ones. We also understand that we have asked people to engage with us on this topic previously, and that revisiting these experiences could be distressing and re-traumatising for some people. When we last engaged the infected blood community directly on this issue we acknowledged that many people may not have the records or be able to provide evidence that they were subjected to unethical research. We remain committed to making sure that people will not be disadvantaged if they are unable to provide evidence of being a victim of a specific unethical research project. The changes we are proposing have been designed with this commitment in mind.

Current Scheme design

How the core award works
All infected people receive an autonomy award as part of their core compensation claim. This compensation is for the suffering they faced due to their infection, including the effect it will have had on their family and private life. Some examples of what this means are the breakdown of a marriage or partnership, or the loss of opportunity to have one at all, or the loss of opportunity to have children. The core autonomy award for chronic infections is between **£50,000 - £70,000**, which they will receive alongside core compensation for the other categories of award (like financial loss and care). The amount of core autonomy award compensation an infected person gets depends on the severity of their infection, because this is expected to have a difference on the loss of autonomy they faced.

How the Unethical Research award works:
Currently, the Scheme gives eligible infected people an uplift to their core autonomy award. This uplift is available through the supplementary route, and it is to recognise the suffering of victims who were subjected to unethical research practices as a result of their infection.

The current award values of £10,000 and £15,000 for victims of unethical research were recommended by Sir Robert Francis. We accepted his recommendations on unethical research in full, including to engage with the infected blood community before

reaching a final view on who should be eligible, which we did in late 2024. Following this engagement, the following awards are available in the following circumstances:

- £10,000 for infected people (or their estates) who were treated at a listed treatment centre or a participant in one of Dr Craske's studies at any point between 1974 and 1984.
- £15,000 will be available to all infected people (or their estates) who attended Lord Mayor Treloar College between 1970 and 1983 inclusive and who can therefore be assumed to have been subject to unethical research while at the College.

Currently, if eligible for both Unethical Research awards, an infected person will receive whichever award is highest.

Respondents may also find it useful to understand some of the context behind the current award design, so they can provide information on whether and how it ought to change. This is set out below.

Defining 'research'

The current eligibility requirements for the Scheme's Unethical Research awards were intended to cover all known instances of unethical research on infected people. When it provided advice to the Government to support the development of the 2025 Regulations, the former Expert Group drew up a definition consistent with the Inquiry's Report: *"The criterion we advise using to determine eligibility covers studies that altered treatment of patients without fully informed consent through which participants chose to accept the risks."*

Some people have expressed a concern that the eligibility criteria used in the 2025 Regulations, however, may not cover all those who meet this criteria. Our proposal sets out an option that we think will address those concerns and make clear that all those who ought to receive the award are able to.

Determining eligibility

We used treatment at one of a number of defined haemophilia centres to determine entitlement for the award. This approach was chosen because there would often be no direct evidence that someone was entered into a study, but it is much more likely that they had evidence of treatment at the centre where that study was run. Requiring direct evidence would therefore be likely to exclude significant numbers of people who should be entitled to compensation through these awards.

Gathering evidence of unethical research is often difficult. Individual medical records and records of research from the relevant period are often incomplete and intentions behind trials or clinical choices are not consistently documented, and what was described as research varied across hospitals. The eligibility requirements for the Scheme's Unethical Research awards were therefore designed to include all those who received treatment at research intensive haemophilia centres, or attended Treloar's College, in the specified date ranges.

Proposal

We are proposing to expand eligibility for Unethical Research awards to all infected people who received treatment for a bleeding disorder in the UK before 1985. We are proposing this as the best way we can determine to make sure that no-one who was a victim of unethical research is prevented from accessing a compensation award, even if they cannot provide any historic evidence.

We welcome respondents' views on whether they think we should take a different approach to work out an appropriate value of the awards.

Eligibility:

To ensure that everyone who should qualify for this award can apply for it without having to produce historic evidence or go through the potentially difficult process of proving direct eligibility through their medical records, we propose **expanding eligibility to all infected people who received treatment for a bleeding disorder in the UK before 1985**. This would include infected people who were misdiagnosed with bleeding disorders but received treatment as if they had one.

In setting these eligibility criteria, our intention is to recognise **all** victims of unethical research. This is the best way we can find to respond to the Inquiry's view that unethical practices occurred not only in research intensive centres but across other haemophilia units, and as part of someone's routine treatment. It is also the best way we can find to avoid inadvertently excluding people because they cannot provide clear documentation to show a link to a specific centre or trial, and should account for any instances of research that may have taken place beyond those specified in our original definition.

We intend for this clear and standardised approach to also minimise the evidence burden on eligible infected people. It should make sure that people are not disadvantaged if they are unable to provide evidence of being a victim of unethical research due to, for example, gaps in medical records.

This approach will lead to some people being eligible for the Unethical Research award who were not subject to the harms of unethical research. However, we believe that this is preferable to excluding people who were subjected to unethical research, but are unable to provide concrete evidence.

Award Amount:

The Unethical Research awards do not compensate for the psychological and physical impacts of research or treatment, which is already compensated through the Autonomy award. The Unethical Research awards do, however, compensate for the breach of an infected person's right to consent to participation in research. **We note the community's feedback, including to the Inquiry, about the value of the awards, and we welcome feedback that sets out alternative ways of designing and calculating an award to reflect unethical research practices.**

Treloar's Unethical Research award:

We propose that the Treloar's Unethical Research award is provided to those eligible in addition to the Unethical Research award. This means they would receive both awards. Treloar's students were subjected to a unique and heightened level of unethical research, often over extended periods, within an institutional setting where they were particularly vulnerable. We propose that this distinct context warrants additional recognition beyond the general Unethical Research award.

Questions for respondents:

1. Do you agree that all infected people who received treatment for a bleeding disorder in the UK in 1984 or earlier should be eligible for an Unethical Research award without needing to produce further evidence?

2. Do you agree that, given the particular circumstances experienced by students at Treloar's, it is appropriate for them to receive both of the awards?

3. What approach could the Government take to determine an appropriate value of the Unethical Research award?

Section 8 - Additional issues

1. Are there any other issues you would like to raise about the Scheme that have not already been considered by the Inquiry in preparing its Additional Report on compensation?

Privacy Notice

Your Data

Purpose

This consultation collects personal data and opinions from members of the public to inform public policy development.

We will use your data to ascertain your views about the policy proposals and issues of public interest raised in this consultation. Your data will also be used to evaluate the effectiveness of the consultation process, by considering the sector, individual and organisational response by volume, area and perspective.

The data

This consultation requests some limited personal data to identify: the nature of a person's interest in the Infected Blood Inquiry and, where relevant, basic health information relating to a person's infection type. We will only process your IP address if it is necessary for the technical running of the consultation. Personal opinions are requested throughout the consultation.

We may also process additional biographical information about respondents or third parties where it is volunteered, and this may also include sensitive data. The sensitive personal data that we might process includes: racial or ethnic origin; religious or philosophical beliefs; health; data concerning a person's sex life; and data concerning a person's sexual orientation.

Legal basis of processing

The legal basis for processing your personal data is that it is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the data controller. In this case that is consulting on policies or proposals, or obtaining opinion data, in order to develop good effective policies.

Sensitive personal data is personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, data concerning health or data concerning a natural person's sex life or sexual orientation.

The legal basis for processing your sensitive personal data is that it is necessary for reasons of substantial public interest for the exercise of a function of the Crown, a Minister of the Crown, or a government department. The function is consulting on policies or proposals, or obtaining opinion data, in order to develop good effective policies.

Recipients

Where people submit responses, we may publish those responses anonymously.

Where appropriate, responses submitted by organisations or representatives of organisations will be published in full.

The data may be shared with officials within other public bodies in order to help develop policy.

As your personal data will be stored on our IT infrastructure it will be processed by our data processors who provide consultation management, email, and document management and storage services.

This consultation uses a third party to help us collect and process consultation responses and, as such your data will be shared with them. All data processors are bound by contracts and can only process data under our instructions.

We may share your personal data where required to be law, for example in relation to a request made under the Freedom of Information Act 2000. But we will only do this where it would not breach your rights under data protection law.

Retention

Published information will generally be retained indefinitely on the basis that the information is of historic value. This would include, for example, personal data about representatives of organisations.

Personal data provided in response to this consultation will be retained in identifiable form for 12 months after the consultation has concluded.

Your rights

- You have the right to request information about how your personal data are processed, and to request a copy of that personal data.
- You have the right to request that any inaccuracies in your personal data are rectified without delay.
- You have the right to request that any incomplete personal data are completed, including by means of a supplementary statement.
- You have the right to request that your personal data are erased if there is no longer a justification for them to be processed.
- You have the right in certain circumstances (for example, where accuracy is contested) to request that the processing of your personal data is restricted.
- You have the right to object to the processing of your personal data.

For more details about your information rights, please see the Information Commissioner's Office website www.ico.org.uk Your Data Matters.

International Transfers

As your personal data is stored on our IT infrastructure, and is processed by our data processors, it may be transferred and stored securely outside the UK. Where that is the case it will be subject to equivalent legal protection through an adequacy decision, or an International Data Transfer Agreement.

Contact Details

The data controller for your personal data is the Cabinet Office. The contact details for the data controller are:

Cabinet Office
70 Whitehall
London
SW1A 2AS

or 0207 276 1234, or Contact the Cabinet Office.

The contact details for the data controller's Data Protection Officer are: dpo@cabinetoffice.gov.uk.

The Data Protection Officer provides independent advice and monitoring of Cabinet Office's use of personal information.

Complaints

If you consider that your personal data has been misused or mishandled, you may make a complaint to the Information Commissioner, who is an independent regulator.

The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

or 0303 123 1113, or icocasework@ico.org.uk.

Any complaint to the Information Commissioner is without prejudice to your right to seek redress through the courts.

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