Department of Health

Equality Analysis – The Public Sector Equality Duty and the Family Test

Infected Blood: Consultation on Special Category Mechanism and financial and other support in England

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Title:
Equality Analysis - The Public Sector Equality Duty and Family Test

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Document Purpose:
Equality Analysis

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Target audience:

- Patients, in particular people affected by Human Immunodeficiency Virus (HIV) and/or hepatitis C (HCV) through treatment with National Health Service (NHS)-supplied blood or blood products and including their family members
- The current five infected blood payment support schemes, Macfarlane Trust, Eileen Trust and Caxton Foundation, MFET Ltd, and Skipton Fund Ltd.
- Health care professionals
- GPs
- Nurses
- Doctors
- Royal Colleges
- Social care providers
- General public

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Equality Analysis – The Public Sector Equality Duty and Family Test

Infected blood: Consultation on Special Category Mechanism and financial and other support in England

Prepared by

The Department of Health, England

Introduction

Context

This document accompanies, and is published alongside of, the government consultation response *Infected blood: Government Response to Consultation on Special Category Mechanism and other support in England*.

The infected blood scheme is for people affected by Human Immunodeficiency Virus (HIV) and/or hepatitis C through treatment with National Health Service (NHS)-supplied blood or blood products.

This document covers how our consultation proposals affect the groups protected under the Equality Act 2010 and through the application of the 'Family Test'.

The Public Sector Equality Duty

The general equality duty set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The protected characteristics are: age, disability, gender reassignment, pregnancy & maternity, race, religion or belief, sex and sexual orientation.

The Family Test

In line with the Family Test (introduced in August 2014), we also need to understand and consider the nature of any impacts on families, both positive and negative, by the consultation proposals on infected blood beneficiaries and their families.

Equality analysis - The Public Sector Equality Duty and Family Test

Infected blood: Government Response to Consultation on Special Category Mechanism and financial and other support in England

What are the intended outcomes of this work?

1.1 This equality analysis accompanies the government's response to the consultation on proposals to reform current infected blood payment schemes and the introduction of the Special Category Mechanism (SCM). Various government schemes have been set up since 1988 for people infected with, or affected by, HIV and/or hepatitis C as a consequence of treatment with NHS-supplied blood or blood products. Over time the support system has become complex and has attracted criticisms from those it is intended to help. Our consultation on reform opened on 6 March 2017 and closed on 17 April 2017, having received 253 responses.

1.2 This equality analysis provides an assessment of the government's package of reform following completion of the analysis of responses on the proposals set out in the consultation document. Primarily, this analysis looks at how any group of people with protected characteristics may be affected by the changes to the current arrangements. An analysis of the formal responses and other feedback received through Parliamentary Questions and Correspondence informed the final key elements of the reformed scheme as set out in *'Infected Blood: Government Response to the Consultation on Special Category Mechanism and other support in England'.*

1.3 The government has listened carefully to the responses to its consultation. In deciding on the elements of the reformed scheme, we have taken full account of this feedback. We have also taken into account the need to ensure that the new scheme is fair and transparent in terms of its future operation; that it makes the best use of available funding and that it remains affordable and sustainable over the lifetime of this spending review period.

1.4 There are 4 elements to the post consultation proposals for considering in this analysis. They are:

- The proposed expansion of the current hepatitis C stage 2 criteria with an additional condition, type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN).
- The new Special Category Mechanism (with appeal) (SCM) to identify hepatitis C stage 1 beneficiaries whose infection has a substantial and long term adverse impact on their ability to carry out normal daily activities. The SCM would offer increased annual payments for a broad group of stage 1 beneficiaries equivalent to the annual payment level for beneficiaries with HIV or hepatitis C stage 2 disease.
- Proposals to increase annual payments from 2018/19 as previously announced.
- The type of support the reformed discretionary scheme would offer that is fair to all groups of beneficiaries.

Who will be affected?

2.1 Those primarily affected by the proposals will be infected individuals and family members of infected individuals, such as spouses or partners who have caring responsibilities, bereaved spouses or partners, and dependent children.

Decision on the new scheme administrator for the English infected blood scheme

2.2 Ministers have announced that the Business Services Authority (NHSBSA) will become the single new scheme administrator for the English scheme. In making this decision, ministers considered the impact this may have on the existing staff and the services of the five scheme bodies. This is explained in this document.

Evidence

What evidence have you considered?

3.1 Evidence for this equality analysis was drawn from the following sources:

- The January 2016 consultation document *Infected blood: reform of financial and other support,* its accompanying equality analysis and impact assessment; our analysis of the consultation responses and publication of the July 2016 consultation response *Infected blood: Government Response to Consultation on Reform of Financial and Other Support* (with accompanying equality analysis and impact assessment), all of which can be found here: https://www.gov.uk/government/consultations/infected-blood-reform-of-financial-and-other-support

- Parliamentary Questions and other associated correspondence, and the debate in the House of Commons on infected blood and blood products (24 November 2016 and 25 April 2017).

- Annual reports of the three charitable bodies that operate current support schemes for infected people and family members (Macfarlane Trust www.macfarlane.org.uk, Eileen Trust and Caxton Foundation www.caxtonfoundation.org.uk), and those by two companies which provide financial assistance to infected people (The Skipton Fund www.skiptonfund.org, and MFET Ltd). The Eileen Trust does not have a website but can be contacted at: Alliance House, 12 Caxton Street, London, SW1H 0QS. MFET Ltd does not have a website but information can be found at www.macfarlane.org.uk.

3.2 This analysis was also informed by:

- *Review of the support available to Individuals infected with hepatitis C and/or HIV by NHS-supplied blood transfusions or blood products and their dependants,* published by the Department of Health in January 2011. This can be accessed at: https://www.gov.uk/government/publications/review-of-the-support-available-to-individuals-infected-with-hepatitis-c-and-or-hiv-by-nhs-supplied-blood-transfusions-or-blood-products-and-their-dependants

- *Inquiry into the current support for those affected by the contaminated blood scandal in the UK,* published by the All Party Parliamentary Group on Haemophilia and Contaminated Blood, January 2015, which can be accessed at: http://www.haemophilia.org.uk/what_we_do/influencing_advocacy/all_party_parliamentary_group.

- The Final Report of the Penrose Inquiry, published on 25 March 2015 at: http://www.penroseinquiry.org.uk/finalreport/

3.3 The consultation questionnaire contained four questions about the specific consultation proposals. To ensure we captured the impact our proposals may have on individuals or groups of people affected by the proposals who are protected under the equalities legislation and Family Test, a fifth question specifically asked respondents whether they are aware of any evidence that would show the policy proposals would negatively impact any particular groups of individuals.

The protected characteristics

Disability

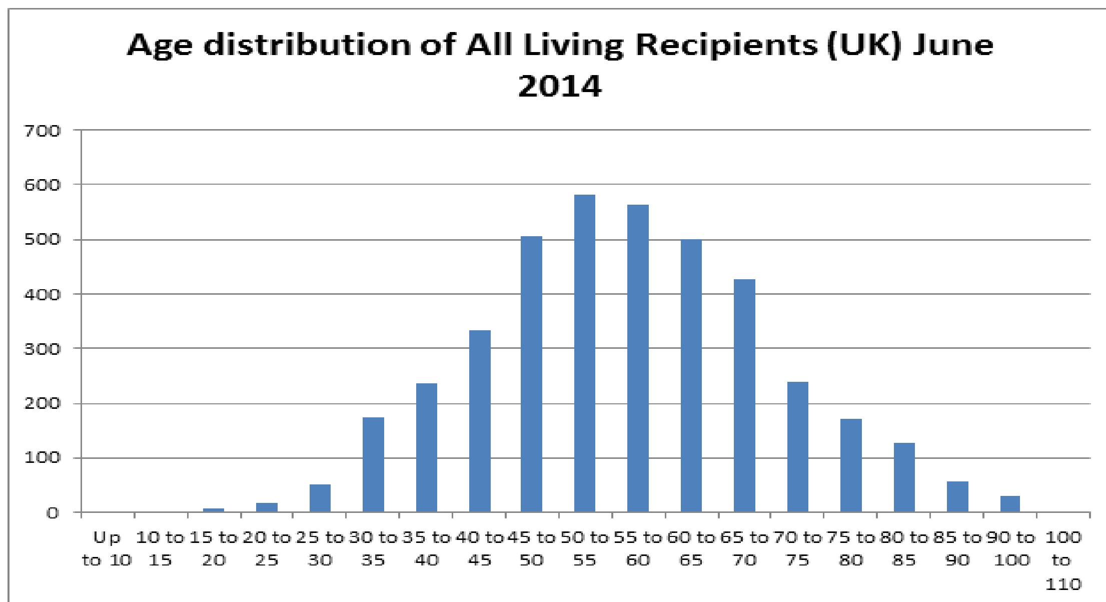
4.1 HIV infection is defined as a disability under the Equality Act 2010. Hepatitis C infection is not. Some people may be disabled as a result of their hepatitis C infection or treatment they received for their infection. Additionally, some scheme members may be disabled as a result of other conditions.

Gender

4.2 The biggest single patient group infected with HIV and/or hepatitis C through treatment with NHS-supplied blood or blood products are people with inherited bleeding disorders such as haemophilia, nearly 90% of who are male. As such, the majority of primary beneficiaries of the schemes are male, and the majority of bereaved spouses/partners are likely to be female.

Age

4.3 The overwhelming majority of individuals were infected before 1991, with the exception of a small number of people who were secondarily infected. The age profile of those living with infection in June 2014 is given in this chart:



Gender reassignment (including transgender), religion or belief, sexual orientation, and pregnancy and maternity

4.4 These protected characteristics are grouped because the bodies that operate the current payment schemes do not hold information on the scheme members in relation to gender reassignment, religion or belief, sexual orientation, pregnancy and maternity, or marriage and civil partnership. We therefore do not have any information on these protected characteristics in relation to the affected community. The consultation afforded no new evidence from respondents that these groups would be particularly affected by the consultations proposals.

Race

4.5 Under the Equality Act 2010, race includes ethnic or national origins, colour or nationality. The bodies that operate the current payment schemes do not hold information on the racial background of their registrants. We are not aware of any particular race issues associated with the scheme beneficiaries. The January 2016 consultation responses provided us with no new evidence.

4.6 With regards to national origins, we know that those affected by the infected blood tragedy were infected across the UK. The current consultation proposals apply only to those who fall into the English reformed scheme; that is, individuals infected through treatment in England (and the small number of people such as personnel from the armed forces who were infected abroad through their treatment with NHS-supplied blood products). Hence, this equality analysis is confined to an assessment of the impact on beneficiaries in the English scheme.

Engagement and involvement

5.1 In developing the proposals in the consultation *Infected blood: Consultation on Special*

Category Mechanism and financial and other support in England, we have listened to scheme beneficiaries, the All-Party Parliamentary Group (APPG) for Haemophilia and Contaminated Blood, parliamentarians, wider stakeholders and sought advice from our Infected Blood Reference Group.

5.2 The Reference Group is an advisory group of experts the Department of Health brought together to help inform and shape the policy on reforms in England. Members of this group include scheme beneficiary representatives, clinical experts, relevant charities (the Hepatitis C Trust and the Haemophilia Society) and the current scheme administrator.

5.3 The group provides expert advice and insight to support the Department of Health in developing and implementing the various elements of scheme reform. Importantly, members of the group also help us understand the impact of the reforms on the communities affected by it.

5.4 The *Consultation on Special Category Mechanism and financial and other support in England* sought to capture evidence from all stakeholders on those impacted by our proposals.

Summary of Analysis

6.1 We identified a key equality issue which underpinned the proposals set out in the consultation. That is, whether those with a disability as a result of infection are treated differently from others in a similar situation.

6.2 Under the reformed scheme in 2016/17, beneficiaries infected with HIV as a consequence of treatment with NHS-supplied blood or blood products receive regular annual payments (£15,500), as do those with hepatitis C albeit at different levels: those with hepatitis C stage 2 receive the same annual payment as those with HIV (that is, £15,500) and those with hepatitis C at stage 1 receive an annual payment of £3,500.

6.3 The introduction of the annual payment for hepatitis C stage 1 beneficiaries in 2016/17 was a key element of scheme reform in that it responded to one of the biggest sources of criticism in the unreformed schemes, namely that people with hepatitis C stage 1, nearly 75% of beneficiaries, did not receive annual payments. Since its introduction in April 2016, nearly 2,500 hepatitis C stage 1 beneficiaries were eligible to benefit from this new annual payment in recognition of their chronic infection.

6.4 In our July 2016 equality analysis we said that we understood that there can be a wide spectrum of ill-health associated with chronic hepatitis C infection, some of which may be prolonged and severe, and also that the older treatments for hepatitis C infection can occasionally have a long-term health impact. We said that we wanted to ensure those who are experiencing greater ill health and who are more likely to be disabled as a result of their infection receive the same level of on-going support. It was proposed therefore that we would introduce in 2017/18 a special appeals mechanism for people currently at stage 1 to apply for a higher level of payment, equivalent to the stage 2 payments.

6.5 The special appeals mechanism, now called Special Category Mechanism (SCM) formed the main element of our consultation. We proposed the SCM as a voluntary

paper-based application process that would allow any stage 1 beneficiary who considers they are disabled because their hepatitis C infection (or its treatment) is having a substantial and long-term adverse impact on their ability to carry out regular daily activities the opportunity to apply for increased annual payments equivalent to those with HIV or stage 2 disease. We anticipated the SCM to benefit more hepatitis C stage 1 beneficiaries then we had initially envisaged (estimated 50-70%).

6.6 Successful applicants would receive higher annual payments at the same level as beneficiaries infected with HIV and those with hepatitis C stage 2 disease. For the reasons set out in the detailed analysis below, however, we no longer propose to offer successful applicants the £50,000 lump sum paid to stage 2 beneficiaries.

6.7 The consultation further proposed to expand the current stage 2 conditions by adding type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN) to the current stage 2 indicators from April 2017. MPGN is a known complication of hepatitis C infection and has a comparable or even greater negative impact on life expectancy when compared to cirrhotic liver disease or its complications.

6.8 In summary, we expect more of the current hepatitis C stage 1 beneficiaries (50-70%) to benefit from these proposals in two ways – through the SCM, which is expected to provide the higher level of annual payment to a greater percentage of stage 1 beneficiaries than previously envisaged, and through expansion of the criteria for stage 2 by including MPGN.

6.9 After listening to respondents to the consultation, we have decided to increase annual payments for all beneficiaries as previously announced in the 2016 infected blood: government response to consultation on reform of financial and other support. The impact of this is explored in the detailed analysis below.

6.10 The final consultation element asked for beneficiaries' preferences for fair and consistent support from the reformed discretionary scheme. Respondents were supportive of all of the measures proposed and we propose to ensure that all those elements are available to all beneficiaries and their families in the reformed scheme. I To ensure discretionary support in the new, single, scheme is balanced, consistent and fair to all beneficiaries, the scheme administrator will conduct a review of all regular on-going payments such as income top ups. A decision on eligibility will be made on the basis of overall income and individual need. On-going support will continue to be considered and provided through means tested income top ups, however, such payments are likely to be at a lower level than existing payments and will be reappraised on an annual basis to ensure a model with greater consistency and sustainability. Where payments will be discontinued or reduced, the move will be phased in over a period of time in order to avoid an immediate reduction in payments received.

6.11 We believe that our proposals are fair and reasonable, and necessary in order to ensure a fair level of support is provided to all beneficiaries.

Detailed Analysis

Eliminate discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and foster good relations between

those who share a protected characteristic and those who do not.

7.1 This section takes each of the four consultation proposals in turn and considers any potential equality issues related to each along with mitigating actions we considered.

7.2 It looks at our reform through the lenses of disability, age and gender, where appropriate. Regarding the other protected characteristics of gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity, and marriage and civil partnership, these are not considered in detail as we hold no information about beneficiaries in relation to these characteristics. We do not foresee any negative impact from our proposals specific to any of these groups because beneficiaries would not be treated differently on the basis of any of these characteristics.

Expansion of stage 2 criteria for those with advanced hepatitis C infection

7.3 Under the reformed scheme, those with chronic hepatitis C infection (stage 1) who develop advanced, cirrhotic, hepatitis C related liver disease (stage 2) will continue to receive a one-off lump sum payment of £50,000 (as well as receive the higher annual payment). The £50,000 payment is recognition of the fact that development of a stage 2 condition not only reduces the quality of life but also substantially and negatively impacts on the life expectancy of those suffering from one of the stage 2 conditions.

7.4 With the help of our Reference Group, including those with expertise in hepatitis C, we reviewed the current stage 2 conditions. On their advice, we have added type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN) to the current stage 2 indicators from April 2017, following the addition of B-cell non-Hodgkin's lymphoma in 2011. This would mean that hepatitis C stage 1 beneficiaries who have been diagnosed with MPGN would be able to apply for the higher annual payment and £50,000 lump sum payment through the existing stage 2 process. All successful applicants will have their payments backdated to April 2017.

7.5 Going forward, we will keep the scientific literature under periodic review for possible inclusion of other hepatitis C related complications to the stage 2 criteria based on life expectancy.

7.6 These measures are intended to ensure that our payment scheme remains responsive to individuals' health status and in line with experts' advice in 2011, namely that the needs of those with advanced liver disease from hepatitis C merit higher levels of support. We consider that expanding the stage 2 criteria is fair and will help foster good relations between disabled scheme beneficiaries at stage 2 disease and those with MPGN, treating both of these groups the same on account of their reduced life expectancy.

7.7 We do not consider that there would be a negative impact from the expansion of the stage 2 criteria on beneficiaries based on age or gender (or any of the other protected characteristics).

The Special Category Mechanism (with appeal) (SCM) for those with hepatitis C stage 1

7.8 In developing the criteria and process for the SCM, we listened to scheme beneficiaries' expectations about what this new process should offer, consulted with experts and our

Reference Group, and took into account the government's obligations under the Equality Act 2010.

7.9 Specifically, we have thought about the SCM in the context of considering the financial support for those infected individuals who are disabled as a result of HIV infection and who receive the higher annual payment of £15,500, compared with individuals who have hepatitis stage 1 infection who may be disabled as a result of their hepatitis C and who receive the baseline annual payment of £3,500. We recognise that different levels of regular payments to these two groups could be seen as unfair where they are in a similar position.

7.10 We therefore developed the SCM to give hepatitis C stage 1 beneficiaries who consider they are disabled because their hepatitis C infection (or its treatment) is having a substantial and long-term adverse impact on their ability to carry out regular daily activities the opportunity to apply for the same annual payment as those with HIV or hepatitis C stage 2 disease (£15,500).

7.11 The SCM is designed to recognise those with hepatitis C stage 1 who are disabled because they:

- have been diagnosed with one of a number of set hepatitis C related conditions, which our experts have advised us would cause people with these conditions to experience a substantial and long-term adverse impact on their daily lives; or
- can show that the hepatitis C infection or its treatment has a substantial and long-term adverse impact on their mental health, and/or that fatigue due to hepatitis C infection or its treatment has a substantial and long-term adverse impact on their daily lives.

7.12 We anticipate that the SCM will benefit more hepatitis C stage 1 beneficiaries than initially envisaged. Each stage 1 beneficiary will have the opportunity to apply for higher annual payment via our proposed simple and straightforward SCM process. We consider that by broadening the group of stage 1 beneficiaries eligible to apply for the SCM this (a) advances equality of opportunity for all those at stage 1 infection who are disabled in that they experience a substantial and long-term adverse impact on their ability to carry out regular daily activities and (b) fosters good relations between those in the scheme who are disabled as a result of their infection(s).

7.13 Successful SCM applicants would receive higher annual payments at the same level as beneficiaries infected with HIV or those with hepatitis C stage 2 disease. However successful applicants will not receive the £50,000 lump sum paid to stage 2 beneficiaries.

7.14 This is for affordability and fairness reasons. Not only would it not be affordable under the available budget, it would also be inconsistent with the rationale for the £50,000 lump sum payment based on reduced life expectancy (see paragraph 7.3). We will therefore reserve the £50,000 payment for those beneficiaries who develop one of the stage 2 conditions in recognition of the impact upon life expectancy that stage 2 beneficiaries experience. In contrast, disabled stage 1 beneficiaries who are successful under the SCM do not suffer from the same reduction in life expectancy as a result of their hepatitis C.

7.15 Therefore, we consider that there are material differences between the two groups of beneficiaries (that is, those with hepatitis stage 1 who pass the SCM and those with stage 2 disease) which justifies treating them differently regarding the £50,000 payment on account of life expectancy. We consider this also supports the continuation of good relations between different groups of disabled beneficiaries.

7.16 Should a successful SCM applicant go on to develop one of the stage 2 indicators (including the new MPGN condition which we propose to add to stage 2), they would qualify for £50,000 through the existing stage 2 process.

7.17 In conclusion, we consider that our proposals will have a positive effect on disabled hepatitis C stage 1 beneficiaries in two ways – through the SCM which is expected to provide the higher level of annual payment to a greater percentage of stage 1 beneficiaries than previously envisaged and through the aforementioned expansion of the criteria for stage 2 by including MPGN.

7.18 We do not consider that there would be a negative impact from the SCM on other scheme beneficiaries based on the other protected characteristics.

Annual payments

7.19 To avoid the potential for the reforms to be seen as unfair, we intend the SCM to benefit more hepatitis C stage 1 beneficiaries then initially envisaged.

7.20 We remain committed that those infected should be no worse off than they were in 2016/17 as a result of changes to the payment scheme. We will therefore be able to offer the fixed increases in annual payments from 2018/19 proposed in July 2016. Given that payments to all beneficiaries will be increased, we do not consider there to be a negative impact from this new payment scheme on beneficiaries who are disabled. Our reform to the annual payment regime will not differentiate on the basis of age or gender.

7.21 We are committed to a scheme which provides, wherever possible, a fair level of discretionary support in aid of those who need it most. We therefore intend to increase the overall level of discretionary funding. However, there will be changes to the discretionary support available.

7.22 The reformed discretionary scheme (see below) would be responsive to the needs of all beneficiaries. This would include the needs of those with protected characteristics and in particular the needs of disabled HIV and/or hepatitis C stage 2 disease beneficiaries (approximately 17% of all beneficiaries) on account of the fact that they are likely to be most impacted by the changes.

Reformed discretionary support

7.23 We heard clearly through the consultation that many people value the support provided through the current discretionary schemes. Going forward, we will harmonise the existing discretionary support available to all those affected by this tragedy, including infected individuals and their family members, seeking to ensure a fair level of support for all.

7.24 At present, there are three charities, the Macfarlane Trust, Eileen Trust and Caxton

Foundation, established in 1988, 1993 and 2011, respectively, which make discretionary payments to beneficiaries and their families. The charities make different payments using their own criteria, which has raised concerns of fairness of support between different groups of beneficiaries. We are committed, therefore to ensure the new scheme meet the needs of beneficiaries in a fair way.

7.25 The consultation asked respondents' views on which of the below types of support they would find most useful:

- Discretionary payments for travel and accommodation relating to ill health;
- Payment of prescription pre-payment certificates;
- Winter fuel payment for bereaved family members;
- Means tested grants for dealing with unexpected/immediate problems and acute events or health problems which are difficult or impossible to plan for and where not available elsewhere;
- Means tested income top-ups;
- Means tested supplementary support for orphaned dependants and the children of primary beneficiaries who are under 21 and in full time education;
- Non-financial support such as NHS, Social Care and Welfare system referral/sign-posting services; money management advice; counselling for primary beneficiaries and their partners/spouses and children; career advice/support/coaching.

7.26 We know the biggest single patient group infected are people with inherited bleeding disorders, nearly 90% of whom are male. The majority of bereaved spouses/partners of those with bleeding disorders are therefore likely to be female. We do not foresee that there would be any negative impact from our proposal for the reformed discretionary scheme on beneficiaries as the types of support listed above would not differentiate on the basis of gender, age, disability or any of the other protected characteristics.

7.27 In order to maintain the provision of the above types of support, and to distribute support as fairly as possible, the new scheme administrator will conduct a review of all regular ongoing discretionary payments. Although ongoing payments will continue to be available, these are likely to be at a reduced level. Any reduction of regular support would happen over a reasonable period of time during which those affected could be expected to adjust to the change.

7.28 The proposed reform of the discretionary support does not differentiate on the basis on any protected characteristic. In conclusion, we believe that our proposals are fair and reasonable, and necessary in order to ensure support provided is fair to all beneficiaries and maintainable throughout the Spending Review period.

The 'Family Test'

7.29 In line with the Family Test (introduced in August 2014), we have considered the nature of any impacts on families, both positive and negative, of the consultation proposals discussed above. The family test asks us to consider the following five questions:

1. What kinds of impact might the policy have on family formation?
2. What kind of impact will the policy have on families going through key transitions

such as becoming parents, getting married, fostering or adopting, bereavement, redundancy, new caring responsibilities or the onset of a long-term health condition?

3. What impacts will the policy have on all family members' ability to play a full role in family life, including with respect to parenting and other caring responsibilities?
4. How does the policy impact families before, during and after couple separation?
5. How does the policy impact those families most at risk of deterioration of relationship quality and breakdown?

7.30 We recognise that being affected by the infected blood tragedy causes significant emotional stress to infected individuals and their families, and can also cause financial stress for families. For family members, the main element of support comes from the discretionary scheme, in addition to the regular annual support for infected beneficiaries. We received letters describing the positive effect discretionary support has on families and we have heard from Members of Parliament who have expressed concerns about the discretionary support continuing including on behalf of their constituents.

7.31 As is set out above, we are committed to a scheme which provides, wherever possible, discretionary support in aid of those who need it most, and we wish to protect the discretionary fund as far as possible. The new discretionary scheme will continue to include elements of financial and non-financial support for infected individuals as well as their affected family members. In recognition of the impact that these proposals may have on the bereaved, who do not receive annual payments, we will ensure that any reduction in regular support through the discretionary scheme is phased in over an extended period of time.

Scheme administrator

7.32 In October 2017, the NHS Business Services Authority (NHSBSA) will become the single scheme administrator for the English scheme. We considered the impact of this on the staff of the current 5 schemes and the support it will provide to beneficiaries. We do not consider that there will be any impact on beneficiaries or their families.

7.33 In considering the protected characteristics, the specification for the scheme administrator will ensure that it:-

- Is fully compliant with employment law regarding the staff of the existing schemes, and complies with the PSED.
- When delivering its services, complies with the PSED to ensure its services are as accessible to beneficiaries with protected characteristics as they are to beneficiaries without protected characteristics (for example by providing information in a variety of formats and languages if needed).

7.34 We do not consider that the decision to appoint NHSBSA impacts negatively on any person because of their protected characteristics.

Conclusion

8.1 This analysis provides an assessment of the consultation *Infected Blood: Consultation on Special Category Mechanism and financial and other support in England* proposals on people who share characteristics protected in the Equality Act 2010 and the Family Test.

For the record
Name of person who carried out this assessment: Infected Blood Policy Team
Date assessment completed: 14 September 2017
Name of responsible Director/Director General: Helen Shirley-Quirk
Date assessment was signed: 14 September 2017