

Infected Blood

Compensation Authority



CLAIM MANAGERS'

PLAYBOOK

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COPY OF A LIVE DRAFT DATED 29 MAY 2025

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How the Claim Managers' Playbook should be used:

The claim Managers Playbook has been created to educate and inform claim managers on how to assess eligibility, as well as process and calculate compensation claims. The playbook delves into the technical elements of the calculations and eligibility assessments, detailing the various conditions, their severity bands and nuances for years of infection, diagnoses and working / pension years. The playbook also covers broader elements, such as responses to common scenarios.

Claim managers can work more efficiently and feel greater confidence when they have a playbook to refer to for guidance and support, whilst reinforcing their roles and responsibilities. A playbook is an invaluable asset, particularly when training new claim managers on processes, regulations and the finer details of the service being delivered. In this way, the playbook will be an asset with current and ongoing value, as new claim managers continue to be recruited over time. This step-by-step guide can help those who are new to the role get up to speed on the processes and demands immediately.

The Claim Managers' Playbook will also enable everyone to follow and work to the same process, which mitigates the likelihood of error within the delivery of the service and instils confidence amongst the team; this is especially crucial when working on a detailed and time-sensitive project like IBCA.

CASE DATES FOR CALCULATIONS

RELEVANT INFECTION WINDOWS: Hepatitis B & C

When establishing eligibility for compensation, claim managers must refine when the individual contracted and was diagnosed with their condition. Eligibility is dependent upon this occurring within specific infection windows.

- In 1952 the WHO made recommendations for maximising blood safety, that if followed would have prevented a significant proportion of infections. This is the start date for the Hepatitis B and C windows.

- The end dates for Hep B, Hep C and HIV windows are the dates routine screening was introduced in the UK - the point after which being given infected blood became improbable. These years are 1972, 1991.

RELEVANT INFECTION WINDOWS: HIV

- The first cases of HIV were reported in December 1981 - so 1982 is the start for the HIV window until 1985.

| Condition | Start of window: | End of window |
|-------------|------------------|---------------|
| Hepatitis B | 1952 | 1972 |
| Hepatitis C | 1952 | 1991 |
| HIV | 1982 | 1985 |

COMPENSATION AWARDS

When compensation is calculated by claim managers, different components constitute the calculation, as listed below. Injury, autonomy and social impact are fixed payments, with financial and care being distinct to the individual.

Injury

Recognises the physical and mental injury, emotional distress and injury to feelings that may have been caused or will in future be felt as a result of: infected blood and/or related medical treatments; the death of an infected person.

Autonomy

Recognises the distress and suffering caused by the impact of disease, including interference with family and private life (e.g. loss of marriage or partnership, loss of opportunity to have children).

Social Impact

Recognises the past and future social consequences that people with blood-borne infections may have suffered (e.g. stigma and social isolation).

Financial Loss

Recognises the past and future financial losses suffered as a result of infection. This includes both financial loss and loss of services (e.g. providing childcare).

Care

Recognised the past and future care needs and associated costs for infected persons.

CONDITION EXPLANATIONS

Hepatitis C

- One of two hepatitis infections covered by the scheme and expected to be, by far, the most common in victims of infected blood.
- Can take a long time for symptoms to show and those can be mistaken for many less serious illnesses – can go undetected for decades.
- Can cause scarring of the liver – known as cirrhosis – and liver cancer.
- The side-effects of early treatments were brutal and, sometimes, life-long. There are now more effective and less damaging treatments.

Hepatitis B

- The second strain of hepatitis covered by the scheme.
- More likely to be detected early than hepatitis C as symptoms are more obvious during the acute phase of infection.
- Most people infected with hepatitis B will self-clear without needing treatment. Those whose hepatitis B resolves during the acute phase of infection are not eligible for compensation – those who progress to a chronic infection are.
- Very rarely, the acute infection can cause rapid liver failure and death. In these cases, the victim's estate is entitled to compensation.

HIV

- The third infection covered by the scheme and not a form of hepatitis.
- The virus affects the cells that control the body's immune system, rendering the victim vulnerable to other infections. This culminates in AIDS.
- AIDS is not a virus, but the third main stage of an HIV infection.
- Currently HIV cannot be cured, but treatment can manage the infection and stop it being transmitted.

CORE VS IBSS ROUTES

When receiving the physical payment of their compensation award, individuals can opt for one of two routes, the core route or the IBSS, which dictates if they will receive their monetary sum as a lump amount or in increments.

Choice 1: Core route vs IBSS route

- Only available to people currently registered with IBSS schemes
- IBSS route is a result of the commitment that nobody on existing schemes should be worse off as a result of the compensation (and, of course, current schemes are payments for *life*, not just 25 years)
- A calculation provides a model for past financial and care costs to be put into an IBCA compensation value alongside the injury, social impact and autonomy awards (plus an IBSS "top-up", if indicated it's needed to ensure they're not worse off).
- IBCA compensation is then a smaller sum - paid (as a lump sum or for a fixed term) alongside the payments the claimant's ongoing support scheme payments.

Calculating IBSS route: Annual payments

- To calculate the IBSS Route values, we need to know the value of a claimant's regular financial support payments (including the annual winter fuel payment component).
- We will be using the figure listed as their annual support scheme payment entitlement as on April 1st 2025.
- Practically this means people are rushing to get increased infection severity reflected in their payments ahead of April 1st, as this will be the basis for their compensation entitlement. For private beta we will not be able to make a payment to those who are planning to change their listed infection severity with an IBSS, or in the process of changing it.

Choice 2: Lump sum or recurrent payments

- Whether claimant chooses Core route or IBSS route, they can choose to take their compensation as a lump sum, or as recurrent monthly payments over 5, 10 or 25 years.
- They'll be shown the nominal value of their monthly payments over those time periods - but they will be uprated for inflation (CPI) every September.
- They can choose the day of the month they wish to receive their recurrent payments by - and our payment system will extrapolate payment instruction dates from there (based on bank holidays, BACS processing times etc).

DIAGNOSIS YEAR

- Whilst not everyone may be able to pinpoint their exact infection year, most people will know the year in which they were diagnosed more reliably.
- It was asked for in their original application forms, and for many that was the year the treatment for their infection began.
- For coinfecting HepC / HepB, the diagnosis year is the year of the first diagnosis.

For coinfections with HIV, the diagnosis year is the year they were diagnosed with HIV - even if they were diagnosed with hepatitis earlier than this date.

For Hepatitis and HepB / HepC coinfection, each year of their working lifetime will attract a different financial loss award value based on their infection severity that year.

If claimants can provide evidence for specific years, we use them.

For HIV, financial loss is additionally split into “years from infection to year before diagnosis” and “years from diagnosis to HLE”.

ELIGIBILITY FOR DIRECT AND INDIRECT INFECTANTS

Eligibility: Direct Infection – there are two routes to prove a direct infection:

Regulation 7(2)

A person must:

Have received, in the course of NHS treatment or armed forces treatment overseas, infected blood treatment.

Subsequently been diagnosed with one of the relevant infections; and

Been receiving the infected blood treatment during the specified period.

That period is:

For a person diagnosed with HIV, 1st January 1982 to 1st November 1985;

For a person diagnosed with Hepatitis C, 1st January 1952 to 1st September 1991;

For a person diagnosed with Hepatitis B, 1st January 1952 to 1st December 1972.

Regulation 7(6)

A person must:

Have received, in the course of NHS treatment or armed forces treatment overseas, infected blood treatment.

Subsequently been diagnosed with one of the relevant infections.

Been receiving the infected blood treatment **after** the specified period; and

Satisfy IBCA that the infected blood treatment caused them to become infected with that infection.

Eligibility: Indirect Infection, there are again two routes to prove condition:

Regulation 7(7) covers people infected by a **directly infected** person (those covered by Regulation 7(2) or 7(6)) and Regulation 7(8) covers someone infected by an **indirectly infected person** (someone covered by Regulation 7(7)).

Whichever regulation someone is trying to show eligibility under, they must show they were infected in one of the following ways:

1. Sexual contact, where the participants were in a long-term relationship at the time of the contact. For the purposes of the regulations, a long-term relationship is defined as two people who are either married or civil partners, or are living together as if they are married or civil partners.
 0. Direct vertical transmission from mother to child,
 0. Accidental needle stick injury, or
 0. Another method of transmission resulting from living in close proximity to a relevant person
- **There is an explicit exclusion for infection through the sharing of needles for the**

- Purpose of intravenous drug use.

EVIDENCE REQUIREMENTS

The tables below comprise the evidence requirements when completing compensation calculations. Claim managers must have tangible proof of the considerations below:

| Evidence requirement: | Why do we need it? | Where to get it? |
|-----------------------------------|---|---|
| Sex at birth: | To deem the healthy life expectancy value to calculate financial loss award. | On case files |
| NHS number: | Ensure the medical case files required are associated with this claimant. | On case files |
| Date of Birth: | To deem the healthy life expectancy value to calculate financial loss award. | On case files |
| Date claim with IBCA was started: | Refine the financial loss award into past financial loss and future financial loss - a critical distinction in the IBSS route award (which only includes past financial loss and past care costs) | Claim manager should capture on system when it is received (e.g. save the email with the date; scan the letter and note the date received). |

| | | |
|--|--|---------------|
| Infection | Requirement for eligibility and used for all award categories. It must be an eligible infection, and one acquired in eligible circumstances. | On case files |
| Year of infection: | Requirement for eligibility and used to calculate financial loss / care awards. If a direct infection, must have been acquired in the eligibility window for the infection type. | On case files |
| Date of diagnosis (or diagnoses, if coinfectd) | Requirement for eligibility and used to calculate financial loss. For HIV coinfectd, the HIV diagnosis is the date used for the calculation. | On case files |

| Evidence requirement: | Why do we need it? | Where to get it? |
|--|---|------------------------|
| Current infection severity: | Requirement for eligibility and used for all award categories. Must be an eligible severity level (e.g. HepB level 1 ineligible). | On case files |
| Years of diagnosed severity changes | Used to calculate the financial loss award for people with hepatitis - as each severity attracts a different financial loss value per year. | On case files |
| Annual IBSS payment: | Used to calculate the IBSS route award value. | On case files |
| Currently seeking, or planning to seek, a change to IBSS infection severity (only relevant for payments before the end of this financial year) | Unable to calculate the IBSS route award value if we cannot be certain what the claimant's Annual IBSS payment will be in March 2025. If the claimant is seeking, or plans to seek, a change in their infection severity before then, they may be successful and that would change their Annual IBSS payment value. | Ask claimant |
| Interim compensation payments received from IBSS | This amount will be netted off the compensation award value, to calculate the final amount. | On case files |
| Other compensation and damages received related to infected blood — in the UK or abroad | This amount will be netted off the compensation award value, to calculate the final amount. | Possibly on case files |

When establishing the correct severity band for an individual, identifying key words and conditions can be useful. We have created a table below which lists the prominent key terms for claim managers to look out for:

| Symptoms/diagnoses | Evidence |
|--------------------|----------|
|--------------------|----------|

Severity

Level 3

- Characterised by serious scarring (fibrosis) of the liver caused by long-term liver damage caused by infection;
- Treatment of B-cell non-Hodgkin's lymphoma caused by infection - single round treatment (first line therapy);
- Type 2 or 3 cryoglobulinemia caused by infection accompanied by membranoproliferative glomerulonephritis (MPGN)
- Histology results, biopsy data
- Record of treatment for the lymphoma

Level 4

- Decompensated cirrhosis caused by infection is characterised by the presence of:
 - hepatic encephalopathy (confusion due to liver damage);
 - ascites (accumulation of fluid in the abdomen);
 - variceal haemorrhage (bleeding from dilated veins in the gullet or stomach);
 - or, a Child-Pugh score greater than 7.
- Treatment of B-cell non-Hodgkin's lymphoma caused by infection - multiple round treatment (second line therapy)
- Long-term liver damaging requiring transplant
- Primary liver cancer
- Clinical diagnosis from physical examination; imaging findings suggesting any of the symptoms listed; or lab results.
- Treatment for liver cancer
- Record of multiple treatments for the lymphoma
- Has undergone a liver transplant or is awaiting a transplant

HEALTHY LIFE EXPECTANCY

- When calculating the financial loss award, claim managers must refine the individual's working years and their pensionable years, from and inclusive of, age 66 to their healthy life expectancy.
- The Government Actuarial Office has tables that they use to calculate a person's healthy life expectancy, given a date of claim, their date of birth and sex.

- The HLE in our calculations is the YEAR they would reach that healthy life expectancy.

INFECTION SEVERITY BANDS

When calculating compensation, understanding which severity band each person making a claim fall into is crucial to quantify the extent of their lived experience. The descriptions listed below should guide where the claimants are placed within the bands.

| Infection severity level | Description of infection severity level |
|---|--|
| Level 1: Hepatitis C only | Acute infection, being a transient, self-cleared infection |
| Level 2: Hepatitis B and / or Hepatitis C | Chronic infection characterised by: Hepatitis B – infection with confirmed Hepatitis B surface antigen (HBsAg) positivity for longer than 6 months with detectable Hepatitis B virus DNA on a polymerase chain reaction test, if not on antiviral therapy Hepatitis C – infection with replicating Hepatitis C virus RNA |
| Level 3: Hepatitis B and / or Hepatitis C | (1) Cirrhosis, characterised by serious scarring (fibrosis) of the liver caused by long-term liver damage caused by infection (2) Treatment of B–cell non-Hodgkin's lymphoma caused by infection – single round treatment (first line therapy) |

| | |
|---|---|
| | (3) Type 2 or 3 cryoglobulinemia caused by infection accompanied by membranoproliferative glomerulonephritis |
| Level 4: Hepatitis B and / or Hepatitis C | <p>(1) Decompensated cirrhosis caused by infection, characterised by:</p> <p>(a) the presence of hepatic encephalopathy (confusion due to liver damage),</p> <p>(b) ascites (accumulation of fluid in the abdomen),</p> <p>(c) variceal haemorrhage (bleeding from dilated veins in the gullet or stomach),</p> <p>or</p> <p>(d) a Child-Pugh score greater than 7</p> <p>(2) Treatment of B-cell non-Hodgkin's lymphoma caused by infection – multiple round treatment (second line therapy)</p> <p>(3) Long-term liver damage caused by infection necessitating liver transplantation</p> <p>(4) Presence of liver cancer caused by infection</p> |
| Level 5: Hepatitis B only | Infection resulting in acute liver failure within 12 months of infection |

OFFSETTING COMPENSATION PAYMENTS

- The Go
- People who have received damages in their case against the Government will have these damages netted off the total value of the compensation they receive from IBCA.
- People who have received damages or compensation in infected blood court cases elsewhere in the world will also have those sums netted off the total value of the compensation they receive from IBCA

Offsetting existing scheme awards:

- Really straightforward. Most living people on existing scheme have received two interim compensation payments - one worth £100k, the other worth £210k.
- People who have received this compensation will have it netted off the total value of the compensation they receive from IBCA.

PRACTISE CALCULATIONS

Exercise 1: Calculate the working years and pension years for 'Easy Michael.'

Fake case 1: Michael Jordan (easy)

| | |
|-------------------------------|------------|
| Infection type | Hep C |
| Current infection severity | Level 3 |
| Infection year | 1966 |
| Diagnosis year | 1970 |
| Date of birth | 06/11/1950 |
| Date of application | 01/04/2025 |
| Turned 16 | 1966 |
| Turned 56 | 2016 |
| HLE | 2038 |
| L1 severity diagnosis date | n/a |
| L2 severity diagnosis date | 1970 |
| L3 severity diagnosis date | 2016 |
| L4 severity diagnosis date | n/a |
| L5 severity diagnosis date | n/a |
| Annual support payment | 35395 |
| Interim compensation payments | 310,000 |
| Damages received | n/a |

Exercise 2: Calculate the L2, L3, and L4 years for 'Easy Michael.'

Fake case 1: Michael Jordan (easy)

| | |
|-------------------------------|------------|
| Infection type | Hep C |
| Current infection severity | Level 3 |
| Infection year | 1966 |
| Diagnosis year | 1970 |
| Date of birth | 06/11/1950 |
| Date of application | 01/04/2025 |
| Turned 16 | 1966 |
| Turned 56 | 2016 |
| HLE | 2038 |
| L1 severity diagnosis date | n/a |
| L2 severity diagnosis date | 1970 |
| L3 severity diagnosis date | 2016 |
| L4 severity diagnosis date | n/a |
| L5 severity diagnosis date | n/a |
| Annual support payment | 35395 |
| Interim compensation payments | 310,000 |
| Damages received | n/a |

Exercise 3: Calculate the infection-to-year-before-diagnosis years, and the diagnosis-to-HLE years, for 'Easy Sam.'

Fake case 3: Sam Smith (easy)

| | |
|-------------------------------|------------|
| Infection type | HIV |
| Infection year | 1984 |
| Diagnosis year | 1985 |
| Date of birth | 06/11/1968 |
| Date of application | 01/04/2025 |
| Turned 16 | 1984 |
| Turned 66 | 2034 |
| HLE | 2053 |
| Annual support payment | 35395 |
| Interim compensation payments | 310,000 |
| Damages received | n/a |

Responding to Common Calculation Scenarios

Purpose:

If the person wishing to claim asks a question on what the calculation consists of.

Example:

“There are 5 award components;

1. Injury Award
2. Autonomy Award
3. Social Impact Award

These first 3 awards are always a set amount determined by the condition and its severity

4. Financial Loss – includes a set basic amount and then an annual amount is calculated, determined by;

- The number of years of potential loss, calculated from taking the latter of either, the year the claimant turned 16 or the year they were infected, until they reach healthy life expectancy (HLE).
- From the age of 66-HLE this amount is then reduced by 50% to account for a reduced earning potential during pension age
- We then consider the levels of severity by using the diagnosis dates for the differing levels of severity to break the total years down into a number of years per severity level
- If these diagnosis dates are not known, there is a model to help assume severity years working backwards from the claim date
- If we know some, but not all severity level changes, we will use a set of consistent assumptions (informed by the inquiries expert panel)
- The amount is reduced should any infection years be after the dates of “effective treatment”
- This gives us the number of years of financial loss broken down into the severity levels, which we can then use to calculate award amounts using the set tariffs

5. Care Award –

- in most cases this is a set amount determined by the condition and its severity

- Where the Infected Person has passed away, there is a calculation to assess an amount per year from the date of infection to date of death, tapering down as you work back from the date of death.

Finally, once the award is calculated across all 5 components any previous compensation payments received are offset against the total amount.”

WHO TO PAY

Once we have moved beyond the individual infected adult, there are a number of people around this person who are eligible to be paid in addition to them. The legislation differs by region in the UK and the guidance is listed below:

- For adult claimant - proof of identity
- For under 18 - proof of parental responsibility
- For adult lacking capacity - proof of power of attorney, deputy, guardian, controller, or court order.
- For deceased, proof they are personal representatives. The grant of probate of the person's will, the grant of letters of administration of the person's estate, or confirmation as the person's executor.

All of the above need to provide IBCA with details of bank accounts that can be validated as belonging to them.

Scotland

Scotland: parental rights and responsibilities - for under 18s

- Mother: gave birth to the child, has not had them removed by a court, child has not since been adopted.

- Father: biological father and either:
 - Married or in a civil partnership with birth mother at or after conception
 - Jointly registered child's birth with birth mother after 04/05/2006)
 - Signed and registered an agreement with birth mother, unless a court had removed her parental responsibilities
 - Are given parental responsibilities and rights by a court.
- Step-parent: has been given parental rights and responsibilities by a court

Scotland: Adult capacity

- Legal Power of Attorney - Registered with the Office of the Public Guardian
- Guardianship order - Registered with the Office of the Public Guardian

England and Wales

England and Wales - for under 18s

- Mother: gave birth to the child, has not had them removed by a court, child has not since been adopted.
- Father: biological father and either:
 - Married or in a civil partnership with birth mother at or after conception
 - Jointly registered child's birth with birth mother (after 01/12/2003)
 - Signed and registered an agreement with birth mother, unless a court had removed her parental responsibilities
 - Are given parental responsibilities and rights by a court.
- Step-parent: has been given parental rights and responsibilities by a court

England and Wales: Adult capacity

- Lasting Power of Attorney - registered with the Office of the Public Guardian
- Court-appointed deputy - registered with the Office of the Public Guardian

Northern Ireland

Northern Ireland: parental responsibility - for under 18s

- Mother: gave birth to the child, has not have them removed by a court, child has not since been adopted.
- Father: biological father and either:
 - Married to birth mother after the child's birth
 - Married to birth mother after the child's birth, if he lives in NI when he marries
 - Jointly registered child's birth with birth mother (after 15/04/2002)

Northern Ireland: Adult capacity

- Enduring Power of Attorney - registered with the Office of Care and Protection
- Controllership - registered with the Office of Care and Protection

YEAR OF EFFECTIVE TREATMENT

- The years before effective treatment was introduced for Hepatitis have a **higher financial loss value** than the years after.
- This means the years **after 2008 (for HepB) and 2016 (for HepC, or coinfecting HepB/C)** carry a **reduced financial loss value**.
- However, the government recognises it is less likely for an infected person to have been able to return to employment, or to increase their hours as their health improved - so for this reduction in financial loss value does not apply to people who were **55 or older in those years** (so people born before 1953 (HepB) or 1961 (HepC)).

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