

Cabinet OfficeInfected Blood
Compensation Authority

Policy paper

Infected Blood Compensation Scheme Summary: August 2024

Updated 18 December 2024

This policy paper was withdrawn on 12 February 2025

This page provides archive information about the Infected Blood Compensation Scheme, published on 23 August 2024. The Infected Blood Compensation Scheme Regulations 2025 came into force on 31 March 2025 and the Government's [Infected Blood Compensation Scheme](https://www.gov.uk/government/publications/infected-blood-compensation-scheme/government-update-on-the-infected-blood-compensation-scheme-html) (<https://www.gov.uk/government/publications/infected-blood-compensation-scheme/government-update-on-the-infected-blood-compensation-scheme-html>) policy document summarising the scheme was updated.

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This publication is available at <https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024>

This page was updated on 18 December 2024 to reflect the Government's position on sibling eligibility, as announced to Parliament on 17 December 2024; and clarification that financial loss payments to bereaved affected people will also include a pension payout.

Related content

- The [Infected Blood Compensation Authority \(IBCA\) webpage](https://www.gov.uk/government/organisations/infected-blood-compensation-authority) (<https://www.gov.uk/government/organisations/infected-blood-compensation-authority>) will be updated with the latest information about the compensation scheme and the process for applying. Sign up to IBCA's [mailing list](https://www.smartsurvey.co.uk/s/Z55REY/) (<https://www.smartsurvey.co.uk/s/Z55REY/>) for the latest updates on the Scheme as it develops.
- Read more information about [interim compensation payments](https://www.gov.uk/government/collections/infected-blood-interim-compensation-payment-scheme) (<https://www.gov.uk/government/collections/infected-blood-interim-compensation-payment-scheme>).

Introduction

The Infected Blood Scandal is an injustice that has spanned across decades on an unprecedented scale: thousands have died, and sadly continue to die every week. Lives have been shattered, and justice denied for decades.

No amount of money can make up for this suffering; however, the Government hopes the Infected Blood Compensation Scheme - referred to throughout this document as 'the Scheme' - will bring redress to people who have been impacted by this harrowing scandal.

The Scheme responds directly to and is in line with the [recommendations made by the Infected Blood Inquiry](https://www.infectedbloodinquiry.org.uk/reports/inquiry-report) (<https://www.infectedbloodinquiry.org.uk/reports/inquiry-report>), chaired by Sir Brian Langstaff. The Scheme design has also been informed by [recommendations made by Sir Robert Francis KC](https://www.gov.uk/government/publications/recommendations-to-the-government-from-sir-robert-francis-kc) (<https://www.gov.uk/government/publications/recommendations-to-the-government-from-sir-robert-francis-kc>) and by the advice of the [Infected Blood Inquiry Response Expert Group](https://www.gov.uk/government/publications/infected-blood-inquiry-response-expert-group-terms-of-reference/infected-blood-inquiry-response-expert-group-terms-of-reference) (<https://www.gov.uk/government/publications/infected-blood-inquiry-response-expert-group-terms-of-reference/infected-blood-inquiry-response-expert-group-terms-of-reference>).

[html#:~:text=The%20Infected%20Blood%20Expert%20Group,on%20their%20area%20of%20expertise.\)](#).

The first set of regulations to establish the Infected Blood Compensation Scheme will come into force on 23 August 2024. These regulations give the Infected Blood Compensation Authority (IBCA) the powers to pay compensation through the 'Core Route' to infected persons, both living and deceased and to pay compensation for infected persons registered with an Infected Blood Support Scheme (IBSS). The Government expects the IBCA to begin making payments to infected persons by the end of 2024.

A second set of regulations will follow, which will enable compensation to affected persons to start being paid in 2025. The second set of regulations will also provide for a 'Supplementary Route'. Further work will be undertaken ahead of laying the second set of regulations to help ensure the Scheme is ready for roll out.

This document describes both what is already included in the first set of regulations and summarises the policy which will be laid out in a second set of regulations, including changes which are to come for affected persons and for Supplementary Route payments.

Purpose of this document

This document outlines the Infected Blood Compensation Scheme which will be delivered by the [Infected Blood Compensation Authority](https://www.gov.uk/government/organisations/infected-blood-compensation-authority) (<https://www.gov.uk/government/organisations/infected-blood-compensation-authority>) (IBCA), an independent arm's length body established in May 2024.

Cohort-specific summaries of the Scheme including case studies to show how the Scheme calculates the compensation awarded to different groups of people are provided, and should be read in conjunction with this document:

- [Living infected persons \(https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-overview-living-infected-persons\)](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-overview-living-infected-persons)
- [Estates of deceased infected persons \(https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-overview-estates-of-a-deceased-infected-person\)](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-overview-estates-of-a-deceased-infected-person)
- [Bereaved partners \(https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-overview-bereaved-partners-of-an-infected-person\)](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-overview-bereaved-partners-of-an-infected-person)

- [Affected persons \(https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-overview-affected-persons\)](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-overview-affected-persons)

This is a summary document which has been created to help people to understand the Scheme. Whether a person is eligible for compensation and what level of compensation they are eligible to receive will be dependent on IBCA assessment based on the regulations for the Scheme.

Note on language

The Government recognises the individuality of the experiences of all those impacted by infected blood and does not intend to trivialise the hardship suffered by people across the UK through the language and terminology used in this document and other related guidance.

This document uses the term ‘victim(s)’ to refer collectively to anyone directly or indirectly impacted by infected blood who is eligible for compensation. In line with the language most commonly used throughout the Inquiry, the document refers to people infected with HIV, Hepatitis C and/or Hepatitis B as an ‘infected person’, and the associated family members and others who provided care for a person with an infection as an ‘affected person’. Where infected and affected persons are referred to in this document, this is done on the assumption they are eligible for the Scheme as set out in regulations.

Infected Blood Compensation Scheme: Overview

The Scheme is a government-funded scheme designed to provide financial compensation to victims of infected blood in the UK.

Key information about the Scheme is summarised here, with further detail provided throughout this document:

- The Scheme will be open to both infected and affected persons.
- The Scheme will be UK-wide, operated by an independent arm’s length body called the Infected Blood Compensation Authority (IBCA), led by Sir Robert Francis KC as interim Chair.
- The Government expects the IBCA to begin making payments to infected persons by the end of 2024, with payments to affected persons expected

to begin in 2025.

- Infected persons and bereaved partners registered with existing Infected Blood Support Schemes (IBSS) on or before 31 March 2025, will continue to receive regular support payments for life, if they wish. These payments will be part of the future financial loss and future care compensation amounts that would have been paid by the IBCA to those people.
- For the majority of applicants, tariffs will be used to calculate compensation. In defined circumstances, a further assessment of individual needs by the IBCA under the Supplementary Route will help to ensure the appropriate compensation is awarded.
- Compensation tariffs for the Scheme have been informed, but not limited, by current practice in UK courts and tribunals.
- [Interim compensation payments](https://www.gov.uk/government/collections/infected-blood-interim-compensation-payment-scheme) (<https://www.gov.uk/government/collections/infected-blood-interim-compensation-payment-scheme>) will be automatically deducted from the compensation awards made through the Scheme.
- 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.
- Accepting compensation through the Scheme will not remove any right a person has to pursue a claim in court.
- Compensation payments made to infected and affected persons through the Scheme will not impact their eligibility for means tested benefits.
- All compensation payments made through the Scheme will be exempt from income, capital gains and inheritance tax.

Scheme Design

The Scheme is based on the recommendations and principles put forward by the [Infected Blood Inquiry](https://www.infectedbloodinquiry.org.uk/) (<https://www.infectedbloodinquiry.org.uk/>) (referred to throughout the document as 'the Inquiry'). In line with these, the Government has sought to design a fair and comprehensive compensation scheme that will be quick and simple for eligible applicants to access. The priority will be to deliver compensation as swiftly as possible and with the minimum possible delay, as advised by Sir Brian Langstaff and the Inquiry.

The Scheme's detailed design reflects the advice of the [Infected Blood Inquiry Response Expert Group](https://www.gov.uk/government/publications/infected-blood-inquiry-response-expert-group-terms-of-reference/infected-blood-inquiry-response-expert-group-terms-of-reference) (<https://www.gov.uk/government/publications/infected-blood-inquiry-response-expert-group-terms-of-reference/infected-blood-inquiry-response-expert-group-terms-of-reference>)

[reference-](#)

[html#:~:text=The%20Infected%20Blood%20Expert%20Group,on%20their%20area%20of%20expertise.\)](#) (referred to throughout this document as 'Expert Group'), chaired by Professor Sir Jonathan Montgomery. The Expert Group brought together legal and clinical experts who were assisted by social care and actuarial specialists. The [Expert Group's Final Report](#) (<https://www.gov.uk/government/publications/infected-blood-inquiry-response-expert-group-summary-report/infected-blood-inquiry-response-expert-group-final-report>) can be accessed online.

The Scheme has also been informed by feedback from representatives of the infected blood community who, through engagement sessions with Sir Robert Francis KC and David Foley (Interim Chief Executive of the IBCA) in June 2024, generously shared their views on the [proposed compensation scheme design](#) (<https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary/infected-blood-compensation-scheme-summary>) published by the previous Government.

The Government is grateful to the wide range of people whose experience and expertise have supported the design of this Scheme.

Applications to the Scheme

Further updates will be provided through gov.uk and the IBCA newsletter as this work progresses and the IBCA is in a position to open the Scheme for applications. Sign up to the mailing list on the [IBCA's website](#) (<https://www.gov.uk/government/organisations/infected-blood-compensation-authority>).

The Government expects the IBCA to begin making payments to infected persons by the end of 2024, with payments to affected persons expected to begin in 2025.

Eligibility

The Scheme will recognise and provide financial compensation to victims of infected blood, both people who have been infected and those who are affected.

The Scheme has been designed to minimise as far as possible the burden on those applying. People registered on a current UK Infected Blood Support Scheme (IBSS) and those who were in receipt of support payments

from one or more of the Alliance House Organisations (AHO) will automatically be considered eligible for the Scheme. Beneficiaries of IBSS or AHO schemes may be required to provide some additional information in order for the IBCA to determine their compensation award. IBSS beneficiaries will continue to receive support payments for life unless they choose an alternative payment option - see Infected Blood Support Scheme (IBSS) payments section for further detail.

Descriptions of the groups of people eligible for compensation through the Scheme are provided below.

Infected persons

Infected persons are those directly and indirectly infected, as summarised in the table below.

A directly infected person includes someone who through the use of NHS-supplied blood, blood products and/or tissue:

- is/was infected with HIV;
- is/was infected with an acute or chronic case of Hepatitis C;
- is/was infected with a chronic case of Hepatitis B;
- was infected with an acute case of Hepatitis B and died as a result of the Hepatitis B infection during the acute period.

An indirectly infected person includes someone who was infected:

- by transmission of infection, in defined circumstances, from a person who is or was directly infected (e.g. a person infected by their partner);
- by transmission of infection, in defined circumstances, from a person who was infected by someone who was directly infected (e.g. a child infected by their mother who was infected by her partner).

Where a person who was previously either directly or indirectly infected (as described above) has since recovered or their infection has cleared, they will still be eligible to apply for compensation through the Scheme.

The Scheme will not have hard cut-off dates for determining whether a person is eligible for compensation based on when their infection was acquired. However, the evidence requirements will be higher where a person was infected after the introduction of screening of blood, blood products and tissue (see dates below). Further detail on evidence requirements will be made available in due course.

The dates the Scheme will acknowledge for the introduction of screening are:

- HIV infection - November 1985
- Hepatitis C infection - September 1991
- Hepatitis B infection - December 1972

Affected persons

Affected persons are those who have suffered the impacts of infected blood through their relationship with an infected person (as described above), as summarised in the tables below. An affected person's eligibility will be dependent on an infected person being identified as part of the Scheme.

Partners of eligible infected persons. This includes:

- spouses;
- civil partners;
- partners cohabiting with an eligible infected person for at least one year following infection.

Where an eligible infected person has had more than one partner during the course of their infection, all partners who meet the above definition will be eligible for compensation in their own right.

Partners who separated from the eligible infected person prior to infection will not be eligible for compensation.

Parents of an eligible infected person, including:

- biological parents;
- adoptive parents;
- others acting in the capacity of a parent as described below (e.g. step parents, grandparents);

who

cared for and lived with an eligible infected person whilst that person was under the age of 18. The provision of care and accommodation must have continued or been expected to continue for a period of at least one year.

The age at which the child became infected does not impact a person's eligibility. However, compensation rates will be higher for the parents of an infected person where the onset of infection began before the child turned

18 (and the parents cared for and lived with the infected child for at least one year) than for parents whose child was infected as an adult.

Children of an eligible infected person, including:

- biological children;
- adoptive children;
- others in the position of a child as described below (e.g. step children);

who

while under the age of 18, were cared for and lived with (for a period of at least one year) a parent who was, or later became, infected.

The age of a child at the time of a parent's infection will not impact eligibility but compensation rates will be higher for children who, while under the age of 18, lived with and were cared for by an infected parent (for at least one year), than for people whose parents were infected when they were in adulthood.

Siblings of eligible infected persons, including:

- biological and adoptive siblings;
- step siblings;
- others in the position of a sibling as described below;

who

while under the age of 18, lived in the same household as an infected person for a period of at least 2 years (regardless of whether the infection occurred during this period), or who would have expected to have done so but for the infection.

Social impact awards will be higher for siblings who, whilst under the age of 18, lived in the same household as an infected person for a period of at least 2 years after the onset of the infection, or would have been expected to live in the same household were it not for the impact of the infection.

Siblings who did not live in the same household as an infected person for a period of at least two years whilst under the age of 18 may be eligible for compensation as a carer (see eligibility definition below).

Carers of eligible infected persons

Carers of an eligible infected person (e.g. friends or family) who, without reward or remuneration, provided personal care or support greater than would otherwise reasonably have been expected. Such carers will be eligible for compensation in their own right where the provision of care averaged at least 16.5 hours of care per week over a time period of at least 6 months.

Estate applications

Where a person who would have been eligible to apply to the Scheme as an infected person has died, the personal representatives of the deceased person's estate may apply for compensation on behalf of the estate of the deceased infected person.

In line with the Inquiry's recommendation, where an affected person has died it is not possible for the personal representatives of their estate to apply for compensation.

Applications on behalf of a child or person who lacks capacity

Where compensation is payable to a child, the award will be paid to the person with parental responsibility. Where compensation is payable to someone who lacks capacity, the award will be paid to the person with power of attorney or other legal authority to act on the person's behalf. In both cases, the acting representative must make the application to the Scheme.

Multiple claims

Some people eligible to receive compensation through the Scheme may have been affected by their relationship with multiple infected persons. Other people may have themselves been infected and also affected by the infection of a loved one. This will be recognised in the compensation awarded. Further detail can be seen in the section [Compensation awards where an applicant has multiple claims](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#compensation-awards-where-an-applicant-has-multiple-claims) (<https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#compensation-awards-where-an-applicant-has-multiple-claims>).

Compensation assessment

Compensation paid through the Scheme will be calculated in line with tariffs and based on the severity of infection and negative impacts suffered by victims in different aspects of their lives (see section [Categories of Award](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#categories-of-award) (<https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#categories-of-award>)).

For IBSS beneficiaries registered with an IBSS before 1 April 2025, further detail on how the continuation of support payments will be taken into account in calculating compensation awarded through the Scheme can be seen in the Infected Blood Support Scheme (IBSS) payments section.

The level of compensation offered to victims of infected blood through the Scheme is informed, but not limited, by current practice in UK courts.

Tariff-based approach

The Scheme will use a tariff-based framework to calculate the amount of compensation payable to those eligible. In practice, this means that compensation will be calculated based on set criteria and rates. Using a tariff approach will minimise the amount of information that people applying to the Scheme are required to provide. It will also help to ensure that compensation can be awarded more quickly than would otherwise be possible if all applications for compensation had to be individually assessed.

Core and Supplementary Routes

The Scheme will offer a Core Route and a Supplementary Route for awarding compensation.

Where compensation is calculated using tariffs alone, this is known as the Core Route. Once accepted onto the Scheme, all eligible applicants will initially be offered a compensation package through the Core Route. The design of the tariffs means that the Core Route is expected to be suitable for the majority of applicants, with no further assessment of personal circumstances required.

In some exceptional cases, the level of compensation awarded through the Core Route may not be sufficiently reflective of the financial loss and care costs that a person has experienced as a result of infected blood. This may be the case where, for example, the person had particularly high earnings prior to their infection and therefore suffered greater financial loss, or where

they have suffered a particular associated health condition that has necessitated increased levels of care. Where an applicant can demonstrate that their defined circumstances necessitate a higher compensation payment for care and financial loss, they will have the opportunity to apply for additional compensation awards through the Supplementary Route. Further detail can be found in the section [Additional awards available through the Supplementary Route](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#additional-awards-available-through-the-supplementary-route). (<https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#additional-awards-available-through-the-supplementary-route>) Any assessment under the Supplementary Route will not delay the compensation offer made through the Core Route.

Categories of Award

Under the Scheme, compensation will be calculated in line with the Categories of Award outlined in the table below. Each Category of Award recognises and compensates for the impacts of the infected blood scandal in different areas of a person’s life.

Category of Award	Description
Injury Impact award	This award 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; the likely death of a loved one in the future.
Social Impact award	This award recognises the past and future social consequences that people with blood-borne infections may have suffered (e.g. stigma and social isolation).
Autonomy award	This award 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).
Care award	This award recognises the past and future care needs and associated costs for infected persons.
Financial Loss award	This award 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).

Infection Severity Banding

In line with the Infected Blood Inquiry’s recommendation, the Scheme will take into account the severity of infection suffered in calculating compensation. Where a person has suffered the impact of co-infection (e.g. both HIV and Hepatitis C), this will also be reflected in the compensation awarded.

Where a person is automatically considered eligible for the Scheme as a beneficiary of an IBSS or AHO scheme, they may be required to provide some additional information in order for the IBCA to determine their Infection Severity Band.

The Infection Severity Bands for the Scheme are outlined in the table below. The Infection Severity Bands have been designed in line with clinical diagnostic markers (i.e. recognised health conditions, for example, liver damage). This means that in most cases, an applicant’s Infection Severity Band at the time of their application will be easily identifiable from their medical notes.

Infection Severity Bands	Notes on Severity Band definitions
Hepatitis B - Acute (where the infection resulted in a fatality in the acute period)	Infection resulting in acute liver failure within 12 months of infection
Hepatitis C - Acute	Transient, self-cleared infection usually within 6-12 months of exposure.
Hepatitis C or Hepatitis B - Chronic	Chronic infection characterised by: (a) 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 (b) Hepatitis C - infection with replicating Hepatitis C virus RNA.
Hepatitis C or Hepatitis B - Cirrhosis (liver damage)	Characterised by serious scarring (fibrosis) of the liver caused by long-term liver damage caused by infection;

Infection Severity Bands	Notes on Severity Band definitions
	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).
Hepatitis C or Hepatitis B - Decompensated cirrhosis and/or liver cancer and/or liver transplantation	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)
HIV	Single severity banding
Co-infection of HIV and Hepatitis C or Hepatitis B	Co-infection severity bands will reflect the severity of the Hepatitis infection as described above and the HIV infection

Calculating compensation awards

This section provides detail on how compensation awards are calculated under the Scheme.

Calculating compensation for infected persons and their estates

The table below sets out how compensation in each Category of Award is calculated for eligible infected persons and their estates.

Category of Award	Method of calculation	Supplementary awards available
Injury Impact award	<p>Fixed financial award determined by a person's Infection Severity Band.</p> <p>This means that where a person has suffered an infection with a more significant medical impact, their Injury Impact award will be higher. Higher Injury Impact awards will also reflect where a person has suffered a co-infection (i.e. more than one infection).</p>	None
Social Impact award	<p>Fixed financial award based on whether a person has suffered a monoinfection (i.e. one infection only) or a co-infection (i.e. more than one infection).</p> <p>The tariff rate does not vary with infection severity where a person's infection was chronic (i.e not acute). This recognises that regardless of a person's infection, members of the public may have made assumptions that resulted in an infected person suffering stigma and/or isolation. A person with a co-infection will receive a</p>	None

Category of Award	Method of calculation	Supplementary awards available
	higher tariff than a person having suffered a mono-infection.	
Autonomy award	<p>Fixed financial award determined by a person's Infection Severity Band.</p> <p>This means that where a person has suffered an infection with a more significant medical impact, their Autonomy award will be higher to reflect the increased interference with their family and private life.</p>	<p>Additional awards will be available for victims of unethical research practices. See section Additional awards available through the Supplementary Route for further detail.</p>
Care award	<p>Calculated based on a typical pattern of care needs after infection and commercial care costs associated with the Infection Severity Band of a person's infection.</p> <p>A single UK-wide rate is used to calculate the Care award. This means that the rate will not change based on where in the UK the person has or will in future receive care. Awards for acute infections are lower than awards for chronic infections which are likely to have required ongoing care.</p> <p>An infected person or</p>	<p>Higher Care awards will be available where applicants can demonstrate higher care costs than those assumed by the tariff. See section Additional awards available through the Supplementary Route for further detail.</p>

Category of Award	Method of calculation	Supplementary awards available
	their estate representative can choose for Care awards to be paid directly to affected persons.	
Financial Loss award HIV and Hepatitis B/C (Chronic/ Cirrhosis/Decompensated cirrhosis and/or liver cancer and/or liver transplantation) infections	<p>Calculated based on the average anticipated loss of earnings suffered by an infected person as a result of their infection and subsequent treatment.</p> <p>Financial Loss award calculations take into account a person's average loss of earnings in the years prior to the establishment of the Scheme, as well as future loss of earnings up to healthy life expectancy.</p> <p>Financial Loss awards are based on net median UK earnings + 5%, which amounts to £29,657 per annum prior to retirement age. Financial loss from the age of 66 onwards is based on 50% of the financial award prior to that age to reflect a pension payout. For simplicity, all financial loss, whether past or future, is calculated using these average rates, rather than historic averages.</p>	<p>Higher Financial Loss awards will be available where applicants can demonstrate that they would have earned more than is assumed by the tariff, or were able to work less than is assumed by the tariff.</p> <p>See section Additional awards available through the Supplementary Route for further detail.</p>

Category of Award

Method of calculation

Supplementary awards available

The following assumptions have been made in calculating financial loss for living infected persons:

For Hepatitis C - it is assumed that the introduction of effective treatments in 2016 improved an infected person's ability to effectively manage their infection from 2017, and therefore their ability to work. These assumptions are not applied if an infected person was born before 1961. This is because the infected person will have been 55 years or older when effective treatment was introduced and may, therefore, have been less likely to be able to return to employment or increase their hours as their health improved.

For Hepatitis B - it is assumed that the introduction of effective treatments in 2008 improved an infected person's ability to effectively manage their infection from 2009 and therefore their ability to work. These assumptions are not applied if an

Category of Award

Method of calculation

Supplementary awards available

infected person was born before 1953. This is because the infected person will have been 55 years or older when effective treatment was introduced and may, therefore, have been less likely to be able to return to employment or increase their hours as their health improved.

For Hepatitis C and Hepatitis B co-infections - it is assumed that the introduction of effective treatments in 2016 improved an infected person’s ability to manage their infection from 2017, and therefore their ability to work. These assumptions are not applied if an infected person was born before 1961. This is because the infected person will have been 55 years or older when effective treatment was introduced and may, therefore, have been less likely to be able to return to employment or increase their hours as their health improved.

For HIV and HIV and Hepatitis co-infections - it is assumed that

Category of Award

Method of calculation

Supplementary awards available

	<p>people will initially have lived without symptoms for a period of time following HIV infection before suffering an impact on their earning potential after the onset of symptoms. Given that it is not always easy to identify the timing of the onset of symptoms, financial loss compensation will be paid from the date of infection, with an increased rate following diagnosis.</p> <p>In addition to anticipated loss of earnings, a flat rate of £12,500 will be paid to all infected people (or their estate) to cover miscellaneous expenses including travel to appointments, extra cost of insurance etc.</p>	
Financial Loss award (Acute Hepatitis B/C infections)	<p>Flat rate awards for Financial Loss are as follows:</p> <p>Acute Hepatitis C infection: £12,500</p> <p>Acute Hepatitis B infection (where the person died of the infection in the acute period): £17,500</p> <p>Both flat rate awards for this cohort of people</p>	<p>Higher Financial Loss awards are available where applicants can demonstrate that they would have earned more than is assumed by the tariff, or were able to work less than is assumed by the tariff.</p> <p>See section Additional awards</p>

Category of Award	Method of calculation	Supplementary awards available
	include compensation to cover other miscellaneous costs incurred as a result of infection (e.g. increased insurance, additional transport).	available through the Supplementary Route for further detail.

Paying Financial Loss awards

Where an infected person is living, the Financial Loss award is paid to the infected person directly.

Where an infected person is deceased:

- the award for past financial loss (i.e. from the point of infection to death) will be paid to the estate of the infected person;
- the award for future financial loss (i.e. years between death and healthy life expectancy age) will be paid to any affected people (as defined by the scheme) who are dependants (i.e. bereaved partner or children under 18).

Calculating compensation for affected persons

The table below sets out how compensation in each Category of Award is calculated for eligible affected persons.

Category of Award	Method of calculation	Who is eligible?
Injury Impact award	Fixed financial award determined by the affected person’s relationship to the infected person and the infection severity suffered by the infected person.	All affected persons

Category of Award	Method of calculation	Who is eligible?
	Injury Impact awards will be higher where the severity of a person's infection means that the infection has caused or is expected to cause an early death in the future (i.e. HIV, Hepatitis B/C cirrhosis, Hepatitis B/C decompensated cirrhosis or liver cancer).	
Social Impact award	Fixed financial award determined by the affected person's relationship to the infected person. Social Impact awards are higher for affected persons assumed to have lived with the infected person for at least 2 years after the onset of infection. Namely partners, children under 18, parents of infected children under 18 and some siblings.	All affected persons
Autonomy award	Fixed financial award determined by the affected person's relationship to the infected person.	Autonomy awards are available for affected persons who are likely to have experienced the most significant impact on their private lives and autonomy. This includes affected partners, parents and children only. Siblings and carers are not eligible for Autonomy awards.
Care award	Not available for affected persons in their own right.	Care awards paid to infected persons can be paid directly to affected persons on the request of

Category of Award	Method of calculation	Who is eligible?
		an infected person or their estate representative.
Financial Loss award	<p>Financial Loss awards are only paid to affected persons where the infected person has died.</p> <p>Where an infected person is deceased, financial loss from the point of death to the estimated healthy life expectancy age of the deceased is paid to the affected dependants (bereaved partners and children who were under 18 at the time of death) registered with the Scheme.</p> <p>Financial Loss awards to bereaved affected dependants, in defined circumstances, are as follows:</p> <p>Partner of an infected person at time of death: £16,682 per annum until the healthy life expectancy of the deceased infected person. (£8,341 for years where the infected person would have been 66 or older)</p> <p>Child under 18 at the time of the infected person's death: £5,561 per annum, until the age of 18. (£2,780.50 for years where the infected person would have been 66 or older)</p> <p>Child under 18 who has lost both parents to infected blood related infections: £22,243 per annum, until the age of 18. (£16,682.25 for years where one parent would have been 66 or older; £11,121.50 for years where both parents would have</p>	<p>Bereaved partners and children</p> <p>Other bereaved affected persons (e.g. parents or disabled children over the age of 18) may be eligible to receive Financial Loss awards if they are able to provide evidence of dependency on the infected person at the time of death.</p>

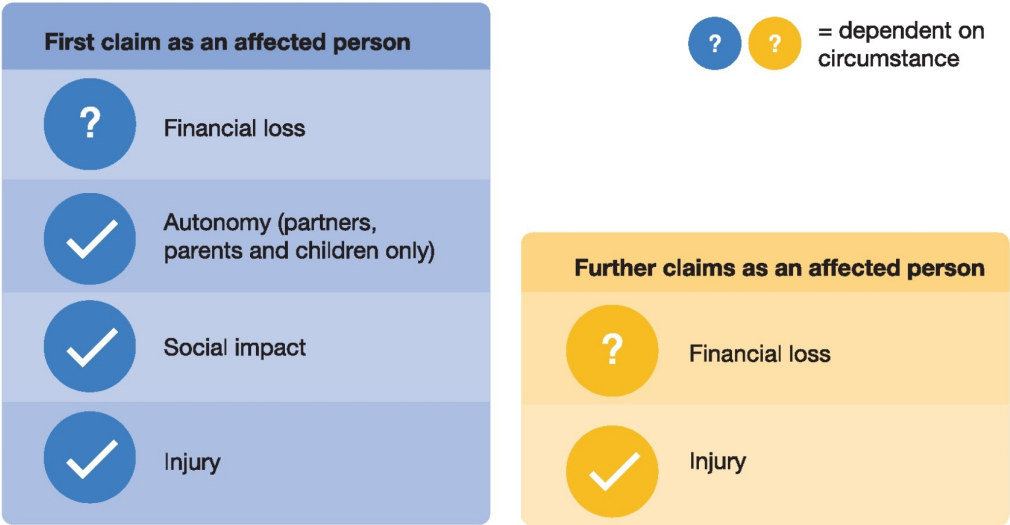
Category of Award	Method of calculation	Who is eligible?
	been 66 or older)	
	There is no limit to the number of eligible bereaved affected persons who can claim the Financial Loss awards.	

Compensation awards where an applicant has multiple claims

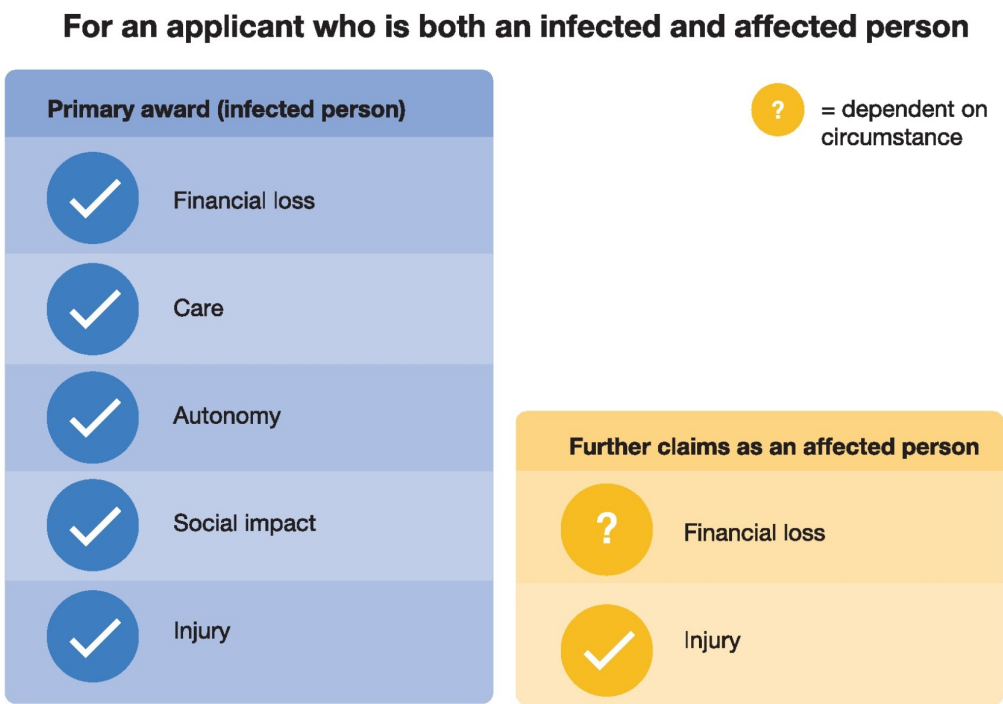
A person may be eligible for multiple claims if they have multiple loved ones who have been infected (for example, where a parent and a sibling has been infected), or if they are both an infected and an affected person (for example, where the person is infected themselves and a family member has also been infected).

Applicants with multiple loved ones who have been infected will be eligible for multiple Injury Impact awards. Social Impact and Autonomy awards will be made once, regardless of the number of claims. Additional Financial Loss awards may be available depending on circumstances. This is shown in the diagram below.

For an applicant who has multiple claims as an affected person



Applicants eligible as both an infected and affected person will be entitled to compensation in all Categories of Award available to infected persons, as well as additional Injury Impact awards corresponding to the number of affected claims made. Additional Financial Loss awards may be available depending on circumstance. This is shown in the diagram below.



Additional awards available through the Supplementary Route

Where applicants can demonstrate eligibility, higher levels of compensation will be available for Autonomy, Financial Loss and Care awards through the Supplementary Route. Further detail on the awards available in these categories is set out below.

Autonomy award

Additional Autonomy awards will be available through the Supplementary Route to recognise the suffering of victims subjected to unethical research practices. A flat rate award of £10,000 will be available to infected persons (or their estates) who were victims of unethical research projects. An award

of £15,000 will be available to all infected persons who attended Lord Mayor Treloar College and who can be assumed to have been subject to unethical research while at the College. The criteria for this award will be based on evidence from the [Infected Blood Inquiry Report](https://www.infectedbloodinquiry.org.uk/reports/inquiry-report) (<https://www.infectedbloodinquiry.org.uk/reports/inquiry-report>) and will be set out in due course.

Financial Loss and Care awards

Higher awards for financial loss and care costs will be available through the Supplementary Route. Supplementary awards will be available via two sub-routes in defined circumstances:

Health Impact supplementary sub-route:

Applicants will need to provide evidence of specific health impacts or conditions (listed below, and detailed at Annex C for which additional tariff-based compensation will be awarded. Where an applicant can demonstrate a qualifying health condition, it will not be necessary to provide any further evidence of financial loss and/or care costs.

Health impacts relating to HIV, Hepatitis B or Hepatitis C infections that may qualify an applicant for higher Financial Loss and/or Care awards through the Health Impact supplementary sub-route are:

- Severe visual impairment
- Neurological disorders resulting in long-term severe physical or mobility disability (e.g. cerebral toxoplasmosis resulting in severe stroke)
- Neurological disorders resulting in long-term severe neurocognitive impairment (e.g. HIV-associated dementia; chronic hepatic encephalopathy related to Hepatitis C/B)
- Severe psychiatric disorders (e.g. diagnosed psychiatric disorders requiring inpatient care or prolonged psychiatric treatment under the care of specialist mental health services)
- Other hepatic disorders caused by Hepatitis B or Hepatitis C resulting in long-term severe disability
- End-stage kidney disease requiring renal replacement therapy

Further detail on the qualifying health impacts listed above and the compensation available through the Supplementary Route are provided in Annex C. Higher compensation available through the Health Impact supplementary sub-route will be calculated using the financial loss rates and care rates used in the Core Route. Further detail will be made available in due course.

Evidence-led supplementary sub-route:

Applicants will need to provide evidence of their financial loss and/or care costs (e.g. invoices of care costs, evidence of early medical retirement, evidence of earnings). This sub-route will enable applicants to provide evidence of their actual losses beyond the awards in the Core Route. Under this sub-route, the assumptions made by the Core or Supplementary Health Impact sub-route about a person's capacity to work would be disregarded. The Evidence-led sub-route will have a limit on the highest level of award the Scheme can offer. Further detail will be made available in due course.

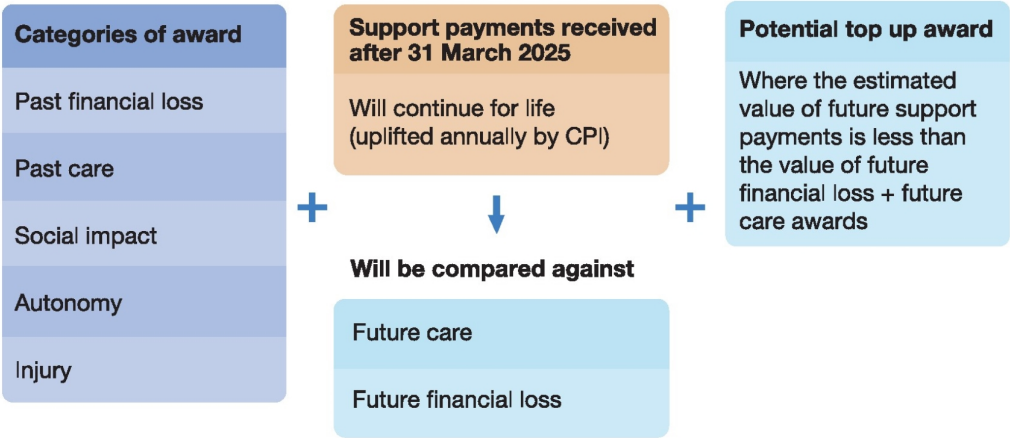
Infected Blood Support Scheme (IBSS) payments

In line with the most recent recommendations made by Sir Robert Francis KC, all those who are registered with an IBSS before 1 April 2025 will continue to receive support scheme payments for life, if they wish. These payments will be part of the future financial loss and future care compensation amounts that would have been paid by the IBCA to those people.

For an IBSS beneficiary who chooses to continue to receive support scheme payments for life, support scheme payments will not be taken into account when assessing an applicant's Injury Impact, Social Impact, or Autonomy awards, or in relation to past Financial Loss or past Care awards. Applicants will be able to access these parts of their compensation as a lump sum or periodical payment over 5, 10 or 25 years.

Support payments will continue to be paid to IBSS beneficiaries on an ex-gratia basis until 31 March 2025. From 1 April 2025, all IBSS beneficiaries will continue to receive support payments for life - the value of the support payments will be uplifted each year in line with the Consumer Price Index (CPI). Any support payments paid from 1 April 2025 will be taken into account when the IBCA calculates the amount of compensation that a person is entitled to for the awards relating to their future financial loss and care costs. The IBCA will compare the future Financial Loss award and future Care award under the Scheme with the person's estimated support scheme payments up to their healthy life expectancy. Where the awards under the Scheme are higher than the estimated support scheme payments, the person will receive a 'support scheme top up award' which will be added to the compensation paid by the IBCA. If the awards under the Scheme are lower, this will have no impact on the support scheme payments which will continue to be paid at the same rate, increasing annually in line with CPI. This is shown in the diagram below.

Total compensation package



The Cabinet Office and the IBCA will work closely with the Department of Health and Social Care, the devolved administrations in Scotland, Wales and Northern Ireland and the IBSS administrators across the four nations to help ensure that the payment of compensation, including continued support scheme payments for life as part of the compensation package, is as smooth as possible and places minimum burden on people.

If preferred, an IBSS beneficiary may choose not to continue to receive support payments and to instead receive their future Financial Loss and Care award as part of their total compensation package under the Core Route in the same way as someone who is not an IBSS beneficiary, payable by lump sum or periodic payments over 5, 10 or 25 years.

Managing money received through compensation awards

Living infected and affected persons receiving compensation through the Scheme will be able to choose to receive their award via:

- a single lump sum payment of the total compensation award; or
- a series of regular payments (instalments) over a 5, 10 or 25 year period, which will be uplifted annually in line with CPI.

Where the infected person has died, estate representatives will receive compensation as a single lump sum payment which can then be distributed to beneficiaries of the estate as appropriate.

The IBCA will develop a financial advice and support service that will assist people awarded compensation with managing their compensation awards,

accessing financial services, and accessing benefits advice where relevant.

Health deterioration under the Scheme

Under the Scheme, in defined circumstances, if an infected person's condition deteriorates after their compensation award has been assessed, they will be able to return to IBCA for reassessment to determine whether they are eligible for an additional compensation payment. A reassessment following a health deterioration will be possible at any time, regardless of the time that has passed since a person's initial assessment.

In the event of death

Infected persons:

- Should an eligible infected person die after accepting their offer of compensation but before receiving their payment, their compensation award will be paid to the personal representative of their estate.
- Should an eligible infected person die before accepting their offer of compensation, their personal representatives will need to start a new application - the IBCA will use evidence which supported the original application so that it does not have to be provided again.
- If an eligible infected person is in receipt of regular support payments (see Infected Blood Support Scheme payments section) and/or compensation payment instalments at the time of their death, their support payments will stop and the outstanding balance of their total compensation award will be paid to the personal representative of their estate.

Affected persons:

- Should an eligible affected person die during the application process to the Scheme, their compensation award will not be paid. This is in line with the Inquiry's recommendation.

Time limits for application

For people who are diagnosed before 1 April 2025, the Scheme will remain open to applications for compensation for 6 years from 1 April 2025 (until 31 March 2031). The proposed date for closing the Scheme to people with existing diagnoses will be reviewed within 3 years (by 31 March 2028) to ensure that it remains appropriate based on the numbers of applications and expected processing times.

For people who are diagnosed after 1 April 2025, the Scheme will remain open to applicants for 6 years from their date of diagnosis.

Effect of other payments on compensation awarded under the Scheme

Infected Blood Support Schemes (IBSS) and Alliance House Organisations (AHO)

The Scheme is separate from the existing UK IBSS. Any ex-gratia support or payments (such as discretionary payments) received through the IBSS or earlier AHO before 1 April 2025, will not be deducted from compensation paid through the Scheme.

Interim Compensation Payments

Where applicants to the Scheme have previously received [interim compensation payments \(https://www.gov.uk/government/collections/infected-blood-interim-compensation-payment-scheme\)](https://www.gov.uk/government/collections/infected-blood-interim-compensation-payment-scheme), these will be automatically deducted from the compensation award paid through the Scheme.

Other compensation awards

Any other past compensation awards received (e.g. those made by a court or tribunal or as part of an out-of-court settlement) will be deducted from compensation awards through the Scheme. This does not include any awards made by an AHO.

Should a person choose to pursue litigation after receiving compensation through the Scheme, compensation amounts previously awarded through the Scheme are likely to be deducted from any awards made through the courts.

Taxation

Compensation payments made under the Scheme will be exempt from income, capital gains and inheritance tax. This is in line with tax exemptions for the first and second interim payments.

Means tested benefits

Compensation payments made through the Scheme will not adversely impact means tested benefits received by persons who are either infected or affected.

Where compensation payments are awarded to an estate of a deceased infected person by the IBCA and are received by estate beneficiaries on distribution of the estate, the compensation awarded will not impact the recipient's eligibility for means tested benefits.

Reviews and Appeals

Should an applicant be dissatisfied with the outcome of their application to the Scheme, they will have the right to a review and the right to an appeal subject to time limits. The applicant must exercise their right to review and receive a decision under the IBCA internal review process before submitting an appeal application. If a person is dissatisfied with the outcome of the internal review, they will be able to appeal the decision through the First-tier Tribunal, administered by HM Courts and Tribunals Service.

Rights to litigation

The Government hopes that the Scheme will enable victims of infected blood to receive due compensation without the need to go through a court

or tribunal process to seek redress.

Accepting compensation under the Scheme will not, however, remove any right an eligible applicant might have to pursue litigation.

Should a person choose to pursue litigation, any compensation awarded through the Scheme is likely to be deducted from compensation awarded through the courts.

Annex A: Award Tables

Awards for infected persons and estates of a deceased infected person

Table 1: Awards for an infected person with a monoinfection (or their estate)

Category of Award	Hepatitis C or Hepatitis B (Chronic)	Hepatitis C or Hepatitis B (Cirrhosis)	Hepatitis C or Hepatitis B (Decompensated cirrhosis, and/or liver cancer and/or liver transplantation)	HIV
Injury Impact award	£60,000	£120,000	£180,000	£180,000
Social Impact award	£50,000	£50,000	£50,000	£50,000
Autonomy award	£40,000	£40,000	£50,000	£60,000

For detail on Financial Loss award available see section [Further detail on Financial Loss awards \(https://www.gov.uk/government/publications/infected-](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#financial-loss-awards)

[blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#further-detail-on-financial-loss-awards](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#further-detail-on-financial-loss-awards))

For detail on Care award available see Annex B

Table 2: Awards for an infected person with a HIV & Hepatitis C/B co-infection (or their estate)

Category of Award	HIV and Hepatitis C/ Hepatitis B (Acute)	HIV and Hepatitis C/ Hepatitis B (Chronic)	HIV and Hepatitis C/ Hepatitis B (Cirrhosis)	HIV and Hepatitis C/ Hepatitis B (Decompensated cirrhosis)	HIV and Hepatitis C/ Hepatitis B (live and/ trans or H when infec resu deat acut
Injury Impact award	£182,500	£195,000	£240,000	£270,000	£270,000
Social Impact award	£70,000	£70,000	£70,000	£70,000	£70,000
Autonomy award	£70,000	£70,000	£70,000	£70,000	£70,000

For detail on Financial Loss award available see section [Further detail on Financial Loss awards \(https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#further-detail-on-financial-loss-awards\)](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#further-detail-on-financial-loss-awards)

For detail on Care award available see Annex B

Table 3: Awards for an infected person with Hepatitis C & Hepatitis B co-infection (or their estate)

Category of Award	Hepatitis C and Hepatitis B (Chronic)	Hepatitis C and Hepatitis B (Cirrhosis)	Hepatitis C and Hepatitis B (Decompensated cirrhosis, and/or liver cancer and/or liver transplantation)
Injury Impact award	£75,000	£150,000	£225,000
Social Impact award	£70,000	£70,000	£70,000
Autonomy award	£70,000	£70,000	£70,000

For detail on Financial Loss award available see section [Further detail on Financial Loss awards \(https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#further-detail-on-financial-loss-awards\)](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-summary-august-2024/infected-blood-compensation-scheme-summary-august-2024#further-detail-on-financial-loss-awards)

For detail on Care award available see Annex B

Table 4: Awards for an infected person with acute Hepatitis C (or their estate)

Category of Award	Hepatitis C (Acute)
Injury Impact award	£10,000
Social Impact award	£5,000
Autonomy award	£10,000
Financial Loss award	£12,500
Care award	£500
Total	£38,000

Table 5: Awards to the estate of an infected person who had an acute Hepatitis B infection where the infection resulted in a fatality in the acute period

Category of Award	Hepatitis B (Acute where the infection resulted in a fatality in the acute period)
Injury Impact award	£180,000
Social Impact award	£50,000
Autonomy award	£50,000
Financial Loss award	£17,500
Care award	£41,188.49
Total	£338,688.49

Awards for affected persons

Table 6: Awards for affected persons where the infected person had Hepatitis B (Acute, where the infection resulted in a fatality in the acute period) or Hepatitis C/Hepatitis B (Cirrhosis) or Hepatitis C/Hepatitis B (Decompensated cirrhosis) or HIV or co-infection

Category of Award	Partner	Child (where onset of parent's infection began before the child turned 18)	Parent (where child's infection started before age 18)	Siblings who whilst under the age of 18 lived in the same household as an infected person for at least 2 years after the onset of the infection^x	Carers; Parent (where onset of child's infection began after age 18); Child (where onset of parent's infection began after child turned 18); All other eligible Siblings^v
Injury Impact award	£86,000	£40,400	£65,400	£22,000	£22,000
Social Impact award	£12,000	£12,000	£12,000	£12,000	£8,000
Autonomy award	£16,000	£6,600	£6,600	N/A	N/A
Financial Loss award	See section Further detail on Financial Loss awards	See section Further detail on Financial Loss awards	N/A	N/A	N/A
Care award*	N/A	N/A	N/A	N/A	N/A

*Affected persons are not eligible for Care awards in their own right. On the request of an infected person or their estate representative, Care awards available to infected persons can be paid directly to affected persons who provided care.

^xSiblings must have lived in the same household as an infected person for at least 2 years after the onset of the infection (or would have been expected to live in the same household were it not for the impact of the infection) whilst under the age of 18.

^vAll other eligible siblings must have lived in the same household as an infected person for at least 2 years (or would have been expected to live in the same household were it not for the impact of the infection) whilst under the age of 18. This is the case even if that period was prior to the infection, including if the infection happened during adulthood.

Table 7: Awards for affected persons where the infected person had Hepatitis C/Hepatitis B (Chronic)

Category of Award	Partner	Child (where onset of parent’s infection began before the child turned 18)	Parent (where child’s infection started before age 18)	Siblings who whilst under the age of 18 lived in the same household as an infected person for at least 2 years after the onset of the infection ^x	Carers; Parent (where onset of child’s infection began after age 18); Child (where onset of parent’s infection began after child turned 18); All other eligible Siblings ^v
Injury Impact award	£34,000	£20,000	£20,000	£20,000	£20,000
Social Impact award	£12,000	£12,000	£12,000	£12,000	£8,000
Autonomy award	£16,000	£6,600	£6,600	N/A	N/A

Financial Loss award	See section Further detail on Financial Loss awards	See section Further detail on Financial Loss awards	N/A	N/A	N/A
Care award*	N/A	N/A	N/A	N/A	N/A

*Affected persons are not eligible for Care awards in their own right. On the request of an infected person or their estate representative, care awards available to infected persons can be paid directly to affected persons who provided care.

*Siblings must have lived in the same household as an infected person for at least 2 years after the onset of the infection (or would have been expected to live in the same household were it not for the impact of the infection) whilst under the age of 18.

^All other eligible siblings must have lived in the same household as an infected person for at least 2 years (or would have been expected to live in the same household were it not for the impact of the infection) whilst under the age of 18. This is the case even if that period was prior to the infection, including if the infection happened during adulthood.

Further detail on Financial Loss awards

Financial Loss awards for infected persons

The tables below set out the Financial Loss award calculations for infected persons.

Financial loss calculations are based on the ‘working lifetime’ of an applicant, from the age of 16 to 65 inclusive. For people who were infected before the age of 16, financial loss is calculated from 16 years old. For those infected after the age of 16, financial loss awards are calculated from the age of infection. After pensionable age (66 years old), financial loss is adjusted and calculated at 50% of the financial loss tariffs set out in the tables below. For chronic Hepatitis infections, calculations also take into

account the dates at which effective treatments were introduced which are assumed to have affected a person’s ability to work. There is a disregard for the impact of effective treatments for those who were aged 55 or older when effective treatment was introduced. For HIV and HIV co-infections, calculations also take into account the date of diagnosis.

For HIV and all chronic Hepatitis infections, in addition to the financial loss calculation based on loss of earnings, a flat rate award of £12,500 is payable to compensate for notional miscellaneous expenses including, for example, travel to medical appointments and other additional costs (e.g. insurance). Financial compensation for miscellaneous expenses for acute infections is included in the flat rate financial loss awards for the acute infection severity bands.

Table 8: Financial Loss award based on disease progression (Hepatitis B)

Milestones for the introduction of major treatments	Chronic	Cirrhosis*	Decompensated cirrhosis, liver cancer*
For those born after 1953: Pre effective treatment (2008 and earlier)	£11,863 per annum	£23,726 per annum	£29,657 per annum
For those born after 1953: Effective management from 2009	£5,931 per annum	£17,794 per annum	£29,657 per annum
For those born in or before 1953	£11,863 per annum	£23,726 per annum	£29,657 per annum

*Where a person is unable to evidence their disease progression, compensation is calculated based on the assumption that cirrhosis was suffered for 6 years before a progression to decompensated cirrhosis/liver cancer assumed to have been suffered for 4 years.

Table 9: Financial Loss award based on disease progression (Hepatitis C or Hepatitis co-infection)

Milestones for the introduction of major treatments	Chronic	Cirrhosis*	Decompensated cirrhosis, liver cancer*
For those born after 1961: Pre-effective treatment (2016 and earlier)	£11,863 per annum	£23,726 per annum	£29,657 per annum
For those born after 1961: Effective management from 2017	£5,931 per annum	£17,794 per annum	£29,657 per annum
For those born in or before 1961	£11,863 per annum	£23,726 per annum	£29,657 per annum

*Where a person is unable to evidence their disease progression, compensation is calculated based on the assumption that cirrhosis was suffered for 6 years before a progression to decompensated cirrhosis/liver cancer assumed to have been suffered for 4 years.

Table 10: Financial Loss award for HIV or HIV and Hepatitis co-infection (i.e. HIV and Hepatitis C or Hepatitis B), based on time of diagnosis of either infection

Milestone for change in impact on earnings	HIV	HIV & Acute Hepatitis C	HIV & Chronic Hepatitis B/C	HIV & Cirrhosis Hepatitis B/C	HIV & Decompensated cirrhosis/ liver cancer Hepatitis B/C
Following diagnosis	£29,657 per annum	£29,657 per annum	£29,657 per annum	£29,657 per annum	£29,657 per annum
Point of infection to diagnosis	£14,829 per annum	£18,536 per annum	£18,536 per annum	£22,243 per annum	£22,243 per annum

For people who suffered an HIV co-infection with acute Hepatitis B where the infection resulted in a fatality in the acute period, a flat rate of £5,000 will be added to the HIV Financial Loss award.

Financial Loss awards for bereaved affected partners and children

Where an infected person dies, bereaved partners and children (who were under the age of 18 at the time of the infected person’s death) are eligible to receive Financial Loss awards. This is due to the fact that the Scheme assumes these cohorts are most likely to have been financially dependent on the infected person. In such cases, a fixed rate Financial Loss award is available, as per the table below.

Other bereaved affected persons (e.g. parents or disabled children over the age of 18) may be eligible to receive Financial Loss awards if they are able to provide evidence of financial dependency on the infected person at the time of death.

Table 11: Financial Loss award for bereaved affected persons

Partner (partners at the time of the infected person’s death)	Child (while under 18)	Child (who has lost both parents to infected blood related infections while under 18)
£16,682 per annum (for years between infected person’s death and the healthy life expectancy age of the deceased infected person, before the year where the infected person would have turned 66) £8,341 per annum (for years between infected person’s death and the healthy life expectancy age of the deceased infected person, during or after the year where the infected person would have turned 66)	£5,561 per annum (for years between infected person’s death and child turning 18, before the year where the infected person would have turned 66)	£22,243 per annum (for years between infected persons’ deaths and child turning 18, before the year where either infected person would have turned 66)
	£2,780.50 per annum (for years between infected person’s death and child turning 18, during or after the year where the infected person would have turned 66)	£16,682.25 per annum (for years between infected persons’ deaths and child turning 18, before the year where the second infected person would have turned 66)
		£11,121.50 per annum (for years between infected persons’ deaths and child turning 18, where both infected persons would have turned 66)

Annex B: Assumed care requirements for each Infection Severity Band

Care band descriptors and costs

The below table shows the bands used to calculate Care awards, with a breakdown of the assumed costs associated with past and future care.

Care band	Care band description	Care cost (per annum)*
Domestic support and ad hoc care	6 hours per week Support with heavier domestic tasks, attendance of medical appointments and household maintenance	£5,460
Low care	16.5 hours per week (6 hours per week domestic support + 1.5 hours per day personal care) Domestic support (as above) plus personal care per day including washing, dressing and grooming	£23,424.72
Moderate care	34 hours per week (6 hours per week domestic support + 4 hours per day agency home care) Domestic support (as above) plus increased personal care, assistance with meals and attendance of health appointments	£51,285.92
High care	41 hours per week (6 hours per week domestic support + 5 hours per day agency home care) Domestic support (as above) plus full personal care, full assistance with meals and attendance of health appointments and medication	£62,742.40
End of Life care	24 hour support (2 x 12 hour shifts)	£109,835.96

*As the Inquiry acknowledged, past care is likely to have been provided gratuitously. The awards for past care are therefore 25% lower than current commercial rates. This reflects the fact that where care was provided gratuitously, the associated cost would have been exempt from tax, national insurance and other costs, which would otherwise be payable if depending on a professional carer.

Assumed care requirements for each Infection Severity Band

This table shows the assumed level and duration of care (in years) required for different infection severities, which are used to calculate Care awards under the Scheme.

Infection Severity Band	End of life care band	High care band	Moderate care band	Low care band	Domestic support and ad hoc care
HIV	0.5	1.5	7	5	10
HIV and Hepatitis C (Acute)	0.5	1.5	7	5	10
HIV and Hepatitis C / Hepatitis B (Chronic)	0.5	1.5	7	5	10
HIV and Hepatitis C / Hepatitis B (Cirrhosis)	0.5	1.5	7	5	10
HIV and Hepatitis C / Hepatitis B (Decompensated cirrhosis, liver cancer and/or liver transplantation)	0.5	1.5	7	5	10
Hepatitis C (Acute)	N/A	N/A	N/A	N/A	N/A
Hepatitis C/ Hepatitis B (Chronic)	N/A	N/A	N/A	N/A	10
Hepatitis C/ Hepatitis B (Cirrhosis)	N/A	N/A	N/A	6	10
Hepatitis C/ Hepatitis B (Decompensated cirrhosis, liver cancer and/or liver transplantation)	0.5	1.5	2	6	10

Infection Severity Band	End of life care band	High care band	Moderate care band	Low care band	Domestic support and ad hoc care
Hepatitis B (Acute where the person died during the acute period)	0.5	N/A	N/A	N/A	N/A

Annex C: Health impacts eligible for Supplementary Route awards

The below table provides an outline of health impacts (caused by HIV, Hepatitis B or Hepatitis C infection) that may qualify a person for higher Financial Loss and Care awards through the Health Impact supplementary sub-route.

Where an eligible infected person has suffered one of the listed health impacts as a result of their infection, further compensation may be available for the associated care costs and financial loss experienced. Higher compensation available through the Health Impact supplementary sub-route will be calculated using the financial loss rates and care costs used in the Core Route. The amount of compensation awarded will depend on the duration of the health impact (or resultant treatment), as well as IBCA’s assessment against the Scheme regulations.

Further work will be undertaken on the Supplementary Route ahead of laying the second set of regulations.

Health impact caused by HIV, Hepatitis B or Hepatitis C	Health impact description	Care band for the duration of health impact	Financial Loss award for the duration of health impact
Severe visual impairment Related to HIV	Certified and registered with severe sight impairment	Domestic support and ad hoc care	HIV: No adjustment applicable - Core Route maximum Financial Loss award already

Health impact caused by HIV, Hepatitis B or Hepatitis C	Health impact description	Care band for the duration of health impact	Financial Loss award for the duration of health impact
			awarded (£29,657 per annum)
Neurological disorders resulting in long-term severe physical/ mobility disability Related to HIV / Hepatitis C	For example: cerebral toxoplasmosis resulting in severe stroke	Low care	<p>HIV: No adjustment applicable - Core Route maximum Financial Loss award already awarded (£29,657 per annum)</p> <p>Hepatitis C: Financial loss may be adjusted to the maximum Financial Loss award under the Core Route (£29,657 per annum) from the point of diagnosis of the health impact if the applicant can demonstrate that they have been unable to work as a result</p>
Neurological disorders resulting in long-term severe neurocognitive impairment Related to HIV / Hepatitis B / Hepatitis C	For example: dementia; chronic hepatic encephalopathy	Low care	<p>HIV: No adjustment applicable - Core Route maximum financial loss award already awarded (£29,657 per annum)</p> <p>Hepatitis B/C: For infected persons with Hepatitis B/C (Decompensated cirrhosis), financial loss may be</p>

Health impact caused by HIV, Hepatitis B or Hepatitis C	Health impact description	Care band for the duration of health impact	Financial Loss award for the duration of health impact
			adjusted to the maximum Financial Loss award under the Core Route (£29,657 per annum) for the duration of the long-term severe neurocognitive impairment
Severe psychiatric disorder Related to HIV / Hepatitis B / Hepatitis C	Severe psychiatric disorders, diagnosed by a psychiatrist, will typically require on-going treatment (longer than 6 months) under the care of specialist mental health services. Treatment can include pharmaceutical or non-pharmaceutical interventions (e.g. therapy). Such conditions would normally have resulted in periods of inpatient psychiatric care with prolonged periods of regular psychiatric follow up. People sectioned under the Mental Health Act would qualify for this category.	Low care	HIV: No adjustment applicable - Core Route maximum Financial Loss award already awarded (£29,657 per annum) Hepatitis B/C: Financial loss may be adjusted based on psychiatric assessment

Health impact caused by HIV, Hepatitis B or Hepatitis C	Health impact description	Care band for the duration of health impact	Financial Loss award for the duration of health impact
Other Hepatitis-associated disorders resulting in long-term severe disability Related to Hepatitis B/ Hepatitis C	<p>This includes people currently registered under the following IBSS categories :</p> <p>Hepatitis Special Category Mechanism (EIBSS)</p> <p>‘Severely Affected’ Hepatitis C (SIBSS) Hepatitis C Stage 1 Plus (WIBSS)</p> <p>Hepatitis C Stage 1 Enhanced Payments (NIIBSS)</p> <p>Applicants not currently registered with existing IBSS may be eligible if due to the impact of Hepatitis C or Hepatitis B and/or its treatment, they have any of the following:</p> <p>(i) autoimmune disease due to or worsened by interferon treatment for Hepatitis B or Hepatitis C. For example: Coombes positive haemolytic anaemia; Idiopathic fibrosing alveolitis of the lung; Rheumatoid arthritis;</p>	Domestic support and ad hoc care	Hepatitis B/C: Financial loss may be adjusted to £17,794 - £23,726 per annum depending on the date of introduction of effective treatments

Health impact caused by HIV, Hepatitis B or Hepatitis C	Health impact description	Care band for the duration of health impact	Financial Loss award for the duration of health impact
	(ii) sporadic porphyria cutanea tarda causing photosensitivity with blistering;		
	(iii) immune thrombocytopenic purpura;		
	(iv) type 2 or 3 mixed cryoglobulinaemia accompanied by: cerebral vasculitis; dermal vasculitis; or, peripheral neuropathy with neuropathic pain.		
	(v) significant mental health problems, persistent fatigue and/or other health and wellbeing impacts, affecting the person's ability to perform daily tasks. Examples may include: An inability to work or a need to reduce working hours or change working patterns due to the impact of physical or mental health problems. A need to leave a better job, role or career due to		

Health impact caused by HIV, Hepatitis B or Hepatitis C	Health impact description	Care band for the duration of health impact	Financial Loss award for the duration of health impact
	physical or mental health problems.		
	Mental health problems which have directly resulted in the breakdown of a marriage or other long-term relationship which is still having a significant effect on a person's life.		
	Mental health problems which frequently make it very difficult to leave home or socialise		
	An inability to carry out day to day activities e.g. shopping, cooking, gardening or cleaning.		
End-stage kidney disease requiring renal replacement therapy (RRT) Related to HIV / Hepatitis B / Hepatitis C		Low care (for duration of dialysis treatment)	<p>HIV: No adjustment applicable - Core Route maximum Financial Loss award already awarded (£29,657 per annum)</p> <p>Hepatitis: Financial loss may be adjusted to the maximum Financial Loss award under the Core Route (£29,657 per</p>

Health impact caused by HIV, Hepatitis B or Hepatitis C	Health impact description	Care band for the duration of health impact	Financial Loss award for the duration of health impact
			annum) for the duration of dialysis treatment



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