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John Dearden  
Chair  
Haemophilia Scotland

Our reference: MC2024/14184

By email: GRO-C

*Dear John,*

*4<sup>th</sup>* December 2024

Thank you for your letter of 23 October, on behalf of Haemophilia Scotland, regarding the Government's response to the Infected Blood Inquiry. Please accept my apologies for the delay in replying to you.

I have responded to the points raised in the attached letter via correspondence with Dave Doogan MP. The reference code for this letter is MC2024/14227. I hope my response provided clarity.

Thank you again for taking the time to write on this important matter.

Yours sincerely,

GRO-C

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Dave Doogan MP  
House of Commons  
London  
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Our reference: MC2024/14227  
Your reference: DD12689

By email: dave.doogan.mp@GRO-C

*Dave Doogan*

4<sup>th</sup> December 2024

Thank you for your letter of 24 October on behalf of your constituent, Bill Wright, and Haemophilia Scotland, regarding the Government's response to the Infected Blood Inquiry. I appreciate the detail of this document and will take each section in turn below.

I would like to thank Bill Wright, John Dearden, and Haemophilia Scotland for their continued engagement with both the previous and current Governments. Their input is incredibly valuable, and I appreciate their efforts in bringing justice to the victims of infected blood.

I know that Mr Dearden recently met with the Interim Chair of the Infected Blood Compensation Authority (IBCA), Sir Robert Francis, and the interim CEO of IBCA, David Foley, in Edinburgh. I know that both Sir Robert, David, and the community have found these sessions incredibly useful and insightful, and I understand that there is a commitment from Sir Robert and David to continue to engage.

#### Basis of Calculation of Tariffs

The Infected Blood Compensation Scheme (the Scheme) proposal has been designed using a tariff-based framework. This framework approach was recommended by Sir Robert's Compensation Framework Study and the Inquiry's Second Interim Report. The tariff approach also means that the Scheme will award compensation that reflects personal circumstances while making payments more quickly than would otherwise be possible if all applications for compensation had to be individually assessed.

The tariffs are intended to work in such a way that they would be appropriate for the majority of people applying to the Scheme. Where applicants can demonstrate eligibility, higher levels of compensation will be available for Autonomy, Financial Loss and/or Care awards through the Supplementary Route.



The Expert Group's final report provides an explanation of their work and how they determined the tariffs with reference to medical markers and previous legal cases. This can be found here:

[www.gov.uk/government/publications/infected-blood-inquiry-response-expert-group-summary-report/infected-blood-inquiry-response-expert-group-final-report](http://www.gov.uk/government/publications/infected-blood-inquiry-response-expert-group-summary-report/infected-blood-inquiry-response-expert-group-final-report)

#### Additional Autonomy Award – Unethical Research/Testing

The Government accepted recommendations 26 and 27 by Sir Robert, to offer additional autonomy awards of £10,000 to infected persons (or their estates) who were victims of unethical research projects and £15,000 in the case of children who were subjected to research while resident at an institution, such as Treloar's.

The recommendations in the report were made by Sir Robert and informed by the views of the infected blood community, and Sir Robert's Compensation Framework Study.

I know that no amount of money can make up for unethical research. The recommendation that Sir Robert put forward in his report and which the Government accepted, seeks to recognise the additional harm caused by such actions.

These awards are one component of an overall and comprehensive compensation package, so no one will receive this payment in isolation. Within the scheme, there are awards to reflect a number of different circumstances, and in this case, the award reflects unethical testing and the additional impact that it will have had.

#### Those with Hepatitis C treated with Interferon

The Government recognises that no amount of money will ever fully compensate for the suffering or losses endured as a result of this scandal. The Government has followed the Inquiry's recommendation - Recommendation 8 of the Second Interim Report - to establish a tariff-based compensation scheme. The Inquiry recommended against individual assessment, recognising this would lead to delays in the assessment of compensation and stating, powerfully, that "delay often defeats justice".

There are four severity bandings for people who are infected with Hepatitis C. The tariffs were carefully developed and considered with the support of the Infected Blood Inquiry Response Expert Group, which included clinical and legal advisors assisted by social care specialists.

This was in line with the Inquiry's Second Interim Report, where Sir Brian Langstaff recommended, building on the Compensation Study undertaken by Sir Robert, that the scheme should reflect the different impacts of infection by developing severity bandings. Compensation tariffs for the Scheme - including the levels of compensation available for Hepatitis C - have been informed, but not limited, by current practice in UK courts and tribunals.

Experts developed the severity bandings by reference to disease impact and clinical markers. Summary descriptions of the impact of each of these bands on the people who were infected were used to identify comparators in case law, judicial council guidelines on



compensation tariffs, and the Compensation Study. This process led to the quantification of the injury awards.

The Expert Group recognised that there should be additional banding to reflect the greater impact that some people with HCV have experienced. They have proposed six groups of circumstances where an individual's care and financial loss awards should be adjusted to reflect their experience. These fall under the Health Impact award under the supplementary route. Health Impact group 5 includes those who "Have autoimmune disease due to or worsened by interferon treatment for hepatitis C, for example:"

The Health Impact Supplementary sub-route also offers awards for severe psychiatric disorders (e.g. diagnosed psychiatric disorders requiring inpatient care or prolonged psychiatric treatment under the care of specialist mental health services).

Bespoke psychological support for the infected and affected community is offered in Scotland, Wales and Northern Ireland. In England, we remain committed to setting up a bespoke psychological support service to support those infected and affected by the infected blood scandal. The Infected Blood Psychological Service began supporting its first patients in some parts of the country in late August, with providers building up capacity over the next six months to be up and running in all areas of England by 31 March 2025.

Full information on these supplementary awards can be found here:

[www.gov.uk/government/publications/infected-blood-inquiry-response-expert-group-summary-report/infected-blood-inquiry-response-expert-group-final-report](http://www.gov.uk/government/publications/infected-blood-inquiry-response-expert-group-summary-report/infected-blood-inquiry-response-expert-group-final-report).

#### Support Schemes – Future Operation

Infected Blood Support Scheme (IBSS) payments (including discretionary benefits) will be unaffected until 31 March 2025. From 1 April 2025, any and all payments that continue under IBSS will be taken into account for determining the level of compensation to be awarded under the Scheme administered by IBCA.

IBSS will close to all applicants after 31 March 2025. This includes applications from newly bereaved partners. Partners in such circumstances will still be entitled to an award from IBCA as an affected person. Their deceased loved ones' estates will also be able to apply to IBCA for compensation.

Where their loved one received compensation from IBCA under the IBSS route before they died, then their estate may be entitled to further compensation if the amount of support scheme payments received was less than they would have been entitled to for future Financial Loss and Care under the core route.

#### Those with Hepatitis B Infection

The Government has only made interim payments to those individuals who were registered with IBSS. This is because those individuals had already been verified to have a relevant infection and to have contracted it through infected blood. This was not possible for those who were not registered with IBSS because the Government did not have an appropriate means to identify these individuals and assess their eligibility for compensation. This includes not just individuals with Hepatitis B, but also those infected



with Hepatitis C who were not eligible for an IBSS scheme but may be eligible for the Scheme.

The IBCA now has the ability to assess such individuals and pay them compensation and will do so as quickly as it can. However, this will come in the form of full and final compensation rather than interim payments. Implementing a mechanism to make interim payments to previously unidentified individuals would delay the process of paying full and final compensation.

#### Eligibility/Identification of date of infection

I am sorry to hear there is confusion surrounding the eligibility requirements in regulation 7. The regulations make clear that there are two ways for a directly infected individual to show eligibility: through regulation 7(2) or through regulation 7(6).

Regulation 7(2) applies to those who were infected *during* the date ranges that you set out, while regulation 7(6) applies to those who were infected *after* the date ranges you set out.

Those people who were infected during the date ranges you set out (and thus would be eligible under regulation 7(2)) do not need to provide any evidence that their treatment caused their infection. As set out in regulation 7(2), they only need to show that they received infected blood treatment during the date ranges and were subsequently diagnosed with a relevant infection.

Those who were infected after the date ranges you set out (and thus eligible under regulation 7(6)) must in addition to the above satisfy the IBCA that the infected blood treatment caused the person to become infected with that infection. This is the higher evidence requirement referred to in the summary document published on August 23.

I hope this clarifies the matter and reassures you that there is no contradiction between the regulations and the summary document.

#### Support to Applicants for Compensation

The Government accepted Sir Robert's recommendation for IBCA to provide legal and financial advice support to people who intend to claim compensation. The details and costs associated with this are being worked through, and further information will be provided as soon as possible.

In the meantime, the Government has agreed to reimburse up to £1,500 for the costs of obtaining probate for those who require that to claim interim payments, and do not already have probate. Applicants can also be reimbursed for the court fee for obtaining a grant of probate, confirmation or letters of administration (exact amount). You can only claim for legal costs if your claim for interim payments is successful.

#### Cap on Compensation through the Supplementary Route

It may be necessary to impose caps, which are necessary to ensure value for money in a publicly-funded compensation scheme. The Cabinet Office is undertaking policy work to determine what an appropriate cap would be. Accepting compensation under the core or

any supplementary route does not preclude an individual from making a legal claim if they consider their compensation is insufficient.

Other Recommendations from the Infected Blood Inquiry

The Government is considering Sir Brian Langstaff's recommendations and will provide an update to the Parliament on the progress we are making to respond to the Inquiry's recommendations by the end of the year, as the Inquiry recommends. The Government is working closely with the Department for Health and Social Care and other relevant departments and organisations to give the recommendations full consideration.

I know specific recommendations relating to memorialisation and duty of candour are of particular importance to the community. It is incredibly important that we recognise what happened to people and continue to remember what happened for future generations. I will give my full attention to the consideration of appropriate and fitting memorials in due course.

This Government will bring forward legislation to place a duty of candour on public servants and authorities. This legislation will be the catalyst for a changed culture in the public sector.

There was a debate in the House of Lords about the Inquiry's final report on 15 October, and in the House of Commons on 19 November. You can watch these debates online at <https://parliamentlive.tv/Commons> and <https://parliamentlive.tv/Lords>. You can also read the transcripts at <https://hansard.parliament.uk/>.

Thank you for taking the time to write about these important matters. I am grateful to Haemophilia Scotland for the continued work they do to support the community and campaign for justice.

Yours sincerely,

GRO-C

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**Minister for the Cabinet Office**  
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