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To:	Minister for Cabinet Office
From:	Infected Blood Response Team
Cleared by:	Maria Nyberg
Date:	08/11/2024
Timing:	13/11/2024

Infected Blood Compensation Scheme: Health Impact Supplementary Sub-Route (Submission B) For Decision

SUMMARY

This submission asks for Ministerial decisions on how the Health Impact Supplementary sub-route of the Infected Blood Compensation Scheme will be calculated and administered for infected persons and their estates. This follows previous advice sent on 19 July 2024 which set out the overall structure of the supplementary route in the context of the wider scheme. This advice has been informed by the work of the Infected Blood Response Expert Group led by Professor Sir Jonathan Montgomery and reflects their views.

BACKGROUND

1. The objective of the Infected Blood Compensation Scheme Supplementary Route is to provide additional redress to infected individuals (or their estates) whose financial loss and/or care requirements are not adequately recognised by the core route.

2. The Government has committed to the inclusion of a supplementary route in policy papers and ministerial statements on the compensation scheme and there is a public expectation it will be included in the further regulations. The scope of the supplementary route has been publicly set out at a high level (including provision of a health impact and evidence-led sub-route) but we have not yet set out details of implementation.

3. The key objective of the health impact supplementary route is to provide additional redress for financial loss and care costs to infected individuals who have **experienced rarer health impacts associated with their infection not already catered for under the core route tariffs.** This includes impacts currently recognised by the Infected Blood Support Scheme (IBSS) '**special mechanism category' (SCM)**. This is in direct response to recommendations made by Sir Robert Francis KC in August 2024.

4. Ministers have previously agreed (in advice sent 19 July) to a list of eligible health impact groups for the sub-route following advice from the Expert Group. This

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submission asks for your decision on how the health impact supplementary sub-route awards should be calculated and administered under the scheme.

5. Under section 149 of the Equality Act 2010, you must have due regard to the need to achieve the objectives set out in that section. We have provided an initial equality impact assessment outlining the impacts currently identified for you to consider. Please see Annex A. Later in the regulations drafting process Ministers will be sent a full equalities impact assessment of all the further regulations which Ministers will be asked if they would like to publish alongside the further regulations on national archives.

HEALTH IMPACT SUPPLEMENTARY SUB-ROUTE

6. In response to Sir Robert's scheme review in summer 2024, the Expert Group designed six supplementary health impact groups to capture rare conditions where the financial loss and care needs of infected applicants (or their estate) are likely to be insufficiently compensated for under the core route.

7. You agreed to the Expert Group's proposal and published a high level summary of the health impact groups in August 2024. Since August, the Expert Group has been refining the health impact group proposal to support development of regulations. This has led to a number of revisions on definitions and awards.

Eligibility criteria

8. Due to the vires of the VAP Act, regulations cannot sub-delegate decisions on compensation levels to the IBCA without clear criteria for decision making. Clinicians have therefore developed a list of conditions associated with each health impact group. As a defined list of conditions rather than broad health impacts, the new descriptions may appear more restrictive to the community but have been designed to simplify the assessment process for applicants and the IBCA and ensure the scheme is established within the legal vires of the VAP Act. The new eligibility criteria are set out in Annex B.

9. Should you agree to the updated list of health impact group eligible conditions, these will be published in a supplementary report from the Expert Group, which we indicated would be necessary in advice sent 10 October. We will send you further advice on timings for any publications.

10. The Expert Group has advised that diagnosis of a health impact group condition alone should not warrant an immediate eligibility for a supplementary route award in all cases as the impact on the individual is likely to have varied across health impact groups. Applicants to some health impact groups will therefore need to provide evidence of increased care needs (health impact groups 2, 3 and 6) and/or evidence that an applicant was unable to return to work after diagnosis (health impact groups 2, 3 and 4). We are working with adult social care colleagues in DHSC to understand what

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simple forms of evidence could be provided by applicants to evidence general care needs e.g. a local authorities social services needs assessment.

11. Do you agree to the revised definitions for the health impact groups as designed by the Expert Group as set out in Annex B?

Financial loss awards

12. Financial loss under the core route is calculated by a formula which considers both the infection severity band of an applicant and the introduction of effective management treatments. The formula awards severity bands a set percentage of financial loss per annum based on a rate of median +5% annual salary netted for tax and NI. A '100% financial loss' award equates to £29,657 per annum for the working period and 50% of this rate from retirement age to life expectancy.

13. Financial loss awards under the health impact groups are calculated by an adjustment to the assumptions on an applicant's level of financial loss per annum after diagnosis of a health impact. For some health impact groups (Groups 2, 3 and 4) financial loss will be adjusted only upon evidence that the applicant was unable to return to work following diagnosis of a health impact condition. Other health impact groups have a financial loss assumption set by the scheme following advice of the Expert Group. Applicants with HIV (mono-infected or co-infected with Hepatitis) will not be eligible to receive any additional financial loss awards via the supplementary health impact sub-route as their core route award for financial loss is already '100%' by the scheme's tariff rate. Those whose health impact condition was diagnosed after retirement age (age 66) will also not be eligible for any additional financial loss awards as the condition is unlikely to have impacted on their earning potential.

Care awards

14. Care awards under the core route are designed as a whole lifetime package reflecting that care requirements are likely to have fluctuated across the infection period. Unlike financial loss, the scheme therefore does not prescribe when certain years of care have been received across the infection period. This causes challenges in calculating supplementary care awards following the diagnosis of a health impact as the scheme will not be able to accurately determine what care an applicant has actually received in the past. Such determination would require a historic care assessment review which would be burdensome to both the applicant and the IBCA.

15. For the purposes of the health impact supplementary sub-route, we therefore recommend that the core award care profile is assumed to build from the end of life, with the highest care requirement in the years prior to death or date of death by healthy life expectancy (HLE). This matches the assumptions applied to the deceased care award under the core route. Taking this approach, health impact group supplementary sub-route care awards are therefore calculated on a subtractive approach against the

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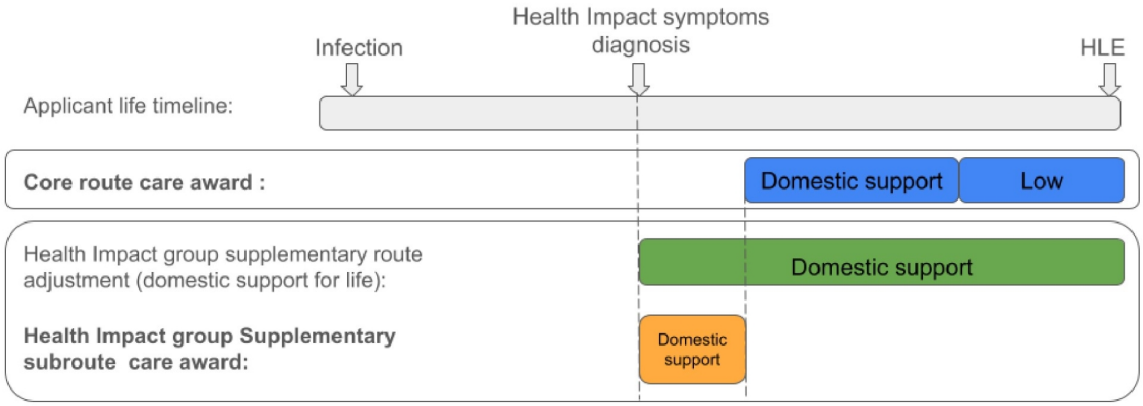
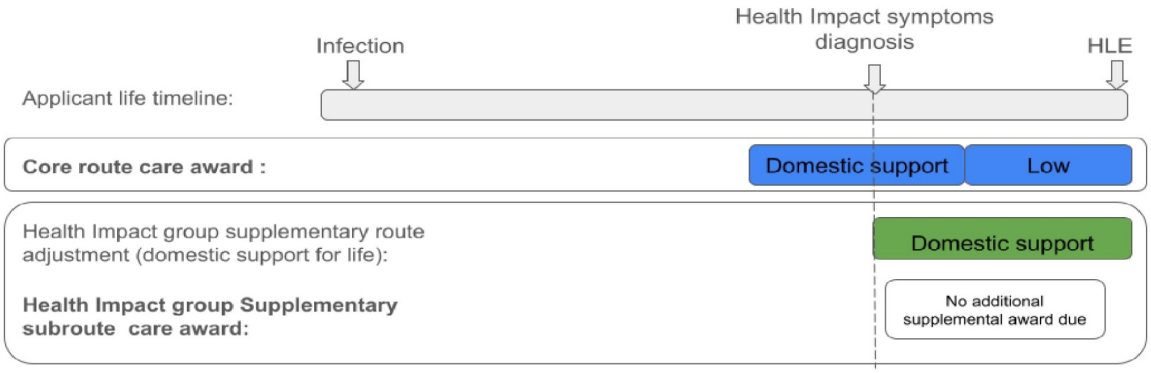
core route and are only made where the number of years between diagnosis of a health impact and death (or HLE for the living) is greater than the total number of years care currently offered via the core award, see figure 1- Scenario A. This may result in applicants not being entitled to an additional care award where a health impact group condition is diagnosed towards the end of an applicant's life, see figure 1- Scenario B. However, it ensures that applicants do not receive double care awards toward the end of their life where care requirements are likely to be greatest.

Figure 1: *Calculation of health impact group supplementary route care award*

Scenario A: Subtractive approach results in supplementary care award for domestic support (orange bar). For the deceased, the care package works to the date of actual death.



Scenario B: Subtractive approach results in no additional supplementary care award as the health impact occurs in a time frame already considered by core award. For the deceased, the care package works to the date of actual death.



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16. As the care bands are built in a sequential cumulative manner, all higher care bands include the care requirements of the bands below them (e.g. low care includes the care provision of domestic support and ad hoc care). This means that where an applicant is due a higher level of care for a period of time where they have already been assigned care under the core route, only a top up payment needs to be made of the value difference between the bands.

17. Do you agree health impact supplementary route care awards are calculated on a subtractive basis against the core route?

HEALTH IMPACT GROUP 6: Other Hepatitis-associated disorders resulting in long-term severe disability (SCM equivalent group)

18. The England Infected Blood Support Scheme includes a payment category for those with chronic Hepatitis C where beneficiaries have experienced a significant impact on their ability to carry out daily duties as a result of their infection or treatment, this is referred to as Special Category Mechanism (SCM). Similar categories exist within the devolved IBSS.

19. The eligibility criteria for the IBSS SCM category varies across the four nations and contain a variety of clinical conditions and qualitative statements on impact to life such as 'your mental health problems frequently make it very difficult for you to leave your home or socialise with other people'. We understand that the majority of IBSS SCM beneficiaries have become eligible for SCM payments by meeting the criteria for the qualitative statements on impact to life rather than by proving that they have the SCM-associated clinical conditions.

20. Sir Robert recommended that the advice of the expert group is followed with regard to the recognition of SCM eligibility'. In response to feedback from Sir Robert's engagement exercise, the Expert Group advised on the creation of Health Impact Group 6 (Other Hepatitis-associated disorders resulting in long-term severe disability). The Expert Group originally advised that eligibility for this group should mirror the eligibility criteria for the IBSS SCM categories. This position was in the context of the Government position at the time that the IBSS support scheme payments would not continue for life (pre-August 2024).

21. Given the Government has since agreed to continue support scheme payments at the current level for all those registered with support schemes before 1 April 2025, the Expert Group has advised that the eligibility for Health Impact Group 6 (designed to recognise SCM impacts) should be constricted to include only the clinical conditions associated with the IBSS SCM definitions and not the 'impact to life statements', see Annex B. This is a change from the position set out in the Expert Group report and Government explainer published in August 2024 which included the 'impact to life'

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statements as part of Group 6 eligibility. The Expert Group believe Health Impact Group 6 eligibility should be revised to exclude the 'impact to life statements' because:

a. IBSS beneficiaries will continue to receive support scheme payments for life at current rates regardless of health impact group eligibility. There is therefore no need for the scheme to include all SCM beneficiaries in the definition of Group 6.

b. The 'impact to life statements' would be hard for both applicants to provide eligibility evidence for and the IBCA to verify, especially for the deceased. There is no consistent approach across the four IBSS for how SCM eligibility under the 'impact to life statements' is evidenced. Approaches vary between medical practitioner verification to self assessment narrative statements. In designing the scheme, the Expert Group has maintained the principle of clear clinical markers for eligibility criteria. This principle cannot be applied to 'impact to life statements' which are inherently subjective.

c. It would be very difficult for applicants to establish and evidence a reliable start date for 'impact to life statements' to calculate adjustments in financial loss and care awards from IBSS

d. The 'impact of life statements' would likely be too subjective to provide for in the regulations as the VAP Act does not allow for subdelegation of this decision making to the IBCA

22. In refining the Health Impact Group 6, the Expert Group has used the design principles that this award should be set within the principles, structure and tariff rates of the compensation scheme and should not be led by IBSS support payment values. These design principles include the use of clear clinical markers for eligibility criteria and awards based on the scheme's financial loss standard salary (median salary + 5%) and defined care bands. The Health Impact Group 6 is therefore not designed to value match the IBSS SCM support payments but reflects the Expert Group's views on appropriate redress for the impacts associated with Group 6 conditions. It therefore does not remove the potential financial loss disparity between the compensation 'core and supplementary route' and 'compensation scheme IBSS route', the latter of which is only available to IBSS beneficiaries by 31 March 2025 .

23. The updated eligibility criteria for Health Impact Group 6 are set out in Annex C. It should be noted that aspects of the 'impact to life statements' are already recognised by the core route Autonomy and the Social Impact award and evidence led supplementary sub-route.

24. On IBSS, SCM beneficiaries currently receive £35,395 per annum (including winter fuel allowance). The value of the Health Impact Group 6 financial loss and care awards equates to £23,254 - £26,220 per annum pre-retirementage, see table 1. As all IBSS

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SCM beneficiaries will continue to receive their current rate of IBSS SCM payment for life under the compensation 'IBSS route' regardless of health impact group 6 eligibility, exclusion from health impact group 6 eligibility will not decrease the value of their future financial loss and care award.

Table 1: Award value of Health Impact group 6 and IBSS route 'SCM payment'

Group 6 award & core route financial loss and care	IBSS route 'SCM payment'
Eligibility: Clinical conditions only	**Eligibility:** Clinical conditions & 'impact to life statements'
Financial loss award: £17,794 per annum or £20,760 per annum depending on year of birth	**Regular payment:** £34,736 per annum
Care award: £5,460 per annum	**Winter fuel:** £659
Total: £23,254 - £26,220 per annum	**Total**: £35,395 per annum

25. IBSS SCM beneficiaries would only be eligible for a Group 6 award if they could provide evidence of an eligible group 6 clinical condition. We will ensure the IBCA works with IBSS to transfer information of these conditions where they have been previously provided by applicants to IBSS.

26. Stakeholders are likely to react negatively to the narrowing in scope of the Group 6 however the updated criteria would still be in line with Sir Robert's recommendation which was to follow the advice of the Expert Group with regards to the scheme's recognition of 'SCM'. Should you agree, the updated position of the Expert Group would be set out publicly in a supplementary report.

27. Do you agree that eligibility for Health Impact Group 6 (Other Hepatitis-associated disorders resulting in long-term severe disability) includes only clinical conditions as set out in Annex B?

IMPACTS

28. GRO-D .

29. **Financial implications:** There is considerable uncertainty in the financial cost of the Health Impact route as this depends on the number of eligible people who claim and the amount each individual is awarded. The current cost estimate for the scheme is £10

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billion - £22 billion. Previous modelling included a very early estimate of the full supplementary route of £45 to £90 million. We now estimate that; **the health impact supplementary route is estimated to cost between £39m to £52m**. Previous modelling modelled the financial impact of health impact group 6 separate to the supplementary route. Refinement of the eligibility criteria for the health impact group 6 has reduced overall costs by approximately £100m. Therefore we do not expect that the changes to the health impact supplementary route will increase the overall central cost estimate. Further advice will follow on estimated costs of the evidence led supplementary route and the cost of payments to individuals subject to unethical research. A summary of financial impacts of the health impact route is set out below:

a. We estimate approximately 8,500 to 16,500 infected individuals (including deceased estates) are eligible for the core route. Only a small proportion are likely to be eligible and claim for the Health Impact route. Applying Expert Group advice on likely proportions of eligible claimants and assumptions about age of infected claimants (for example, those who were infected after they retire will not have a financial impact), we estimate only a few hundred people will successfully claim. Based on the limited data we hold about the age of infected and the severity of their disease, we expect the overall cost of health impact group related compensation to be in the region of £39m to £52m. Note this is the additional cost of compensation only. There may be other costs due to factors such as the increased operational burden on IBCA.

b. In current cost modelling we have treated *all* currently registered SCM individuals on IBSS as receiving Cirrhosis levels of care award and financial loss award. Under the refined health impact group 6 eligibility criteria fewer of the currently registered SCM individuals would be eligible for group 6. This is a net reduction in cost compared to our original cost estimate. We estimate that approximately 835 individuals currently registered as SCM on IBSS apply for compensation. If only half are eligible for the Health Impact route, the overall cost of their entire compensation would be approximately £100 million less than our original estimate.

HANDLING CONSIDERATIONS

30. **Stakeholders**: Any change to the previous public position that results in a perceived decrease in the compensation awarded to an individual will result in criticism. Many in the community have criticised the awards for not being generous enough, so any

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change that results in 'further deductions' will not be well received. Changes to the previous public position that increase some awards and decrease others will further fuel this belief, and deductions will be seen as a way to save money. Many in the community have criticised the lack of engagement with the community on the development of the second set of regulations, which means that any changes to the previous public position will be viewed as happening to the community without their involvement - regardless of the changes made, this will be a feature of the criticism. To ease the reception of any changes to previous public positions, engagement with the key representative organisations/groups in the infected blood community ahead of the regulations would be beneficial. On 7 November you received separate advice on a stakeholder engagement proposal.

31. **Collective agreement:** EDS have advised that as the decisions on secondary legislation give scope for the scheme to change and touch on politically sensitive issues, the decisions will require a PO-PO agreement letter seeking approval from No10, HMT, DHSC, TOs and FCDO following your Ministerial steers. EDS have recommended that this process takes place whilst changes can still be made to the regulations, we therefore recommend that the PO-PO agreement is undertaken in mid November - early December.

32. **Parliamentary**: The policy decisions set out in the submission will be implemented in regulations expected to be in force by 31 March 2025. Parliamentarians have pushed for these regulations to be made as soon as possible to provide clarity to the infected blood community. Whilst Parliamentarians are likely to echo the concerns of stakeholders during the passage of the regulations, such as the lack of engagement on the changes from the previously announced policy position, it is not expected that this Parliamentarian's concerns will be strong enough to warrant the rejection of the statutory instrument as they will be balanced by the desire for speed of implementation.

NEXT STEPS

33. You will be sent further advice on how the awards under the evidence led supplementary sub route will be calculated. This will inform instructions for drafting of the regulations expected to be in force by 31 March 2025.

34. You will be sent further advice on **stakeholder engagement plans** for key representative organisations/groups in the infected blood community ahead of the

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regulations being laid with particular consideration to handling of any changes to previous public positions

35. Following ministerial decisions on these outstanding issues, collective agreement on the further regulations policy will be undertaken via **PO-PO agreement** in mid November - early December.

36. Draft a full scheme **Public Sector Equality Duty** analysis of the 'further regulations' for your consideration, reflecting on the advice on equality impacts in this submission.

ANNEXES

Annex A Public Sector Equalities Duty Assessment: Infected Blood Compensation Scheme

Policy scope: Infected persons supplementary routes

Introduction

Under the public sector equality duty you are required to have due regard to eliminate discrimination and harassment, advance equality of opportunity between those who have a protected characteristic and those who do not and foster good relations between persons who share a protected characteristic and those who do not.

You have been provided with advice regarding the design of the supplementary routes for the Infected Blood Compensation Scheme for those infected with HIV, Hepatitis C and/or Hepatitis B as a result of NHS treatment with infected blood or blood products and those who were affected as a result of their relationship to the infected person. The below discusses the equality impacts of the proposals contained within the advice.

Should Ministers agree, a full Public Sector Equality Duty Equality analysis for the second set of regulations on the Infected Blood Compensation Scheme will be published alongside the further regulations on national archives and you will receive a draft of this to review in due course.

This document records the analysis undertaken by the Cabinet Office Infected Blood Compensation Scheme to fulfil the requirements of the Public Sector Equality Duty (PSED) as set out in section 149 of the Equality Act 2010.

This requires you to pay due regard to the need to:

1. eliminate unlawful discrimination - direct discrimination, indirect discrimination, discrimination arising from disability, and harassment, victimisation and any other conduct prohibited by the Act

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2. advance equality of opportunity between people who share a protected characteristic and people who do not share it
3. foster good relations between people who share a protected characteristic and those who do not share it

The protected characteristics which have been considered are:

- age → consideration of different age bands of younger and older people
- disability → long term limited conditions and mental health. Different disabilities must be considered separately to each other.
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation
- marriage and civil partnership

We have also considered the following other groups not included within the list of protected characteristics within the Act:

- carers
- socio-economic group

Impacts of the policy

Overall supplementary route approach

Those with HIV are likely to fall within the definition of a person with a disability under the Equality Act, this is also likely to be the case for those chronically infected with HCV or HBV. The scheme is intended to compensate individuals for the impact on their lives caused by, or related to, the infection.

The Scheme takes into account that many of those that are eligible under 'infected' will also be eligible for disability benefit. An applicant's disability benefits will not be impacted by receiving this compensation, this is in line with the recommendations in Sir Brian Langstaff's Second Interim Report[1].

We do not know the breakdown between sexes who will receive compensation payments under the Scheme, however there is anecdotal evidence that the origin of infections from contaminated blood is different between the sexes. For example, a number of women were infected through

[1]https://www.infectedbloodinquiry.org.uk/sites/default/files/2023-04/Infected%20Blood%20Inquiry%20Second%20Interim%20Report.pdf

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whole blood transfusions during childbirth. Conversely, haemophilia is more common in the male population, meaning men may be more likely to have received contaminated blood products used to treat clotting disorders. The Scheme does not treat applicants differently based on the mode of infection, meaning that whether someone received blood transfusion or blood products will not impact on amounts of compensation - and by extension, there is no inequality in how people are compensated by reference to their sex.

Certain ethnicities have a higher incidence of medical conditions that require treatment through the transfusion of blood or blood products, potentially increasing the risk of a contaminated blood infection in those groups. However under the Scheme there will be no difference in financial amounts you are entitled to receive based on how you contracted your infection.

Health Impact supplementary subroute

It is expected that there will be a range of disabilities represented in the pool of eligible applicants. This will include disabilities stemming from applicant's infection and disabilities caused in another way. The most common disabilities that are likely to stem from an infection have been discussed and agreed with the Expert Group of clinicians. The health impact subroute provides additional awards for those whose health impacts of infections are not recognised by the core route. We consider it justified that the level of payment varies according to the health impacts an individual has experienced as we are taking individual circumstances into account to ensure additional care needs are covered.

Data available on the age profile of beneficiaries of English Infected Blood Support Schemes (EIBSS) suggests that people who receive payments under the Scheme are more likely to be elderly. Age will be taken into account when calculating awards for past and future financial loss and care needs. We consider any resulting difference in treatment that results from this approach to be justified as it will reflect the likely loss experienced by an individual.

We do not have any statistical information on other protected characteristics of these individuals including marital status, pregnancy and maternity status, race, religion or belief, gender reassignment, sexual orientation. The proposals do not suggest any difference in treatment based upon these characteristics.

We do not know the breakdown between sexes who will receive compensation payments under the Scheme, however there is anecdotal evidence that the origin of infections from contaminated blood is different between the sexes. The Scheme does not treat applicants differently based on the mode of infection, meaning that whether someone received blood transfusion or blood products will not impact on amounts of compensation - and by extension, there is no inequality in how people are compensated by reference to their sex.

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Annex B Health Impact Group supplementary sub-route descriptions and awards

Health Impact group eligibility criteria and awards

To note the Expert Group are currently finalising their position on the Group 4 eligibility criteria

Health impact group	Causal infection and severity band	Eligibility criteria	Financial loss	Care
Group 1 **Severe visual impairment**	**HIV**	Applicants would need to be registered as several sight impaired and have evidence of one of the following opportunistic infections secondary to advanced HIV disease: I. Cytomegalovirus retinitis II. Varicella zoster virus necrotising retinitis III. Herpes simplex virus necrotising retinitis IV. Toxoplasmosis chorioretinitis V. Optic neuropathy secondary to cryptococcal meningitis	**HIV:** No additional award	**Domestic support and ad hoc care** (£5,460 per annum) *Equates to 6 hours per week: Support with heavier domestic tasks, attendance of medical appointments and household maintenance*
Group 2 **Neurological disorders resulting in**	**HIV** **Hepatitis B and or/ Hepatitis C**	**All applicants would need to provide evidence of a social services needs assessment confirming requirement for long term personal and domestic care as defined by scheme in the low care band for a physical or mobility disability**	**HIV:** No additional award **Hepatitis B/C:** Upon provision of evidence that an applicant was unable to	**Low care** (£23,424 per annum) *Low care band: 16.5 hours per week*

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long-term severe physical/ mobility disability	Severity bands: Chronic Cirrhosis Decompensated Cirrhosis	**AND** **Applicants with an HIV infection would need to provide evidence of:** (A) One of the following central nervous system (CNS) opportunistic infections and neoplasia secondary to advanced HIV disease: I. Cerebral toxoplasmosis II. CNS Tuberculosis III. Cytomegalovirus encephalitis IV. Varicella zoster virus encephalitis V. Herpes simplex virus encephalitis VI. Epstein Barr virus encephalitis VII. Progressive multifocal leukoencephalopathy VIII. Cryptococcal meningitis IX. Primary CNS lymphoma X. Thromboembolic disease secondary to bacterial / fungal endocarditis (B) One of the following central nervous system (CNS) conditions secondary to or associated with HIV infection I. HIV vacuolar myelopathy II. Transverse myelitis III. Thrombotic thrombocytopaenic purpura IV. Haemorrhagic stroke V. Cerebrovascular ischaemic stroke	return to work following diagnosis of condition, financial loss for years following diagnosis adjusted to 100% financial loss. This equates to £29,657 per annum from the point of health impact diagnosis till age of 66 (retirement age).	*consisting of 6 hours per week domestic support + 1.5 hours per day personal care.*

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		VI. Coagulopathies: Antiphospholipid syndrome (C) One of the following peripheral nervous system and myopathic conditions secondary to or associated with HIV infection I. Chronic inflammatory demyelinating polyneuropathy II. Mononeuritis multiplex III. Cytomegalovirus polyradiculopathy IV. HIV myopathy **Applicants with a Hepatitis C infection would need to provide evidence of** (A) Cryoglobulinaemic vasculitis induced neurological disease (B) Severe peripheral neuropathy caused by mixed cryoglobulinaemic vasculitis that results in severe mobility disability **Applicants with a Hepatitis B infection would need to provide evidence of:** (A) Severe peripheral neuropathy caused by mixed cryoglobulinaemic vasculitis that results in severe mobility disability (B) Severe peripheral neuropathy occurring in the context of Hepatitis B associated polyarteritis nodosa (PAN)		

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Group 3 **Neurological disorders resulting in long-term severe neurocognitive impairment**	**HIV** **Hepatitis C and or Hepatitis B-** Decompensated Cirrhosis	**All applicants would need to provide evidence of a social services needs assessment confirming requirement for long term personal and domestic care as defined by scheme in the low care band for a neurocognitive impairment** **AND** **Applicants with an HIV infection would need to provide evidence of one the following conditions for which it is considered the HIV infection is a significant contributing factor:** (A) HIV encephalopathy resulting in severe neurocognitive impairment (dementia) (B) Legacy opportunistic CNS infections secondary to advanced HIV disease (C) Vascular dementia **Applicants with a Hepatitis B or Hepatitis C infection would need to provide evidence of one of the following condition in association with a decompensated cirrhosis diagnosis:** (A) chronic hepatic encephalopathy of duration in excess of 4 years	**Hepatitis B/C :** Upon provision of evidence that an applicant was unable to return to work following diagnosis of condition, financial loss for years following diagnosis adjusted to 100% financial loss. This equates to £29,657 per annum from the point of health impact diagnosis till age of 66 (retirement age).	**Low care (£23,424 per annum)** *Low care band: 16.5 hours per week consisting of 6 hours per week domestic support + 1.5 hours per day personal care.*

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Group 4 **Severe psychiatric disorder**	**HIV** **Hepatitis B and or/ Hepatitis C**	*To note the Expert Group are currently finalising their position on the Group 4 Eligibility criteria* ***Eligible conditions*** *Diagnosis by a psychiatrist of the following conditions:* • *Severe neurodevelopmental disorders* • *Schizophrenia or other primary psychotic disorders with severe symptoms* • *Dissociative disorders with severe symptoms* • *Mood disorders categorised as severe* ***Or assessment by IBCA that one of the following criteria is met:*** *An eligible severe psychiatric disorder will have resulted in:* • *XXX inpatient psychiatric care with prolonged periods of regular psychiatric follow up* • *Sectioning under the Mental Health Act*	**HIV:** No additional award **Hepatitis B/C:** Increase only upon provision of evidence that the applicant was unable to return to work after diagnosis of health impact. Where this is the case, financial loss for years following diagnosis adjusted to 100% financial loss. This equates to £29,657 per annum from the point of health impact diagnosis till age of 66 (retirement age) then the corresponding pension rate.	**Low care (£23,424 per annum)** *Low care band: 16.5 hours per week consisting of 6 hours per week domestic support + 1.5 hours per day personal care.*
Group 5 **End-stage kidney disease requiring renal**	**HIV** **Hepatitis B and or/ Hepatitis C** Chronic	**Applicants with an HIV infection would need to provide evidence of an end-stage kidney disease listed below which has required renal replacement therapy (RRT) for minimum of 3 months** (A) HIV associated nephropathy (B) HIV associated immune complex chronic kidney disease	**HIV:** No additional award **Hepatitis B/C:** Financial loss for years on dialysis adjusted to 100% financial loss.	**Low care (£23,424 per annum)** *Low care band: 16.5 hours per week consisting of 6 hours per week domestic*

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replacement therapy (RRT)	Cirrhosis Decompensated Cirrhosis	(C) Drug associated kidney disease in conjunction with treatment with foscarnet or cidofovir or tenofovir **Applicants with a Hepatitis B infection would need to provide evidence of condition below in addition to renal replacement therapy (RRT) for a minimum of 3 months:** (A) Membranous Nephropathy (B) Membranoproliferative glomerulonephritis including in the presence of mixed cryoglobulinaemic vasculitis (C) IgA nephropathy (D) Tenofovir induced renal failure **Applicants with a Hepatitis C infection would need to provide evidence of condition below in addition to renal replacement therapy (RRT) for a minimum of 3 months:** **Eligible conditions for HCV** (A) Membranoproliferative glomerulonephritis mainly in the presence of mixed cryoglobulinaemic vasculitis (B) Diabetic nephropathy	This equates to £29,657 per annum from the point of health impact diagnosis till age of 66 (retirement age).	*support + 1.5 hours per day personal care.*
Group 6 **Other Hepatitis-associated**	**Hepatitis B and or Hepatitis C-Chronic**	**Applicants with a Hepatitis C infection would need to provide evidence of** one of the following autoimmune diseases caused by or exacerbated by interferon treatment for Hepatitis C: ○ Coombes positive haemolytic anaemia	**<u>Living applicants</u>** For those born after 1953: Pre effective treatment (2008 and earlier): 70%	**<u>Living applicants</u>** Domestic support and ad hoc care from

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disorders resulting in long-term severe disability		○ Idiopathic fibrosing alveolitis of the lung ○ Rheumatoid arthritis; • Sporadic porphyria cutanea tarda causing photosensitivity with blistering; • Immune thrombocytopenic purpura; • Type 2 or 3 mixed cryoglobulinaemia accompanied by: cerebral vasculitis; dermal vasculitis; or, peripheral neuropathy with neuropathic pain. **Applicants with a Hepatitis B infection would need to provide evidence of** one of the following autoimmune diseases: (A) Coombes positive haemolytic anaemia – caused by or exacerbated by interferon treatment for Hepatitis B (B) Idiopathic fibrosing alveolitis of the lung – caused by or exacerbated by interferon treatment for Hepatitis B (C) Rheumatoid arthritis – either related to the virus directly or caused by or exacerbated by interferon treatment for Hepatitis B (D) Aplastic anaemia where treatment results in long term severe disability **All non IBSS applicants would also need to provide evidence of a social services needs assessment confirming requirement for long term personal and domestic care as defined by scheme**	financial loss, £20,760 per annum For those born after 1953: Effective management from 2009: 60% financial loss, £17,794 per annum For those born in or before 1953: 70% financial loss, £20,760 per annum **<u>Deceased applicants</u>** Fixed financial loss award of £71,178	diagnosis of condition (£5,460 per annum) ***<u>Deceased applicants</u>*** Up to 10 years additional domestic support from (£5,460 per annum)

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Annex C Eligibility criteria for Health Impact Group 6 (Other Hepatitis-associated disorders resulting in long-term severe disability)

Eligibility criteria removed in the updated eligibility definition are highlighted in red

Previous Group 6 eligibility overview (published August 2024)	Revised Group 6 eligibility criteria
Group 6: Other Hepatitis-associated disorders resulting in long-term severe disability *Related to Hepatitis B/ Hepatitis C* This includes people currently registered under the following IBSS categories : • Hepatitis Special Category Mechanism (EIBSS) • 'Severely Affected' Hepatitis C (SIBSS) • Hepatitis C Stage 1 Plus (WIBSS) • Hepatitis C Stage 1 Enhanced Payments (NIIBSS) 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: (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;*	**Applicants with a Hepatitis C infection would need to provide evidence of** one of the following autoimmune diseases caused by or exacerbated by interferon treatment for Hepatitis C: ○ Coombes positive haemolytic anaemia ○ Idiopathic fibrosing alveolitis of the lung ○ Rheumatoid arthritis; • Sporadic porphyria cutanea tarda causing photosensitivity with blistering; • Immune thrombocytopenic purpura; • Type 2 or 3 mixed cryoglobulinaemia accompanied by: cerebral vasculitis; dermal vasculitis; or, peripheral neuropathy with neuropathic pain.

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(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. (Applicants may be eligible for additional awards under other health impact groups or evidence led route)* • *A need to leave a better job, role or career due to physical or mental health problems. (Applicants may be eligible for additional awards under other health impact groups or evidence led route)* • *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. (Impact is recognised in the social impact and autonomy award)* • *Mental health problems which frequently make it very difficult to leave home or socialise (Impact is recognised in the social impact award)* • *An inability to carry out day to day activities e.g. shopping, cooking, gardening or cleaning. (The core award for chronic includes 10 years of domestic support and ad hoc care)*	**Applicants with a Hepatitis B infection would need to provide evidence of** one of the following autoimmune diseases: (A) Coombes positive haemolytic anaemia – caused by or exacerbated by interferon treatment for Hepatitis B (B) Idiopathic fibrosing alveolitis of the lung – caused by or exacerbated by interferon treatment for Hepatitis B (C) Rheumatoid arthritis – either related to the virus directly or caused by or exacerbated by interferon treatment for Hepatitis B (D) Aplastic anaemia where treatment results in long term severe disability **All non IBSS applicants would also need to provide evidence of a social services needs assessment confirming requirement for long term personal and domestic care as defined by scheme**

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