



Infected Blood Compensation Scheme Technical Expert Group

Work Programme: Infected Blood Inquiry Additional Report Response

15 September 2025

1. Background

The Infected Blood Inquiry Response Expert Group was established in January 2024 to provide independent technical advice to support government decision-making on a compensation scheme for victims of infected blood. It was chaired by Professor Sir Jonathan Montgomery and was composed of legal, clinical and actuarial experts, who were assisted where required by specialists in social care. The Infected Blood Inquiry Response Expert Group's advice enabled the Government to take critical decisions on the design of the Infected Blood Compensation Scheme (the 'Scheme').

On 9 July 2025, the Infected Blood Inquiry (IBI) published its '[Additional Report on Compensation](#)', which provided further recommendations to the Government regarding the Infected Blood Compensation Scheme. The Government [responded](#) to the Inquiry's Additional Report on 21 July 2025 and set out which of the 15 recommendations made to the Cabinet Office will be accepted immediately, where there is agreement on the need for change and a commitment to consult, and areas where further consultation is planned.

On 21 July 2025, the Minister for the Cabinet Office wrote an [open letter](#) to Professor Sir Jonathan Montgomery setting out that the Government would require further technical clinical and legal advice in order to make the proposed changes to the Infected Blood Compensation Scheme. This advice will be provided by a new Infected Blood Compensation Scheme Technical Expert Group (the 'Technical Expert Group').

To ensure the necessary changes to the compensation scheme can be implemented with the minimum possible delay to the Infected Blood Compensation Authority's ongoing delivery of compensation, all members of the previous Infected Blood Inquiry Response Expert Group will be appointed to the new Technical Expert Group. In addition, the Technical Expert Group will include five additional experts in transfusion medicine, haematology and psychological medicine to broaden the group's expertise and ensure any changes to the Scheme are thoroughly assessed and validated.

As per the [Minister's statement to Parliament](#) on 21 July 2025, a full public consultation will be launched to seek input from the infected blood community, and others with interest and expertise in the area, to provide their views on how the Government should best respond to the Inquiry's recommendations.

The Terms of Reference for the Technical Expert Group can be viewed [here](#).



2. Role and work programme of the Technical Expert Group

The Technical Expert Group has been established by the Cabinet Office to provide further independent technical advice as part of the Government's response to the Inquiry's Additional Report. The Technical Expert Group will be chaired by Professor Sir Jonathan Montgomery. It will provide evidence-based advice for the Government to consider in relation to the Inquiry's Additional Report recommendations.

The Cabinet Office will set out the specific technical questions and topics on which the Government requires specialist, evidence-based advice which relate directly to the Infected Blood Inquiry's recommendations. Section 4 of this document sets out the group's technical work programme, summarising the key questions for discussion and listing supporting materials to be read alongside the Inquiry's reports and evidence.

The Technical Expert Group will meet weekly to take forward this programme, with meetings minuted by the Cabinet Office in line with the group's Terms of Reference. These minutes will be made publicly available.

The Technical Expert Group's work programme will contribute to the public consultation, engagement, and wider community input to support and inform the Government's policy-making process in response to the Inquiry's Additional Report.

Following this period, the Government will be in a position to finalise changes to the Infected Blood Compensation Scheme, informed by the results of the public consultation exercise, and the necessary advice from the Technical Expert Group.

The public consultation and Technical Expert Group's advice will inform the policy advice that Cabinet Office officials provide to Ministers on the design of the Infected Blood Compensation Scheme. Ministers will make the final decisions on the Scheme's design and scope.

We expect the Technical Expert Group to work to the following timeline:

Description	Timeframe
Preparation for public consultation Provide advice to inform the policy proposals on the Government's response to the Infected Blood Inquiry Additional Report ahead of the public consultation expected in late autumn 2025.	September - October 2025
Public consultation period Provide technical support to Cabinet Office officials throughout the consultation period, as requested. Separate to consultation, the Technical Expert Group may consider facilitating engagement events on matters within the scope of the Technical Expert Group's Terms of Reference.	Likely October 2025 - January 2026 (TBC)
Review of public consultation outcomes and development of final advice for Government	Likely January - February 2026



Review the Cabinet Office's analysis of consultation responses and develop the Technical Expert Group's final advice to the Government, which will be published alongside the Government's decisions following the consultation.	
Technical support with drafting of regulations Provide technical support to Cabinet Office officials throughout the process to draft regulations, as requested.	From February 2026

3. Technical Expert Group Membership

The Technical Expert Group consists of:

- Chair: Responsible for and accountable to the Cabinet Office for the advice produced by the experts. Also responsible for the oversight and management of the Technical Expert Group.
 - Professor Sir Jonathan Montgomery
- Clinical experts: Specialists in the relevant infections, psychosocial aspects, relevant bleeding disorders and transfusion medicine.
 - Professor Jane Anderson - Experience in HIV
 - Dr David Asboe - Experience in HIV
 - Dr Ahmed Elsharkawy - Experience in Hepatitis B and Hepatitis C
 - Professor Graham Foster - Experience in Hepatitis C
 - Professor Patrick Kennedy - Experience in Hepatitis B and Hepatitis C
 - Dr Ian Williams - Experience in HIV
 - Dr Lise Estcourt - Transfusion medicine specialist
 - Dr Susie Shapiro - Haematology specialist
 - Dr Chloe Beale - Psychological medicine, Psychiatrist
 - Professor Deborah Christie - Psychological medicine, Psychologist
 - Professor John Weinman - Psychological medicine, Psychologist
- Actuarial specialist: Professor Alexander McNeil
- Legal experts: Specialists in clinical negligence and personal injury litigation.
 - Browne Jacobson LLP
- The previous Expert Group received advice from several health and care expert witness agencies on the design of the care award through virtual workshops. This included care specialists with experience in occupational therapy and palliative care. Should new issues arise on which the Government believes additional expertise should be sought, virtual workshops to inform the Technical Expert Group's advice will be facilitated. Minutes of any such workshops will be published.



4. Expert Group work programme

This section outlines the Technical Expert Group's work programme. It highlights the main technical questions for the group to discuss and points to supporting materials to be read alongside the Inquiry's reports and evidence. This includes advice to support analytical modelling to assess the likely delivery and operational impacts of policy options.

The work programme question list is not exhaustive and may be further expanded by the Cabinet Office during policy development.

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'.

Recommendation 4a: Hepatitis core awards level 3 (Interferon)	
Award	Infected persons award - Core route - Infection severity band
Background	<p>IBI recommendation: People infected with Hepatitis B or C who have received a course of treatment with or based on interferon should be recognised as entitled to core awards at Level 3. <i>(Alternative implementation option provided in text)</i></p> <p>Further reading material: January 2020 Expert Report to the Infected Blood Inquiry: Hepatitis (Link)</p> <p>Government initial response: Government has accepted the need for change and will consult on a way forward.</p> <p>The Inquiry proposed that the impacts of interferon could be better recognised by moving all those who received interferon treatment to the equivalent of Cirrhosis Level 3 band. Alternatively the Inquiry suggested the Government could introduce a new infection severity band, between Level 2 (Chronic) and Level 3 (Cirrhosis). The Government proposes to introduce a new core route infection severity band for those who received interferon treatment, to be referred to as Level 2B. The Government will consult on the proposed awards for Level 2B to ensure these appropriately reflect the impacts of interferon treatment.</p> <p>Policy background: The previous Infected Blood Inquiry Response Expert Group provided advice on the design of infection severity bands for the core route. They considered the health impacts and treatments that applicants with a Hepatitis infection are likely to have experienced. This included many adverse effects and long-term impacts of treatments, including interferon,</p>



	<p>and conditions such as chronic fatigue. The tariffs for the core route awards have therefore been designed to compensate people for these common impacts and experiences.</p>
<p><u>Questions for Technical Expert Group discussion</u></p>	<p>The Technical Expert Group advice will help inform proposals on recognising the impacts of interferon treatment which will then be tested during public consultation. The Technical Expert Group are asked to consider the following questions in their advice:</p> <p><i>Award</i></p> <ul style="list-style-type: none">• What are the most common adverse short-term and long-term impacts of interferon treatment, and how frequently do they occur? How can these impacts be recognised in injury, financial loss (earning capacity) and care categories of award offered by the Scheme ?• In what ways are the adverse impacts of interferon treatment recognised in the Infected Blood Support Scheme (IBSS) special category mechanism (SCM) and equivalent payment categories?• How comprehensive is the recognition of psychological and psychiatric impacts of interferon treatment in the Severe Health Condition award for Severe Psychiatric Disorders? How can any gaps be addressed?• Legal review: Re-examination of relevant case law concerning the impacts of interferon treatment to inform appropriate award levels. Have any relevant authorities been overlooked? <p><i>Eligibility and operational considerations</i></p> <ul style="list-style-type: none">• How did interferon treatment interact with or impact treatments for individuals with bleeding disorders?• How could a 'balance of probabilities' test be structured for assessing impacts related to interferon treatment? What presumptions of impact should be used to ensure proportionality in evidence requirements?• What proportion of individuals with chronic hepatitis infection are likely to have received interferon treatment? How does this vary across different infection severity categories?• What types of evidence are applicants likely to have that would allow them to demonstrate that they were treated with interferon?



Recommendation 4b: Recognition of Special Category Mechanism (SCM)	
Award	Infected persons award - supplementary route - Severe Health Condition award
Background	<p>IBI recommendation: The Government reconsider whether to maintain its rejection in February 2025 of the recommendations of Sir Robert Francis KC and advice from the Infected Blood Inquiry Response Expert Group of August 2024, which was expressly accepted at the time by the Government, to introduce (as one of six health impact groups which would justify a severe health condition award) the following for people infected with Hepatitis B and Hepatitis C:</p> <p>Other Hepatitis C associated extra hepatic disorders resulting in long-term severe disability. This includes those currently assessed as the following category on Infected Blood Support Schemes (IBSS):</p> <ul style="list-style-type: none">• Hepatitis Special Category Mechanism (England Infected Blood Support Scheme)• 'Severely Affected' Hepatitis C (Scotland Infected Blood Support Scheme)• Hepatitis C Stage 1 Plus (Wales Infected Blood Support Scheme)• Hepatitis C Stage 1 Enhanced Payments (The Infected Blood Payment Scheme for Northern Ireland) <p>Further reading material:</p> <ul style="list-style-type: none">• Government Response to Consultation on Special Category Mechanism and other support in England (Link)• Clinical Review of the Impacts of Hepatitis C: Short Life Working Group Report for the Scottish Government May 2018 (Link)• Assessment of Special Category Mechanism (and equivalent across the Infected Blood Support Schemes) applications Medical Assessor Guidance <p>Government initial response: The Government has accepted the need for change and will consult on a way forward</p> <p>In his oral evidence to the Inquiry, the Minister for the Cabinet Office agreed to look again at how the Scheme reflects the existing Special Category Mechanism and its equivalents.</p> <p>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</p>



	<p>treatment: this is referred to as Special Category Mechanism (SCM). Equivalent payment categories are also provided under the other national support schemes.</p> <p>Policy background: The Government acknowledges the level of community concern raised during the Inquiry regarding how the Scheme considers the impacts captured by SCM. The Government accepts that a change must be made to the Scheme in terms of recognition of SCM impacts. The Government has accepted the Inquiry's recommendation that the Severe Health Condition award should recognise impacts associated with SCM. Current IBSS beneficiaries will be automatically eligible for the award. The Government will consult on how eligibility could be established for those not already registered with an IBSS.</p>
<u>Questions for Technical Expert Group discussion</u>	<p>The Technical Expert Group advice will help inform proposals on recognising the impacts recognised by SCM which will then be tested during public consultation. The Technical Expert Group are asked to consider the following questions in their advice:</p> <p><i>Award</i></p> <ul style="list-style-type: none">• How are impacts recognised by SCM relevant to the financial loss (earning capacity) and care categories of award addressed by the Scheme? Are the impacts relevant to financial loss and care likely to vary across the cohort of those eligible for SCM?• In what ways do the impacts recognised by SCM overlap with those recognised by the Level 2B interferon infection severity band?• How do the psychological and psychiatric impacts recognised by SCM overlap with the impacts recognised by the Severe Health Condition award for Severe Psychiatric Disorders?• Legal review: Re-examination of relevant case law concerning the impacts recognised by SCM to inform appropriate award levels. <p><i>Eligibility - The Technical Expert Group are asked to consider the following questions in relation to applications from both living infected persons and the estates of deceased infected persons</i></p> <ul style="list-style-type: none">• Review of SCM eligibility criteria across the four nations support schemes and how a common eligibility criteria may be designed for the compensation scheme• How should SCM equivalent assessment criteria be designed for Hepatitis B?• What types of evidence are applicants likely to have that would allow them to demonstrate SCM impacts?• What proportion of individuals with a chronic hepatitis infection are likely to have impacts recognised by SCM? How does this vary across different infection severity categories?



Recommendation 5a: Severe psychological harm	
Award	Infected persons award - supplementary route - Severe Health Condition award
Background	<p>IBI recommendation: The approach of the Infected Blood Psychology Service is adopted so that both a diagnosis made by a psychiatric professional and a formulation-based opinion of all qualified psychological and counselling professionals are accepted as sufficient evidence of severe psychological harm and that such evidence should qualify a person for a supplementary Severe Health Condition award without the additional need to demonstrate a period of consultant-led secondary mental health treatment or assessment/treatment as an inpatient.</p> <p>Further reading material:</p> <ul style="list-style-type: none">• Infected Blood Psychological Service website (Link)• Letter from Dr Sarah Helps (Interim Professional Clinical Lead for England Infected Blood Psychological Service) 'Statement of concern regarding Infected Blood Compensation Scheme Severe Health Award for people suffering severe psychological distress' (Link)• Infected Blood Inquiry Psychosocial Expert Group report (Link) <p>Government initial response: The Government has accepted the need for change and will consult on a way forward.</p> <p>The Government accepts more needs to be done to test with the community the severity level and evidential requirements for those applying with severe psychological harm under the severe health condition award. The Government has committed to consult on the evidence requirements and the threshold for a supplementary route award. It will also test this with the expanded version of the Technical Expert Group which will include additional clinical experts.</p> <p>Policy background: The injury awards under the core route already compensates for a significant level of psychological distress, understanding that such impacts were common amongst the community and that infected persons are unlikely to have detailed proof of the poor mental health that may have developed as a result of infected blood.</p> <p>Following recommendations from the Inquiry, the Technical Expert Group is asked to review the threshold for severity level of psychological harm recognised by the Severe Health Condition award and the respective evidence requirements.</p>



	<p>There will also need to be due regard given to how this award overlaps with recommendation 4b (regarding SCM) which also recognises psychological harm and interaction with recommendation 8a which will assess the feasibility of opening a similar supplementary route for affected people who experienced psychological distress</p>
<p><u>Questions for Technical Expert Group discussion</u></p>	<p>The Technical Expert Group advice will help inform proposals on the Severe Health Condition award which will then be tested during public consultation. The Technical Expert Group are asked to consider the following questions in their advice:</p> <ul style="list-style-type: none">• The Technical Expert Group is asked to set out the psychological harms already taken into account in the design of the core route and Severe Health Condition awards.• The Technical Expert Group is asked to review the types of evidence that can be considered when applying for a Severe Health Condition award under Group Four – Severe Psychiatric Disorders.• Given the additional report and evidence, does the Technical Expert Group think the severity level for this award is correct?• Legal review: Evaluation of the legal definitions and standards used by courts to determine what constitutes compensable severe psychological harm and how damages are calculated.• Legal review: Reexamination of relevant case law pertaining to definition of severe psychiatric disorders in personal injury claims, including quantification of general damages and financial loss.• Legal review: Analysis of how courts have handled situations with limited or absent evidence involving severe psychological harm.



Recommendation 6b: Exceptional Loss award - Financial Loss	
Award	Infected persons award - supplementary route - Severe Health Condition award
Background	<p>IBI recommendation: The Cabinet Office consult on whether the evidential requirements for exceptional reduced earnings are likely to prove a barrier to people who have sufficient evidence that their eligibility for such an award could with confidence be established on a balance of probabilities, and if so to consider what if any provision might be introduced to enable them to access an award.</p> <p>Government initial response: The Government has agreed to consult further on changes it might make to the Scheme where this was recommended by the Inquiry.</p> <p>The exceptional loss award, which is part of the supplementary route, provides additional compensation for those infected people who would have received higher pay if it were not for their infection. The Government committed to consult the community on the evidential requirements to access this award to ensure it is available for those intended within the limits of a tariff based scheme.</p> <p>Policy background: The core award compensates for loss of earnings without specific evidence by deeming all applications to have earning capacity equivalent in each year of their working lives to UK average earnings plus 5%. The exceptional loss award recognises that some applicants would have higher than average earning capacity and compensates for their reduced earnings when this is proven. It requires applicants to evidence their income before and after their earning capacity was affected. Tax returns are likely to be the main form of proof, but the Regulations do not prescribe specific types of evidence. The Inquiry does not criticise the award itself, but recommends consulting on the evidential requirements for historic losses.</p> <p>To support development of options for consideration at public consultation, the Technical Expert Group is being asked to consider the different types of evidence which may be available to applicants to support an application for an exceptional loss award for financial loss.</p>
<u>Questions for Technical Expert Group discussion</u>	<p>The Technical Expert Group advice will help inform proposals on the evidence requirement for the Exceptional Loss award, and whether a practical approach can be found to cases like those highlighted by the Inquiry in its further Report, which will then be tested during public consultation. The Technical Expert Group are asked to consider the following questions in their advice:</p>



Eligibility and evidence requirements

- **Legal review:** How do the courts assess financial loss when formal financial records are missing or incomplete? Besides expert reports, what alternative evidence (e.g. bank statements, employer letters, benefits records, industry benchmarks) is accepted?
- **Legal review:** What categories of documents and evidence do the courts usually consider to establish causation and financial loss in comparable cases?
- Are the documents and evidence commonly used by courts to assess financial loss likely to be available to applicants?



Recommendation 8a: Affected Supplementary route	
Award	Affected persons award - supplementary route
Background	<p>IBI recommendation: The Minister gives consideration to there being a supplementary route for people affected. This could include opening the supplemental award for severe psychological harm to people affected. He should involve parents, children, siblings, partners and carers, and their legal representatives if wished, in this consideration.</p> <p>Further reading material:</p> <ul style="list-style-type: none">Letter from Tainted Blood - Affected Siblings and Children to the Paymaster General (Link) <p>Government initial response: The Government has agreed to consult further on changes it might make to the Scheme where this was recommended by the Inquiry.</p> <p>In his oral evidence to the Inquiry, the Minister for the Cabinet Office agreed to look again at how the Scheme compensates affected people through a supplementary route.</p> <p>The Government has accepted the Inquiry's recommendation to consult on whether it is feasible to implement a supplementary route for additional compensation for affected people who suffered the severest harm. The Government will consult with parents, children, siblings, partners and carers, and their legal representatives if wished, on whether it is possible to implement a supplementary route for the affected based on severe psychological harm and severe psychiatric damage, as the Inquiry has suggested, without causing significant delay to the process of compensation as a whole.</p> <p>Policy background: The IBI report includes a number of statements which set out that the community would like to see a supplementary route for those who developed complex trauma, educational harm and lost employment and earning potential. The Government has committed to consult on whether it is practicable to create a supplementary route for the affected who have suffered severe psychological harm as a result of their connection with an infected person, over and above what the core route already covers.</p> <p>The Technical Expert Group is requested to advise on how criteria for those affected who suffered severe psychological harm might be defined, including the threshold level and any guidelines or frameworks to reference when determining appropriate award amounts.</p>



	There is a dependency with recommendation 5 on severe psychological harm for infected persons.
<u>Questions for Technical Expert Group discussion</u>	<p>The Technical Expert Group advice will help inform proposals on whether a supplementary route for affected persons can be made feasible which will then be tested during public consultation. The Technical Expert Group are asked to consider the following questions in their advice:</p> <p><i>Award</i></p> <ul style="list-style-type: none">• The Technical Expert Group is asked to set out the psychological harms already taken into account in the design of the core awards for affected people.• In light of the Inquiry's recommendations, the group is asked to consider what additional psychological harms the Scheme could compensate for, above what has already been captured under the core award?• Considering the current supplementary award for the infected with severe psychiatric conditions, the group is asked to consider the severity level for a supplementary award for psychological harm for affected persons.• Once a severity level for this award has been considered, the Technical Expert Group is asked to consider what level of supplementary award might be appropriate for an affected person with severe psychiatric conditions, taking into account any relevant legal precedent or previous court cases.• Legal review: What legal precedent or previous court cases could be referenced when determining appropriate award amounts? <p><i>Eligibility</i></p> <ul style="list-style-type: none">• Considering the supplementary award for the infected, the group is asked what type of evidence it would be possible for affected people to provide to prove psychological distress and a causal link to supporting an infected person; and to give advice on whether and how practically such evidence could be used to determine claims.