Infected Blood Compensation Scheme Technical Expert Group

Roundtable background paper: Special Category Mechanism

1 December 2025

This paper provides background on the Infected Blood Compensation Scheme structure, outlines the principles guiding the advice that the Infected Blood Compensation Scheme Technical Expert Group (TEG) has been asked to provide, and details the specific questions that will be discussed at the upcoming virtual roundtable.

Roundtable objective

The purpose of this roundtable is to facilitate targeted engagement with key organisation and charity representatives of the infected blood community to clarify evidence and test assumptions regarding the TEG's advice to the Government. This roundtable focuses on the implementation of the Special Category Mechanism (SCM) recommendation of the Infected Blood Inquiry. Further roundtables will be convened early in 2026, as noted in section 2. This engagement by the TEG is independent of the Government's open consultation on its proposals to improve the Compensation Scheme.

1. Infected Blood Inquiry recommendation

In March 2025, the Infected Blood Inquiry announced its intention to publish an additional report to "consider the timeliness and adequacy of the Government's response on compensation". The Inquiry published its Additional Report in July 2025 which made a number of recommendations for the Infected Blood Compensation Authority (IBCA) and the Government in relation to the operation and design of the Scheme. It did not suggest that the structure of the scheme should be altered so its recommendations were for additions and modifications to 'build constructively on the scheme as it is' rather than fundamental change as this would cause inevitable delays in compensation being paid.

The recommendation on SCM from the Inquiry's Additional Report is:

> "*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:*
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> *Other Hepatitis C associated extra hepatic disorders resulting in long term severe disability. This includes those currently assessed as the following category on IBSS:*
>
> - *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)*"

2. The role of the Technical Expert group and roundtables

The TEG has been asked to advise the Government on practical aspects of the recommendations made in the Inquiry's Additional Report. Decision-making on policy is a matter for the Government. The TEG is therefore concerned with:

- Identifying options for implementing the Inquiry's recommendations within this scope.
- Advising the Government on the practicalities and implications of each option.

In accordance with our Terms of Reference, we are able to undertake targeted engagement with members of the infected blood community in order to complete our work programme. This does not replace the formal public consultation that the Government is undertaking. Nor does it delegate the TEG's advisory responsibilities, for which it remains responsible and accountable.

This engagement will be focused on the scope of the Additional Report and has the following purposes:

- To enable testing of emerging TEG thinking, ensuring that the TEG advice is informed by lived experience and wider professional views
- To increase transparency about the TEG work process to ensure that the rationale and thinking in relation to all recommendations are available for scrutiny.

3. Roundtable format and process

Format: The TEG will convene a virtual roundtable to discuss an aspect of the Inquiry recommendations.

The first of these roundtables will focus on the eligibility criteria for the Special Category Mechanism and will inform the TEG's advice to the Government. This will be run twice with different community participants during December 2025. The size is aimed to enable a full and open discussion focussed on the work programme of the TEG.

Further roundtables will be convened early in 2026 following the closure of the public consultation to refine the TEG's initial advice on recommendations concerning severe psychological harm, the recognition of the impacts of interferon treatment, and the supplementary route for affected persons. Each roundtable will be supported by a background paper on the specific recommendation to be discussed.

Attendees: The participants of the two SCM roundtables will be as follows:

- Chair - Professor Sir Jonathan Montgomery

- Approximately seven key organisations and charity representatives per roundtable
- Members of the TEG
- Cabinet Office officials will attend for the purpose of making a record of the meeting but are not part of the TEG.

Role of community participants: Following introductions, each community participant will have the opportunity to make a short statement of views before the questions identified by the TEG in this paper are raised. There will be no interruption to these contributions save to keep to the allotted time. The chair will then introduce the specific questions that have been identified in the paper and seek views on those questions if they have not already been stated. The aim is to ensure that each participant is able to contribute with an equal voice.

Where matters are raised that are outside of the scope of the TEG's terms of reference, this will be drawn to participants' attention so that they can consider submitting them to the wider public consultation.

Role of the TEG members: Following introductions, TEG members will be invited to listen without interruption or comment. Any questions (which are likely to be for clarification) will be raised via the Chair rather than from individual TEG members. The TEG Chair will endeavor to address questions from invited participants to the extent that they fall within the group's Terms of Reference. However, definitive answers may not be available until the TEG has concluded its work.

Written responses to the TEG: The TEG recognises that this issue affects a broad range of people across the community. In addition to the roundtables, the TEG invites written responses from key representatives in the community (see Annex A) to the questions in the background paper. This is separate to the consultation held by the Government. Responses to the TEG background paper can be sent to ibcs.teg@cabinetoffice.gov.uk.

All responses from representatives will be shared with TEG members alongside a thematic summary prepared by the Cabinet Office which will be published alongside the record of the roundtable discussion.

Transparency: This paper is being made public as a commitment to transparency and will be provided to invited contributors ahead of the meeting.

Following the roundtable, a record of the discussion will be shared with participants to check for accuracy. Issues raised in written responses will be collated into a thematic summary that will be considered by the TEG. The record of the discussion at the roundtable and the report on written responses will be publicly released alongside the final report presenting the TEG's considered advice. Minutes of TEG meetings that discuss the roundtables and consider the written responses will also be published.

Confidentiality: For the purpose of transparency, a list of participants and a record of the key points discussed will be published, but it will not attribute opinions to specific participants. We hope this will help facilitate trust between participants and promote open conversation on sensitive topics.

The content, ideas, and key takeaways discussed during the roundtables can still be freely used and shared by participants; however attendees are asked not to disclose the identity or affiliation of the speakers.

4. Policy Background

This section outlines some key elements of the Compensation Scheme that provide the context for the TEG's work programme. The TEG will aim to give advice that builds on the fundamental structure of the Scheme.

4.1 Compensation scheme structure

The Infected Blood Compensation Scheme adopts the five heads of awards for infected people proposed by the Inquiry:

- **Injury 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 people.
- **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).

The Scheme has two routes to award compensation: the core route and the supplementary route. Everyone eligible for the Scheme will be offered compensation through the core route first. In some exceptional cases, you may be able to claim more compensation for financial loss and care costs through the supplementary route.

The reports from the previous Infected Blood Inquiry Response Expert Group advised on the amounts that would be indicated by reference to judicial guidelines and court decisions, although not limited by them.

A full overview of the scheme can be accessed here. A high level overview of the scheme can be accessed here (please note this does not reflect the amendments from the third set of regulations).

4.2 Core Awards for Hepatitis infections

As recommended by the Inquiry, the **Injury, Social Impact and Autonomy Awards** are fixed on a tariff basis linked to an infected person's infection severity bands. In this process it was assumed that substantial psychological distress would have been experienced by all victims across all the severity bands, as evidenced by witnesses to the Inquiry as well as the Inquiry's expert reports.

Although the Inquiry did not recommend a tariff approach to care awards and financial loss awards, the previous Expert Group advised that this was possible by identifying the likely care needs and impact on earning capacity that typically flowed from a number of infection severity bands. For those infected with hepatitis the biggest variations in impacts were considered to follow from clinical markers of liver disease status, for example development of cirrhosis or the development of decompensated cirrhosis. Although the severity bandings were defined by markers of liver disease, the quantification of likely care needs and probable effects on the ability to work assumed that significant non-hepatic impacts such as chronic fatigue or psychological distress would have been experienced. For the core awards, applicants are not required to provide specific separate or additional evidence of these non-hepatic impacts, as this was considered a disproportionate and unnecessary intrusion. A summary of the estimated care needs and financial loss for those with a chronic or cirrhotic infection is set out below:

- **Care Awards:** The scheme assumes that those with chronic Hepatitis C and/or Hepatitis B infection but without cirrhosis or more significant liver disease would require on average 6 hours per week support over 10 years, including for domestic tasks, attending medical appointments, and household maintenance (described as 'domestic support in the previous Expert Group's final report.. It assumes that those with cirrhosis would need greater support amounting to 90 minutes' personal care each day for 6 years (described as 'low care' in the previous Expert Group's final report.

  In order to inform its advice, the TEG will need to consider what care needs are more likely than not to be generally required by those eligible for the SCM equivalent award.

- **Financial Loss award:** The Scheme is based on assumptions of impaired earning capacity. For those with chronic Hepatitis C and/or Hepatitis B, the previous Expert Group advised that 60% earning capacity was a reasonable assumption (i.e. a loss of 40% earning capacity) and for those with cirrhosis or more severe liver disease earning capacity of only 20% (a loss of 80%) could be assumed. This percentage loss is an average over time, acknowledging that ability to work may have varied.

  These reductions in earning capacity might have resulted from physical and/or mental health impacts and no specific evidence of reduced earning capacity was required for core awards.

4.4 Supplementary Awards

Everyone eligible for the Scheme is offered compensation through the core route and it is envisaged that most people will only need to use this route. However, the Scheme acknowledges that there will be some exceptional cases where greater compensation for additional financial loss and care costs is necessary. This is addressed through the supplemental route. For infected people, this includes where a person had a very high income before the infection and had to give up or reduce their work because of ill-health, therefore suffering exceptional financial loss. It also includes categories where a severe health condition means that they needed more care or were less able to work than is assumed by the core route bandings.

The need for this was identified by Sir Robert Francis KC in the engagement that he undertook in the summer of 2024. The previous Expert Group revisited its advice and published an Addendum to its report on the creation of supplementary award levels. A number of conditions that were identified as associated with long-term severe disability and which should increase the compensation payable were listed in Regulations made in March 2025. In accordance with the principles of evidence that had been used as a guide by the Expert Group, these were defined by reference to matters that were likely to be recorded in clinical notes and therefore available and accessible for consideration. This led to the inclusion of specific severe health conditions that were recognised in the SCM eligibility criteria but not to the more general long-term disability criterion.

4.5 The Special Category Mechanism (SCM): eligibility

Whilst the approach to clinical and non clinical markers that might be recorded in health records was consistent with the original structure of the support schemes, the Inquiry's Additional report concluded the Scheme took inadequate account of the way in which each support scheme had developed intermediary levels of award between chronic infections and liver cirrhosis (and other very significant disease markers) described in the EIBSS as the 'special category mechanism', in SIBSS as 'severely affected, in WIBSS as Stage 1 Plus, and IBPS NI as Stage 1 Enhanced Payments. The SCMrecognises individuals with chronic Hepatitis C who have experienced a more significant impact on their ability to perform daily duties due to their infection or treatment than is generally the case. These could arise in respect of mental health impacts, chronic fatigue or autoimmune conditions. The Inquiry's Additional Report identified this gap and recommended that it needed to be closed. In particular, it drew attention to the need to ensure that eligibility for the supplementary route covered all those Hepatitis C associated extra hepatic disorders resulting in long term severe disability that were recognised in the SCM processes. This Recommendation 4b is the subject of the roundtable. A separate roundtable will consider a further gap in the coverage of the supplementary awards in relation to severe psychological harm (Recommendation 5).

4.5 Quantification of long-term severe disability care needs and financial loss

It is also necessary to identify the typical impact of a severe health condition so that awards can be quantified. As Severe Health Condition Awards increase the value of care and financial loss awards, this involves identifying the extent to which those impacted by the severe health condition will have greater needs (for care awards) or greater impact on their

earning capacity (for financial loss awards) that is already provided for in the core awards. For the new Severe Health Condition Award to address Recommendation 4b on SCM, this means that the task is to identify those people with chronic Hepatitis but without liver cirrhosis (or more significant liver issues) where the impact of the psychological harm is (1) care needs exceeding 6 hours per week support for domestic tasks, attending medical appointments, and household maintenance (as provided for in the core route); and (2) whose reduced earning capacity due to their severe psychological distress exceeded the 40% reduction that is recognised in the core award. Applying the approach to evidence from the Inquiry, the scheme should base these calculations on whether it is more likely than not (the balance of probabilities) that people who meet the eligibility criteria will experience these additional impacts.

4.6 Government response to date

When the Government responded to the Inquiry's Additional Report in July 2025, it acknowledged the concerns that many in the infected blood community raised with the Inquiry about how the Scheme compensates people for the impacts that would make them eligible for SCM or an equivalent payment. The Government accepted the Inquiry's recommendation that the Severe Health Condition award should recognise everyone who would meet the criteria for SCM payments.

In the first phase of its work, leading to initial advice to Government on the IBI Additional report and informing the Government's consideration of consultation proposals, the TEG provided the following advice to Government on SCM award assessment criteria:

Living people who are not registered with an IBSS (such as those with Hepatitis B) need to be able to apply for a Severe Health Condition award from IBCA. We propose that the fairest way to do this is to replicate the existing SCM assessment process.

- *The four different Support Schemes have similar but not identical assessment criteria. It is important that the Scheme treats every applicant in the same way.* ***The TEG has advised that the Scheme should use the assessment process currently used by the England Infected Blood Support Scheme (EIBSS).*** *This is because most IBSS-registered applicants (approximately 80%) will have been assessed using the EIBSS criteria.*

- *The EIBSS assessment process for SCM involves 2-3 medical assessors reviewing evidence. This evidence is presented by the infected person themselves, and the UK-registered health professionals that treat them. When the medical assessors review this evidence, they will be looking to see whether a person's infection (or treatment) has caused a substantial and long-term effect on their ability to carry out daily activities and work.*

Following initial advice from the TEG, the Government has proposed, as part of its current public consultation, that the following groups should be eligible for a Severe Health Condition Award to recognise SCM impacts:

- Living infected people or the estates of infected people who are receiving SCM or equivalent payments (or received them before they died) would be automatically eligible for this award.
- Living infected people who are not currently receiving SCM or equivalent payments from an IBSS would be able to apply to be assessed by IBCA against the EIBSS assessment criteria and if they meet them, will receive the award.

The Government is currently consulting on the awards for a SCM Severe Health condition award and how eligibility should be established for people who are not registered with an IBSS, but who experience the same effect on their day-to-day life, for the same reasons, so that they too become eligible for an award.

4.7 Principles of evidence to support a tariff based scheme

The TEG will apply the principles of evidence that were identified in its predecessor's work in order to promote consistency. These principles are:

- **Accessibility**: Accessible to claimants (and assessors) means that only information that is reasonably expected to be available if requested should be sought to establish eligibility.
- **Assessability**: Evidence must be suitable for use by the Infected Blood Compensation Authority (IBCA) to determine eligibility or entitlement without significant further inquiry or assessment in line with principles of a tariff based scheme.
- **Verifiability:** Evidence must be verifiable to maintain the integrity of the scheme.
- **Proportionality**: No more intrusion into people's privacy should be sought than is required to ensure that they receive the compensation to which they are entitled.

5. Roundtable discussion

Further Information being sought

To date the TEG has considered the following pieces of information when advising on SCM eligibility criteria:

- Criteria used by the support schemes
- The assessor guide for EIBSS in order to understand the application of the EIBSS criteria
- Explanations by EIBSS administrators at a meeting with the TEG in October 2025. Minutes of this meeting are available here
- Advice from the Infected Blood Psychological Service on formulation-based opinions

The TEG would benefit from a fuller understanding of a number of aspects of the appraisal process for SCM applications and will seek further information from the administrators of the support schemes:

- What ‘psychological diagnoses’ have been considered, what patterns of acceptance have there been of a link with hepatitis infection (referenced in para 2.7 of the EIBSS assessment guidance)?

- What evidence (including but not limited to documentation) has been available of ‘attempts at treatment, and assessment of long-term prognosis’ and ‘engagement’ by applicants with those assessments and treatment (referenced in para 2.8 of the EIBSS assessment guidance)?

- Which professionals other than qualified psychologists or psychiatrists have been able to provide assessments (referenced in para 2.8 of the EIBSS assessment guidance)?

- What proportion of SCM beneficiaries are in employment and whether it is full or part time?

- Have any SCM beneficiaries reverted to standard payments after their health has improved?

The TEG would welcome observations and insights from roundtable participants and others on the issues highlighted above, but hopes that answers to these questions will become available from these information requests of the administrators

Specific matters on which the TEG would find the views of roundtable participants helpful are set out in the next section.

Questions for the roundtable

- How do we establish eligibility for SCM in the scheme for those not registered with an IBSS in line with the principles of a tariff based scheme? What evidence is likely to be accessible to people that would meet the other evidential criteria on which the Scheme is based?

- Can the existing SCM criteria be applied to cases of Hepatitis B infection, which was previously excluded by the support schemes, or do the patterns and causes of long-term disability differ in ways that require different eligibility criteria?

- How do we determine evidence that links SCM related impacts to impacts on an infected person’s ability to earn or care for themselves?

- What observations do participants have on the TEG initial advice that, within the confines of a tariff based scheme, it would only be possible to assess long-term mental health impacts outside of the existing Severe Health Condition in relation to living victims?

Next steps

A record of the meeting will be drawn up by the Cabinet Office and circulated to all attendees to check for accuracy. This will be made public alongside the advice from the TEG. Written responses will be collated and reported to the TEG. This will also be made public alongside the advice from the TEG. The TEG will discuss what it has learnt alongside other information, including relevant responses to the Government's consultation. A minute of these discussions will be published alongside its advice as with all TEG meetings.

The TEG may approach individual participants for further clarification of points raised. If this happens, the focus and outcomes of such exchanges will be recorded in an agreed note that can be made public alongside the advice from the TEG.

Participants are encouraged to submit views to the Government's consultation so that they are considered directly as the TEG's engagement is separate from this consultation.

Annex A:

List of key representative organisations and charities in the infected blood community whom are invited to comment on the background paper via correspondence:

- The Birchgrove Group
- Blood Friends (formerly North West England Support Group)
- Bloodloss Families
- British Liver Trust
- Contaminated Blood Campaign
- Contaminated Blood Women
- Contaminated Whole Blood
- Factor 8
- Families of Deceased Infected Blood Victims UK
- The Fatherless Generation
- The Forgotten Few
- Former Treloar's School Pupils
- Friends and Families of Haemophilia Northern Ireland
- Haemophilia Action UK
- Haemophilia Northern Ireland
- Haemophilia Scotland
- Haemophilia Society
- Haemophilia Wales
- Haemosexual
- The Hepatitis B Trust
- The Hepatitis C Trust
- Individual campaigner for estates, women and carers
- Manor House Group
- Mono-HCV Infected Haemophiliacs

- Positive Women
- Misdiagnosed Victims
- Scottish Infected Blood Forum
- Sickle Cell Society
- Terrence Higgins Trust
- UK Thalassaemia Society
- Tainted Blood
- Tainted Blood Parents
- Tainted Blood Widows and Bereaved Partners
- Independent Widows
- HaemAffected
- Independent Longstanding Campaigners

Annex B: Glossary

- TEG - Technical Expert Group
- IBCA - Infected Blood Compensation Authority
- SCM - Special Category Mechanism
- IBSS - Infected Blood Support Scheme
- EIBSS - England Infected Blood Support Scheme
- SIBSS - Scottish Infected Blood Support Scheme
- WIBSS - Wales Infected Blood Support Scheme
- IBPS NI - Infected Blood Payment Scheme for Northern Ireland