

# Infected Blood Compensation Scheme Technical Expert Group

## Roundtable background paper: Estate Eligibility for a Severe Health Condition Award Recognising the Special Category Mechanism

4 March 2026

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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.

### 1. Roundtable objective

The purpose of this roundtable is to facilitate targeted engagement with key organisation and charity representatives of the infected blood community to help inform the TEG's advice to the Government. The TEG held two roundtables last year on the proposals on the Special Category Mechanism (SCM)<sup>1</sup> for the living. The TEG has had the opportunity to review the responses of the consultation using early analysis from the Cabinet Office in order to structure the roundtable discussion.

The background paper for those discussions can be found [here](#) and a record of the discussion can be found [here](#).

Following the responses to the consultation, and at the request of the Government, the TEG is holding a roundtable on the feasibility of making estates eligible for SCM.

The Minister for the Cabinet Office's request to the TEG is as follows (as outlined in an [open letter](#)):

*“The proposal as it stands would not be accessible to applications on behalf of the estates of deceased people, as SCM criteria were originally designed for clinicians to assess the current impacts of infection and treatment on living individuals.... I would be grateful if the TEG could hold a further roundtable to examine whether it is feasible to extend the SCM award for the deceased so that your final advice can inform the Government's decision on this matter.”*

### Questions for the roundtable:

The TEG is seeking the community's views on whether it is possible to design a process that is both assessable and verifiable for estates in relation to people who were not in receipt of SCM payments through the support schemes. Those who have been so assessed would be compensated on that basis.

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<sup>1</sup> This paper refers to the “Special Category Mechanism” or “SCM”, which is the terminology used by the England Infected Blood Support Scheme. For avoidance of doubt, this is a shorthand and also includes the equivalent payment categories in the Infected Blood Payment Scheme for Northern Ireland, Scotland Infected Blood Support Scheme and Wales Infected Blood Support Scheme.

For this to work, IBCA would need to be able to look at clear evidence and make a judgement on *whether* a deceased person would have been eligible for the award and, if so, *when* they would first have been eligible for it.

1. What types of evidence are likely to be available to show that someone would have qualified under the EIBSS eligibility criteria for SCM even though they had not been assessed by a support scheme?
2. What types of evidence are likely to be available that would help show the date that someone would *first* have satisfied the EIBSS eligibility criteria for SCM?
3. How easy would it be for people bringing claims on behalf of estates to provide the evidence asked about above?

## **2. Infected Blood Inquiry recommendation and the Minister's request**

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 Inquiry’s Additional Report made a recommendation in relation to extending the SCM categories to reflect the full range of those relating to long-term disability in the support schemes. The TEG has held roundtables on this recommendation and will be giving advice to the Government. The TEG has already advised that all those assessed as eligible for SCM should qualify for the SCM supplementary award. It suggested in its initial advice that the assessment process for new applicants should be limited to living applicants because the processes used in the Schemes consider current impacts on people’s lives. The Minister has asked us to review whether an equivalent process could be designed for those who have died.

## **3. 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 the TEG’s [Terms of Reference](#), the group is able to undertake targeted engagement with members of the infected blood community in order to complete its work programme. This does not replace the formal public consultation that the Government has undertaken. Nor does it delegate the TEG’s advisory responsibilities, for which it remains responsible and accountable. The TEG has had an opportunity to review the responses of

the consultation using analysis from the Cabinet Office in order to structure the roundtable discussion.

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.

#### **4. Roundtable format and process**

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

The first roundtables took place in December on the Special Category Mechanism (SCM) - this roundtable is a follow-up to those and will consider whether the award can be extended to estate claims.

**Attendees:** The participants of this roundtable will be as follows:

- Chair - Professor Sir Jonathan Montgomery
- 3-7 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.

**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](mailto:ibcs.teg@cabinetoffice.gov.uk).

So that responses can be considered ahead of the TEG's final advice, please provide written responses by **16 March**.

All responses from representatives will be shared with TEG members alongside a thematic summary prepared by the Cabinet Office which will be published at the conclusion of the series of roundtables.

**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.

## 5. 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.

### 5.1 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: the **core route** (offered to everyone eligible) and the **supplementary route** (for exceptional cases where greater compensation for financial loss and care costs is necessary).

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).

## 5.2 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.

## 5.3 Severe Health Conditions under the current Scheme

Eligible infected people who have suffered from a specified severe health condition as a result of their infection may apply for additional compensation on the Scheme's supplementary route.

The list of eligible severe health conditions was developed following advice from the Infected Blood Inquiry Response Expert Group. The health conditions included are those that have clear clinical markers for which applicants will be able to provide specific evidence.

It was intended to cover specific and diagnosable conditions. Some of these were also recognised by the Special Category Mechanism. The Government's proposals on recognising the SCM would expand the Severe Health Condition Award to include more

people who would have been eligible for SCM by expanding it to include those who were eligible for SCM for reasons other than those specific diagnosable conditions.

The existing Severe Health Condition Awards give people increased Care and Financial Loss Awards from the point of diagnosis. They are available to both living applicants and for claims brought on behalf of an estate. This is different to what has been proposed for the SCM Severe Health Condition Award.

This is because, as specific and diagnosable conditions, the Government believes that people will be able to clearly evidence the time at which a person received a diagnosis from a medical doctor. The Government does not believe this will be the case for applicants who were (or would have been) eligible for SCM for other reasons. One of the objectives of this roundtable is to determine if, in fact, such evidence *would* exist and be available to claimants.

#### **5.4 Government response to Inquiry's recommendation**

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.

The Government consulted 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. The Government proposed that this assessment should be against the same criteria used by the England Infected Blood Support Scheme, on the basis that these were the criteria that the majority of SCM recipients would have been assessed against.

As you will know, the Government proposed that this award would be made automatically available for those who have already been assessed as eligible for SCM (or equivalent) payments by an IBSS and that other living applicants would be able to apply for the award. The Government proposed that the award would **not** be available to estates (except those of people who were in receipt of SCM payments at the time of their deaths). This was based on the advice of the TEG that it was unlikely that the personal representative of a deceased person's estate would be able to show that the person, while alive, would have been eligible for the SCM. This is because the assessment criteria used by each of the IBSS are designed to assess the effect that a person's infection is having on their life currently, and the effect it is likely to have on them in the future. They are not designed to look back at what happened in the past and make a judgement on how much of an impact the infection had on someone, and for how long.

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## 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.

## Annex A:

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

- [The Birchgrove Group](#)
- Blood Friends
- [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](#)
- [Terrence Higgins Trust](#)
- [UK Thalassaemia Society](#)
- [Tainted Blood](#)
- Tainted Blood Parents
- Tainted Blood Widows and Bereaved Partners
- Independent Widows
- HaemAffected
- Independent Longstanding Campaigners