



## **Infected Blood Compensation Scheme - Engagement Explainer**

The Prime Minister acknowledged the final Infected Blood Inquiry Report on 20 May 2024, apologising on behalf of the Government for the decades of suffering and injustice experienced by the victims of this scandal. You can [read a transcript of the Prime Minister's statement](#).

No measures can or will ever fully compensate for the losses and hardships suffered. The Government has accepted the Infected Blood Inquiry's recommendation to provide financial compensation to victims of infected blood. The Scheme is due to be finalised and established in law in August 2024 following engagement with the infected blood community.

The key documents published by the Government in relation to the new compensation scheme for victims of infected blood can be accessed online:

- [Infected Blood Compensation Scheme Summary](#)
- [Latest news from the Infected Blood Compensation Authority](#)

This document intends to provide further background information on how the Scheme was designed and how the Government proposes compensation awards be calculated.

**This document outlines the proposed Infected Blood Compensation Scheme - referred to throughout this document as 'the Scheme' - the numbers contained in this document are therefore illustrative. The scheme will be delivered by the Infected Blood Compensation Authority (IBCA). The interim Chair of the IBCA, Sir Robert Francis KC, will undertake a series of engagement meetings with representatives of the community, to seek views on aspects of the proposed compensation scheme. It will be for the Government following the election to decide on the details of the final scheme, having considered the conclusions of Sir Robert's engagement process. The Victims and Prisoners Act imposes a statutory duty on the Government to make regulations to establish the Infected Blood Compensation Scheme by 24 August 2024.**

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### **How was the Scheme designed?**

The proposed Scheme design is based on the recommendations made by Sir Robert Francis' [Compensation Framework Study](#), and those in the Inquiry's [Second Interim Report](#). An Infected Blood Inquiry Response Expert Group (referred to throughout this document as 'Expert Group') of legal, clinical and care experts, led by Professor Sir Jonathan Montgomery, was appointed to advise the Government on how to design and implement a compensation scheme that aligned with the recommendations made. The [Expert Group's Summary Report can be accessed online](#).

Overall, the Scheme design proposed by the Government is closely aligned with the recommendations made by the Infected Blood Inquiry (referred to throughout this document as 'the Inquiry') and Expert Group. Any divergence from the recommendations has been in the interest of ensuring that the Scheme remains easy to use in practice, minimising the burden on those applying and providing fair compensation awards with minimum delays.

This document provides further background information on how each element of the Scheme was designed.

### **Who is eligible for the Scheme and how was eligibility determined?**

The Scheme will recognise the unique impact of infected blood on victims, providing financial compensation both to people who have been infected and affected.

The eligibility criteria for the proposed Scheme are closely aligned with the recommendations made by Sir Robert Francis and by the Inquiry. The appointed Expert Group supported the Government to further refine the eligibility criteria to ensure that it would be clear who was and was not eligible for the Scheme, and to minimise the amount of information people would need to provide in order to verify their eligibility.

#### Infected persons

All infected persons who the Infected Blood Inquiry recommended should be compensated will be eligible for compensation through the Scheme. This includes both people who were infected directly and indirectly. Eligible infected persons are as follows:



A **directly infected person** is defined as someone who through the use of NHS-supplied blood, blood products and/or tissue:

- is/was infected with **HIV**;
- is/was infected with **an acute or chronic case of Hepatitis C**;
- is/was infected with a **chronic case (more than 6 months) of Hepatitis B**;
- was infected with an **acute case (less than 6 months) of Hepatitis B and died** as a result of the Hepatitis B infection during the acute period.

An **indirectly infected person** is defined as someone who was infected:

- by **transmission of infection from a person who is or was directly infected** (e.g. a person infected by their partner);
- by **transmission of infection, in defined circumstances, from another person who was infected by someone who was directly infected** (e.g. a child infected by their mother who was infected by her partner).

Where a person had an infection as described above and has since recovered or their infection has cleared, they will still be eligible to apply for compensation through the Scheme.

#### Affected persons

**Affected persons** include those who have suffered the impacts of infected blood through their relationship with an infected person (as described above), either living or deceased.

The definitions for affected persons have been designed with support from the Expert Group to reflect a broad range of formal and informal family relationships. The groups of affected persons who will be eligible for compensation are as follows:

**Partners** of eligible infected persons. This includes:

- spouses;
- civil partners;
- partners cohabiting with an eligible infected person for at least one year following infection.

Partners who separated from the eligible infected person prior to infection will not be eligible for compensation.

**Parents** of an eligible infected person, including:

- biological parents;
- adoptive parents;



- others acting in the capacity of a parent as described below (e.g. step parents, grandparents);

**who**

cared for and lived with an eligible infected person whilst that person was under the age of 18. The provision of care and accommodation must have continued or been expected to continue for a period of at least 1 year.

The age at which the child became infected does not impact a person's eligibility. However, proposed compensation rates are higher for the parents of an infected person where the onset of infection began before the child turned 18 (and the parents cared for and lived with the infected child for at least 1 year) than for parents whose child was infected as an adult.

The Scheme recognises the suffering of any parent of an infected person, regardless of whether that person was infected as a child or an adult. The proposal to pay higher compensation to parents of a child infected while under the age of 18 is based on the recommendation made by Sir Robert Francis' Compensation Framework Study (paragraph 6.22) and recognises the unique and heightened impact on parents in such circumstances.

**Children** of an eligible infected person, including:

- biological children;
- adoptive children;
- others in the position of a child as described below (e.g. step children);

**who**

while under the age of 18, were cared for and lived with (for a period of at least 1 year) a parent who was, or later became, infected.

The age of a child at the time of a parent's infection does not impact eligibility but compensation rates will be higher for children who, while under the age of 18, lived with and were cared for by an infected parent (for at least 1 year), than for people whose parents were infected when they were in adulthood.

The Scheme's definition of children is based on the recommendations made in Sir Robert Francis' Compensation Framework Study. The Scheme recognises the likely heightened impact on a child who was under 18 while living with a parent who was infected.

**Siblings** of eligible infected persons, including:



- biological and adoptive siblings;
- step siblings;
- others in the position of a sibling as described below;

**who**

while under the age of 18, lived in the same household as an infected person for a period of at least 2 years after the onset of the infection.

The Scheme's definition of siblings is based on the recommendations made in Sir Robert Francis' Compensation Framework Study. The definition recognises the likely heightened impacts on a sibling living with an infected person during childhood. This is not to dismiss or deny the suffering of siblings where a person was infected in adulthood. Siblings of a person infected in adulthood may be eligible for compensation through the Scheme as a carer (see eligibility definition below).

**Carers** of an eligible infected person (e.g. friends or family) who, without reward or remuneration, provided personal care or support greater than would otherwise reasonably have been expected. Such carers will be eligible for compensation in their own right where the provision of care averaged at least 16.5 hours of care per week over a time period of at least 6 months.

The Compensation Framework Study and the Inquiry's Report recommended that compensation be provided to recognise the family and friends of infected persons whose physical and/or mental health has been impacted as a consequence of infected blood. The Government sought advice from the Expert Group on how to translate this recommendation into a definition that would make it clear who was eligible for compensation in this category.

The Scheme proposes to define the eligibility of wider friends and family by their provision of care to an infected person. The definition of 'carer' has been designed to ensure that compensation is offered to the majority of those family and friends whose care and support for an infected person was greater than that which they would have been reasonably expected to provide, in line with the spirit of the Inquiry's recommendation.

People applying for compensation in this category will need to show that they provided care to an infected person for at least 16.5 hours per week and for a period of at least 6 months. The care levels required to make a person eligible for compensation were designed based on advice of the Expert Group and reflect the lowest level of anticipated personal care needs that is used in the calculation of care awards as set out in Annex B (low care band).



### Estates of the deceased

Where a person who would have been eligible to apply to the Scheme as an infected person has died, the **personal representatives of the deceased infected person's estate** may apply for compensation under the Scheme on behalf of the estate of the deceased infected person.

Where an affected person has died, their estate will not be eligible for compensation.

The eligibility criteria for compensation through an estate aligns with the recommendation made in the Inquiry's Second Interim Report. The Report recommended not awarding compensation for the estate of an affected person, explaining that where a person who would have benefitted from that estate has themselves been affected, they will already be eligible to apply for compensation in their own right.

### Multiple claim awards

Some people eligible to receive compensation through the proposed Scheme may have been affected by their relationship with multiple infected persons (for example, both a parent and sibling). Other people may have themselves been infected and also affected by the infection of a loved one. In such circumstances, a person will be offered multiple Injury awards to reflect the scale of their suffering.

## **How is compensation calculated?**

### Tariff framework

The Scheme proposal has been designed using a tariff-based framework. This framework approach was recommended by Sir Robert Francis' Compensation Framework Study and the Inquiry's Second Interim Report.

Using tariffs is intended to make the process of applying for compensation simpler, minimising the administrative burden on those applying by avoiding the need for people to provide large volumes of medical or personal information. The tariff approach also means that the Scheme will award compensation that reflects personal circumstances while making payments more quickly than would otherwise be possible if all applications for compensation had to be individually assessed.

As recommended by the Inquiry, the tariff rates for the proposed Scheme have been determined through consideration of the compensation rates currently offered in courts and tribunals across the UK and through other UK compensation schemes. Compensation offered through the Scheme was not, however, limited by current



practice in courts - in some areas, the Scheme offers more compensation than would ordinarily be available through the UK legal system, particularly for affected persons. The rights of a person to pursue legal action through the courts will not be impacted by applying for and receiving compensation through the Scheme.

The tariffs are intended to work in such a way that they would be appropriate for the majority of people applying to the Scheme, but a Supplementary route will be available for those whose circumstances mean a further detailed assessment is required.

### Core and Supplementary Route

The proposed Scheme offers both a Core and Supplementary Route.

The Core Route is intended to provide a way for most people applying to the Scheme to receive a compensation award that is reflective of their circumstances, promptly and without having to go through an in-depth assessment process. The Supplementary Route is intended for exceptional cases where an individual's financial loss or care costs are or have been higher than the amounts that would otherwise be available through the Core Route.

Under the Core Route, compensation will be calculated using the tariff-based approach as described above. Once accepted onto the Scheme, all eligible applicants will initially be offered a compensation award through the Core Route, calculated using tariffs. The tariffs used for the Scheme have been designed to be appropriate for the majority of people applying for compensation, meaning that most people will have their final compensation award calculated through the Core Route, with no further assessment required.

As noted, in some exceptional cases, the Government recognises that the Financial Loss and Care awards offered through the Core Route may not sufficiently reflect individual circumstances. In such cases, the Supplementary Route will be available. The Supplementary Route may be suitable, for example, where a person was a high earner prior to infection and has therefore suffered a greater financial loss than assumed under the Core Route, or where a person's care costs are higher due to the secondary impacts of infection.

If a person chooses to apply under the Supplementary Route, their circumstances will be individually assessed to determine what compensation is appropriate. Higher compensation payments, above the Core Route tariff rates, will be available under the Supplementary Route, but a person will need to provide more documentation to support the calculation of their compensation.



Severity Banding

Building on the Compensation Framework Study by Sir Robert Francis, the Inquiry recommended that compensation delivered by the Scheme reflect the significance of the impacts of infection a person has suffered by developing severity bandings. The severity bandings proposed by the Government (see table below) were designed based on advice from the Expert Group. The Expert Group Summary Report is [publicly available](#).

Indicative Infection Severity Bands	Notes on severity band definitions
Hepatitis B - Acute (where the infection resulted in a fatality in the acute period)	Acute infections are defined as an infection shorter than 6 months.
Hepatitis C - Acute	Acute infections are defined as an infection shorter than 6 months.
Hepatitis C or Hepatitis B - Chronic	Chronic infections are defined as an infection longer than 6 months.
Hepatitis C or Hepatitis B - Cirrhosis (liver damage)	Cirrhosis is serious scarring (fibrosis) of the liver caused by long-term liver damage.
Hepatitis C or Hepatitis B - Decompensated cirrhosis and/ or liver cancer and/ or liver transplantation	Decompensated cirrhosis is characterised by the presence of: hepatic encephalopathy (confusion due to liver damage); or, ascites (accumulation of fluid in the abdomen); or, variceal haemorrhage (bleeding from dilated veins in the gullet or stomach); or, a Child-Pugh score greater than 7.
HIV	<p>The Scheme proposes a single severity band for HIV.</p> <p>The reason for using a single severity band is that HIV is a lifelong infection. The vast majority of people infected with HIV through blood products have experienced progression to advanced symptomatic HIV disease including AIDS conditions and have died as a consequence of their infection. Those who have survived will continue to be severely impacted by their infection.</p>
Co-infection of HIV and Hepatitis C or Hepatitis B	Co-infection severity bands will reflect the HIV infection as well as the severity of the Hepatitis infection.



The Expert Group recommended that the severity bandings were designed using clinical markers (i.e. recognised diagnoses) so that people would have readily available the evidence required to demonstrate the severity of their infection. This means that in most cases people applying to the Scheme will know or should be able to identify from medical records which severity band they fall under. This will avoid the need for intrusive questions and/or large amounts of evidence to be provided to the Scheme.

Using the proposed severity bandings will also enable an objective assessment of a person's entitlement to compensation, meaning that compensation can be awarded through the Scheme in a fair and consistent manner.

### Categories of Award

The Scheme proposes to provide compensation in accordance with 5 'Categories of Award', as recommended by the Inquiry. Each Category of Award recognises and compensates for the unique impacts of the infected blood scandal in different areas of a person's life.

The 5 Categories of Award under the Scheme, explained in further detail below, are:

- An **Injury Impact award**, which 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 or the likely death of a loved one in the future.
- A **Social Impact award**, which recognises the past and future social consequences of the infection including stigma and social isolation.
- An **Autonomy award**, which provides additional redress for the distress and suffering caused by the impact of the disease, including interference with family and private life (e.g. loss of opportunity to have children), and interferences in the autonomy and private life of the eligible applicant.
- A **Care award**, which recognises the past and future care needs and associated costs for infected persons.
- A **Financial Loss award**, which 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 Categories of Award under the Scheme are informed by those recommended in the Inquiry's Second Interim Report.

The tables below outline who is eligible for compensation in each of the 5 Categories of Award. Illustrative examples of awards paid to living infected and affected persons, as well as to the estates of deceased infected persons, can be seen at Annex A.

**Injury Award**

<b>Compensates for:</b>	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; or, the likely death of a loved one in the future.
<b>Paid to:</b>	Infected and affected persons
<b>Calculated by:</b>	<p>Infected persons: set rate tariff determined by infection severity.</p> <p>Affected persons: set rate tariff based on the affected person's relationship to the infected person and the infection severity.</p>
<b>Further detail for infected persons</b>	<p>The tariff rates used to calculate Injury awards are linked to the infection severity bands. This means that where a person has suffered an infection with a more significant medical impact, their Injury award will be higher. Injury awards will also be higher where a person has suffered a co-infection (i.e. more than one infection).</p> <p>The tariff rates for Injury awards were designed by legal experts from the Expert Group following consideration of case law, Judicial College Guidelines and the Northern Ireland Green Book.</p>
<b>Further detail for affected persons</b>	<p>Injury awards for affected persons will be determined by the affected person's relationship with the infected person.</p> <p>The Injury award was designed following consideration of bereavement and loss of society awards made by courts across the UK.</p> <p>Injury awards will be higher where the severity of a person's infection means that the infection has caused or expected to cause an early death in the future (i.e. HIV, Hepatitis B/C cirrhosis, Hepatitis B/C decompensated cirrhosis or liver cancer and co-infections).</p>

**Social Impact Award**

<b>Compensates for:</b>	Past and future social consequences of the infection including stigma and social isolation.
<b>Paid to:</b>	Infected and affected persons
<b>Calculated by:</b>	Infected persons: set rate tariff for single or co-infections  Affected persons: set rate tariff (where the infected person's infection lasts longer than 6 months)
<b>Further detail for infected persons</b>	<p>Social Impact awards will be calculated using set rate tariffs for single and co-infections. The tariff rate does not vary with infection type where a person's infection has lasted longer than 6 months.</p> <p>This was the approach recommended by the Expert Group and recognises that the social stigma and prejudice suffered by victims of any blood-borne infection is likely to have been comparable regardless of specific infection type or clinical symptoms. Members of the public would not have been aware of the details of a person's condition and therefore often made assumptions which resulted in infected persons being stigmatised.</p>

**Autonomy Award**

<b>Compensates for:</b>	The distress and suffering caused by the impact of the disease, including interference with family and private life (e.g. loss of opportunity to have children).
<b>Paid to:</b>	Infected and Affected persons.
<b>Calculated by:</b>	Infected persons: set rate tariff determined by infection severity.  Affected persons: set rate tariff dependent on relationship to the infected person.
<b>Further detail for affected persons</b>	Autonomy awards are available to affected partners, parents (where the child's infection started under the age of 18) and children (where the parent's infection started when the child was under 18).



	<p>The Scheme's Autonomy award is a novel award. Though a direct comparison cannot be drawn, the award levels for the Autonomy award were informed following consideration of similar compensation awards (e.g. Windrush Impact on Life), statutory awards for injury to feelings (Vento guidelines) and previous cases in which the courts have considered it appropriate to increase the award of damages due to the level of distress caused.</p>
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### Care Award

<p><b>Compensates for:</b></p>	<p>Past and future care needs and associated costs for infected persons.</p>
<p><b>Paid to:</b></p>	<p>Infected persons (or their estates).</p> <p>On the request of an infected person or their estate representative, Care awards can be paid to affected persons who provided care.</p>
<p><b>Calculated by:</b></p>	<p>A formula based on the predicted average care requirements for an infected person in each infection severity band. See Annex B for further detail.</p>
<p><b>Further detail for infected persons</b></p>	<p>'Care' includes domestic support, personal and nursing care, including end of life care.</p> <p>Once an infected person's severity banding has been established by the Scheme, it is not necessary to provide any additional evidence of care requirements to receive a Care award via the Core Route.</p> <p>The Care award offered through the Core Route has been calculated based on average care needs associated with each infection severity band. The average care requirements used as a basis to award compensation through the Core Route are set out in Annex B.</p> <p>A single UK-wide rate is used to calculate the Care award. This means that the rate will not change based on where in the UK the person has or will in future receive care. Rates for care are based on the average commercial cost of care in 2024. Rates for care are based on Expert Group advice as to the current cost of commercial care across the UK.</p> <p>As highlighted by the Inquiry, past care is likely to have</p>



	<p>been provided gratuitously by loved ones. Care awards for a deceased person will therefore be 25% less than the commercial care rates used in the Scheme. This is based on the assumption that, as past care was provided gratuitously, the care costs would have been exempt from tax, national insurance and other costs which would ordinarily be added if using a professional carer.</p> <p>No deduction is made from the Scheme's award for past care to reflect payments received through the Infected Blood Support Schemes, DWP benefits, time spent being cared for in hospital, or any other state-funded care.</p> <p>Where a person can demonstrate that their care costs are or have been higher than those assumed through the Core Route award (see Annex B), the Supplementary Route will be available. This will require additional documentation to be provided to verify eligibility for an award through the Supplementary Route.</p>
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### Financial Loss Award

<b>Compensates for:</b>	Past and future financial losses suffered as a result of infection. This includes both financial loss and loss of services (e.g. providing childcare).
<b>Paid to:</b>	<p>Infected persons</p> <p>Where an infected person is living, the Financial Loss award is paid to the infected person directly.</p> <p>Where an infected person is deceased:</p> <p>an award for past financial loss (i.e. from the point of infection to death) is paid to the estate of the infected person;</p> <p>an award for future financial loss (i.e. years between death and healthy life expectancy age of the infected person) is paid to any affected dependants.</p>
<b>Calculated by:</b>	Formula based on the anticipated impact of an infection and subsequent treatment on an infected person's ability to work through disease progression. This is based on net median UK earnings + 5%.



	<p>Financial loss is paid up until the ‘healthy life expectancy’ of an infected person. Healthy life expectancy is determined using the Office for National Statistics Expectations of Life tables.<sup>1</sup> Where necessary, reference will also be made to the Ogden Tables.<sup>2</sup> The Ogden tables help actuaries, lawyers and others to calculate the compensation due in personal injury and fatal accident cases.</p>
<p><b>Further detail for infected persons (chronic infection i.e. more than 6 months)</b></p>	<p>Once an infected person’s severity banding has been established by the Scheme, it is not necessary to provide any additional evidence to receive a Financial Loss award via the Core Route.</p> <p>Financial Loss awards are based on net median UK earnings + 5%, as recommended by Sir Robert Francis and the Inquiry. Based on the Office of National Statistics 2023 Annual Survey of Hours and Earnings (all occupations)<sup>3</sup>, this amounts to £29,657 per annum prior to retirement age. Financial loss after retirement age will reflect a pension payout.</p> <p>Many people applying to the Scheme will have suffered a loss of earnings in the years prior to the establishment of the Scheme, at which point average earnings were lower. For the purpose of simplicity, all Financial Loss awards will be calculated using current average rates, rather than historic averages.</p> <p>The Expert Group provided advice on the anticipated impact that an infection would have on a person’s earning potential, taking into account disease progression and the introduction of new and effective treatments.</p> <p>The following assumptions have been made in calculating financial loss for living infected persons:</p> <ul style="list-style-type: none"> <li>• For Hepatitis C - it is assumed that the introduction of effective treatments in 2016 improved an infected</li> </ul>

<sup>1</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/nationallifetablesunitedkingdomreferencetables>

<sup>2</sup><https://www.gov.uk/government/publications/ogden-tables-actuarial-compensation-tables-for-injury-and-death>

<sup>3</sup><https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2023>



	<p>person's ability to work. See Annex C for further detail.</p> <ul style="list-style-type: none"> <li>● For Hepatitis B - it is assumed that the introduction of effective treatments in 2008 improved an infected person's ability to work. See Annex C for further detail.</li> <li>● For HIV and co-infections - it is assumed that people will initially have lived without symptoms for a period of time following HIV infection before suffering an impact on earning potential after the onset of symptoms. The Expert Group has advised that the simplest way to reflect this change in earning potential is to base the financial loss calculation on the time of HIV diagnosis, rather than the onset of symptoms. This means that financial loss compensation will be paid from the date of infection, with an increased rate following diagnosis. See Annex C for further detail.</li> </ul> <p>In addition to anticipated loss of earnings, a flat rate of £10,000 will be paid to all infected people (or their estates) to cover miscellaneous expenses including travel to appointments, extra cost of insurance and funeral costs etc.</p> <p>Where a person can demonstrate that their financial loss is or would have been higher than the assumptions of the Core Route award, the Supplementary Route will be available. This will require additional documentation to be provided to verify eligibility for an award through the Supplementary Route.</p>
<p><b>Further detail for persons with an acute Hepatitis C infection (i.e. less than 6 months)</b></p>	<p>For people who have suffered an acute Hepatitis C infection only, a flat rate of £10,000 is awarded for financial loss.</p>
<p><b>Further detail for bereaved affected persons</b></p>	<p>Where an infected person is deceased, past financial loss from the point of infection to death is paid to the estates of the deceased person. Financial loss from the point of death to the estimated healthy life expectancy age of the</p>





	<p>deceased is paid to the affected dependants<sup>4</sup> registered with the Scheme. Healthy life expectancy is determined using the Office for National Statistics Expectations of Life tables and where necessary the Ogden Tables.<sup>5</sup></p> <p>To enable bereaved affected dependants to receive Financial Loss awards independent of when other affected persons apply for compensation, the Scheme proposes a tariff-based approach to assess the financial loss of dependants. The Scheme proposal assigns fixed proportions of financial loss to affected individuals considered most likely to have a dependency, i.e. partners and children under the age of 18 at the time of the infected person's death. Partners or children under the age of 18 at the time of the infected person's death would not need to provide evidence of a dependency on the infected person.</p> <p>Other bereaved affected persons (e.g. parents or children over the age of 18) may be eligible to receive Financial Loss awards but they would be required to provide evidence of dependency on the infected person at the time of death. This would be done via the Supplementary Route.</p> <p>Starting from the net median UK earnings + 5% described above, the Scheme has assigned proportions of financial loss to bereaved affected persons. This includes a deduction to reflect the expenditure that the infected person is assumed to have spent on themselves.</p> <p>Proposed tariff rates for Financial Loss awards to bereaved affected persons, dependent on circumstances are as follows:</p> <ul style="list-style-type: none"><li>● Partner of an infected person at time of death: £16,682 per annum.</li><li>● Child under 18 at the time of the infected person's death: £5,561 per annum, until the age of 18.</li></ul>
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<sup>4</sup> Dependant as defined in the Fatal Accidents Act 1976

<sup>5</sup><https://www.gov.uk/government/publications/ogden-tables-actuarial-compensation-tables-for-injury-and-death>



	<ul style="list-style-type: none"> <li>• Child under 18 who has lost both parents to infected blood related infections: £22,243 per annum, until the age of 18.</li> </ul> <p>Other affected persons could claim dependency on the provision of evidence via the Supplementary Route. This would include where dependency of a child goes beyond the age of 18 (e.g. in the case of a child with a disability).</p> <p><i>For bereaved partners registered with a current support scheme:</i> In the event that the IBCA assesses that compensation through the Scheme would be lower than would otherwise have been paid through continued IBSS support payments, an additional top-up payment will be provided to bring the compensation up to the level of the support payments. This will ensure that no one will receive less compensation through the Scheme than they may have otherwise expected to receive through payments under existing schemes. Any top-up payment awarded will take into account other compensation payments that a person has received through the Scheme in their own right and, if applicable, as an estate beneficiary.</p>
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### Infected Blood Support Schemes

The proposed Scheme will compensate for both past and future losses suffered as a result of infected blood. This includes future care costs and the financial loss suffered as a result of infection. This will mean that, for the first time, payments to those who have suffered as a result of infected blood will be on a single statutory basis that applies across the UK.

The establishment of the Scheme will not have any immediate impact on the support payments received through the IBSS, and the eligibility criteria for the IBSS will not be impacted by the new Scheme.

IBSS are delivered separately in England, Wales, Scotland and Northern Ireland and decisions on individual schemes will be for the devolved administrations.

Payments will continue to be paid, at the same level, via the IBSS and on an ex-gratia basis until 31 March 2025. This means that any payments received before and up to 31 March 2025 will not be deducted from compensation awarded through



the new Scheme. After this point, from 1 April 2025, people who receive IBSS payments will continue to receive payments until such time that their case is assessed under the new Scheme by the Infected Blood Compensation Authority (IBCA). Once assessed under the Scheme, the applicant will be able to choose how to receive their compensation (lump sum or periodic payments).

The IBCA will not be able to assess all cases at the same time. Therefore, to ensure a fair and consistent approach over the transition from the IBSS to the new Scheme, any IBSS payments received from 1 April 2025 will be deducted from a person's total compensation award.

In the event that the IBCA assesses that a person is entitled to less compensation through the Scheme than may have otherwise been paid to them through continued IBSS support payments, an additional top-up payment will be provided to bring the compensation they receive up to the level of the support payments. This will ensure that no one will receive less compensation through the Scheme than they may have otherwise expected to receive through payments under existing schemes. Any top-up payment awarded will take into account other compensation payments that a person has received through the Scheme, either in their own right or as an estate beneficiary.

### **Next steps**

These proposals are subject to discussion and engagement with the infected blood community. This engagement is being led by Sir Robert Francis KC and will take place over June 2024. The Scheme will be finalised following the engagement. The Victims and Prisoners Act imposes a statutory duty on the Government to make regulations to establish the Infected Blood Compensation Scheme by 24 August 2024.

A summary of the key themes raised in the engagement exercise will be published on the Infected Blood Compensation Authority website.



## **Annex A: Illustrative awards under the proposed Scheme**

### Illustrative award for living people who are infected

The proposed 'Core Route' tariff structure has been informed by the work of the Expert Group and uses a flat rate tariff or simple standard formula to calculate each Category of Award. The tariffs have been designed to be appropriate for the majority of applicants. Under the Core Route, flat rate tariffs are used to calculate Injury, Social Impact and Autonomy Awards. Standard formulas are used to calculate Financial Loss and Care awards.

The below tables are intended to give an illustration of the compensation award that an infected person living with a single infection or co-infection may expect to receive under the proposed scheme. Care awards and Financial Loss awards use standard formulas to calculate the awards based on information provided by the applicant as well as standardised information such as the Office for National Statistics Expectations of Life tables and Ogden tables for healthy life expectancy. For this reason, the rates provided in the table below are illustrative, and show an estimated range for the award that the majority of eligible people within this cohort are likely to receive through the Core Route.

The awards shown should not be taken as an accurate calculation of the total compensation award for all eligible persons within this cohort. The range listed here is an illustration of what the majority of people who are infected could receive: it is not the minimum to maximum award. Some people may be eligible for additional compensation, depending on individual circumstances via the Supplementary Route.

**Illustrative award for a living infected person with a single or mono infection awards**

The numbers contained in this document are illustrative of the proposed scheme. It will be for the Government following the election to decide on the details of the final scheme, having considered the conclusions of Sir Robert's engagement process.

Category of Award	Hepatitis C (Acute)	Hepatitis C or Hepatitis B (Chronic)	Hepatitis C or Hepatitis B (Cirrhosis)	Hepatitis C or Hepatitis B (Decompensated cirrhosis, and/or liver cancer and/or liver transplantation) or Hepatitis B Acute where the infection resulted in a fatality in the acute period	HIV
Injury award	£10,000	£60,000	£120,000	£180,000	£180,000
Social Impact award	£5,000	£50,000	£50,000	£50,000	£50,000
Autonomy award	£10,000	£40,000	£40,000	£50,000	£60,000
Financial Loss award*	£10,000	Approx. £460,000- £605,000	Approx. £580,000- £725,000	Approx. £685,000 - £830,000	Approx. £1,255,000- £1,645,000
Care award <sup>+</sup>	£500	£55,000	£195,000	£447,000	£680,000
Total	£35,500	£665,000- £810,000	£985,000- £1,130,000	£1,412,000 - £1,557,000	£2,225,000- £2,615,000

\*Financial Loss is a £10,000 flat rate, plus a bespoke award based on: age at infection; working years; severity of infection; when treatments for the disease were introduced; and, life expectancy. The range listed here is our estimate of what the majority of people who are infected will receive, it is **not** the minimum to maximum award range. Financial loss is paid up until the 'healthy life expectancy' of an infected person.



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People who believe their financial loss exceeds this amount will be able to apply for additional compensation through the Supplementary Route.

To note on Financial Loss awards for HIV infections: HIV is a lifelong infection and the majority of those infected will have experienced progression to advanced symptomatic HIV disease including AIDS conditions and have died as a consequence of their infection. Early antiretroviral therapies were of low efficacy and were associated with frequent and multiple adverse side effects, further limiting an infected person's capacity to work. Although effective combination antiretroviral therapy became available in 1998 and will have had an immediate impact on improving survival and reduced risk of disease progression, the majority of those surviving will have continued to experience side effects from medications and symptoms from long term sequelae of severe immunodeficiency impacting on an infected persons quality of life and work capacity.

+This table shows the Core Route Care award for people living with an infection. Applicants will have the option of applying for a Supplementary Route if they feel they can demonstrate their care costs are greater.

**Illustrative award for a living infected person with a co-infection**

The numbers contained in this document are illustrative of the proposed scheme. It will be for the Government following the election to decide on the details of the final scheme, having considered the conclusions of Sir Robert's engagement process.

Category of Award	HIV and Hepatitis C/ Hepatitis B (Acute)	HIV and Hepatitis C/ Hepatitis B (Chronic)	HIV and Hepatitis C/ Hepatitis B (Cirrhosis)	HIV and Hepatitis C/ Hepatitis B (Decompensated cirrhosis)	HIV and Hepatitis C/ Hepatitis B (liver cancer and/ or liver transplantation)	Hepatitis C and Hepatitis B (Chronic infections)
Injury award	<b>£182,500</b>	<b>£195,000</b>	<b>£240,000</b>	<b>£270,000</b>	<b>£270,000</b>	Dependent on infection severity. All suffering coinfection will receive a 25% increase on the compensation total otherwise awarded for a single Hepatitis B or C infection. <b>£75,000- £225,000</b>
Social Impact award	£70,000	£70,000	£70,000	£70,000	£70,000	£70,000
Autonomy award	£70,000	£70,000	£70,000	£70,000	£70,000	£70,000
Financial Loss award*	Approx. £1,255,000 - £1,645,000	Approx. £1,255,000 - £1,645,000	Approx. £1,255,000 - £1,645,000	Approx. £1,255,000 - £1,645,000	Approx. £1,255,000 - £1,645,000	Dependent on severity. Approx. £460,000- £830,000



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Care award <sup>+</sup>	£680,000	£680,000	£680,000	£680,000	£680,000	Dependent on severity. Approx. £55,000-£447,000
Total	£2,257,500- £2,647,500	£2,270,000- £2,660,000	£2,315,000- £2,705,000	£2,345,000- £2,735,000	£2,345,000- £2,735,000	£730,000- £1,642,000

\*Financial Loss is a £10,000 flat rate, plus a bespoke award based on age at infection, working years, severity of infection, when treatments for the disease were introduced, and life expectancy. The range listed here is our estimate of what the majority of people who are infected will receive, it is **not** the minimum to maximum award. Financial loss is paid up until the 'healthy life expectancy' of an infected person. People who believe their financial loss exceeds this amount will be able to apply for additional compensation through the Supplementary Route.

+This table shows the Core Route Care award for people living with a co-infection. Applicants will have the option of applying for a Supplementary Route if they feel they can demonstrate their care costs are greater.

### Illustrative awards for deceased infected persons

The estates of deceased infected persons will also be eligible to claim compensation but illustrative awards are not given as the Financial Loss award and Care award will vary depending on the age of the infected person and length of infection. Injury, Social Impact and Autonomy awards will be the same for living and deceased infected persons. The examples below provide an illustration of the awards made through the Scheme to the estates of deceased infected persons.



**Illustrative award for a deceased infected person: HIV infection**

Date of birth: 1964

Date of infection: 1982

Date of diagnosis: 1985

Date of death: 1998

Bereaved affected persons at point of death: Partner and a 14 year old child

Category of Award	Case study for deceased infected person: HIV infection*
Injury award	£180,000
Social Impact award	£50,000
Autonomy award	£60,000
Financial Loss award	Financial loss paid to the estate: £440,000** (approx. total) Financial loss paid to the bereaved affected: Bereaved partner: £667,000+ (approx. total) Bereaved child: £22,000++ (approx. total)
Care award	£477,000 (approx. total)+++
Total	£1,896,000

\*The numbers contained in this document are illustrative of the proposed scheme. It will be for the Government following the election to decide on the details of the final scheme, having considered the conclusions of Sir Robert's engagement process

\*\*Financial loss paid to the estate calculation: £10,000 [flat rate award] + (3 x £14,829) [for 3 years between infection and diagnosis] + (13 x £29,657) [for period from diagnosis to death of infected person] = £440,000 (approx.)



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+ Financial loss paid to bereaved partner calculation: 40 x £16,682 [for 40 years from date of death of the infected person to the infected person's healthy life expectancy = £667,000 (approx.)

\*\* Financial loss paid to bereaved child calculation: 4 x £5,561 [for 4 years from age 14 to 18] = £22,000 (approx.)

\*\*\* Care award is calculated on the basis of a whole life time package for the severity band as advised by Expert Group. Calculation consists of: 0.5 years End of Life Care, 1.5 years High Care, 7 years Moderate Care, 5 years Low Care and 2 years Domestic support/Ad hoc care. As the Inquiry report acknowledged, past care is likely to have been provided gratuitously. We have therefore added past care award values which reflect commercial rates deducted 25%, to reflect the tax, national insurance and other costs which would have had to be paid by a professional carer but not by the gratuitous carer.

### Illustrative award for a deceased infected person: Hepatitis C infection (Liver cancer)

Date of birth: 1958

Date of infection and diagnosis: 1979

Date of death: 2020

Bereaved affected persons at point of death: Partner

Category of Award	Case study for deceased: Hepatitis C infection*
Injury award	£180,000
Social Impact award	£50,000
Autonomy award	£50,000
Financial Loss award	Financial loss paid to the estate: £639,000** (approx. total) Financial loss paid to the bereaved partner: £200,000+ (approx. total)
Care award	£335,000 (approx. total)**
Total	£1,454,000



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\*The numbers contained in this document are illustrative of the proposed scheme. It will be for the Government following the election to decide on the details of the final scheme, having considered the conclusions of Sir Robert's engagement process

\*\*Financial loss paid to the estate calculation: £10,000 [flat rate award] + (31 x £11,863) [for 31 years chronic infection] + (6 x £23,726) [for 6 years of cirrhosis] + (4 x £29,657) [for 4 years of liver cancer] = £639,000 (approx.)

+ Financial loss paid to bereaved partner calculation: 12 x £16,682 [for 12 years from date of death of the infected person to the infected person's healthy life expectancy] = £200,000 (approx.)

\*\* Care award is calculated on the basis of a whole life time package for severity band as advised by Expert Group. Calculation consists of: 0.5 years End of Life Care, 1.5 years High Care, 2 years Moderate Care, 6 years Low Care and 10 years Domestic support/Ad hoc care. As the Inquiry report acknowledged, past care is likely to have been provided gratuitously. We have therefore added past care award values which reflect commercial rates deducted 25%, to reflect the tax, national insurance and other costs which would have had to be paid by a professional carer but not by the gratuitous carer.

Illustrative awards for people who are affected

The table below is intended to give an illustration of the compensation that people who are affected might expect to receive against each category of award, depending on circumstances.

Awards to affected persons will vary depending on: the infection severity banding of the infected person to whom the claim relates (Injury award); the relationship between the affected and infected person (Autonomy award); whether or not the infected person is deceased (Financial Loss award); and, whether or not the infected person or their estate representative nominates the affected person to receive payment (Care award).

The numbers contained in this document are illustrative of the proposed scheme. It will be for the Government following the election to decide on the details of the final scheme, having considered the conclusions of Sir Robert's engagement process

Category of Award	Partner	Parent (where child's infection started before age 18)	Child (where onset of parent's infection began before the child turned 18)	Siblings	Carers; Parent (where onset of child's infection began after age 18); Child (where onset of parent's infection began after child turned 18)
Injury award - Hepatitis B (Acute, where the infection resulted in a fatality in the acute period)  <b>or</b>  Hepatitis C/ Hepatitis B (Cirrhosis)	£86,000	£65,400	£40,400	£22,000	£22,000



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<p><b>or</b></p> <p>Hepatitis C/ Hepatitis B - (Decompensated cirrhosis)</p> <p><b>or</b></p> <p>HIV</p> <p><b>or</b></p> <p>Co-infection</p>					
Injury award - Hepatitis C/ Hepatitis B (Chronic)	£34,000	£20,000	£20,000	£20,000	£20,000
Social Impact award	£8,000	£8,000	£8,000	£8,000	£8,000
Autonomy award	£16,000	£6,600	£6,600	£0	£0
Finance award	Available for bereaved affected persons, dependent on circumstances ranging from  £16,682 per annum where applicable*	Available for bereaved affected persons, dependent on circumstances*	Available for bereaved affected persons, dependent on circumstances  £5,561- £22,243 per annum where applicable*	Available for bereaved affected persons, dependent on circumstances*	Available for bereaved affected persons, dependent on circumstances*



Care award	If nominated*	If nominated*	If nominated*	If nominated*	If nominated*
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\* see section below

**Note on Financial Loss awards for people who are affected**

*Where the infected person is living:* Past and future financial loss is paid to the person who is infected either in a lump sum or periodical payments.

*Where the infected person is deceased:* Past financial loss from point of infection to death is paid to the estates of the deceased person. Financial loss from the point of death to estimated healthy life expectancy of the deceased is paid to the affected dependants registered with the Scheme.

Proposed tariff rates for financial loss to bereaved affected persons dependent on circumstances:

- Partner of an infected person at time of death: £16,682 per annum.
- Child under 18 at the time of the infected person’s death: £5,561 per annum until the age of 18.
- Child under 18 who has lost both parents to infected blood related infections: £22,243 per annum until the age of 18.
- Other affected persons could claim dependency on the provision of evidence via the Supplementary Route. This would include where dependency of a child goes beyond the age of 18 (e.g. in the case of a child with a disability)

**Note on Care awards for people who are affected**

Care awards are paid directly to infected persons (or their estates). Care awards can be paid directly to affected persons on the request of an infected person or their estate representative.

**Annex B: Core Route Care Award****Care band descriptors and costs**

This table shows the bands used to calculate care awards, with a breakdown of the assumed costs associated with past and future care.

Care band	Future care cost (per annum)*	Past care cost (per annum)**
<b>Domestic support and ad hoc care</b> 6 hours per week <i>Support with heavier domestic tasks, attendance of medical appointments and household maintenance</i>	£5,460	£4,095
<b>Low care band</b> 16.5 hours per week (6 hours per week domestic support + 1.5 hours per day personal care) <i>Domestic support as above plus personal care per day including washing, dressing and grooming</i>	£23,425	£17,569
<b>Moderate care</b> 34 hours per week (6 hours per week domestic support + 4 hours per day agency home care) <i>Domestic support as above plus increased personal care, assistance with meals and attendance of health appointments</i>	£51,286	£38,464



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<p><b>High care</b></p> <p>41 hours per week (6 hours per week domestic support + 5 hours per day agency home care)</p> <p><i>Domestic support as above plus full personal care, full assistance with meals and attendance of health appointments and medication</i></p>	<p>£62,742</p>	<p>£47,057</p>
<p><b>End of Life Care</b></p> <p>24 hour support (2 x 12 hr shifts)</p>	<p>£109,836</p>	<p>£82,377</p>

\*The numbers contained in this document are illustrative of the proposed scheme. It will be for the Government following the election to decide on the details of the final scheme, having considered the conclusions of Sir Robert’s engagement process

\*\*As the Inquiry acknowledged, past care is likely to have been provided gratuitously. The awards for past care are therefore 25% lower than current commercial rates. This reflects the fact that where care was provided gratuitously, the associated cost would have been exempt from tax, national insurance and other costs, which would otherwise be payable if depending on a professional carer.



**Assumed care requirements for each infection severity**

This table shows the assumed care requirements associated with different infection severity bands. These are used to calculate Care awards under the proposed Scheme, as advised by the Expert Group.

Infection severity band	Years of care required*				
	End of life care (£109,836 per annum)	High care requirement (£62,742 per annum)	Moderate care requirement (£51,286 per annum)	Low care requirement (£23,425 per annum)	Minimal care and domestic support (£5,460 per annum)
HIV	0.5	1.5	7	5	10
HIV <b>and</b> Hepatitis C (Acute)	0.5	1.5	7	5	10
HIV <b>and</b> Hepatitis C/ Hepatitis B (Chronic)	0.5	1.5	7	5	10
HIV <b>and</b> Hepatitis C/ Hepatitis B (Cirrhosis)	0.5	1.5	7	5	10
HIV <b>and</b> Hepatitis C/ Hepatitis B (Decompensated cirrhosis)	0.5	1.5	7	5	10
HIV <b>and</b> Hepatitis C/ Hepatitis B liver cancer &/or liver transplantation	0.5	1.5	7	5	10
Hepatitis C (Acute)					
Hepatitis C/ Hepatitis B (Chronic)					10



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Hepatitis C/ Hepatitis B (Cirrhosis)				6	10
Hepatitis C/ Hepatitis B (Decompensated cirrhosis, liver cancer)	0.5	1.5	2	6	10

\*The numbers contained in this document are illustrative of the proposed scheme. It will be for the Government following the election to decide on the details of the final scheme, having considered the conclusions of Sir Robert's engagement process.

**Annex C: Financial Loss Award Illustration**

As described above (see section on 'Financial Loss Award'), the Financial Loss award varies based on the severity of a person's infection and the availability of effective treatments. To avoid the need for individual assessment and large volumes of evidence from applicants, the Scheme's proposed Financial Loss awards are based on a 'standard' disease profile. The 'standard' disease profile was recommended by the Expert Group and makes assumptions about the impact that an infection will have had on an infected person's ability to work over a 'typical' disease progression. The 'standard' disease profile assumes that a person will suffer from a chronic infection for a number of years before their disease progresses to cirrhosis (assumed to last 6 years) and then to decompensated cirrhosis or liver cancer (assumed to last 4 years). Where an applicant can demonstrate that their financial loss is or would have been higher than the assumptions of the Core Route award, the Supplementary Route will be available.

**Figure 1: Hepatitis C financial loss award**

Milestones for the introduction of major treatments	% of full financial award received (£29,657 per annum from infection)*		
	Chronic infection	Cirrhosis (assumed 6 years)	Decompensated cirrhosis, liver cancer (assumed 4 years)
Effective management introduced from 2016	20% (of £29,657) Equivalent to approx. £5,931 per annum	60% (of £29,657) Equivalent to approx. £17,794 per annum	100% (of £29,657)
Infection pre effective treatment (Pre 2016)	40% (of £29,657) Equivalent to approx. £11,863 per annum	80% (of £29,657) Equivalent to approx. £23,726 per annum	100% (of £29,657)



**Example: Illustrative financial loss award calculation for a person who is infected with Hepatitis C in 1979, and passes away from liver cancer related to their Hepatitis C infection in 2020. Figures are approximate.\***

4 years [2016 - 2020] of Decompensated cirrhosis, liver cancer	100% (of £29,657) = <b>£118,628</b>
6 years [2010 - 2016] of cirrhosis	80% (of £29,657) = <b>£142,354</b>
31 years [1979 - 2010] of Chronic Hepatitis C infection	40% (of £29,657) = <b>£367,747</b>
Flat rate award	£10,000
<b>Total</b>	<b>£638,729</b>

\*The numbers contained in this document are illustrative of the proposed scheme. It will be for the Government following the election to decide on the details of the final scheme, having considered the conclusions of Sir Robert's engagement process.

**Figure 2: Hepatitis B financial loss award**

Milestones for the introduction of major treatments	% of full financial award received (£29,657 per annum from infection)*		
	Chronic infection	Cirrhosis (assumed 6 years)	Decompensated cirrhosis, liver cancer (assumed 4 years)
Effective management introduced from 2008	20% (of £29,657) Equivalent to approx. £5,931 per annum	60% (of £29,657) Equivalent to approx. £17,794 per annum	100% (of £29,657)
Infection pre effective treatment (Pre 2008)	40% (of £29,657) Equivalent to approx. £11,863 per annum	80% (of £29,657) Equivalent to approx. £23,726 per annum	100% (of £29,657)

**Example: Illustrative financial loss award calculation for a person who is infected with Hepatitis B in 1977, and passes away from liver cancer related to their Hepatitis B infection in 2018. Figures are approximate.\***

4 years [2014 - 2018] of Decompensated cirrhosis, liver cancer	100% (of £29,657) = <b>£118,628</b>
6 years [2008 - 2014] of cirrhosis	60% (of £29,657) = <b>£106,765</b>
31 years [1977 - 2008] of Chronic Hepatitis B (pre-effective management)	40% (of £29,657) = <b>£367,747</b>
Flat rate award	£10,000
<b>Total:</b>	<b>£603,140</b>



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\*The numbers contained in this document are illustrative of the proposed scheme. It will be for the Government following the election to decide on the details of the final scheme, having considered the conclusions of Sir Robert's engagement process.

**Figure 3: HIV and co-infection of HIV and Hepatitis B or Hepatitis C financial loss award**

Milestone for change in impact on earnings	% of full financial award received (£29,657 per annum from infection)*				
	HIV	HIV & Acute Hepatitis B/C	HIV & Chronic Hepatitis B/C	HIV & Hepatitis B/C (Cirrhosis)	HIV & Hepatitis B/C (Decompensated cirrhosis/ liver cancer)
Following diagnosis	100% (of £29,657)	100% (of £29,657)	100% (of £29,657)	100% (of £29,657)	100% (of £29,657)
Point of infection to diagnosis	50% (of £29,657)  Equivalent to approx. £14,829 per annum	62.5% (of £29,657)  Equivalent to approx. £18,536 per annum	62.5% (of £29,657)  Equivalent to approx. £18,536 per annum	75% (of £29,657)  Equivalent to approx. £22,243 per annum	75% (of £29,657)  Equivalent to approx. £22,243 per annum

**Example: Illustrative financial loss award calculation for a person who is diagnosed with HIV and Chronic Hepatitis C in 1995 following infection through use of infected blood products in 1979 and passes away in 2024.** Figures are approximate.\*

16 years [1979 - 1995] pre-diagnosis	62.5% (of £29,657) = <b>£296,570</b>
29 years [1995 - 2024] post-diagnosis	100% (of £29,657) = <b>£860,053</b>
Flat rate award	£10,000
<b>Total:</b>	<b>£1,166,623</b>

\*The numbers contained in this document are illustrative of the proposed scheme. It will be for the Government following the election to decide on the details of the final scheme, having considered the conclusions of Sir Robert's engagement process.