



Baroness Anderson of Stoke on Trent
Baroness-in-Waiting [Government Whip]
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To:
The Baroness Brinton

cc:
The Baroness Finlay of Llandaff
The Baroness Finn

House of Lords
London
SW1A 0PW

29 December 2025

My Lords,

Thank you for attending the session on 11 December regarding the Infected Blood Compensation Scheme (Amendment) Regulations 2025. During the debate, I noted several points where I promised to write to the noble Lords, with further information. I have included that information below, and I will also be depositing a copy of this letter in the library of the House.

The noble Baroness, Lady Brinton, raised the following points:

"The Government's advisors recommended that past payments should be discounted. There was a specific argument that this [ex gratia payments] was not compensation but now it appears that everyone is insisting it must be fixed to it, which conveniently denies those who died before the schemes were established 40 years ago."

As I stated in the debate, previous payments made by an Infected Blood Support Scheme (IBSS) or predecessor Scheme on or before 31 March 2025 are considered ex gratia under the Scheme (with the exception of interim compensation payments which are deducted from final awards). From 1 April 2025, any and all payments that continue under an IBSS will be taken into account for determining the level of compensation to be awarded under the Compensation Scheme administered by the Infected Blood Compensation Authority (IBCA). This does not apply to payments for pre-payment prescription certificates, or talking therapies, which will not be taken into account at all.

The reason for accounting for payments made after 1 April concerns the calculation of an infected person's awards relating to their future Financial Loss and future Care costs. IBCA will compare the future Financial Loss award and future Care award amounts available under the Scheme, with the person's estimated IBSS payments up to their healthy life expectancy. Where the awards under the Scheme are higher than the projected IBSS payments for a registered infected person, that person will receive a 'support scheme top up award' which will be added to the compensation paid by IBCA. If the awards under the Scheme are lower than the projected support scheme payments, this will have no impact on the support scheme payments. This is in line with the recommendations made by Sir Robert Francis KC, in his review of the Infected Blood Compensation Scheme proposal in Summer 2024. It also aligns the Inquiry's second Interim Report, which stated that "future support payments should be taken into account in respect of future loss calculations".

"There is no mention of the estates of the deceased. This is clearly only for living infected people, meaning that every dead child or adult who died before the SCM was introduced will have no right of appeal or compensation for actual injuries to them."

The Government is currently consulting on a proposal to introduce a Severe Health Condition award to recognise impacts associated with the IBSS Special Category Mechanism and its equivalents (SCM). The Government is proposing that the following cohorts are considered eligible for this award:

- All infected people, including those who have sadly passed away that were registered with an IBSS and received one of the following types of payments:
 - 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);
- Living infected people not registered with an IBSS. The Government proposes that infected people who were not registered with an IBSS should be able to apply for this award. People in this circumstance would need to provide a range of medical documents and evidence so that IBCA can determine their eligibility. This would require medical assessors to review applications.

The estates of infected people who were not registered with an IBSS would not be eligible for the award under the current proposal

This reflects the initial advice from the Infected Blood Compensation Scheme Technical Expert Group (Technical Expert Group) that 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.

“Some of them are actually outraged; they feel that this is worse as they are allowed only to make written submissions regarding the SCM and the expert group—the TEG. This seems to really get close to infringing human rights for these victims.”

As the noble Baroness is aware, the Technical Expert Group is convening a series of roundtables with representatives of the infected blood community. The purpose of the roundtables is to facilitate targeted engagement with members of the infected blood community to clarify evidence and test assumptions regarding the TEG's advice to the Government on implementing the recommendation of the Inquiry Additional Report. It should be noted that the Technical Expert Group's roundtables are separate from the public consultation held by the Government.

On 1 December the Chair of the Technical Expert Group sent a letter to the Minister for the Cabinet Office setting out the group's proposal for the series of roundtables. The letter was published alongside a background paper on the topic of discussion for the first roundtables - the eligibility criteria for a Severe Health Condition Award to recognise SCM related impact for living infected people.

On 15 December, the Government also published the list of organisations that were invited and confirmed attendance for the SCM roundtables full attendee list for these two roundtables on [GOV.UK](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-technical-expert-group/infected-blood-compensation-scheme-technical-expert-group-roundtable-background-paper-special-category-mechanism.html). This can be found here at Annex C in the SCM background paper: <https://www.gov.uk/government/publications/infected-blood-compensation-scheme-technical-expert-group/infected-blood-compensation-scheme-technical-expert-group-roundtable-background-paper-special-category-mechanism.html>.

The first two roundtables took place on 15 and 17 December 2025, and as the noble Baroness noted, focussed on specific questions on the eligibility criteria for the proposed award to recognise impacts associated with SCM for living infected people. The list of attendees has therefore been chosen by the TEG with those in mind.

The size of the roundtables is limited to enable a full and open discussion. However, the TEG recognises that the issues that will be discussed at the roundtables affect a broad range of people across the community. This is why the TEG has invited written responses from key representatives in the community to the questions in the background paper produced for the roundtables. The Government published on [GOV.UK](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-technical-expert-group/infected-blood-compensation-scheme-technical-expert-group-roundtable-background-paper-special-category-mechanism.html) the set of questions asked by the TEG in a [background paper](https://www.gov.uk/government/publications/infected-blood-compensation-scheme-technical-expert-group/infected-blood-compensation-scheme-technical-expert-group-roundtable-background-paper-special-category-mechanism.html) for the roundtables on SCM on 1 December.

The TEG are still considering what future roundtables might be required after the public consultation closes, which will be in the new year. Future roundtables will also involve key organisational and charity representatives from the community. The TEG's current intentions are to hold roundtables on the recognition of severe psychological harm, the affected supplementary route and the recognition of treatment with interferon. These are all areas covered by the consultation.

“The noble Baroness has said that this [prioritisation of those nearing end of life] is the case for infected victims, but will the same rules apply to affected victims who are nearing the end of their lives? Many of them are: many are dying now.”

I noted in the debate that I believed IBCA would take the same prioritisation approach when processing claims from the affected cohort. As per IBCA's community update, shared on 11 December, the service is now open to the first claims for those claiming on behalf of a deceased infected person, and for those who are affected. IBCA are beginning this process by contacting approximately 15 individuals from each group to start their claim. These first claims have been prioritised based on information people have given to IBCA when registering their intent to claim.

IBCA has prioritised these based on recommendations from the Infected Blood Inquiry, bringing in claims first for those who are nearing the end of their lives, then those over 75, and then further by age with the oldest first. The next claims will begin in the New Year, unless IBCA receives a new registration for an end of life claim, which they will prioritise.

With regards to affected estates, IBCA have not said anything publicly about how they will handle these cases, once the fourth set of regulations have been made, subsequent to the consultation.

The noble Baroness, Lady Finlay, raised the following point, and while I addressed it in the debate, I committed to providing a written answer for reference:

"Is it correct that, if the infected child dies, there is no compensation for a lost life? As parents are not classed as dependants, can the Minister clarify what they are eligible for, having lost their child, and how that changes if their child died after the age of 16 or 18?"

As I set out in the debate, in the case where an infected child has very sadly passed away, the bereaved parent(s) would receive an Injury, Social Impact and Autonomy awards based on the child's infection and infection severity in their own right as bereaved parents. This would be the compensation they receive in their own right, as an affected person.

Usual intestacy laws would dictate that the parent(s) are the likely beneficiary of their child's estate, and so would be the recipient of the relevant Injury, Social Impact, Autonomy, Care and Financial Loss awards due to the child's estate. It is important that I note each case is, of course, specific to the family, and circumstances here can vary.

In addition, the noble Baroness, Lady Finn, raised the following point, in relation to the removal of the 1982 start date for eligible HIV infections:

"Can the Minister confirm that this also applies to those who only discovered or were only informed much later that they were infected, but where the likely cause was treatment before the relevant date?"

The Regulations remove the 1982 start date for eligible HIV infections, as recommended by the Inquiry. This means anyone infected with HIV because of treatment with infected blood or blood products will be eligible for compensation, irrespective of the year they were infected.

If it is not possible to establish the year in which the infection was contracted, the year in which the first blood product was received will be taken as the infection year unless there is evidence an infection must have occurred later. The regulations set out that, in such cases, the earliest possible year an infection could have been contracted will be accepted.

I would like to once again place on record my gratitude for your continued advocacy of the infected blood community, and commitment to ensuring those impacted by this dreadful scandal feel heard and listened to in Parliament. I will place a copy of this letter in the House library.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Ruth Anderson".

**Baroness Anderson of Stoke on Trent
Baroness-in-Waiting [Government Whip]
and Lords Spokesperson for Cabinet Office**