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Government Commits to ‘Substantial Changes’ in Infected Blood Compensation Scheme

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In a long-overdue step toward justice, the government has announced a series of “substantial changes” to the infected blood compensation scheme, aiming to restore public confidence after decades of scandal and delay. The revised framework comes after sharp criticism from the chair of the public inquiry into the tragedy, who labelled the existing system “profoundly unsatisfactory” in a recent 200-page follow-up report.

The infected blood scandal, one of the gravest failures in the history of British public health, saw over 30,000 people infected with HIV (Human Immunodeficiency Virus), hepatitis B, or hepatitis C through contaminated blood products administered via the National Health Service (NHS) during the 1970s to early 1990s. A significant number of those victims have since died, while many survivors have endured decades of ill health, stigma, and inadequate recognition.

Speaking in Parliament, Cabinet Office Minister Nick Thomas-Symonds said the government’s focus must now be on delivering justice and rebuilding trust. He acknowledged that victims had been “let down too many times,” a sentiment echoed by affected families and campaigners.

Among the reforms unveiled, the government will now allow individuals to register for compensation proactively, rather than waiting to be invited, streamlining access and addressing one of the key delays criticised in the inquiry. Crucially, support payments for widows will be reinstated and maintained until full compensation is issued. Additionally, individuals infected with HIV before 1982, who were previously excluded, will now be eligible for compensation.

The government has accepted seven of the inquiry’s 16 recommendations outright, with the remainder entering consultation. The Infected Blood Compensation Authority (IBCA), the independent body administering the scheme, has pledged to accept all 11 recommendations within its remit. The compensation programme also now allows family members who die before their claims are finalised, so long as this occurs before December 31, 2031, to have their payment passed through their estate, addressing a critical gap in the previous rules.

Another major adjustment under review involves increasing supplementary payments to those subjected to unethical medical research, as well as reassessing the scope of patients eligible for such payments. The consultation will also explore how to fairly recognise long-term psychological harm and the severe side effects of hepatitis C treatments, such as interferon therapy.

These changes come with a £1 billion price tag on top of the £11.8 billion already budgeted, a significant sum but one widely regarded as necessary to deliver some measure of justice. A full cost update is expected in the next Autumn Budget.

Andy Evans, chair of the campaign group Tainted Blood, which represents over 1,600 victims and families, welcomed the changes but noted the need for continued pressure. “The government is listening to us,” he said, “though it’s a shame it took further prodding from the inquiry to get this far. This must now be the beginning of genuine collaboration to ensure the scheme delivers justice as far as money ever can for every single person impacted.”

The inquiry, led by retired judge Sir Brian Langstaff, concluded last year that critical failings, including the continued import of unsafe blood products and a lack of transparency, were compounded by an institutional cover-up. This week’s response marks the government’s most comprehensive attempt yet to address the damage done.

While some campaigners remain cautious, there is a sense that momentum is finally shifting. After years of delay, bureaucracy, and broken promises, victims and their families may now begin to see meaningful redress for a disaster that should never have happened in the first place.