

Infected blood: summary of our response to consultation on Special Category Mechanism and other support in England

Introduction

In 2016, we decided to improve the way we support people affected by the infected blood tragedy of the 1970s and 1980s, in which some NHS patients contracted HIV and hepatitis C through treatment with contaminated blood.

We promised an extra £125 million in funding for their support – more than any government had provided before, and consulted on how best to use the additional money.

Following the consultation we announced new annual payments for people with chronic hepatitis C (stage 1 infection) and a new one-off payment bereaved partners and spouses, a new process for those with stage 1 infection to apply for the higher payment amount, as well as increased annual payments from 2018/19.

March 2017 consultation

In March 2017 launched a second consultation, looking at the new process for those with stage 1 infection and ways to ensure we stayed within our budget.

We strongly believe that all those who are affected by this tragedy should be supported by a fair and transparent scheme that focuses on their welfare and long-term independence. Having listened to the response to the consultation we have decided to make some changes to what we proposed.

What's changing?

We are improving the way we make payments by:

- transferring the administration of the scheme to a single body, the NHS Business Services Authority (NHS BSA), from the 5 existing payment schemes run by charities and private companies
- introducing the Special Category Mechanism (SCM), through which people with stage 1 hepatitis C can access the same higher annual payments as those with stage 2 hepatitis C
- adding another illness – Membranoproliferative glomerulonephritis (MPGN) – to the list of stage 2 hepatitis C conditions
- making the annual payment uplifts from 2018/19
- simplifying the discretionary scheme so that all groups can get the support they need quickly, both financial and otherwise

The changes concern people who were infected in England. Wales, Northern Ireland and Scotland are responsible for their own schemes.

What this means for you

If you're registered under the scheme and have:

- hepatitis C at stage 1
 - you'll receive an annual payment of £3,535, rising to £4,500 in 2018/19, which will then increase in line with inflation
 - you can apply through the new SCM for a higher annual payment of £15,655 for 2017/18 and £18,500 from 2018/19
 - you can apply for a one-off £50,000 payment and higher annual payments through the existing stage 2 process if you go on to develop stage 2 disease
- hepatitis C at stage 2 or HIV
 - you'll receive an annual payment of £15,655 for 2017/18 and £18,500 from 2018/19, which will then increase in line with inflation
- hepatitis C at stage 1 and HIV
 - you'll receive an annual payment of £18,685 in 2017/18, rising to £22,500 in 2018/19, which will then increase in line with inflation
 - you can apply through the new SCM for a higher annual payment of £30,805 for 2017/18 and £36,500 from 2018/19
 - you can apply for a one-off £50,000 payment and higher annual payments through the existing stage 2 process if you go on to develop stage 2 disease
- hepatitis C at stage 2 and HIV
 - you'll receive an annual payment of £30,805 for 2017/18 and £36,500 from 2018/19, then increasing in line with inflation
- hepatitis C at stage 1 with MPGN
 - you can apply for a one-off £50,000 payment and higher annual payments through the existing stage 2 process, as MPGN will be listed as a stage 2 condition from November 2017

All payments will continue to be tax free and won't count if you're applying for welfare state benefits.

When is this happening?

From 1 November 2017:

- the NHS BSA will begin operating as the sole scheme administrator
- those with hepatitis C stage 1 will be able to apply for stage 2 support under the SCM
- MPGN will become a stage 2 condition

From April 2018:

- The annual payments uplifts will be introduced

The changes in more detail

A single scheme administrator

The NHS BSA will give support to all current beneficiaries of the five existing schemes as the new single scheme administrator. This will improve fairness and consistency, help share resources more equitably and enable the same core principles to be applied to every case.

We aim to make the transition as smooth and seamless as possible, with timely payments and the secure transfer of personal details.

Skilled staff and medical experts will ensure that the new administrator gains a proper understanding of your condition or personal circumstances, so that your individual needs are met.

You'll have a direct line of communication to the scheme administrator to raise queries, requests and concerns, and will be invited to give feedback on how well the new scheme is being run.

Special Category Mechanism (SCM)

From November 2017, we're introducing the SCM to enable people with a stage 1 infection that's having a substantial and long-term negative impact on their daily lives to apply for the higher annual payments received by those with HIV or stage 2 hepatitis C infection.

Following points raised in the consultation, we have made the application process as accessible as possible and will reimburse any reasonable costs of providing medical evidence.

Applications and appeals will be heard by experts, and unsuccessful applicants may reapply after 6 months with new supporting evidence.

Membranoproliferative glomerulonephritis (MPGN)

Type 2 or 3 cryoglobulinemia accompanied by MPGN is a complication of hepatitis C infection that requires dialysis and has a significant negative impact on life expectancy.

From November 2017, we'll add it to the current list of conditions that qualifies for hepatitis C stage 2 payments. We'll also backdate payments to April 2017.

Increased Annual Payments

The Government has listened to the concerns raised by those who, under the 2017 consultation, were no longer going to be receiving annual payment uplifts in April 2018. In recognition of this we have identified additional funding so that we can include the annual payment uplifts from April 2018.

Discretionary support

We are increasing funding for discretionary support and harmonising the way it's allocated in a new fair, transparent and flexible system under the new administrator.

The purpose of discretionary support is to provide additional, time-limited financial and non-financial support to you and your family. This is to address immediate infection-related needs that have a direct effect on your independence but are not otherwise being met.

Discretionary support could include payments for: emergency travel or accommodation provision; prescription pre-payment certificates; winter fuel or funeral expenses for bereaved family members; and means-tested income top-ups or support for dependants.

Non-financial assistance may come in the form of health and welfare referrals, financial advice, career and education training, and counselling and emotional support.