



Department
of Health

Infected blood: Consultation on Special Category Mechanism and financial and other support in England

March 2017

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Infected blood: Consultation on Special Category Mechanism and financial and other support in England

Prepared by

The Department of Health, England

Contents

Chapter One: Executive Summary	5
Chapter Two: Consultation Proposals	7
Update on implementation of the July 2016 consultation response	7
1. Expansion of stage 2 criteria for those with advanced hepatitis C infection	8
2. The Special Category Mechanism (with appeal) (SCM) for those with hepatitis C stage 1	9
3. Proposed payment schedules	11
4. Reformed discretionary support	13
The Public Sector Equality Duty and the 'Family Test'	14
Chapter Three: Transition to a reformed scheme	15
Chapter Four: Responding to this consultation	17
Annex A: Elements of the reformed scheme as proposed in July 2016	21
Annex B: The Special Category Mechanism (SCM)	22
Guidance Notes	22
Special Category Mechanism (SCM) Application form	26
Annex C: What does this mean for me?	37

Chapter One: Executive Summary

- 1.1 On 13 July 2016, the government published its response to the January 2016 consultation *Infected blood: Reform of financial and other support*¹, which announced a reformed package of support measures for those affected by the infected blood tragedy of the 1970s and 80s. Additional funding of up to £125 million was made available to support scheme beneficiaries. This is significantly more than any previous government has been able to provide for those affected by the tragedy and it more than doubles the annual spend in this parliament to April 2021.
- 1.2 Since July 2016, we have rolled out the new and increased payments promised for the financial year 2016/17. For the first time, almost 2,500 beneficiaries with chronic hepatitis C infection (stage 1 infection) will have been eligible to receive an annual payment of £3,500. Those with advanced hepatitis C (stage 2) and HIV will have received an uplift in their annual payment to £15,500 and we introduced a new £10,000 payment to bereaved partners and spouses.
- 1.3 We have also worked on the proposed special appeals mechanism referred to in the consultation response document and the new discretionary support going forward.
- 1.4 Developing the special appeals mechanism, now called Special Category Mechanism (with appeal) (SCM), for those with hepatitis C stage 1 has been a priority. We have consulted with experts and have also heard beneficiaries call for more clarity about this new process.
- 1.5 The SCM will be a significant new element of the infected blood reforms. We now wish to consult with beneficiaries and other interested stakeholders on the details of the new SCM and our proposals for ensuring the scheme remains within its budget as a result. We do not anticipate that there will be any reduction in current spending as a result of the consultation proposals and no-one who currently receives an annual payment will be worse off than they are now.
- 1.6 The SCM proposal is aimed to benefit beneficiaries with hepatitis C stage 1 who consider their infection, or its treatment, has a substantial and long-term adverse impact on their ability to carry out routine daily activities. We anticipate that a significant proportion of stage 1 beneficiaries will benefit from this new process and the higher annual payment level it would offer successful applicants, equivalent to the annual payment received by beneficiaries with hepatitis C who have stage 2 disease (that is, advanced liver disease such as cirrhosis and its complications) or those infected with HIV.
- 1.7 Initially, we intended the special appeals mechanism to benefit those at hepatitis C stage 1 whose health has been most negatively affected by their infection and to provide them with hepatitis C stage 2 support. However, as we developed the criteria and process for the new SCM, taking into account beneficiaries' feedback, expert advice and our obligations under the Equality Act 2010, we have broadened the concept to benefit a wider group of stage 1 beneficiaries.

¹ <https://www.gov.uk/government/consultations/infected-blood-reform-of-financial-and-other-support>

- 1.8 Because we expect a greater number of stage 1 beneficiaries to qualify for higher annual payments under the SCM, we have had to look at measures to ensure that the scheme, overall, remains within the allocated budget while distributing available funds in the fairest possible way.
- 1.9 Our proposals aim to preserve the fund for discretionary support for scheme beneficiaries and their families. However, as a result of the impact of more beneficiaries being expected to qualify for higher annual payments through the SCM, we no longer propose to offer the £50,000 lump sum to successful SCM applicants or to introduce fixed increases to beneficiaries' annual payments. Instead, the £50,000 lump sum would remain reserved for those who suffer from advanced hepatitis C related liver disease (stage 2 beneficiaries) because of the reduced life expectancy they experience compared to those with pre-cirrhotic liver disease (stage 1 beneficiaries). Annual payments would increase in line with the consumer price index (CPI).
- 1.10 We also reviewed the hepatitis C stage 2 conditions and identified an additional hepatitis C related condition (type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis, MPGN), which we propose to add to the existing stage 2 indications. MPGN is a known complication of hepatitis C infection and those suffering from it experience reduced life expectancy equivalent to the impact of cirrhotic liver disease or its complications. Therefore, MPGN meets the rationale for inclusion as a new stage 2 condition.
- 1.11 Regarding the reformed discretionary scheme going forward in 2017/18, we have worked with the existing three charities (the Macfarlane Trust, Eileen Trust and Caxton Foundation) to understand the types of support currently given. Together with our advisory Reference Group (a diverse group of experts and stakeholders we brought together to help inform and shape the reforms) we have developed guiding principles for support under the new discretionary scheme. We heard from the January 2016 consultation that a new discretionary system of support should be responsive to individuals' needs. We would now like to hear from beneficiaries about the type of discretionary support they would like to see in the reformed scheme.
- 1.12 Finally, since July, we have also worked on the move to a single scheme administrator in 2017 and in doing so have listened to feedback from scheme beneficiaries. As a result, the government has decided to appoint the NHS Business Services Authority as the new scheme administrator going forward. While the appointment is in process, annual and discretionary payments will continue to be made, and services will continue to be provided by the current schemes to ensure a smooth transition with minimum impact on the financial and non-financial ex gratia services infected blood scheme beneficiaries receive.
- 1.13 Thank you for considering our proposals. We look forward to hearing from you by 17 April 2017

Chapter Two: Consultation Proposals

Summary

This chapter provides an update on the progress made on implementing scheme reform and also sets out further proposals for certain elements of the reformed scheme, namely:

- The proposed expansion of the current hepatitis C stage 2 criteria with an additional condition, type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN).
- The new Special Category Mechanism (with appeal) (SCM) to identify hepatitis C stage 1 beneficiaries whose infection has a substantial and long term adverse impact on their ability to carry out normal daily activities. The SCM would offer increased annual payments for a broad group of stage 1 beneficiaries, equivalent to the annual payment level for beneficiaries with HIV or hepatitis C stage 2 disease.
- Proposals to keep the scheme within budget in light of the increased annual payment for successful SCM applicants while preserving the discretionary fund as far as possible.
- The type of support the reformed discretionary scheme would offer that is fair to all groups of beneficiaries.

Update on implementation of the July 2016 consultation response

- 2.1 This section gives a short update on our work on implementing the package of support for infected blood scheme beneficiaries announced by the government in July 2016. [Annex A](#) details the full list of those proposals.
- 2.2 A key element of scheme reform was the launch of a new annual payment for beneficiaries with chronic hepatitis C infection (stage 1) of £3,500 and an increase in the annual payment made to those with HIV or hepatitis C stage 2 disease to £15,500. These payments have been made as planned during 2016/2017; this includes payments to those who joined the scheme after April 2016
- 2.3 Our policy for the new £10,000 payment for bereaved partners and spouses was published in December 2016 and is being rolled out by the current scheme administrators. Alongside this, the three charities (the Macfarlane Trust, Eileen Trust and Caxton Foundation), have continued to provide discretionary support to infected and effected beneficiaries throughout the year.
- 2.4 Meanwhile, we have continued to work on elements of the reformed scheme that will be introduced in 2017/18. We have reviewed the criteria for hepatitis C stage 2 disease, developed the criteria and process for the new Special Category Mechanism (SCM) and worked to design the new discretionary support scheme going forward.
- 2.5 In developing the proposals in this consultation, we have listened to scheme beneficiaries, the All-Party Parliamentary Group (APPG) for Haemophilia and Contaminated Blood, parliamentarians, wider stakeholders and sought advice from our Infected Blood Reference Group. This is an advisory group of experts brought together

to help inform and shape the policy on reforms. Members of this Group include scheme beneficiary representatives, clinical experts, relevant charities (the Hepatitis C Trust and the Haemophilia Society) and the administrators of the current schemes. The group provides expert advice and insight to support the Department of Health in developing and implementing the various elements of scheme reform. Importantly, members of the group also help us to understand the impact of the reforms on the communities affected by them.

- 2.6 Through this process we have identified some changes to four elements of reform. This consultation sets those out and invites stakeholders to offer their views.

1. Expansion of stage 2 criteria for those with advanced hepatitis C infection

- 2.7 Under the reformed scheme, those with chronic hepatitis C infection (stage 1) who develop advanced, cirrhotic, hepatitis C related liver disease (stage 2) continue to receive a one-off lump sum payment of £50,000 as well as receive the higher annual payment. The lump sum payment was introduced in 2011 when, on advice from an expert group, the government agreed that the needs of those with advanced liver disease from hepatitis C merit higher levels of support. As we said in the July consultation response, these payments will continue to be available for anyone who develops hepatitis C stage 2 disease.
- 2.8 With the help of our Reference Group, including those with expertise in hepatitis C, we reviewed the current stage 2 conditions.² Reference Group experts advised us of a hepatitis C infection related condition called type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN), which has a comparable or even greater negative impact on life expectancy when compared to cirrhotic liver disease or its complications. MPGN is a known complication of hepatitis C infection and those suffering from it require dialysis. We therefore propose to add MPGN to the current stage 2 indicators from April 2017, following the addition of B-cell non-Hodgkin's lymphoma in 2011. This would mean that hepatitis C stage 1 beneficiaries who have been diagnosed with MPGN (or any of the existing stage 2 conditions) would be able to apply for the higher annual payment and £50,000 lump sum payment through the existing stage 2 process currently operated by the Skipton Fund.³
- 2.9 Going forward, we will keep the scientific literature under periodic review for possible inclusion of other hepatitis C related complications to the stage 2 criteria based on life expectancy.

Question 1: Do you agree that we should add type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN) to the current hepatitis C stage 2 conditions? Applicants would apply under the existing stage 2 process.

² The current indicators for stage 2 payment are: to have undergone, or to be on the waiting list to undergo, a liver transplant, or to have been diagnosed with primary liver cancer, or to have been assessed as having cirrhosis based on medical evidence, or to have been diagnosed with B-cell non-Hodgkin's lymphoma.

³ <http://www.skiptonfund.org/payments.php#second>

2. The Special Category Mechanism (with appeal) (SCM) for those with hepatitis C stage 1

- 2.10 The July 2016 consultation response announced that we would introduce in 2017/18 a special appeals mechanism for those with hepatitis C stage 1. Our initial intention was for the special appeals mechanism to enable stage 1 beneficiaries who were experiencing an equivalent impact on their health as a result of being infected with hepatitis C to receive the same payments as those with hepatitis C stage 2.
- 2.11 In developing the criteria and process, we listened to beneficiaries' expectations about what this new process should offer, consulted with our Reference Group and experts, and took into account the government's obligations under the Equality Act 2010.
- 2.12 As a result we now propose to broaden the special appeals mechanism in a way that would benefit a wider group of stage 1 individuals than initially envisaged. Accordingly, we have designed the special appeals mechanism, which we now call Special Category Mechanism (with appeal) (SCM), to consider the adverse impact of hepatitis C infection (or its treatment) on the ability of a stage 1 beneficiary to carry out routine day-to-day activities.
- 2.13 In brief, the SCM is a voluntary paper-based application process that would give any stage 1 beneficiary who considers that their hepatitis C infection (or its treatment) is having a substantial and long-term adverse impact on their ability to carry out regular daily activities the opportunity to apply for increased annual payments equivalent to those with HIV or stage 2 disease.
- 2.14 It is designed to recognise those with hepatitis C stage 1 who:
- A. have been diagnosed with one of a number of set hepatitis C related conditions, which our experts have advised us would cause people with these conditions to experience a substantial and long-term adverse impact on their daily lives; or
 - B. can show that the hepatitis C infection or its treatment has a substantial and long-term adverse impact on their mental health, and/or that fatigue due to hepatitis C infection or its treatment has a substantial and long-term adverse impact on their daily lives.
- 2.15 Our proposed SCM application form and related guidance are appended in [Annex B](#) and we are interested in stakeholders' views on this proposal and on the SCM application process.
- 2.16 Applicants would complete the form and pass it to their Medical Practitioner, who would add their assessment based on the information provided by the applicant and provide evidence from the applicant's medical notes where appropriate. Usually, the Medical Practitioner would be the applicant's hospital consultant or a viral hepatitis nurse. In exceptional cases, where the applicant is not under the care of a hospital consultant or viral hepatitis nurse this would be their GP. Any reasonable cost incurred by the applicant from obtaining medical evidence would be reimbursed by the scheme administrator. No further assessment would be required.
- 2.17 The application form is in three sections (A, B and C). The first section (A) sets out a list of conditions that would automatically mean the applicant is eligible based on confirmation by a Medical Practitioner.

- 2.18 The second section (B) concerns information about the individuals' ability to carry out daily tasks and asks these two questions: *Does your hepatitis C infection or its treatment make it difficult for you to carry out regular daily activities, such as leaving your home, using public transport or shopping for essentials, as a result of mental health problems (such as feeling depressed or anxious)?* and *Does your hepatitis C infection or its treatment make it difficult for you to carry out regular daily activities, such as walking more than 50 metres, climbing stairs, lifting objects from the ground or a work surface in the kitchen or physical tasks such as gardening as a result of chronic fatigue (such as feeling tired all of the time)?* The scheme assessor will be looking to make a judgement as to whether the problem experienced is substantial and long-term, and whether it is related to the applicant's hepatitis C infection (or its treatment).
- In relation to the second section, applicants would therefore need to describe how often they experience an impact on their mental health or symptoms of fatigue, and how substantial this is. Endorsement from the applicant's Medical Practitioner (ideally their hospital hepatitis consultant, viral hepatitis nurse, or other relevant consultants (for example, rheumatologist or mental health expert) or, where this is not possible, their GP) would be required. In the absence of factual evidence, this will require the clinical judgement from the Medical Practitioner based on the balance of probabilities.
 - For example, someone who experiences problems most days of each week/daily and has done so for 12 months or more, and whose Medical Practitioner confirms this is the case and is a direct consequence of their infection or treatment, is likely to have their application accepted. Evidence of treatment for depression, anxiety or fatigue should support this wherever possible. By contrast, applications based on occasional problems or where the Medical Practitioner considers it unlikely that the impact is substantial and long-term or related to the hepatitis C infection are unlikely to be successful.
- 2.19 Section C asks for the Medical Practitioner's overall opinion and for a declaration by the Medical Practitioner and by the applicant.
- 2.20 Where an application is not successful, applicants would have the opportunity to appeal the decision through an independent group of experts.
- 2.21 Successful applicants would receive higher annual payments at the same level as beneficiaries infected with HIV and those with hepatitis C stage 2 disease. For the reasons set out in the section below, however, we no longer propose to offer successful applicants the £50,000 lump sum paid to stage 2 beneficiaries.
- 2.22 We have designed the SCM to be simple and straightforward and to benefit a broad group of hepatitis C stage 1 beneficiaries in recognition of the adverse impact hepatitis C infection (or its treatment) can have on some individuals' lives. As a result of implementing the SCM, we expect that a significant proportion of stage 1 beneficiaries will receive the same higher annual payment as beneficiaries infected with HIV or those with stage 2 disease.

Question 2: Do you agree with our proposal for how the SCM will assess whether an applicant is having a substantial and long-term adverse impact on their ability to go about their routine daily lives as set out in Annex B?

3. Proposed payment schedules

- 2.23 The announcement made in July 2016 set out how the available funding would be distributed amongst scheme beneficiaries. This is re-stated in Annex A. The proposals described in this consultation required us to revisit this distribution.
- 2.24 We set out above our intention for the SCM to benefit more hepatitis C stage 1 beneficiaries than initially envisaged by paying them the higher level of annual payment equivalent to that paid to HIV and stage 2 beneficiaries. This has prompted us to look again at how we can ensure that the scheme makes the best use of available funds to benefit a greater number of stage 1 individuals while remaining within the allocated budget. This section sets out our proposals to achieve this.
- 2.25 We do not propose to offer stage 1 beneficiaries who are successful under the new SCM the £50,000 lump sum payment received by stage 2 beneficiaries. It would not only be unaffordable under the available budget, but importantly it would also be inconsistent with the rationale for the £50,000 lump sum payment based on reduced life expectancy. This lump sum payment was introduced in 2011 when, on advice from an expert group, the government agreed that the needs of those with advanced liver disease from hepatitis C merit higher levels of support. As a result, the stage 2 lump sum payment was increased to £50,000 in recognition of the fact that development of stage 2 disease sadly not only reduces the quality of life but also substantially and negatively impacts on the life expectancy of those suffering from it.⁴
- 2.26 We therefore propose to continue to reserve this lump sum payment for those beneficiaries who develop one of the stage 2 conditions in recognition of the impact upon life expectancy that stage 2 beneficiaries experience. In contrast, the wider group of stage 1 beneficiaries who would have the opportunity to apply for the higher annual payments under the new SCM proposals do not suffer from the same reduction in life expectancy as a result of their hepatitis C. Should a successful SCM applicant go on to develop one of the stage 2 indicators (including the new MPGN condition which we propose to add to stage 2), they would qualify for £50,000 through the existing stage 2 process.
- 2.27 Furthermore, to ensure the scheme remains within its funding envelope until April 2021, we no longer propose to introduce the fixed increases in annual payments from 2018/19 which were proposed in July 2016. Instead, annual payments will remain at current levels until 2020/21 but will increase in line with CPI to compensate for any loss in value of this payment.
- 2.28 We believe that these proposals are fair and reasonable, and necessary in order to preserve levels of support provided to beneficiaries including through the discretionary fund, which we know is valued by beneficiaries and their families. Overall, we expect more of the current hepatitis C stage 1 beneficiaries to benefit than under the July 2016 distribution in two ways – firstly through the SCM which is expected to provide the higher level of annual payment to a greater percentage of stage 1 beneficiaries than previously envisaged and secondly through expansion of the criteria for stage 2 by including MPGN.

⁴ <https://www.gov.uk/government/publications/review-of-the-support-available-to-individuals-infected-with-hepatitis-c-and-or-hiv-by-nhs-supplied-blood-transfusions-or-blood-products-and-their-dependants>.

Other approaches we have considered

- 2.29 An alternative approach to ensure that the scheme remains within the allocated budget would be to reduce or even remove the discretionary fund for beneficiaries and their families, as well as the payment for the bereaved announced in July 2016. However, we do not consider this would be appropriate. Following our January 2016 consultation, we heard that the majority of respondents appreciate the availability of discretionary support provided by the current schemes. We are committed to a scheme which provides, wherever possible, discretionary support in aid of those who need it most (see below our proposal for future discretionary support). We therefore intend to maintain the discretionary fund as far as possible, although if a large number of individuals who were not previously eligible receive the higher annual payment through the new SCM, there is likely to be less discretionary funding available.
- 2.30 We also reflected on the possibility of reducing the level of the higher annual payment currently received by beneficiaries with HIV and/or hepatitis C stage 2 disease. However, we remain committed to ensuring that infectees should be no worse off than they are in 2016/17 as a result of changes in annual payment levels. We have therefore discounted this option.
- 2.31 In summary, the following annual payments are proposed for the period of 2017/18 to 2020/21:

Box 1: Annual payment figures will be increased with CPI in 2017/18 and subsequent years.

- The basic annual payment for those with hepatitis C stage 1 infection is £3,500.
- Those with hepatitis C stage 2 disease will receive an annual payment of £15,500.
- Those infected with HIV will receive an annual payment of £15,500.
- Those with hepatitis C stage 1 who are successful under the SCM will receive an annual payment of £15,500 (equivalent to the annual payment for those with HIV or hepatitis C stage 2).
- Those co-infected with HIV and hepatitis C stage 1 will receive an annual payment of £18,500.
- Those co-infected with HIV who have hepatitis C stage 2 or have hepatitis C stage 1 and who successfully apply under the SCM will receive an annual payment of £30,500.
- All annual payments include a £500 winter fuel payment.
- The £50,000 lump sum remains reserved to those who develop a hepatitis C stage 2 condition. It is not paid to stage 1 beneficiaries who receive higher annual payments as a result of the SCM.

Question 3: We consider that the payments in Box 1 make the best use of the available funding, allowing more hepatitis C stage 1 beneficiaries to benefit from increased annual payments while preserving the discretionary fund as far as possible. Do you agree?

4. Reformed discretionary support

- 2.32 We heard clearly through the January 2016 consultation that many people rely on the support provided through the current discretionary schemes. We said in our consultation response in July that we would harmonise the existing discretionary support available to all those affected by this tragedy, including infected individuals and their family members. During 2017/18, a new, single, discretionary scheme will replace the three current discretionary support schemes. Current arrangements will continue until the new discretionary scheme is in place.
- 2.33 At present, there are three charities, the Macfarlane Trust, Eileen Trust and Caxton Foundation, established in 1988, 1993 and 2011, respectively, which make discretionary payments to beneficiaries and their families. The charities make different payments using their own criteria.
- 2.34 We have worked with our Reference Group to design the new discretionary scheme. It will be more streamlined, easy to access and based on exceptionality and evidence of financial hardship. There will be a transparent application process for all groups of beneficiaries with criteria that take account of individuals' financial as well as non-financial support needs. This reflects the views of those who responded to the January 2016 consultation.
- 2.35 Therefore, the new discretionary scheme will:
- provide financial and non-financial solutions to meet the needs of beneficiaries where they are unable to meet their immediate needs and in some cases, longer-term needs;
 - be equitable, transparent and flexible to support those beneficiaries most in need in a manner that considers individuals' circumstances; and
 - put in place robust eligibility criteria
- 2.36 The types of support the reformed discretionary scheme may provide in the future are:
- Discretionary payments for travel and accommodation relating to ill health;
 - Payment of prescription pre-payment certificates;
 - Winter fuel payment for bereaved family members;
 - Means tested grants for dealing with unexpected/immediate problems and acute events or health problems which are difficult or impossible to plan for and where support is not available elsewhere;
 - Means tested income top-ups;
 - Means tested supplementary support for orphaned dependants and the children of primary beneficiaries who are under 21 and in full time education;
 - Non-financial support such as NHS, social care and welfare system referral/sign-posting services; money management advice; counselling for primary beneficiaries and their partners/spouses and children; career advice, support and coaching.
- 2.37 In moving to the reformed discretionary scheme, consideration will be given to those currently relying on regular discretionary payments. Beneficiaries should however be aware that to ensure fairness of support for all groups of beneficiaries, there is no guarantee of regular, fixed, support from the reformed discretionary fund going forward.

Question 4: So that we can design the reformed discretionary scheme to meet the needs of beneficiaries in a way that is fair to all groups, which of the elements described in paragraph 2.36 would you find most useful in the new discretionary scheme?

The Public Sector Equality Duty and the 'Family Test'

2.38 We reflected on how the above proposals affect the groups protected under the government's Equality Act 2010 and through the application of the 'Family Test'. This analysis is published as a separate document alongside this consultation (*Equality Analysis – The Public Sector Equality Duty and Family Test: Consultation on Special Category Mechanism and financial and other support in England*). We would advise you read the equality analysis alongside this consultation document.

Question 5: In light of our Equality Analysis published alongside this consultation, are you aware of any evidence that would show our policy proposals would negatively impact any particular groups of individuals?

Chapter Three: Transition to a reformed scheme

Summary

This chapter sets out the timeline to full implementation of the reformed scheme in 2017/18.

- This consultation does not affect the support already provided to beneficiaries in 2016/17.
- During 2017/18, the SCM and new discretionary support will be introduced.
- The NHS Business Services Authority will become the new scheme administrator in 2017. Until it is operational in 2017, annual and discretionary payments and services will continue to be made by the current schemes.
- There are no further changes proposed from 2018/19 until the end of this spending review period in April 2021.

There will be a review of the operation of the reformed scheme towards the end of 2020/21. It will be for the next government to consider the future support provided to scheme beneficiaries from April 2021.

Arrangements in 2016/17

3.1 The proposed changes in this document do not affect what is already in place this financial year. The current five schemes will continue to administer the support and implement the changes for 2016/17. The changes, which were announced in July 2016, are:

- The new annual payment for those with hepatitis C stage 1 and an increase in annual payments for those infected with hepatitis C stage 2 or HIV of £3,500 and £15,500, respectively.
- The one-off lump sum payment of £10,000 for bereaved partners and spouses according to the policy published in December 2016.⁵

Arrangements in 2017/18

3.2 The current five schemes will continue to make lump sum and annual payments (as in 2016/17) until the new scheme administrator is established. Annual payments will be increased in line with CPI.

3.3 We propose to add a new condition to the current stage 2 criteria, namely type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN). The amended stage 2 criteria would take effect on 1 April 2017, meaning that any stage 1 beneficiary who was diagnosed with MPGN would be eligible to apply under the existing stage 2 process. Increased annual payments would be backdated to the point of the successful application and the £50,000 lump sum be paid upon approval.

⁵ <https://www.gov.uk/government/consultations/infected-blood-reform-of-financial-and-other-support>.

- 3.4 It is our intention to set up the SCM as soon as possible following this consultation and for it to be operational in 2017/18.
- 3.5 The new discretionary scheme will be set up during 2017/18 having regard to the responses to this consultation on what types of discretionary support should be included in the reformed scheme. Current arrangements will continue until the new discretionary scheme is in place.

Additional arrangements from 2018/19 and for the remainder of this spending review period to 2020/21

- 3.6 There are no further changes proposed from 2018/19.
- 3.7 Towards the end of the Spending Review period (2020/21), there will be a review of the workings of the reformed scheme to inform the next government. It will be for the next government to decide on funding levels going forward.
- 3.8 Scheme beneficiaries should be aware that payments during this spending review period, which are based on an additional £125 million investment over baseline, are not guaranteed beyond March 2021.

Setting up of the single scheme administrator

- 3.9 The NHS Business Services Authority will become the new scheme administrator during 2017. While this is being effected, annual and discretionary payments and services will continue to be made by the current schemes to ensure a smooth transition with minimum impact on financial and non-financial ex gratia services infected blood beneficiaries will receive.
- 3.10 We are committed to ensuring that:
- processes will be put in place to ensure that individuals currently registered with one of the existing companies or charities are transferred to the NHS Business Services Authority with minimal involvement from the individuals; and;
 - changes will be clearly communicated to all existing beneficiaries in advance.

Consideration of UK wide elements

- 3.11 The reformed scheme set out in this document will apply to beneficiaries of the English infected blood scheme. The Scottish government has already published its policy for scheme reform in Scotland. It will be for ministers in Wales and Northern Ireland to decide how to provide for the beneficiaries within their jurisdictions.

Chapter Four: Responding to this consultation

How to get involved in the consultation

- 4.1 This consultation will run for 6 weeks, from 06 March 2017 to 17 April 2017. We welcome responses from beneficiaries and other interested parties.
- 4.2 Respondents are encouraged to provide their views online but responses can be made in either of the following ways:
- Completing the online questionnaire response form at:
<https://consultations.dh.gov.uk/blood-team/infected-blood-consultation>
 - Submitting the questionnaire response form by downloading it at
<https://www.gov.uk/government/consultations/infected-blood-support-special-category-mechanism> and:
 - emailing your responses to: infectedbloodreform@dh.gsi.gov.uk or;
 - posting your response to:
Infected Blood Consultation Response
Department of Health,
Room 164 Richmond House,
79 Whitehall,
London,
SW1A 2NS.
- 4.3 Please ensure we receive your response by 23.59 on 17 April 2017.
- 4.4 The Department cannot respond specifically to individual consultation responses, and any received after the closing date may not be considered in the final analysis of responses.

Comments on the consultation process

- 4.5 If you have concerns or comments which you would like to make relating specifically to the consultation process itself please contact:

Address:
Consultations Coordinator
Department of Health
2E26, Quarry House
Leeds
LS2 7UE
Email: consultations.co-ordinator@dh.gsi.gov.uk

Please do not send consultation responses to this address.

Confidentiality of information

- 4.6 We will manage the information you provide in response to this consultation in accordance with the Department of Health Information Charter available at

www.gov.uk/government/organisations/department-of-health/about/personal-information-charter.

- 4.7 Please be aware that, under the Freedom of Information Act, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.
- 4.8 Information held by the Department of Health may be accessible primarily under the Freedom of Information (FOI) Act 2000 and the Data Protection Act 1998. Every request for information has to be considered separately and a decision made on whether the information should be released or whether exemptions against its release apply. In the majority of cases where personal data is concerned the data will be withheld under section 40 of the FOI Act 2000 (personal information). Any decision on release would be considered against whether its release would contravene any of the data protection principles as set out in the Data Protection Act 1998.
- 4.9 The Department will process your personal data in accordance with the Data Protection Act 1998 and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties

Questionnaire Response Form

Infected Blood: Consultation on Special Category Mechanism and financial and other support in England

Please ensure you have read the consultation document before completing this questionnaire.

You can complete this online questionnaire response form at:

<https://consultations.dh.gov.uk/blood-team/infected-blood-consultation>

Alternatively, you can submit this form by downloading it at

<https://www.gov.uk/government/consultations/infected-blood-support-special-category-mechanism>. Once completed, please return as below ensuring receipt by 23.59 on 17 April:

By e-mail: infectedbloodreform@dh.gsi.gov.uk

By post: Infected Blood Consultation Response
Department of Health
Room 164, Richmond House
79 Whitehall
LONDON, SW1A 2NS

About you

Which country scheme applies to you? Please mark 'X' in only one box.

England	<input type="checkbox"/>
Scotland	<input type="checkbox"/>
Wales	<input type="checkbox"/>
Northern Ireland	<input type="checkbox"/>
I don't know	<input type="checkbox"/>
Other. Please specify	<input type="text"/>

Which of the following statements best describes your status? Please mark 'X' in only one box.

I have hepatitis C stage 1*	<input type="checkbox"/>
I have hepatitis C stage 2*	<input type="checkbox"/>
I am co-infected with HIV and hepatitis C stage 1*	<input type="checkbox"/>
I am co-infected with HIV and hepatitis C stage 2*	<input type="checkbox"/>
I am HIV positive but I am not infected with hepatitis C*	<input type="checkbox"/>
I am immediate family (a widow, partner, dependent child) of someone infected with hepatitis C, HIV or both*	<input type="checkbox"/>
Other. Please specify	<input type="text"/>

*from infected NHS supplied blood/blood products.

Are you registered with one of the current payment schemes / charities? Please mark 'X' for all those that apply.

The Macfarlane Trust	<input type="checkbox"/>
The Eileen Trust	<input type="checkbox"/>
The Caxton Foundation	<input type="checkbox"/>
The Skipton Fund	<input type="checkbox"/>
MFET Ltd.	<input type="checkbox"/>
None of the 5 schemes	<input type="checkbox"/>
N/A or Prefer not to say	<input type="checkbox"/>

Consultation questions on Chapter Two

Question 1: Do you agree that we should add type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN) to the current hepatitis C stage 2 conditions? Applicants would apply under the existing stage 2 process. Yes / No / don't know. Please tell us why.

Question 2: Do you agree with our proposal for how the SCM will assess whether an applicant is having a substantial and long-term adverse impact on their ability to go about their routine daily lives as set out in Annex B? Yes / No / don't know. Please tell us why.

Question 3: We consider that the payments in Box 1 make the best use of the available funding, allowing more hepatitis C stage 1 beneficiaries to benefit from increased annual payments while preserving the discretionary fund as far as possible. Do you agree? Yes / No / don't know. Please tell us why.

Question 4: So that we can design the reformed discretionary scheme to meet the needs of beneficiaries in a way that is fair to all groups, which of the elements described in paragraph 2.36 would you find most useful in the new discretionary scheme? Please tell us why.

Question 5: In light of our Equality Analysis published alongside this consultation, are you aware of any evidence that would show our policy proposals would negatively impact any particular groups of individuals? Yes / No / don't know. Please tell us why

Annex A: Elements of the reformed scheme as proposed in July 2016

From *Infected blood: Government Response to Consultation on Reform of Financial and Other Support*, July 2016, Chapter Three:

“There will be a single scheme administrator combining the functions of the existing schemes into a simple scheme going forward. The new administrator will become operational in the financial year 2017/18 and the current bodies will operate until then. The elements of the reformed scheme during the spending review period until the end of March 2021 will be:

- New annual payments of £3,500 for those infected with hepatitis C stage 1 with effect from this year (2016/17) and without the need for individual assessments. This will rise to £4,500 in 2018/19.
- The continuation of annual payments for those infected with severe hepatitis C (stage 2) or HIV of £15,500 from this year (an increase from the current £14,749), rising to £18,500 in 2018/19.
- For those co-infected with HIV and hepatitis C stage 1, annual payments will be £18,500 in 2016/17 and 2017/18, rising to £22,500 in 2018/19.
- For those co-infected with HIV and hepatitis C stage 2, annual payments will be £30,500 in 2016/17 and 2017/18, rising to £36,500 in 2018/19.
- Annual payments will be linked to the consumer price index (CPI) and include the £500 winter fuel payment as a standard payment without the need to apply for it.
- The continuation of the £50k lump sum payment for those infected with hepatitis C stage 1 who progress to stage 2.
- From 2017/18, and when the new scheme administrator is in place, there will be a new special appeals mechanism for those at hepatitis C stage 1 who consider that the impact of their infection may mean they could qualify for stage 2 annual payments and the £50k lump sum payment. This replaces our initial proposal for individual health assessments.
- New hepatitis C entrants to the scheme will continue to receive a one-off £20,000 lump sum payment. New HIV entrants' lump sums will also remain as now.
- The continuation of a discretionary scheme for infected and affected, as well as 'softer' support with an increased budget from 2018/19.
- A one-off lump sum payment of £10,000 to all those who were the partner or spouse of a primary beneficiary when they passed away and where infection with HIV and/or hepatitis C contributed to the death of their partner/spouse. This will apply to those already bereaved and newly bereaved from 2016/17 and beyond.
- All payments will continue to be ex gratia, which means they are funded voluntarily by government. These payments will also continue to be additional to any other income a beneficiary may receive, and are disregarded for the purposes of calculating income tax and eligibility for other state benefits.
- In addition, all annual payments will continue to be linked to the consumer price index (CPI) from next year.”

Annex B: The Special Category Mechanism (SCM)

This section gives guidance notes and the application form for the SCM process.

Guidance Notes

Please read these notes alongside the application form attached at the end of these notes.

An Applicant's notes for completing the application form

You are completing the application form as a Stage 1 registrant of the support scheme, because your hepatitis C infection, or its treatment or a specific condition caused by your hepatitis C condition affects your ability to carry out daily activities and therefore you should receive a Special Category Mechanism (SCM) annual payment equivalent to HIV and hepatitis C Stage 2 annual payments.

To complete the accompanying application form, it is important that you make contact with your hospital consultant or viral hepatitis nurse (who are, like GPs, Medical Practitioners for the purposes of this form) to discuss your application and to seek their endorsement and evidence of the impacts your infection, its treatment, or another specific hepatitis C associated condition has on your ability to carry out daily activities.

If you are not being seen by a hospital doctor or viral hepatitis nurse, please contact the scheme administrator who will be able to advise you about who could help you with this form – for example your GP could help.

You and your Medical Practitioner are required to discuss and complete the section of this application form relevant to you and your personal circumstances. Both of you should sign and date the form when complete and then return it to the scheme administrator to process.

Any cost incurred for obtaining medical evidence from your Medical Practitioner would be reimbursed by the scheme administrator.

Please read these notes and the application form before completing either Section A or Section B (whichever of the two is the most appropriate section that applies to your specific circumstances). Section C must be completed at all times:

Section A – Evidence that you have a hepatitis C associated condition

If you are completing Section A of the application form, it is because you have been diagnosed with, and are suffering from one of the specific conditions listed in this section of the application form.

You must:

- complete the first part of Section A; and
- sign and date the declaration at Section C.

Your Medical Practitioner must:

- provide evidence of the specific condition in the second part of Section A; and
- provide an overall clinical assessment at Section C; and
- sign and date the declaration at the end of Section C.

If the evidence provided demonstrates that you have been diagnosed with one of the specific conditions listed at the beginning of Section A, you will be successful in your application.

Section B – Evidence that your hepatitis C is having a substantial and long-term adverse effect on your ability to carry out daily activities

If you are not suffering with any of the conditions listed in Section A, you should turn to Section B and answer Question 3 and/or Question 4, with the help of your Medical Practitioner, who must also include supporting evidence for the answers they provide. You are required to complete the first part of the question(s) and your Medical Practitioner must complete the other half of the question(s) in this section.

The two questions in Section B ask about the impact any mental health (Question 3) or chronic fatigue (Question 4) problems you are experiencing as a result of your hepatitis C are having on your ability to carry out daily activities.

Whilst you are asked to complete just one of these questions in Section B, it may be that you have a mental health problem and are suffering with chronic fatigue as a result of your hepatitis C. Here, you may provide a response to both questions or simply complete the one question you may have more evidence on.

The evidence required for this section will need to demonstrate the substantial and long-term impact of your infection or treatment and that this affects you at least weekly, in order for you to be successful in your application.

However, what your Medical Practitioner says will also determine the success of your application and this is just as important:

- If your Medical Practitioner provides evidence and issues a score rating that says it is **‘definite’** or **‘highly likely’** that your difficulty in carrying out activities is attributable to your hepatitis C infection, you will be successful.
- Should your Medical Practitioner report that it is **‘not likely’** your difficulties in carrying out activities are attributable to your hepatitis C infection, and no/limited evidence is provided, then your application will not be successful. Here, you will be able to appeal the decision and your application will be reviewed by an independent group of experts.
- Should your Medical Practitioner provide a rating of **‘possible’** and the evidence provided is not straightforward, your application will be sent to an independent clinical assessor by the scheme administrator for consideration. They may request further information from you or your Medical Practitioner.

If you decide to complete both questions 3 and 4 and your Medical Practitioner provides a different scoring for both, the Scheme Administrator will take the response most likely to help you to be successful.

Section C – Overall clinical opinion and declaration for both the Applicant and Medical Practitioner

You and your Medical Practitioner must complete either Section A or Question 3 and/or Question 4 in Section B before proceeding to Section C.

The first part of Section C requires your Medical Practitioner to provide an overall clinical assessment of your condition and its impact on your ability to carry out daily activities. Evidence from your medical records is also required.

The other two parts of this section are the declarations that you and your Medical Practitioner are required to complete and sign. Please read each part carefully before signing. If these are only partially completed, your application may be returned to you.

Other important information for the applicant:

The evaluation made by your Medical Practitioner is important; however we recognise that it may not always be possible for them to provide factual evidence from your medical records. In such cases a clinical judgement made by your Medical Practitioner may be adequate evidence to enable the Scheme Administrator to make an informed decision in assessing your application.

If your application is rejected by the Scheme Administrator, you will have the opportunity to appeal the decision and a panel of independent experts will review your application form and all accompanying evidence. However, the decision made by the experts will be final and you will not be able to appeal against any decision this panel make on your application.

If you disclose in this application form that you are in receipt of any state benefits, this will not affect your entitlement to any support you are applying for in this application.

Data Protection

Your personal information will only be used by the NHS Business Services Authority (NHS BSA) on behalf of the Department of Health, to check your eligibility for a payment and to administer your application. In the event of a dispute as to your eligibility for payment, your information may be disclosed to a panel of experts. Your information will otherwise be held in the strictest confidence and will not be shared with any other organisations. All personal information will be transferred and stored securely in compliance with the Data Protection Act 1998.

By submitting this form to a medical professional, you consent that your medical details necessary to evidence your application will be supplied to the NHS BSA for the purpose of administering your application. If your application is deemed to be ineligible, the scheme will keep your application form on file for up to ten years so that it has a full historical record in the event that you lodge an appeal or if you reapply for a payment. If you have any questions regarding the use of your information, please contact the scheme administrator, by telephone on **XXXXXX**, by Email to xxxx@xxxx.org, or in writing to NHS BSA **[address]**

The Medical Practitioner's notes for completing the application form

The ex gratia support scheme was set up by the Department of Health to help those infected with hepatitis C and/or HIV through NHS supplied blood or blood products before 1991.

Your patient has arranged to meet with you because they consider their chronic hepatitis C infection acquired through NHS supplied blood or blood products, or its, or a specific causally linked hepatitis C associated condition (listed in Section A of the form), is having a substantial and long-term adverse effect on their ability to carry out day-to-day activities. They are seeking your help to provide evidence to support this so they can claim increased annual payments from the ex gratia support scheme with which they are registered.

Your patient will only be eligible to receive increased annual payments if they are registered with the ex gratia support scheme as a stage 1 registrant, with chronic hepatitis C with no cirrhosis.

You are being asked to assist with this process because you will know the status of the applicant's health best and will have the evidence required. If your patient suffers from any of the below listed conditions, then they will receive the higher payments and so this process does not apply to them:

- cirrhosis
- primary liver cancer
- liver transplant patient (or on the waiting list for one)
- B-cell non-Hodgkin's Lymphoma
- membranoproliferative glomerulonephritis (MP GN) caused by Type 2 or 3 cryoglobulinaemia.

If the applicant is in doubt about their eligibility for stage 2 payments, we advise they contact the Scheme Administrator immediately. If they do not meet the benchmark specific criteria for stage 2, the applicant can apply using this Special Category Mechanism process.

Your role is important in providing the evidence and/or endorsement of the impact hepatitis C is having on your patient.

Section A of this application process asks the applicant if they have been diagnosed with one of the specific conditions listed. Please provide evidence of this and then sign the declaration in Section C.

Section B asks if the has mental health problems as a result of their hepatitis C and either of these is impacting on their ability to carry out daily activities (Q3) or is chronically fatigued (Q4), please provide evidence of this and whether they have required treatment with anti-depressants or other therapies.

We appreciate that much of what is being sought by way of evidence is subjective and therefore difficult for you to provide and we accept that some answers may rely on asking you to exercise your professional judgement when making your consideration. You may wish to seek further evidence from other Medical Practitioners treating your patient

If you have any questions or queries related to this process, we advise you contact the scheme administrator and speak with a member of staff from the scheme about this. Their telephone number is **XXXXX**. They will be able to provide you with further details and answer any questions you may have about this process.

Special Category Mechanism (SCM) Application form

SPECIAL CATEGORY (WITH APPEAL) MECHANISM APPLICATION FORM

Please complete this application form if you are a Stage 1 registrant and believe your hepatitis C infection or treatment you have received or medical complications resulting from your hepatitis C could qualify you for a higher payment equivalent to hepatitis C Stage 2 annual payment.

Introduction

The Special Category Mechanism is a process for people who are registered with the NHS Business Services Authority (NHS BSA) payment support scheme at Stage 1, who consider their hepatitis C infection, or its treatment has a substantial and long-term adverse impact on their ability to carry out daily activities or who have one of the specific hepatitis C associated conditions listed in Section A.

This process allows Stage 1 beneficiaries to apply for the higher annual payment, equivalent to HIV and hepatitis C Stage 2 annual payments. Registrants of the scheme who are diagnosed with cirrhosis, primary liver cancer, have been offered or are in receipt of a liver transplant, B-cell non-Hodgkin's Lymphoma and Type 2 or 3 Cryoglobulinaemia (only accompanied by membranoproliferative glomerulonephritis (MP GN), will already be receiving hepatitis C Stage 2 annual payments. Some of those suffering with cirrhosis may also qualify for HIV as well as hepatitis C Stage 2 payments. Please speak to the Scheme Administrator for further advice about this if you are unsure. If you find you do not qualify, you would be able to apply through the SCM process.

To complete this application, it is important that applicants make contact with their hospital consultant (or viral hepatitis nurse) to discuss the application, read the accompanying guidance notes in full and to seek their help in completing the form. If the applicant is not under the care of a hospital doctor or viral hepatitis nurse, applicants are advised to contact the scheme administrator who will be able to advise further, it may be the GP could help.

Applicants must complete parts of the form that best describes their personal circumstances as:

- **Section A and Section C only, or;**
- **Section B Q3 and Section C only, or;**
- **Section B Q4 and Section C only, or;**
- **Section B Q3 and Q4 with Section C.**

Background

One of the key elements of reforming the Infected Blood payment support schemes is the introduction of a Special Category Mechanism for those at hepatitis C stage 1 who consider that the impact of their hepatitis C infection or its treatment or a specific causally linked condition may mean they could qualify for hepatitis C Stage 2 equivalent annual payments. This reflects a reformed system that is responsive to beneficiaries' needs and health status

Section A

Q1. Do you have any of the following conditions? (*If in doubt, please discuss with your hospital specialists. Tick all that apply.*) **If none of these apply, please go to Section B.**

	Condition	Please tick
A	Autoimmune disease (only where this was due to or worsened by interferon treatment for hepatitis C), for example:	
A1	• Coombes positive haemolytic anaemia	
A2	• Idiopathic fibrosing alveolitis of the lung	
A3	• Rheumatoid arthritis	
B	Sporadic porphyria cutanea tarda (causing photo-sensitivity with blistering)	
C	Immune Thrombocytopenic Purpura, only if autoimmune with anti-platelet antibodies	
D	Type 2 or 3 mixed Cryoglobulinaemia, only if accompanied by:	
D1	• Cerebral vasculitis	
D2	• Dermal vasculitis	
D3	• Peripheral neuropathy with neuropathic pain	

Q2. When were you diagnosed with the conditions you have ticked above?

Section A – to be completed by the applicant's Medical Practitioner

Evidence required:

Please provide confirmation that the applicant is suffering with any of the specific conditions they have ticked from those listed in Section A above here and include evidence from the applicant's medical records – if you wish to add more information, please attach to the back of this application form:

DRAFT

Maximum word limit 500

Note: If you have completed Section A, you do not have to complete Section B. Please proceed straight to Section C.

Section B – to be completed by the applicant

We want to know how your infection, or its treatment and possible complications, affect your daily living. Section B has two questions which ask whether the impact of your hepatitis C or its treatment affects your ability to carry out daily activities because of a) mental health problems (Q3) or chronic fatigue (Q4). You do not have to answer both these questions if only one applies to you.

Q3. Does your hepatitis C infection or its treatment make it difficult for you to carry out regular daily activities, such as leaving your home, using public transport or shopping for essentials, as a result of mental health problems (such as feeling depressed or anxious)?

Yes

No

Q3a. Please say how often this affects you? (Tick one box)

Occasionally

At least monthly

At least weekly

Most days of each week/daily

Please say how substantial the impact of the above is on your ability to carry out day-to-day activities. Please give clear descriptions of how you are affected and examples; and how long you have been experiencing this – if you wish to add more information, please attach to the back of this application form:

<div>Maximum word limit 500</div>

Section B – to be completed by the applicant's Medical Practitioner

Please confirm that, in your experience of the applicant, their hepatitis C (or its treatment) is making it difficult for them to carry out regular daily activities as a result of mental health problems.

Please state how long these mental health problems have been going on for, and the likely duration. Please also provide any available evidence, if relevant, to show that the applicant has been receiving treatment (eg. medication, counselling, other therapies) for this problem and give an opinion on the following scale to say whether the difficulty in carrying out regular daily activities is attributable to the hepatitis C (or its treatment) on a scale of 1-4

1. Not likely – explained by other causes

2. Possible

3. Highly likely

4. Definite

If you wish to add more information, please attach to the back of this application form

<p>Maximum word limit 500</p>

Section B – to be completed by the applicant

Q4. Does your hepatitis C infection or its treatment make it difficult for you to carry out regular daily activities, such as walking more than 50 metres, climbing stairs, lifting objects from the ground or a work surface in the kitchen or physical tasks such as gardening as a result of feeling chronically fatigued?

Yes

☐

No

☐

Q4a. Please say how often this affects you? (Tick one box)

Occasionally

At least monthly

At least weekly

Most days of each week/daily

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please say how substantial the impact of the above is on your ability to carry out day-to-day activities. Please give clear descriptions of how you are affected and examples; and how long you have been experiencing this – *if you wish to add more information, please attach to the back of this application form:*

<div>Maximum word limit 500</div>

Section B – to be completed by the applicant's Medical Practitioner

Please confirm that, in your experience of the applicant, their hepatitis C (or its treatment) is making it difficult for them to carry out regular daily activities as a result of chronic fatigue. Please state how long this chronic fatigue has been going on for, and the likely duration.

Please also provide any available evidence, if relevant, to show that the applicant has been receiving treatment (eg. medication, counselling, other therapies) for this problem and give an opinion on the following scale to say whether the chronic fatigue which results in difficulty in carrying out regular daily activities is attributable to the hepatitis C (or its treatment) on a scale of 1-4

1. Not likely – explained by other causes
2. Possible
3. Highly likely
4. Definite

If you wish to add more information, please attach to the back of this application form

<p style="text-align: right;">Maximum word limit 500</p>

Section C – to be completed by the Medical Practitioner

Overall Clinical Opinion

Please confirm that, in your view and giving your clinical judgement, it is likely that your patient's hepatitis C, (or its treatment) is having a substantial and long-term adverse impact on their ability to carry out daily activities.

Please give an opinion on the following scale to say whether the difficulty in carrying out regular daily activities is attributable to the hepatitis C on a scale of 1-4

1. Not likely – explained by other causes

2. Possible

3. Highly likely

4. Definite

Please also provide your assessment here – if you wish to add more information, please attach to the back of this application form:

Clinical assessment

Maximum word limit 1000

Section C - Applicant Declaration

Declaration I confirm that the information given in this application form is, to the best of my knowledge and belief, correct and complete. I understand and consent to the sharing of information relating to my medical condition with assigned expert group members of the NHS Business Services Authority for the purposes of applying for increased annual payments and with the NHS Counter Fraud and Security Management Services for the purposes of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand that if I knowingly give false information, support will be stopped and I may be asked to return any financial support given to me as a result of this application and that I may be liable for prosecution and civil recovery proceedings.

Signed _____ Date _____

Section C - Medical Practitioner Declaration

Declaration: By signing this form I confirm that the information contained within Sections A and/or B and C of the form is true to the best of my knowledge and belief and that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution. I consent to the disclosure of information from this form to and by the NHS Business Services Authority and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and for the investigation, prevention, detection and prosecution of fraud.

Signed _____ Date _____

Identity and Authority of the Medical Practitioner completing the relevant sections of the form

Name of Medical Practitioner	
Job Title	
Department	
Hospital	
When did you last see the applicant?	
Address	
Postcode	
Telephone Number	
Mobile Number	
Email address	

If Section B was completed by a viral hepatitis nurse, this box should be signed by a hospital consultant hepatologist to verify the information and evidence provided by the nurse:

Hospital/GP Practice stamp:

--

FINAL STEPS

Please return this form and all required evidence to:

The NHS Business Services Authority
ADDRESS
EMAIL

All personal data acquired by the [Scheme Administrator] from this application form shall only be used for the purposes of this process and shall not be further processed or disclosed without the consent of the above signed applicant.

Please note:

- The declaration must be signed and dated by both the applicant (you) and the Medical Practitioner (hospital doctor or hepatitis nurse).
- Partially completed forms may be returned to you (unless the questions you omit are not relevant to you).
- Forms without a professional assessment (Section C) cannot be considered.
- Receipt of this form does not guarantee your application will be approved.
- If you do not provide appropriate evidence, or your application is not straightforward, then the Scheme administrator can reject your application and you will be notified in writing.
- If the Scheme's administrator turns down your application, you will be able to appeal. A group of experts will then have the final say on your application and you will not be able to appeal their decision. But you will have the chance to reapply at a later date, or if you can provide evidence that your condition has worsened since last submitting this form.

Annex C: What does this mean for me?

Legend:



Blue: My situation now



Amber: Proposed payments in 2017/18 to 2020/21

1. Registrants with hepatitis C stage 1

I have hepatitis C
at current stage 1.



Consultation Proposal:

I will receive until April 2021 an annual payment of £3,500 which will increase with CPI.

When the SCM is introduced in 2017/18, I can to apply for the higher annual payment of £15,500 through the new SCM if my hepatitis C infection (or treatment for it) has a substantial and long term adverse effect on my ability to carry out routine day-to-day activities.

If I develop stage 2 disease, I can apply for the £50,000 one-off payment and higher annual payment of £15,500 (if I don't already receive it) through the existing stage 2 process.

2. Registrants with hepatitis C stage 2 or HIV

I have hepatitis C at stage
2 or HIV



Consultation Proposal:

I will receive until April 2021 an annual payment of £15,500 which will increase with CPI.

3. Registrants with HIV and hepatitis C at stage 1

I have HIV and hepatitis C at current stage 1.

Consultation Proposal:

I will receive until April 2021 an annual payment of £18,500 which will increase with CPI.

When the SCM is introduced in 2017/18, I can apply for the higher annual payment of £30,500 through the new SCM if my hepatitis C infection (or treatment for it) has a substantial and long term adverse effect on my ability to carry out routine day-to-day activities.

If my hepatitis C develops to stage 2 disease, I can apply for the £50,000 one-off payment and higher annual payment of £30,500 (if I don't already receive it) through the existing stage 2 process.

4. Registrants with HIV and hepatitis C stage 2

I have HIV and hepatitis C at current stage 2.

Consultation Proposal:

I will receive until April 2021 an annual payment of £30,500, which will increase with CPI.

5. New stage 2 condition (from 2017/18)

I have hepatitis C stage 1 and am diagnosed with type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN)

Consultation Proposal:

I will be able to apply for the £50,000 lump sum and higher annual payment of £15,500 under the existing stage 2 process, which will be expanded with this particular condition.

The SCM would therefore not apply to me.