NHS
Business Services Authority

England Infected Blood Support Scheme (EIBSS)
Chronic hepatitis C stage 1 payment application form

Notes to applicants

This form is for applicants who have never joined the EIBSS, or any of the UK Schemes (e.g. Skipton Fund) with regards to hepatitis C payments, and either:

- were infected by hepatitis C as a result of treatment they received themselves with NHS blood, tissue, or blood products, or
- were infected by hepatitis C as a result of the virus being transmitted from someone else, who themselves were infected by hepatitis C as a result of treatment they received with NHS blood, tissue, or blood products.

Please read this information carefully before completing Sections 1, 2 and 4, then pass the form to the medical professional you will be asking to complete the rest of the form.

How to complete the form

Sections 1 - 4 must be completed by the person making the claim. This will either be the person infected with hepatitis C from NHS supplied blood or blood products, a person nominated on their behalf and approved by EIBSS or the person making the application on behalf of the estate of somebody who was so infected but has since died; in such an instance please enter the name of the deceased and your name as the first line of the address. If you are applying on behalf of the estate of somebody who has died, you must have been granted probate on or named as executor in their will.

Sections 5 - 9 must be completed by a medical professional to whom you should give the form after you have completed and signed Sections 1 - 4.

Forms should ideally be completed by your hepatologist but we can also accept forms completed by another medical specialist or your GP. If you are applying on behalf of the estate of somebody who has died, please pass this form to either:

- The consultant hepatologist who treated the deceased person, or
- The haematologist who treated the deceased person, or
- The deceased person's GP, or
- Any other medical practitioner who knew the deceased person and has access to their medical records, or
- The haemophilia centre that the deceased person was registered with.

If you yourself have any records of your hepatitis C status or your treatment with NHS blood, blood products or tissue prior to September 1991, please give them to the medical professional who will be completing the remainder of the form. If you are applying on behalf of the estate of somebody who has died and have records regarding their hepatitis C status or their treatment with NHS blood, blood products or tissue prior to September 1991 then please give them to the medical professional who will be completing the remainder of the form.

When the medical professional has completed the form, they should send it to EIBSS for processing. Provided the information supplied confirms your eligibility (or the eligibility of the estate) for payment, you will receive a letter from the Scheme to confirm this and will be asked to provide your bank details and any identification required.

If you have already received the stage 1 payment and believe you qualify for the stage 2 payment, please apply using a stage 2 payment application form.

If you have any difficulties in understanding what you should do with this application form, please email us at *nhsbsa.eibss@nhs.net* or call us on 0300 330 1294.

Section 1 - Applicant's details

Please provide the following information. If the beneficiary is unable to complete the form themselves due to serious illness or disability, please supply the following information about that person. If you are claiming on behalf of the estate of somebody who has died, please supply the name and EIBSS reference number of the deceased person along with your name and address.

Title:

First name:

Last name:

Address (including postcode):

Postcode

Date of birth: / /

Mobile number:

EIBSS reference number (if you already have one):

Landline number:

Marital/civil partnership status:

If applying on behalf of the estate if the applicant is deceased, what is or was your relationship to this person?:

If the applicant is deceased and you have not already supplied the EIBSS with a copy of the death certificate please attach a copy to this form.

We will ask you to supply relevant supporting evidence if you are applying on behalf of a recipient. For example, this may include a Power of Attorney or a signed letter from a GP. If you're unsure what evidence to supply please contact us at nhsbsa.eibss@nhs.net or on 0300 330 1294, or you can write to us at FREEPOST EIBSS (valid within the UK only) or at EIBSS, NHSBSA, Bridge House, Newcastle-upon-Tyne, NE1 6SN.

Section 2 - Contact preferences

Please indicate your preferred method by which we may contact you with essential information about the Scheme by ticking the relevant box(es) below:

I prefer to be contacted by: ☐ letter ☐ telephone ☐ email

If you are happy for us to write to you, where would you like us to send any letters?:

☐ My home address ☐ An alternative address (please provide below)

Post code

Please let us know if you need your letter in a specific format:

If you have indicated that you are happy for us to contact you by telephone or email, please provide the details you'd like us to use here:

Landline telephone number:

Mobile telephone number:

Email address:

Section 3 - Data Protection - For living applicants only

By submitting this form to the NHS Business Services Authority (NHSBSA), you confirm that you have read and understood the privacy notice at the end of this form.

Your personal information will only be used by the NHSBSA on behalf of the Department of Health, to check your eligibility for a payment and to administer your application. In the event that you appeal a decision, your information may be disclosed to a panel of experts. Information about the NHSBSA's privacy policy is available at *www.nhsbsa.nhs.uk/our-policies/privacy*. All personal information will be transferred and stored securely in compliance with Data Protection law.

By submitting this form to a medical professional, you consent that your medical details necessary to evidence your application will be supplied to the NHSBSA 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 0300 330 1294, by email to *nhsbsa.eibss@nhs.net*, or in writing to:

FREEPOST EIBSS (valid within the UK only) or to EIBSS, NHSBSA, Bridge House, Newcastle-upon-Tyne, NE1 6SN.

Section 4 - Declaration

To be completed by the applicant or the person making the application on behalf of the estate if the applicant is deceased

Declaration: I confirm that the information given in this application form is, to the best of my knowledge and belief, correct and complete and that I have not previously claimed for the hepatitis C stage 1 lump sum payment or regular payments from the current or any previous scheme administrator, or if applying in respect of a deceased person that the estate has not previously claimed for the hepatitis C stage 1 lump sum payment from the current or any previous scheme administrator. 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 an ex gratia payment and with the NHS Counter Fraud Authority 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.

I wish to apply for a hepatitis C stage 1 lump sum payment and/or regular payments from EIBSS.

Signature of applicant or the person making the application on behalf of the estate if the applicant is deceased:

Date:

		/			/				

Section 5 - Information from your medical professional

To be completed by the consultant physician currently in charge of the applicant's care. If you are passed the form by a representative of the estate of a deceased person, please complete the form with respect to the deceased person.

Notes to medical professionals completing this form

Please complete the relevant part(s) of Sections 5 - 8 and Section 9.

If there are questions relating to your patient that you cannot answer, please consult any other appropriate medical professionals who have treated your patient and will be able to provide the required information.

The purpose of this form is to confirm that the patient has been chronically infected with hepatitis C through treatment with NHS blood or blood products prior to September 1991, on the balance of probabilities. In some cases this form will concern a patient who is known to you who has been infected with hepatitis C, in which case please complete section 5A.

In some cases this form will concern a patient who had been infected with hepatitis C but who has since died, in which case please complete section 5C. In this case all the questions which you are asked to answer refer to the deceased person.

In other cases this form will concern a patient who had been indirectly infected by someone who is (or was) infected themselves through NHS treatment, in which case please complete section 5B.

Please return the completed form, using the enclosed prepaid envelope, to: FREEPOST EIBSS (valid within the UK only). You can also return the form to EIBSS, NHSBSA, Bridge House, Newcastle-upon-Tyne, NE1 6SN.

Section 5A - To confirm a living applicant's eligibility for payment

Has an HCV antibody test ever been positive?	☐ Yes	☐ No
Is the applicant currently PCR/RNA positive?	☐ Yes	☐ No
If the applicant is currently PCR/RNA negative, is this a result of past or ongoing treatment for hepatitis C?	☐ Yes	☐ No
If the applicant is PCR negative is there radiological or pathological evidence that they were chronically infected after the acute phase (i.e. the first six months) of the illness had passed? (Relevant radiological or pathological evidence would include chronic-phase raised liver-function tests, previous consideration for treatment, liver histology or radiography, other symptoms of chronic hepatitis C).	☐ Yes	☐ No

Please provide a copy of medical records confirming the above answers

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Section 5B - To confirm whether infection arose indirectly

In your opinion, is it probable the applicant was infected as a result of transmission of the virus from another person who had himself/herself been infected through treatment with blood, blood products or tissue?	☐ Yes	☐ No
If YES, did transmission occur as a consequence of:		
sexual intercourse?	☐ Yes	☐ No
accidental needle stick?	☐ Yes	☐ No
mother-to-baby transmission?	☐ Yes	☐ No
other	☐ Yes	☐ No

Please provide details and a copy of test result to confirm which genotype the applicant is/was infected with:

Section 5C - To confirm that a deceased person would have been eligible for payment

Did the deceased person ever test positive for HCV antibodies?	☐ Yes	☐ No
Was the deceased person PCR/RNA positive at the time of death?	☐ Yes	☐ No
If at the time of death the applicant was PCR/RNA negative was this as a result of interferon-based treatment?	☐ Yes	☐ No
If the deceased person died before tests for hepatitis C were available, was a diagnosis of non-A, non-B hepatitis associated with receipt of a blood transfusion, blood component or blood products made?	☐ Yes	☐ No

Please provide a copy of medical records confirming the above answers

Section 6 - To be completed only in respect of infected people with haemophilia or other inherited or acquired bleeding disorders

Please confirm that the infected person has/had or is/was a carrier of an inherited or acquired bleeding disorder (such as haemophilia or von Willebrand's disorder) ☐ Yes ☐ No

Were any of the following used to treat the infected person before 1 September 1991? (please tick where appropriate)

- ☐ Factor VIII concentrate
- ☐ Factor IX concentrate
- ☐ Cryoprecipitate
- ☐ FEIBA
- ☐ Plasma/FFP
- ☐ Whole blood or components (components include platelets, red cells, neutrofils etc)

Did treatment include repeated doses? ☐ Yes ☐ No

If so which?

In which NHS hospital(s) did the infected person receive the products listed before 1 September 1991?

If none of the products listed above was used to treat the infected person before 1 September 1991, do you believe that the infected person's hepatitis C infection was caused through treatment with NHS blood or blood products received before that date? ☐ Yes ☐ No

Please provide a copy of medical records confirming the above answers.

Section 7 - To confirm that infection most probably arose through treatment with NHS blood, blood products or tissue prior to September 1991 (not to be completed in respect of people with haemophilia or other inherited or acquired bleeding disorders)

When is it believed infection occurred?

		/			/				

Where is it believed infection occurred (in what NHS hospital or other facility)?

How is it believed infection occurred (during surgical procedures, A&E treatment, etc)? Please specify:

Do any records exist of this possible occasion of infection? ☐ Yes ☐ No

If YES, please specify and enclose a copy of the relevant records

If the date of infection cannot be proved, do you believe infection occurred before 1 September 1991? ☐ Yes ☐ No

Were any of the following used to treat the applicant before 1 September 1991? (please tick where appropriate)

- ☐ Intravenous immunoglobulin Plasma/FFP
- ☐ Albumin DEFIX
- ☐ Bone marrow Whole blood or components (components include platelets, red cells, neutrofils etc)

Did treatment include repeated doses? ☐ Yes ☐ No

If so, for what purpose?

Does any evidence exist of any other possible source of infection (e.g. treatment with other blood products or tissue, etc)? ☐ Yes ☐ No

If YES, please specify

Section 8 - Other possible sources of infection

Based on evidence or your experience, has/had the infected person ever used drugs intravenously or been treated for intravenous drug use? ☐ Yes ☐ No

Has/had the infected person ever received hospital treatment outside the UK? ☐ Yes ☐ No

If YES, what treatment and where?

Is there any other evidence that might affect the eligibility of the infected person for payment? ☐ Yes ☐ No

If YES, please specify?

In your view is it probable that the infected person's HCV infection was acquired in consequence of NHS treatment received before 1 September 1991? ☐ Yes ☐ No

If NO, please give your reasons?

Section 9 - To confirm the authority of respondents

Hospital Practitioner 1

How long have you known/did you know the person in respect of whom you have completed this form?:

Years Months

Name of clinician:

Hospital:

Department:

Address:

Signature of clinician:

Clinician's GMC number:

Post code

Hospital stamp:

Hospital Practitioner 2

How long have you known/did you know the person in respect of whom you have completed this form?:

Years Months

Name of clinician:

Hospital:

Department:

Address:

Signature of clinician:

Clinician's GMC number:

Post code

Hospital stamp:

Hospital Practitioner 3

How long have you known/did you know the person in respect of whom you have completed this form?:

Years Months

Name of clinician:

Hospital:

Department:

Address:

Signature of clinician:

Clinician's GMC number:

Post code

Hospital stamp:

General Practitioner

How long have you known/did you know the person in respect of whom you have completed this form?:

Years Months

Name of GP:

Surgery:

Signature of GP:

Address:

GP's GMC number:

Surgery stamp:

Post code

By signing this form I confirm that the information contained within sections 5 – 9 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 to prosecution. I consent to the disclosure of information from this form to and by the NHS Business Services Authority and NHS Counter Fraud Authority for the purpose of verification of this claim and for the investigation, prevention, detection and prosecution of fraud.

England Infected Blood Support Scheme
Privacy notice

The NHSBSA will process the information supplied by the charities who previously provided the service for the purposes of administering payments under the EIBSS.

The NHSBSA is providing this service, as it is legally obliged to do so under the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Infected Blood Payments Scheme) Directions 2017.

The NHSBSA can be contacted at the following address: FREEPOST EIBSS (valid within the UK only) or at EIBSS, NHSBSA, Bridge House, Newcastle-upon-Tyne, NE1 6SN.

Data sharing

Your information may be shared with other people/organisations including, but not limited to, the following:

- Administrators of other Infected Blood Support Schemes in the UK to ensure you are directed to the correct scheme.
- Medical professionals for the assessment of any future applications/appeals made.
- The Department of Health for planning and information purposes.

The information may be shared for the purposes of preventing fraud and error.

By accepting this information and continuing with your claim you consent to the disclosure of relevant information to the NHSBSA and any other relevant parties they may share it with as outlined above.

Your information will not be transferred outside the EU unless you, at any time, reside outside of that area and the transfer is required in order to write to you regarding the service and/or to make payments to the appropriate bank.

How long we will keep your information

Your information will be retained for seven years following the date of the final payment being made to you or any of your dependents.

Your rights

Information you provide to the NHSBSA will be managed as required by relevant Data Protection law including the General Data Protection Regulation (GDPR).

You have the right to:

- Receive a copy of the information the NHSBSA holds about you.
- Request your information be changed if you believe it was not correct at the time you provided it.
- Request that your information be deleted if you believe the NHSBSA is processing it for longer than is necessary to make payments under the England Infected Blood Support Scheme.

Details of how the NHSBSA processes your data are shown on our website at *https://www.nhsbsa.nhs.uk/our-policies/data-protection*

To make use of these rights please contact the NHSBSA Data Protection Officer:

Head of Internal Governance
NHS Business Services Authority
Stella House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

nhsbsa.dataprotection@nhs.net

If you have any concerns about the processing of your information you have the right to contact the Data Protection Regulator:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

https://ico.org.uk/global/contact-us/email/
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