

England Infected Blood Support Scheme (EIBSS) Advanced hepatitis C stage 2 payment application form

Notes to applicants

This form is for applicants who have already made a successful chronic hepatitis C stage 1 application and have received associated payment(s) from the Scheme or from the Skipton Fund and who believe they meet the advanced hepatitis C stage 2 criteria. This form should also be used if you are making an application on behalf of the estate of a deceased person. If you are applying on behalf of the estate of somebody who has died, you must have been granted probate or be named as executor in their will.

Please read this information carefully before completing Sections 1 - 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

This form is only for use when applying for a lump sum and/or regular hepatitis C stage 2 payments from EIBSS. Applicants must have or have had a chronic hepatitis C infection and have developed cirrhosis, have primary liver cancer, have received a liver transplant (or be on the waiting list to receive one), have B-Cell non-Hodgkin's Lymphoma or have type 2 or 3 Cryoglobulinemia accompanied by Membranoproliferative Glomerulonephritis (MPGN) to be eligible for payments.

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.

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

The existence of cirrhosis should be assessed using (a) existing biopsy data or (b) the results of non-invasive tests. A liver biopsy should not be performed purely for the purpose of making this claim.

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, this will be made by EIBSS as soon as possible after receipt of the 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:	<input type="text"/>	Address (including postcode):	<input type="text"/>						
First name:	<input type="text"/>								
Last name:	<input type="text"/>								
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Postcode	<input type="text"/>						
EIBSS reference number (if you already have one):	<input type="text"/>	Mobile number:	<input type="text"/>						
Marital/civil partnership status:	<input type="text"/>	Landline number:	<input type="text"/>						

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)

<input type="text"/>
Post code <input type="text"/>

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:	<input type="text"/>	Mobile telephone number:	<input type="text"/>
Email address:	<input type="text"/>		

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 available 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: 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 2 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 2 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 increased annual payments 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 2 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:

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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

This form is only for use when advanced hepatitis C stage 2 payment(s) are being claimed. These payments are in addition to any already received from EIBSS or any previous schemes in relation to chronic hepatitis C stage 1.

Please complete this form only if the applicant has primary liver cancer, has developed B-cell non-Hodgkin's lymphoma, has type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN), has undergone a liver transplant (or is awaiting a transplant) or if it is probable that the applicant has developed cirrhosis. The existence of cirrhosis should be assessed using (a) existing biopsy data or (b) the results of non-invasive tests. Liver biopsy should not be performed purely for the purpose of making this claim.

Part 1

To determine whether the applicant has undergone liver transplantation, is awaiting a transplant or has developed primary liver cancer. If any of these apply, you do not need to complete parts 2 – 7.

Part 2

Seeks information on liver histology, where available. Where histological proof of cirrhosis is available, you do not need to complete parts 1, 3, 4, 5, 6 or 7.

Part 3

Asks whether the applicant has developed B-cell non-Hodgkin's Lymphoma. If this applies, you do not need to complete parts 1, 2, 4, 5, 6 or 7.

Part 4

Asks whether the applicant has developed type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN). If this applies, you do not need to complete parts 1, 2, 3, 5, 6 or 7.

Part 5

Should be completed for applicants for whom a liver biopsy has never been performed or who do not have recent liver histology. It asks for the calculation of two simple indices, based upon readily available laboratory tests, which have been used to predict cirrhosis. The chosen indices require recent and repeatable measurements (two samples not less than three months apart) of the two liver enzymes aspartate aminotransferase (AST) and alanine aminotransferase (ALT), and the platelet count.

Indices:

i) Aspartate aminotransferase to platelet ratio index (APRI) †

This index has been developed to amplify the opposing effects of liver fibrosis on the level of aspartate aminotransferase and the platelet count.

$$\text{APRI} = \frac{(\text{AST}/\text{ULN}) \times 100}{\text{Platelets}(10^9)/\text{L}}$$

where AST is in IU/L and ULN is the upper limit of normal.

For example, where a patient has a platelet count of 120×10^9 and an AST level of 90 (ULN – 45), the APRI is calculated as:

$$\text{APRI} = \frac{(90/45) \times 100}{120} = \frac{2 \times 100}{120} = 1.67$$

† Wal C_T, Greenson JK, Fontana RJ, Lalbfleisch JD, Marrero JA, Conjeevaram HS, Lok AS-F. A simple no-invasive index can predict both significant fibrosis and cirrhosis in patients with chronic hepatitis C. *Hepatology* 2003; **38**: 518-526

ii) Aspartate aminotransferase-alanine aminotransferase (AST/ALT) ratio index ‡

This index is based upon the observation that, as chronic liver disease progresses, AST levels increase more than ALT levels.

$$\text{Ratio} = \frac{\text{AST}}{\text{ALT}}$$

where AST and ALT are measured in IU/L.

‡ Giannini E, Rizzo D, Botta F, Choarbonello B et al. Validity and clinical utility of the aspartate aminotransferase-alanine aminotransferase ratio in assessing disease severity and prognosis in patients with hepatitis C virus related chronic liver disease. Arch intern Med. 2003; **163**(2): 218-24

With regard to stage 2 payments, an APRI ≥ 2.0 together with an AST/ALT ratio ≥ 1.0 will be accepted as presumptive evidence for cirrhosis provided there are no factors other than fibrosis which are potentially affecting the AST, ALT and platelet readings. Where both these indices are at or above these cut-offs, and there are no factors other than fibrosis which may be affecting the AST, ALT and platelet readings, you do not need to complete parts 6 and 7.

Part 6

To be completed for an applicant whose application depends on establishing a diagnosis of cirrhosis and for whom a liver biopsy has not been performed (or has not been performed recently), and where the simple indices used in part 5 do not predict cirrhosis, or there are factors other than fibrosis influencing these readings. The purposes of this section is to record any other information already available that might help us to determine whether cirrhosis is probable. This may include transient elastography (e.g. Fibro Scan ®) results.

Part 7

Must be completed in respect of an applicant who is relying on information supplied in part 6 to support the application. It seeks an overall clinical opinion as to whether or not cirrhosis is probable.

Part 8

Asks for details and the signature of the physician who has completed the form. You must complete this section.

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

Part 1 – Liver transplantation and liver cancer

- The applicant is on the waiting list for a transplant Yes No
- The applicant has undergone a liver transplantation Yes No
- Date(s) of transplantation (if applicable): Yes No
- The applicant has developed primary liver cancer
(If YES, give supporting evidence in the space below) Yes No

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

If the applicant has undergone a liver transplantation, is on the waiting list for a transplant, or has developed primary liver cancer, please ignore parts 2, 3, 4, 5, 6 and 7 and go straight to part 8.

Part 2 – Liver histology

Where a liver biopsy has already been undertaken as part of the applicant's clinical management, please give the following details.

Date of biopsy:

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Details of histology report and diagnosis reached:

Please provide a copy of the report.

If there is histological evidence of cirrhosis, please ignore parts 1, 3, 4, 5, 6 and 7 and go straight to part 8.

Part 3 – B-Cell Non-Hodgkin's Lymphoma

- The applicant has developed B-cell non-Hodgkin's Lymphoma
(If YES, give supporting evidence in the space below) Yes No

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

If the applicant has developed B-cell non-Hodgkin's Lymphoma, please ignore parts 1, 2, 4, 5, 6 and 7 and go straight to part 8.

Part 4 – Type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN)

The applicant has developed MPGN (If YES, give supporting evidence in the space below) Yes No

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Please provide a copy of medical records confirming the above answers. If the applicant has developed MPGN, please ignore parts 1, 2, 3, 5, 6 and 7 and go straight to part 8.

Part 5 – Simple indices predictive of cirrhosis

This section is to be completed for an applicant for whom a liver biopsy has not been performed, or without recent liver histology. The chosen indices require recent and repeatable measurements (two samples not less than three months apart) of the two liver enzymes, aspartate aminotransferase (AST) and alanine aminotransferase (ALT), and also the platelet count.

If there are factors which could potentially affect the AST, ALT or platelet levels in this applicant, other than fibrosis, please indicate what these might be in part 7. If the influencing factor is more recent, for instance because the applicant is/was undergoing antiviral therapy, then please either use blood results taken before or after the course of treatment and/or complete parts 6 and 7.

	First test result	Second test result	Upper limit of normal (ULN)
Date test performed			-
AST (IU/L)			
ALT (IU/L)			-
Platelets x 10⁹/L			-

Calculated indices (see explanatory notes above)

	First test result	Second test result
APRI		
AST/ALT ratio		

With regard to hepatitis C stage 2 payments, an APRI ≥ 2.0 together with an AST/ALT ratio ≥ 1.0 will be accepted as presumptive evidence for cirrhosis.

Notes:

1. If both of these indices are at or above the specified cut-off values, go straight to part 8.
2. If these indices give discordant results, or both are below the specified cut-off values, please complete parts 6 and 7.

Part 6 – Other information

Note: Any signs of portal hypertension and/or evidence of episodes of hepatic decompensation should be mentioned in this section.

(I) Clinical status

Clinical status and findings on physical examination:

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(II) Other biochemical and haematological tests (where available)

Date of test:

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	Result	Normal range	
Bilirubin			µmol/litre
Albumin			g/l
Globulin			g/l
Alkaline phosphatase			IU/L
Alpha-fetoprotein			IU/ml

Prothrombin time		Secs
(Give normal range for laboratory)		Secs

Any special tests undertaken that may predict the degree of fibrosis or presence of cirrhosis

Some clinicians may have used other tests as markers of fibrosis (e.g. hyaluronic acid). Any such tests undertaken should be described below stating the particular test(s) used, results obtained and the basis for their interpretation:

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(III) Abdominal ultrasound (of liver, spleen)

Date:

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Report:

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(IV) Transient Elastography (e.g. Fibro Scan ®)

Date:

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Report:

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Please provide details of the applicant's Body Mass Index (BMI), alcohol intake and whether they have diabetes as these are known to affect transient elastography readings. If you have not already done so in part 5, please also provide an ALT result from the time of the transient elastography reading as inflammation/necrosis can also influence liver stiffness independently of fibrosis.

(V) Other radiological examinations (e.g. MRI, CAT scan)

Date:

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Report:

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(VI) Endoscopy

Date:

		/			/				
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Report:

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(VII) Other

Report any other test results that may be relevant:

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If you have completed part 6, please also complete part 7.

Part 7 – Overall clinical opinion

This part must be completed in respect of an applicant who is relying on information provided in part 6 as a basis for the application. It seeks an overall clinical view as to whether it is probable that the applicant has developed cirrhosis based on the evidence provided in part 6.

Clinical assessment:

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Part 8 - Identity and authority of the physician completing parts 1 - 8

Name of clinician:

Hospital:

Department:

Address:

Signature of clinician:

Clinician's GMC number:

Post code

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Hospital stamp:

By signing this form I confirm that the information contained within parts 1 - 8 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 NHSBSA and the 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 EIBSS.

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/>

<https://ico.org.uk/>