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NHS Business Services Authority
England Infected Blood Support Scheme
Annual Report for the five Month Period
Ended 31 March 2018

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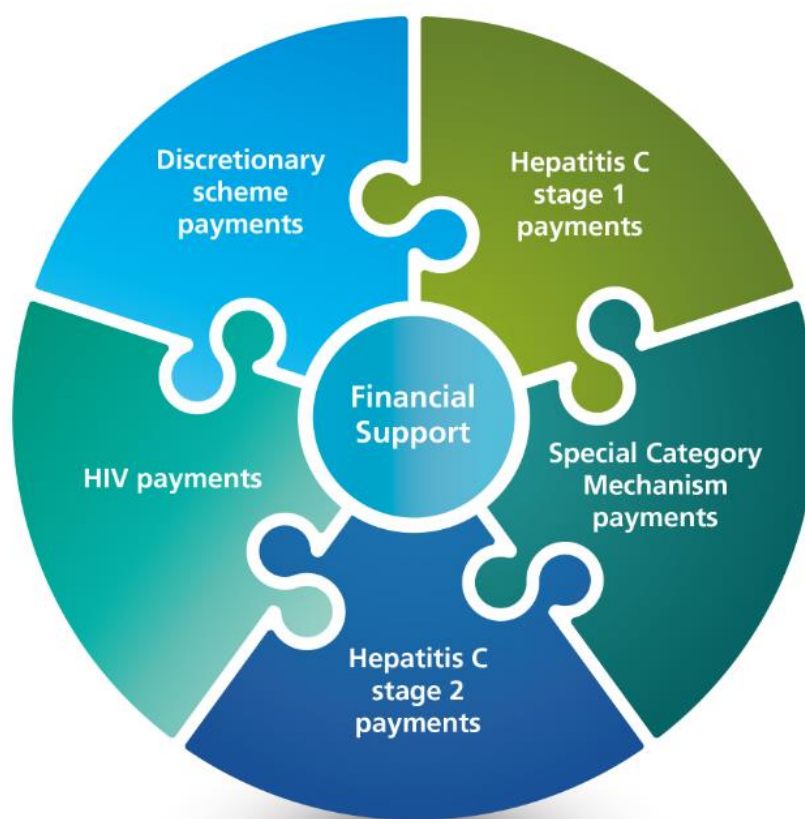
Contents

Introduction	3
Service transition	3
Milestones	4
Medical assessors	4
Appeals Process.....	4
Special Category Mechanism (SCM).....	4
New stage 2 condition	5
Welfare Advice	5
Discretionary support.....	5
Beneficiaries	6
Payments.....	6
Stakeholder engagement.....	7
Beneficiary engagement	7
EIBSS Structure.....	8
Performance summary.....	9
Service delivery	9
Application volume.....	10
Application outcome	10
Discretionary Payments.....	12
Correspondence received.....	12
Finance	13
Looking forward to 2018/19	13

Introduction

The England Infected Blood Scheme (EIBSS) operates from offices in Bridge House, Newcastle and Skipton House, London and sits within the National Health Service Business Services Authority's (NHSBSA) Citizen Services structure. The scheme is delivered on behalf of the Department of Health and Social Care (DHSC).

NHSBSA administers the scheme for those eligible for support through EIBSS; providing financial and other support to those who were historically infected by HIV and/or hepatitis C through NHS supplied blood and blood products during the 1970s and 1980s. The scheme also provides support for their families, including spouses, parents, children and dependents.



Service transition

On 1 November 2017, NHSBSA became directed by DHSC to administer the EIBSS.

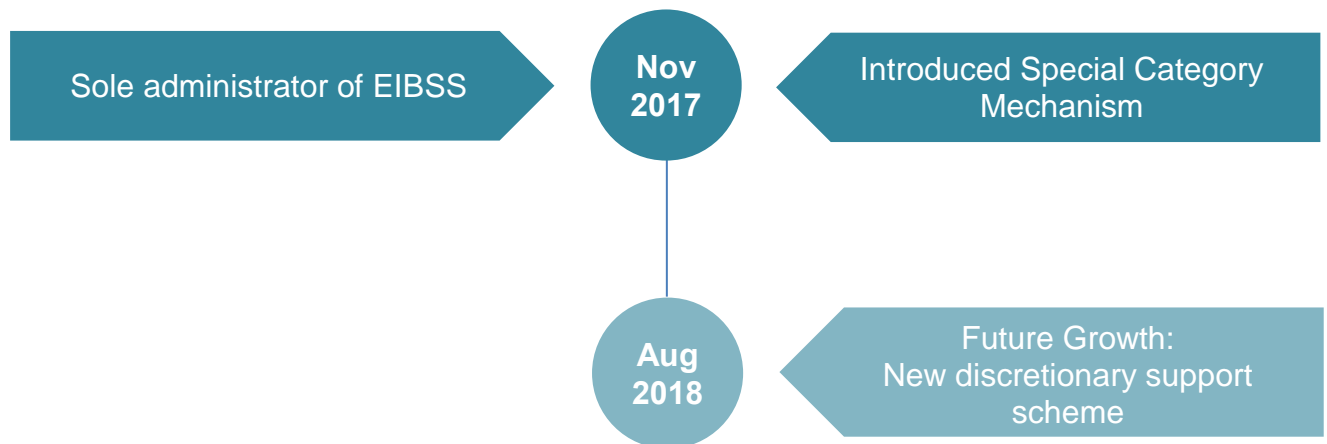
The new scheme replaced five former schemes operated by the following charities: Eileen Trust, Macfarlane Trust, Caxton Foundation and companies: MFET Ltd and Skipton Fund. These former schemes were collectively known as 'Alliance House' with the organisations being based within these premises.

Prior to the inception of EIBSS, Alliance House wrote to their registered beneficiaries to inform about the change and to seek consent to transfer their details to NHSBSA. The

beneficiaries did not have to give their consent, however without consent their payments would cease as details would not be transferred to NHSBSA allowing them to continue.

Once consent was received the beneficiary's details were transferred to NHSBSA and beneficiaries were setup to continue to receive their regular and discretionary payments. Consent was not given by all registered beneficiaries. NHSBSA received 2,839 beneficiaries' details prior to 1 November 2017. Data files continued to be transferred after this date during the transition period.

Milestones



Medical assessors

All applications to EIBSS which require medical practitioner evidence are assessed by independent medical professionals with relevant clinical or similar experience in this field.

Appeals Process

An applicant can appeal if they disagree with the outcome of their application to EIBSS. Appeals are heard by a panel of independent medical experts headed by a legal chairperson. As with the medical assessors, medical appeals panel members also have relevant clinical or similar experience in this field.

Special Category Mechanism (SCM)

Special Category Mechanism (SCM) was introduced at the same time NHSBSA launched EIBSS. This new process enables beneficiaries with hepatitis C stage 1 to apply for the higher annual payments, equivalent to hepatitis C stage 2 and HIV annual payments. The intention of this new process is to enable people with a hepatitis C stage 1 infection that is having a substantial and long-term negative impact on their daily lives to apply for higher annual payments.

Throughout the set-up and introduction of SCM, NHSBSA consulted with DHSC and stakeholders to ensure that the application process was accessible for all who needed it.

On 1 November 2017 NHSBSA invited 1,763 eligible beneficiaries to make a SCM application; additional invitations were issued during 2017/18. Successful applications received by 23 February 2018 (providing the applicant had expressed intent by 12 January 2018), were eligible for higher payments backdated to October 2017. After this initial application period, payments for successful applications were backdated to the date on which NHSBSA received the application.

In 2017/18 NHSBSA received 715 SCM applications, with 77% of beneficiaries who submitted a complete application form securing higher payments. All applications received were eligible to receive the backdated payment. The backdated payment was made to successful applicants on 27 March 2018 with regular payments starting from 27 April 2018.

NHSBSA requested additional funding to be accrued for SCM payments of £606,000 for 2017/18; this was carried forward into 2018/19 to cover any successful SCM application eligible for the backdated payment.

New stage 2 condition

From 1 November 2017 type 2 or 3 cryoglobulinemia accompanied by membranoproliferative glomerulonephritis (MPGN) was added to the current list of conditions that would qualify a beneficiary for hepatitis C stage 2 payments. This means a hepatitis C stage 1 beneficiary who has been diagnosed with MPGN will receive a one-off £50,000 payment and higher annual payments through the existing stage 2 process. NHSBSA received one hepatitis C stage 2 application evidencing MPGN in 2017/18; the successful applicants received regular payments backdated to April 2017.

Welfare Advice

NHSBSA has retained the support of a welfare adviser, which was offered by the previous scheme administrators. Beneficiaries can choose to use the same welfare adviser or to source their own should they wish.

Discretionary support

During 2017/18 NHSBSA carried out a review of the discretionary payment schemes provided under the former administrators. As the discretionary schemes were set up at different times by the different scheme administrators and different criteria were used to calculate entitlement and payments.

This review was undertaken to bring consistency to discretionary support payments inherited from the previous administrators. A commitment was made by the Minister to ensure beneficiaries would not be worse off overall as a result of this review.

The review was carried out by analysts and members of the EIBSS team and an options paper was developed for the DHSC policy team and ministerial consideration. The results of this review were finalised in early 2018/19.

Beneficiaries

There are 3,098 people registered for support through the scheme.

This is broken down into the following groups:

Beneficiary Group	Number of beneficiaries registered
Hepatitis C stage 1	1168
Hepatitis C stage 2	642
Special Category Mechanism	510
HIV	124
Co-infected (stage 1 and HIV)	95
Co-infected (stage 2 and HIV)	60
Co-infected (SCM and HIV)	84
Bereaved	415

Payments

From 1 November 2017 EIBSS processed all annual and discretionary payments for registered beneficiaries and their families as appropriate.

Following the 2016 consultation on the scheme the Government announced the continuation of annual payments and introduced payment uplifts from April 2018.

Payment type	Annual payments in 2017/18
Hepatitis C (stage 1)	£3,535
Hepatitis C (stage 1) with SCM	£15,655
Hepatitis C (stage 2)	£15,655
HIV	£15,655
co-infected with HIV and hepatitis C (stage 1)	£18,685
co-infected with HIV and hepatitis C (stage 1) with SCM	£30,805
co-infected with HIV and hepatitis C (stage 2)	£30,805

NHSBSA pays annual payments on a monthly or quarterly basis, depending on beneficiary preference. Annual payments include a winter fuel payment made in December each year. For 2017/18 payments included this winter fuel payment of £505.

A one-off lump sum payment of £20,000 is reserved for a new applicant registered for hepatitis C stage 1 payments and a one-off lump sum of £50,000 to those who develop a hepatitis C stage 2 condition. A one-off lump sum is also paid to a new applicant registered

for HIV payments. The lump sum amount is subject to the applicant's eligibility criteria at the time of infection and depends on their circumstances and whether they are a primary beneficiary or a secondary infectee.

A one-off lump sum payment of £10,000 is also available for bereaved partner/spouses of deceased beneficiaries provided they meet set criteria.

Stakeholder engagement

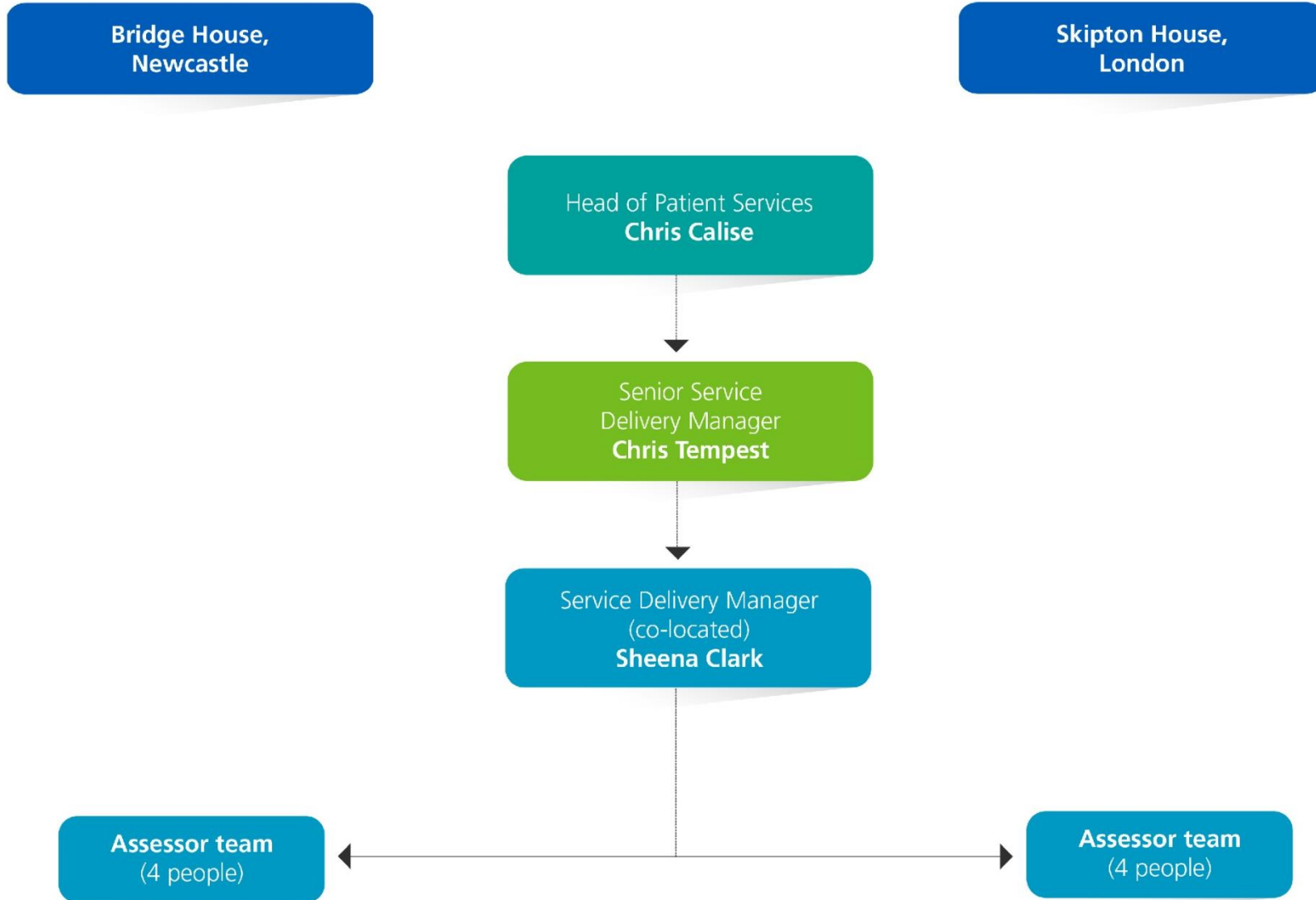
NHSBSA has engaged with several stakeholders, including the Haemophilia Society and Hepatitis C Trust during the transition of the scheme from its previous administrators. The engagement has been focussed on any issues from the transition of the scheme, feedback from beneficiaries and any areas of policy development.

Beneficiary engagement

As part of the discretionary payment review process, NHSBSA contacted all beneficiaries to invite them to give their input into the review, via a survey. This could be completed either online or over the telephone. NHSBSA also organised focus groups based in Manchester and London to discuss feedback. These sessions were conducted by both user researchers and members of the EIBSS team.

NHSBSA has also held further beneficiary focus groups aimed at developing and improving the scheme in 2018/19. So far, three meetings have been organised in different parts of the country to help enable beneficiaries to attend. Travel expenses have also been covered for beneficiaries.

EIBSS Structure



Performance summary

The below table indicates NHSBSA performance against key performance indicators agreed with DHSC.

Service delivery

Key Performance Indicator	Target	Achieved for 2017/18
% of annual payments made at agreed time each month	100.00%	100.00%*
% of new applications acknowledged within 5 working days	100.00%	100.00%
% of beneficiary correspondence responded to within 5 working days	90.00%	99.17%
% of beneficiary correspondence responded to within 10 working days	100.00%	100.00%
% of complaints acknowledged within 2 working days	100.00%	100.00%
% of complaints responded to within 10 working days	90.00%	100.00%
% of complaints responded to within 15 working days	100.00%	100.00%
% of new applications processed to completion within 30 working days	90.00%	100.00%
% of applications through the SCM processed and payments made to individuals within 120 working days	90.00%	100.00%
% of appeals processed and completed within 60 working days	90.00%	100.00%

*NHSBSA acknowledges that where our automated payments system has failed then a faster payment mechanism has been used to pay beneficiaries on the same day. Where any overpayments have occurred in a small number of cases, the recouping of said overpayments has been agreed with beneficiaries and phased over a number of months where appropriate to avoid adversely affecting individuals.

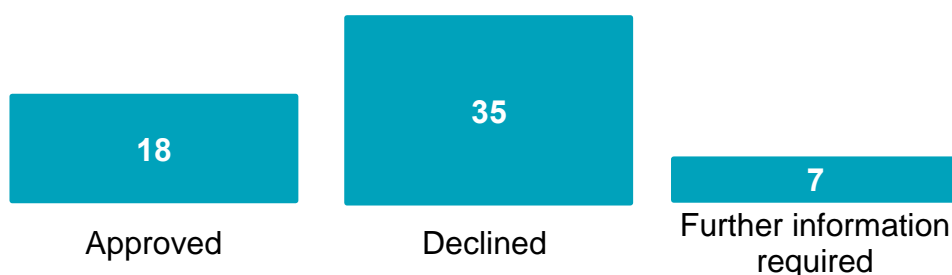
Application volume

EIBSS received 805 regular payment applications in 2017/18.

2017/18	
Application type	Number of applications received
Hepatitis C stage 1 payments	60
SCM payments	715
Hepatitis C stage 2 payments	28
HIV payments	2
Total	805

Application outcome

Hepatitis C stage 1



For 2017/18 there was a 33.96% approval rate in hepatitis C stage 1 decisions. The main reason for the 35 declined applications was a lack of evidence/proof to support the claim.

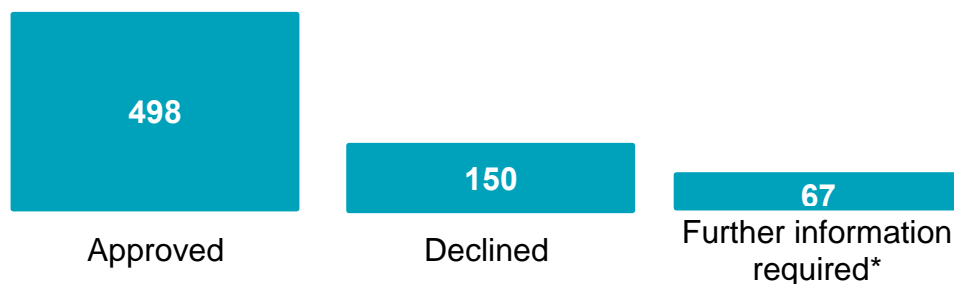
From the 18 approved applications received in 2017/18, 10 beneficiaries met the eligibility criteria for hepatitis C stage 2 payments. These applicants applied for both hepatitis C stage 1 and stage 2 payments and were approved and set up to receive the lump sum payments and hepatitis C stage 2 regular payments.

Appeals

An applicant can appeal if they disagree with the outcome of their application to EIBSS.

From the 35 unsuccessful hepatitis C stage 1 applications 25 went to appeal. 22 cases remained as unsuccessful applications following an independent appeals panel. Three cases are pending further evidence.

SCM



*28 applications required more information and 39 applications were incomplete.

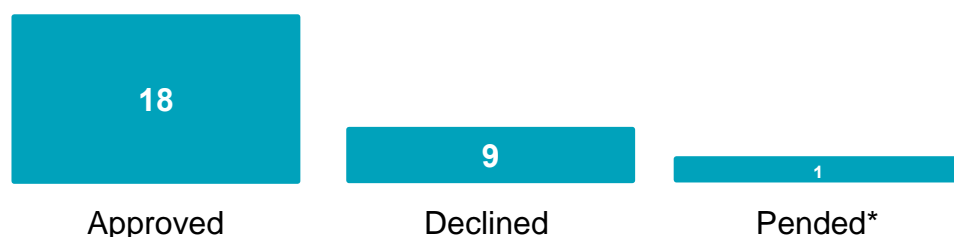
For 2017/18 there was a 76.85% approval rate in SCM decisions.

An additional 91 beneficiaries expressed intent to NHSBSA to apply for SCM but did not then go on to complete a form.

Appeals

No SCM appeals were received in 2017/18, this was due to the outcomes being communicated late in the financial year and NHSBSA began hearing appeals in 2018/19.

Hepatitis C stage 2



*One application was pended due to the wrong application being submitted; the beneficiary wished to apply for SCM not for hepatitis C stage 2 payments.

For 2017/18 there was a 66.67% approval rate in hepatitis C stage 2 decisions.

Appeals

From the nine unsuccessful hepatitis C stage 2 applications one went to appeal; this case remained as an unsuccessful application following an independent appeals panel.

HIV

2

Approved (0)

Declined

100% of HIV applications were declined in 2017/18.

Appeals

From the two unsuccessful HIV applications none went to appeal.

Discretionary Payments

Discretionary payments include income top-up payments and payments for one-off items/circumstances. The purpose of discretionary support is to provide additional, time-limited financial and non-financial support to beneficiaries and their families. This is to address immediate infection-related needs that have a direct effect on beneficiaries' independence but are not otherwise being met.

During 2017/18 we received 74 applications for a one-off payment. Of these, 49 were approved and 25 were declined.

Correspondence received

During 2017/18 we received and responded to over 4,000 items of beneficiary correspondence (post and email). This included 7 items of MP correspondence on behalf of beneficiaries.

The NHSBSA complaints policy also covers EIBSS. During the year 2017/18 we received no complaints under this policy.

Finance

The total EBISS expenditure for 2017/18 was £14,701,460. In 2017/18 EIBSS administered payments of:

- £2,565,555 in hepatitis C stage 1 payments;
- £4,674,205 in hepatitis C stage 2 payments;
- £1,761,188 in HIV payments;
- £3,033,488 in SCM payments; and
- £1,374,105 in winter fuel payments.

2017/18	
Non-discretionary payment type	Total (£) <i>(rounded to the nearest pound)</i>
Regular Hepatitis C stage 1	2,205,555
One-off Hepatitis C stage 1	360,000
Regular Hepatitis C stage 2	3,774,205
One-off Hepatitis C stage 2	900,000
Regular HIV	1,761,188
Regular SCM	3,033,488
Annual winter fuel	1,374,105
TOTAL	13,408,539

2017/18	
Discretionary payment type	Total (£) <i>(rounded to the nearest pound)</i>
Bereaved	180,000
Funeral grant	73,419
Income top-up	1,017,760
Other	21,743
TOTAL	1,292,921

Looking forward to 2018/19

NHSBSA intends to build on the current engagement with beneficiaries and carry out further beneficiary groups in 2018/19. This will allow us to gather the opinions of beneficiaries and help to identify any improvements that can be made to the service.