Message

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Sent: 02/02/2017 14:42:32
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Subject: Meeting with UK schemes: key points

Hello everyone,

For info these were the main points that came out of yesterday's meeting with the schemes from my perspective:

- The Skipton Fund decision making process is very insulated from the appeal process, which seems appropriate given that the appeal is independent. Skipton have access to a medical advisor outwith the appeal panel – we'll have to consider how we might handle that.
- The is no discrimination where a person has accelerated their own disease progression via alcohol – Nick mentioned about 1 in 10 advanced HCV cases featured alcohol abuse.
- Any mention of intravenous drug use basically rules out a successful application, except perhaps in the case of a haemophiliac who had a large intake of blood products (unlikely).
- The discretionary grants are purely income based on the basis of charitable need, there is no need to establish that the grant is for a health-related purpose. The administrators seem to have a lot of leeway in their decision – it is taken purely on the merits of the case.
- On means-testing, they are meant to declare a change of income, although they suggested this rarely happens in practice. An annual means-test is undertaken at the end of the financial year.
- Grant appeals only take place if the situation has changed, or new evidence is provided.
- Common grants: adaptations, household repairs (boilers etc), white goods, furniture, respite breaks.
- Loss of earning payments do not maintain the person at their previous income – they provide a 'normal' level of income.
- People can nominate carers etc, or people with power of attorney to operate on their behalf.
- The specialist benefits/debt management advice is a core component. In some cases the schemes will cover small debts and lost benefits for a short space of time (I didn't know this). Mortgages and large loans are never covered.
- They have no direct contact with DWP/HMRC etc.
- They refer to an approved list of counsellors (mainly bereavement type)/psychotherapists.
- Cheques are sometimes used for simplicity, if a person is receiving a one-off payment.
- The anti-fraud mechanisms seem very light-touch. They were aware of one forged application.
- They noted that most Scottish beneficiaries would not qualify under charitable need currently, given the large lump sums etc.
- We suggested they would stop processing new HCV claims on 1 March and refer them to us. They seemed content to continue processing discretionary grants up till end March if necessary.
- Jan suggested it might take a couple of weeks to compile the consent data – we are sceptical about this given the simplicity of the spreadsheets. Myself and Sam can push her on this once the letters have been issued this week.

- It's clear that they are only going to relinquish the bare minimum of data.
- Confidentiality – beneficiaries can be very specific with regard to communication methods (no email, no letters, phone between certain times). We'll have to be mindful of this in case someone's infected status is divulged inadvertently. We discussed sending an initial letter out asking them to tell us about their preferences.
- They said there is no real pattern to grant applications – Scottish applications have dropped off due to the larger payments.
- .They said consistency in decision making is absolutely critical, as beneficiaries try to exploit this. They are likely to test the parameters of the new grant system.

Steven and Sally may remember some other points.

Thanks,

Robert

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laghail eile. Dh’fhaodadh nach eil beachdan anns a’ phost-d seo co-ionann ri beachdan Riaghaltas na h-Alba.

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