

## **THE SKIPTON FUND**

### **A guide to help you complete an application for the additional payment**

## **BEFORE YOU APPLY**

**PLEASE READ THESE GUIDANCE NOTES BEFORE MAKING AN APPLICATION**

### **WHAT IS THE DIFFERENCE BETWEEN THE BASIC £20,000 PAYMENT AND THE ADDITIONAL £25,000 PAYMENT?**

The hepatitis C virus can cause progressive liver damage over a period of time. If you have already qualified for the basic £20,000 payment and have significant deterioration of the liver you may also qualify for the additional £25,000 payment that is available from the Skipton Fund.

### **HOW DO I KNOW IF I QUALIFY FOR THE ADDITIONAL PAYMENT?**

In order to qualify, you must first have received the basic £20,000 payment from the Skipton Fund. Provided this is the case, you should then automatically qualify for the additional payment if:

- you have received a liver transplant,
- if you are on a waiting list for a liver transplant,
- if you have liver cancer.

Alternatively, if you and your specialist doctor suspect or have confirmation that you have an advanced stage of liver damage called cirrhosis, you may also qualify.

### **I THINK I QUALIFY FOR PAYMENT. HOW DO I APPLY?**

Together with these guidance notes, you have been sent the appropriate application form. This is a different form from the one you used to apply for the basic payment.

If you have advanced liver disease you will almost certainly be under the care of a specialist doctor or consultant. You should take the application form to that specialist and discuss whether your present condition is likely to qualify you for the payment.

If you are not under the care of a specialist doctor then you should approach your GP for advice in the first instance.

### **SO HOW DO I GET THE EVIDENCE THAT I NEED TO APPLY FOR THE ADDITIONAL PAYMENT?**

A specialist doctor must provide evidence of the extent of your liver disease if you are to qualify for the additional payment. The specialist will be asked to complete the application form on your behalf by providing evidence based on tests or your medical history.

If you have further queries after having read these guidance notes please contact the Skipton Fund Helpline 020 7808 1450. If you phone the Skipton Fund Helpline it may be busy and your call will be recorded so please then be ready to leave a telephone number to which it will be possible to return your call. Alternatively you can e-mail the Skipton Fund at [apply@skiptonfund.org](mailto:apply@skiptonfund.org)

## HOW DO I KNOW IF I HAVE CIRRHOSIS OR IF I WILL GET IT IN THE FUTURE?

Your specialist doctor will be able to tell you if you definitely have cirrhosis or if it is suspected that you have cirrhosis.

If you do not have cirrhosis now, that will not prevent you applying for the additional payment at any time in the future if your liver condition deteriorates so that you do develop cirrhosis. Your specialist doctor may not be able to predict if you are likely to develop cirrhosis in the future. However, you can discuss with your specialist how information routinely obtained in the course of your care can be used to show when it may be appropriate for you to make a future application.

## THE APPLICATION FORM

### THE QUESTIONS IN THE APPLICATION FORM ARE VERY TECHNICAL. HOW DO I GET THE ANSWERS?

The medical questions in the application form are not designed to be completed by you personally, even though you are the applicant. They should be completed by the specialist doctor looking after your liver condition. Please do not be concerned if you find the contents of the application form difficult to understand. The questions involve tests routinely carried out by your specialist doctor to monitor the condition of your liver. For this reason, it is important that you discuss the application form with your specialist doctor before any attempt is made to complete it. Having done this, your specialist will be able to advise you on whether you are likely to qualify for the additional payment and discuss with you any tests that might be required before completing the form.

### MY SPECIALIST DOCTOR AND I AGREE THAT I AM LIKELY TO QUALIFY FOR THE ADDITIONAL PAYMENT. WHAT DO I DO NOW?

In many cases, your doctor will be able to complete the form simply using information from your medical records. This may be because you automatically qualify for payment as a result of having had a liver transplant or having developed primary liver cancer, or because you have recently undergone the tests referred to in the application form as part of your routine care. In such a case, you should agree the contents of the completed form with your specialist doctor. Your specialist should then return the completed form to the Skipton Fund.

If you do not automatically qualify for payment and do not have the necessary medical information or tests results in your medical history, your specialist will need to arrange for further non-invasive tests to determine whether you are likely to have cirrhosis.

## THE TESTS

### WHAT TESTS MIGHT I NEED TO HAVE?

If your specialist is satisfied that test results you have had in the past will be sufficient to complete the application form, you will not need to have any tests. If you have had a liver biopsy in the past that confirms you have cirrhosis that will be sufficient, but the Skipton Fund does not require that you have one. A liver biopsy involves a simple procedure to remove a very small piece of the liver. It is an invasive procedure which carries an element of risk to the patient. Although such biopsies are commonly carried out, your doctor will only do so if it is essential for your care. Your specialist doctor will not carry one out just to support your claim.

Alternatively, if information from a liver biopsy is not available, the results of certain blood tests may be sufficient. You will need the results from more than one set of tests because the results of these particular tests are also affected by other factors than infection with the hepatitis C virus. For example, if a person has another viral infection when the blood sample is taken, it might affect the results. Therefore, two sets of tests need to be performed, no less than 3 months apart, to ensure that the test results are as accurate as possible. It may be that you need to have some additional tests to meet this requirement, but any results that were obtained before you decide to make an application will be admissible.

## IF I HAVE A BLOOD TEST, WHAT WILL THIS INVOLVE?

You will need to provide a blood sample, which is a routine procedure that you are likely to have had many times before. Testing of this blood sample can help in assessing the condition of the liver without having to take tissue from it.

### HOW WOULD THE TEST RESULTS PROVE THAT I QUALIFY FOR THE ADDITIONAL PAYMENT?

If you have had a biopsy, laboratory analysis of the tissue sample will provide an accurate assessment of whether your liver is showing signs of cirrhosis. Your doctor will be able to tell from the laboratory report if you are likely to qualify for payment.

The blood tests accepted by the Skipton Fund will not provide a clinical diagnosis of cirrhosis; rather they will be used to predict whether cirrhosis is likely to be present for the purposes of making the £25,000 ex-gratia payment. If the results definitely indicate that cirrhosis is likely, you should qualify for payment.

The results of the blood tests may not always provide a clear cut answer. In such cases the application form gives your specialist the opportunity to provide other supporting evidence (such as that obtained from a physical examination, other blood tests or any scans, etc., you may have had) that might be helpful in deciding whether you are likely to qualify for the additional payment.

## WHEN THE APPLICATION FORM IS COMPLETED

### WHAT SHOULD I DO WHEN MY DOCTOR HAS COMPLETED THE APPROPRIATE SECTIONS OF THE APPLICATION FORM?

*The Skipton Fund cannot make a payment without the information that your specialist doctor can provide. If you have any concerns about the information that will be entered on the application form it is important that you discuss them with your specialist doctor before the form is returned to the Skipton Fund or by the specialist.*

If you wish to see the information that has been supplied about you, you should ask your specialist doctor for a copy of the completed form.

### WHAT ELSE DO I NEED TO DO?

Your specialist doctor will complete the application form and send it to the Skipton Fund.

There are a few brief questions on the single sheet accompanying these guidance notes that you need to answer. In order to ensure that you are the same person who received the stage 1 payment, we need you to re-confirm certain information that you supplied when applying for that payment. We also need to ensure that, if you qualify for the additional payment, we send that to the correct bank or building society account, taking into account that you might wish the additional payment to go to an account different from that used for the first payment. Please, therefore, complete the enclosed 'Additional Application Form', peel off the tape, fold and seal it before returning it to us.



- **What happens if my appeal against the Skipton Fund decision is not supported?**

If your appeal is not supported by the Appeals Panel then you can ask the Courts to review your case. This is called a judicial review.

- **Do I need the help of a lawyer when applying for a payment from the Skipton Fund?**

The Skipton Fund application process is designed to allow people to take forward their application themselves. The forms only require you to provide very basic information and your doctor will supply the necessary medical input. There is therefore no need for you to consult a lawyer. However, you are free to seek legal advice if you wish, for example, if you are considering appealing against a Skipton Fund decision. The decision is yours, but please note that the Skipton Fund will not pay any legal costs that you may incur.

- **I wish to apply on behalf of the estate of someone who died between the 29 August 2003 and 5 July 2004– what do I do?**

If you are the former parent, partner or other next of kin of such a person, or are the executor of that person's estate, you should contact the Skipton Fund for an application form. The guidance that comes with the form will explain what you need to do. The Skipton Fund will only accept a single application in respect of a deceased person.

- **I wish to apply on behalf of someone who is unable to apply by themselves (for example because they are disabled or too young) – what do I do?**

The form should be completed with the applicant's personal details. If necessary, please provide a "care of" address. You should record your name and relationship to the applicant where indicated.

- **I have been infected with Hepatitis C through contact with someone who is eligible – what do I do?**

If you have not been directly infected with Hepatitis C as a result of NHS treatment with blood or blood products, but instead have been infected by someone who has, you are eligible to make a claim to the Skipton Fund. If you know the identity of the person who is/was the source of your infection, please wait until they have made a successful application before applying yourself. Once their application has been approved, complete and return an application form, noting your circumstances where indicated. If you do not know their identity, or if they died before 29 August 2003, then you should complete an application form as far as possible, return it to the Skipton Fund and wait for them to contact you.

- **Will the Skipton Fund make payments to people who have been infected with other diseases as a result of receiving blood or blood products from the NHS?**

No. The Skipton Fund only makes payments related to infection with Hepatitis C.

## THE SKIPTON FUND - What it is and how it works

### 1. WHAT IS THE SKIPTON FUND?

- (a) It is a scheme for making lump sum payments to certain people who became chronically infected with Hepatitis C as a result of receiving NHS treatment with blood or blood products.
- (b) It operates throughout the UK – making payments to people who were infected in England, Northern Ireland, Scotland and Wales.
- (c) The money paid out by the Fund is provided by the 4 UK Government administrations on a compassionate basis – the payments are not an admission of legal liability.

### 2. WHO CAN APPLY?

- (a) People who have contracted Hepatitis C as a result of receiving blood or blood products from the NHS prior to September 1991.
- (b) Those representing the estates of people who would have qualified for payments from the scheme had they not died between 29 August 2003 and 5 July 2004.
- (c) Those infected with Hepatitis C as a result of the virus being transmitted from someone else who was themselves infected as a result of receiving blood or blood products from the NHS prior to September 1991 (eg someone who was infected at birth by a mother who had been previously infected through NHS treatment).

### 3. HOW DOES THE SCHEME WORK?

- (a) The scheme will make a lump sum payment of £20,000 to any person who now has Hepatitis C as a result of receiving blood, blood products or tissue from the NHS prior to September 1991.
- (b) People who had Hepatitis C in the past as a result of receiving blood or blood products from the NHS prior to September 1991, but who have cleared the virus as a result of treatment, will also receive £20,000 lump sum payment.
- (c) People who have cleared the virus as a result of treatment or who have cleared it spontaneously after a period of chronic infection will also be eligible for payments from the scheme.
- (d) People entitled to the basic £20,000 payment as described above will receive an additional £25,000 payment if they develop or have developed a cirrhosis or liver cancer, or have had a liver transplant or are on a transplant waiting list.
- (e) People who have been infected with HIV through blood or blood products in the past, and have in addition contracted Hepatitis C in the same way, will be eligible for payments from the scheme in the same way as those who have only been infected with Hepatitis C.
- (f) It will be assumed that people who have developed Hepatitis C after being treated with Factor VIII or Factor IX blood clotting factor concentrates were infected as a result of that treatment. Virtually all haemophiliacs will fall into this category.
- (g) No payments will be made in respect of those who have died before 29 August 2003 or to people who have cleared the virus spontaneously in the acute phase of the disease. In the case of eligible people who die between 29 August 2003 and 5 July 2004, the payments will be made to their estate. Where eligible persons die after 5 July 2004, payments will only be made to their estate if the eligible person had applied to the Skipton Fund whilst they were still alive.
- (h) The scheme will not pay any legal costs that people incur in preparing a claim for payment from the Skipton Fund.

If you have further queries after having read this guidance - contact the Skipton Fund Helpline 020 7808 1160. If you phone the Skipton Fund Helpline it may be busy and your call will be recorded so please then be ready to leave a telephone number to which it will be possible to return your call. Or if you can e-mail the Skipton Fund at [apply@skiptonfund.org](mailto:apply@skiptonfund.org)



## THE SKIPTON FUND – APPLYING FOR A PAYMENT

### 1. HOW DO I APPLY?

- (a) If you want to apply for a payment you can do so by completing the online registration form (available at [www.skiptonfund.org](http://www.skiptonfund.org)), or by applying direct to the Skipton Fund. They can be contacted by telephone or email, details of which appear above. If you would prefer to write to the Fund, their address is PO Box 50107, London, SW1H 0YF. Once your registration form has been received, the Skipton Fund will enter your personal details on a database and allocate you a unique reference number.
- (b) The Skipton Fund will then send you an application form, bearing your reference number, together with comprehensive guidance on how to use the form. After answering a few questions concerning your application and signing the form, you should then pass it to your doctor – who will answer the questions that relate to your illness and how you might have been infected.
- (c) We suggest that if you are being treated for a bleeding disorder you ask your consultant haematologist to complete these sections of the form. We suggest other applicants ask the consultant who is dealing with the treatment of their Hepatitis C to do this. If these doctors do not have access to all the necessary information, they may advise you to take the form to your GP or to another specialist doctor.
- (d) The application form you will receive initially only covers applications for the basic payment of £20,000. Once the Skipton Fund has checked that you are entitled to the basic payment then it will be open to you to apply for the additional £25,000 payment. You are entitled to this additional payment if your condition has progressed to the stage where cirrhosis is present, or you have been diagnosed with liver cancer, or have undergone a liver transplant. You will need a separate form to apply for the additional payment which you will be able to obtain from the Skipton Fund on request. There is no time limit to eligibility for this additional payment so if you are not entitled to it now you can apply for it again in the future if your condition deteriorates.

### 2. WHAT HAPPENS ONCE THE FORM HAS BEEN COMPLETED?

- (a) When the form is completed, your doctor will send it to the Skipton Fund. The Skipton Fund will then write to you to let you know this has happened.
- (b) The Skipton Fund will then check the information on your form. The Skipton Fund will then write to you to tell you whether your application has been successful.
- (c) If your claim is successful and you are to receive the £20,000 basic payment, the Skipton Fund will transfer the money to you according to the instructions you gave in the registration form. The same will apply should you subsequently apply successfully for the £25,000 payment, unless you tell the Skipton Fund otherwise.

### 3. WHAT HAPPENS IF MY DOCTOR IS UNABLE TO PROVIDE THE INFORMATION REQUIRED?

- (a) If your doctor is unable to provide the necessary information, eg because some or all of your medical records are missing, they will send the form to the Skipton Fund anyway with an explanatory note. The Skipton Fund may then decide to provide your doctor with a different form that allows a fuller explanation of your circumstances.

### 4. WHAT DO I DO IF I DISAGREE WITH A SKIPTON FUND DECISION?

- (a) If you disagree with a decision of the Skipton Fund you can appeal. You should contact the Skipton Fund for details on how to do this.
- (b) If the Skipton Fund makes the basic payment of £20,000 but does not agree that you are entitled to the additional £25,000 payment, this does not prevent you from applying again in the future if your condition deteriorates.

## THE SKIPTON FUND – ADDITIONAL INFORMATION

- Were all the blood products provided by the NHS prior to September 1991 capable of transmitting Hepatitis C?

It varies from product to product. Factor VIII and IX blood clotting factor concentrates manufactured by the National Blood Service in England and Wales were treated to inactivate the Hepatitis C virus from 1985.

Factor VIII blood clotting factor concentrates manufactured by the Scottish National Blood Transfusion Service were treated to inactivate the Hepatitis C virus from April 1987.

Factor IX blood clotting factor concentrates manufactured by the Scottish National Blood Transfusion Service were treated to inactivate the Hepatitis C virus from October 1985.

Products manufactured in Scotland were commonly used in Northern Ireland

- Will I lose other benefits I am entitled to under other Government schemes if I receive payments from the Skipton Fund?

No. Payments made from the Skipton Fund will be disregarded when assessing means tested Social Security benefits and tax charges/credits. They will also be disregarded when you are means tested for housing improvement and repair grants or for residential care charging. However, if you are asked to provide details about your income on a form, you should declare your Skipton Fund payment(s).

- Will any payments I have received from other schemes, or as a result of litigation, be deducted from the payments made to me by the Skipton Fund?

No.

- Will I have to prove that it was NHS treatment that caused me to have Hepatitis C?

It depends. If you have received certain blood products (including Factor VIII or Factor IX blood clotting concentrates) then the Skipton Fund will assume that it was this treatment that caused your infection. Other forms of treatment will be considered on a case-by-case basis.

- Can I see what my doctor has written about me on the application form?

You are entitled to see the answers your doctor has made to the questions in the applications form. If you want this information you should ask your doctor.

- What happens if I receive the basic £20,000 and I either develop cirrhosis, liver cancer or have a liver transplant in the future, or am already in this position?

You will not be able to apply for the additional £25,000 payment at the same time as you apply for the basic payment – you can apply for the additional payment at any time but will need a separate application form which you will be able to obtain from the Skipton Fund. If you apply for the additional payment and are unsuccessful, you can apply again if your condition deteriorates, but not usually within a year of a previously unsuccessful application. You will only receive the second payment if Skipton Fund has first checked that you are entitled to the basic payment.

If you think that you may already be entitled to the second payment you should contact the Skipton Fund for further guidance and an application form.





# APPLICATION FOR THE ADDITIONAL PAYMENT

For security purposes, the Skipton Fund requires a re-confirmation of your national insurance number and date of birth.

National Insurance Number

Date of birth:

Please remove tape and fold here

To return the form to us, remove the tape, fold it in half where shown and seal the edges together. The form already bears our freepost address, so no postage is needed. Please remember to sign and date the form before you seal it.

Name of Bank/Building Society:

Account Name:  Sort Code:

Bank Account Number:     or

Please remove tape and fold here

Applications for the second stage payment can only be processed by the Skipton Fund if this form has been returned to the Fund.

Signature of Applicant

Date

**The Skipton Fund  
FREEPOST NAT 18555  
London  
SW1H 0BR**

# SECTION 6: IDENTITY AND AUTHORITY OF THE PHYSICIAN COMPLETING SECTIONS 1-6

Name of clinician:

Department:

Hospital:

Address:

Postcode:

Hospital stamp:

Clinician's GMC number:

Signature of clinician:

Please return the form in the freepost envelope provided to:

Skipton Fund Limited  
FREEPOST NAT 18555  
London SW1H 0BR

Completed by  
Case Hand

## THE SKIPTON FUND

### ADDITIONAL PAYMENT APPLICATION FORM

PO Box 50107 London SW1H 0YF Telephone: 020 7808 1160 Email: [apply@skiptonfund.org](mailto:apply@skiptonfund.org) [www.skiptonfund.org](http://www.skiptonfund.org)

### FOR AN APPLICANT WHO HAS ALREADY RECEIVED THE £20,000 BASIC PAYMENT FROM THE SKIPTON FUND

#### GUIDANCE FOR THE APPLICANT

Please read the accompanying Guidance Notes before filling in this application form.

This form is only for use when the additional £25,000 payment (for anybody with an advanced stage of illness) is being claimed. Only an applicant with chronic hepatitis C infection who has developed cirrhosis or liver cancer or has received a liver transplant or is awaiting a transplant is eligible for this payment.

Most of this form must be completed by a doctor. It is intended that 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.

You yourself should only sign and date this form at the bottom of this page. After that you should pass the form to the consultant physician who is responsible for your care.

#### DATA PROTECTION

Your personal information will only be used by the Skipton Fund 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 the Appeals Panel. Your information will otherwise be held in the strictest confidence and will not be shared with any other organisation.

By submitting this form to a medical professional, you consent to your medical details requested in Sections 1 to 5 inclusive being supplied to the Skipton Fund for the purpose of administering your application. If your application is deemed to be ineligible, the Fund may keep your application form on file so that we have a full historical record in the event that you lodge an appeal or if you reapply for a payment at a later stage. If you have any questions regarding the use of your information, please contact the Fund, by telephone on 020 7808 1160, by Email to [apply@skiptonfund.org](mailto:apply@skiptonfund.org), or in writing to Skipton Fund Limited, Freepost NAT 18555, London SW1H 0BR.

**I wish to apply for a £25,000 ex gratia payment and consent to my specialist doctor supplying to the Skipton Fund answers to the questions in Sections 1 to 5.**

Signature of Applicant

Date



## GUIDANCE FOR THE PHYSICIAN COMPLETING THE FORM

This form is only for use when the additional £25,000 payment (for an applicant with an advanced stage of illness) is being claimed. This payment is additional to that of £20,000 that the applicant will have already received from the Skipton Fund.

Sections 1 – 5 of the form should be completed (as appropriate) by the consultant physician currently in charge of the applicant's care only if the applicant has liver cancer, has undergone a liver transplant or is awaiting a transplant, or if there is a distinct possibility that the applicant has cirrhosis. It is intended that 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.

## LAYOUT AND COMPLETION OF THIS APPLICATION FORM

**Section 1** This section asks whether the applicant has undergone liver transplantation, is currently awaiting a transplant or has developed primary liver cancer. If any of these circumstances pertain, sections 2, 3, 4 and 5 need not be completed.

**Section 2** This section seeks information of liver histology, where available. Where histological proof of cirrhosis is available, sections 3, 4 and 5 need not be completed.

**Section 3** This section should be completed for applicants for whom a liver biopsy has never been performed or without 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)<sup>†</sup>**

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

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

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 x 10<sup>9</sup> and an AST level of 90 (ULN = 45), the APRI is calculated as:

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

<sup>†</sup> Wai C-T, Greenson JK, Fontana RJ, Lalbfleisch JD, Marrero JA, Conjeevaram HS, Lok AS-F. A simple noninvasive 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<sup>‡</sup>**

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

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

Where AST and ALT are measured in IU/L

<sup>‡</sup>Giannini E, Riso D, Botta F, Chiorbonello 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

## (V) ENDOSCOPY

Date:

## (V) OTHER

Report any other test results that may be relevant

Note: If section 4 has been completed, please also complete section 5.

## SECTION 5: OVERALL CLINICAL OPINION

This section must be completed in respect of an applicant who is relying on information provided in section 4 as a basis for the application. It seeks an overall clinical view as to whether the applicant is thought likely to have cirrhosis based on the evidence provided in Section 4

### Clinical assessment



## (II) OTHER BIOCHEMICAL AND HAEMATOLOGICAL TESTS (WHERE AVAILABLE)

Date of test:   

	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

## (i) 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, and the basis for their interpretation, should be described below, stating the particular test(s) used, results obtained and the basis for their interpretation.

## (III) ABDOMINAL ULTRASOUND (OF LIVER, SPLEEN)

Date:   Report: 

## (IV) OTHER RADIOLOGICAL EXAMINATIONS - eg MRI, CAT Scan

Date:   Report: 

With regard to the additional £25,000 payment, an APRI  $\geq 2.0$  together with an AST/ALT ratio  $\geq 1.0$  will be accepted as presumptive evidence for cirrhosis. Where both these indices are at or above these cut-offs, section 4 need not be completed. If the two indices produce discordant results, or are both below the cut-off levels, then sections 4 and 5 should also be completed.

**Section 4** This section should 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 Section 3 do not predict cirrhosis. The purpose of this section is to record any other information already available that may assist the Skipton Fund in determining whether cirrhosis is likely to be present.

**Section 5** This section must be completed in respect of an applicant who is relying upon information supplied in section 4 to support the application. It seeks an overall clinical opinion as to whether or not cirrhosis is likely to be present.

**Section 6** This section asks for details and the signature of the physician who has completed the form and must be completed.

## SECTION 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)

The applicant has developed primary liver cancer  
(If YES, give supporting evidence in the space below)

YES/NO\*

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

\*Delete as appropriate.

## SECTION 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:

Details of histology report and diagnosis reached:

Details of histology report and diagnosis reached:

**Note:** if there is histological evidence of cirrhosis, please ignore sections 3, 4 and 5 and go straight to section 6.

### SECTION 3: 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.

	First test result	Second test result	Upper limit of normal (ULN)
Date test performed			-
AST (IU/L)			
ALT (IU/L)			-
Platelets x 10 <sup>9</sup> /L			-

Calculated indices (See explanatory notes on pages 2 and 3)

	First measurement	Second measurement
APRI		
AST/ALT ratio		

With regard to the additional £25,000 payment, an  $\text{APRI} \geq 2.0$  together with an  $\text{AST/ALT ratio} \geq 1.0$  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 section 6.
2. If these indices give discordant results, or both are below the specified cut-off values, please proceed to and complete sections 4 and 5.

## SECTION 4: 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:**

**Clinical status and findings on physical examination:**



**PART 5 - TO CONFIRM THE AUTHORITY OF RESPONDENT(S)**

How long have you known the person in respect of whom you have completed this form?

\_\_\_\_\_ years \_\_\_\_\_ months

Name of Clinician \_\_\_\_\_

Department \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Signature of Clinician

Hospital Stamp  
Clinician's  
GMC number

How long have you known the person in respect of whom you have completed this form?

\_\_\_\_\_ years \_\_\_\_\_ months

Name of Clinician \_\_\_\_\_

Department \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Signature of Clinician

Hospital Stamp  
Clinician's  
GMC number

How long have you known the person in respect of whom you have completed this form?

\_\_\_\_\_ years \_\_\_\_\_ months

Name of Clinician \_\_\_\_\_

Department \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Signature of Clinician

Hospital Stamp  
Clinician's  
GMC number

How long have you known the person in respect of whom you have completed this form?

\_\_\_\_\_ years \_\_\_\_\_ months

Name of GP (if relevant) \_\_\_\_\_

Surgery \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Signature of GP

Surgery Stamp &  
GMC number

Please return the completed form to the Skipton Fund in the freepost envelope supplied

Thank you very much for your help in completing this form

**THE SKIPTON FUND**

PO Box 50107 London SW1H 0YF Telephone: 02078081160 Email: [apply@skiptonfund.org](mailto:apply@skiptonfund.org) [www.skiptonfund.org](http://www.skiptonfund.org)

**GUIDANCE NOTES FOR APPLICATION FORM FOR FIRST STAGE EX GRATIA PAYMENT OF £20,000.****TO THE APPLICANT**

Thank you for registering with the Skipton Fund. Please read these notes carefully before completing the form. Please also show these notes to the medical professional who you ask to complete the rest of the form after you have completed and signed Part 1.

**HOW TO COMPLETE THE FORM**

Page 2 of the application form must be completed by the person making the claim. In nearly all cases this will be you, the infected person; if such a claimant is unable to complete the first two pages of the form, they can be completed by a representative as long as this is made clear on the form.

If the application is for a payment that would have been made by somebody who has died, the form asks for information about the dead person.

**All the rest of the form after page 2 must be completed by a medical professional, to whom you should give the form after you have completed and signed the first two pages. You should also give these guidance notes to that medical professional.**

Generally this medical professional should be the principal clinician treating you; this will probably be a clinician treating Hepatitis C, but in the case of applicants with bleeding disorders it might be a haematologist.

If you cannot give this form to such a clinician to complete, you should take it to your General Practitioner, again with these guidance notes.

If you yourself have any records of how you were infected, please give them to the medical professional who will be completing the remainder of the form.

When the medical professional has completed the form, he or she should send it to the Skipton Fund where it will be processed. Provided that the information supplied confirms your eligibility for a payment, this will be made as soon as possible after the receipt of the form by the Skipton Fund.

If you have any difficulties in understanding what you should do with this application form, please telephone the Skipton Fund Helpline on (0207 808 1160). In case your call has to be recorded, please be ready to leave a telephone number to which it will be possible to return your call.

**TO APPLY FOR SECOND STAGE EX GRATIA PAYMENT OF £25,000**

The Skipton Fund will be processing applications for the first stage ex gratia payments as a matter of priority. You will be able to apply for the second stage ex gratia payment at any time in the future. If you believe that you are eligible for this payment, please ask the Skipton Fund for the relevant application form.

**PART 1A - TO BE COMPLETED BY OR ON BEHALF OF THE APPLICANT**

Please complete the following in block capitals:

If you are completing this form on behalf of somebody who is unable to do it himself or herself, please supply the following information about that person. If you are claiming as the bereaved partner, parent or dependant of somebody who died between 29 August 2003 and 5 July 2004, please supply the following information about the deceased.

Title (Mr/Ms/Mrs/other)

Surname

First name

Middle name/s

Address

Post Code

What is or was your relationship to this person?

If the infected person has died, please supply the SKIPTON FUND with a copy of the death certificate.

**PART 1B - TO BE COMPLETED BY THE APPLICANT****DATA PROTECTION**

Your personal information will only be used by the Skipton Fund 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 the Department of Health Appeals Panel. Your information will otherwise be held in the strictest confidence and will not be shared with any other organisation.

By submitting this form to a medical professional, you consent to your medical details requested in Parts 2 being supplied to the Skipton Fund and the Department of Health for the purpose of administering your application. If your application is ultimately deemed to be ineligible for the ex gratia payment your information will be deleted. If you have any questions regarding the use of your information, please contact 0207 808 1160.

**Do you consent to the medical details requested in Parts 2, 3 and 4 being supplied to the Skipton Fund?**

\*Delete as appropriate  
YES/NO\*

If you have any records of how you (or the deceased person) were infected, please give them to the medical professional who will be completing the remainder of the form.

I wish to apply for a £20,000 ex gratia payment.

Signature of Applicant

Date

**PART 4B - OTHER POSSIBLE SOURCES OF INFECTION (NOT TO BE COMPLETED IN RESPECT OF PEOPLE WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS)**

Based on evidence or your experience, has the infected person been treated for intravenous drug use?

YES/NO\*

Has the infected person ever received hospital treatment outside the UK?  
If YES, what treatment and where?

YES/NO\*

Is there any other evidence that might affect the eligibility of the infected person for payment?  
If YES, please specify?

YES/NO\*

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\*

\*Delete as appropriate



**PART 4A - TO CONFIRM THAT INFECTION MOST PROBABLY AROSE THROUGH NHS TREATMENT . (NOT TO BE COMPLETED IN RESPECT OF PEOPLE WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS)**

**i) When where and how is it believed that infection occurred?**

When? (date)

Where? (in what NHS hospital or other facility)

How? (during surgical procedures, A&E treatment, etc) Please specify.

**ii) Do any records exist of this possible occasion of infection?**

If YES, please specify

**iii) If the date of infection cannot be proved, do you believe infection occurred before 1 September 1991?**

YES/NO\*

**iv) Were any of the following used to treat the applicant before 1 September 1991?**

(please tick where appropriate)

Intravenous immunoglobulin	<input type="checkbox"/>	Plasma/FFP	<input type="checkbox"/>
Albumin	<input type="checkbox"/>	DEFIX	<input type="checkbox"/>
Bone marrow	<input type="checkbox"/>	Whole blood or components	<input type="checkbox"/>

(components include platelets, red cells, neutrophils etc)

If so, for what purpose, and did the treatment involve repeated doses?

**v) Does any evidence exist of any other possible source of infection (e.g. treatment with other blood products or tissue, etc)?**

If YES, please specify

YES/NO\*

\*Delete as appropriate

**TO BE COMPLETED BY YOUR HOSPITAL DOCTOR OR GENERAL PRACTITIONER**

**NOTES TO THE MEDICAL PROFESSIONALS COMPLETING THIS FORM.**

Thank you for your help with this application.

In most cases this form will concern a patient who is known to you who has been infected with Hepatitis C.

The purposes of this form are

- to confirm that the patient has been infected
- to confirm that the infection most probably arose through NHS treatment

If there are questions in this form relating to your patient that you cannot answer, please consult such other medical professionals as have treated your patient who would be able to provide such answers.

In a few cases this form will concern a patient who had been infected with Hepatitis C but who died between 29 August 2003 and 5 July 2004. In such a case all the questions you are requested to answer refer to the deceased person.

In a few cases this form will concern a patient who has been indirectly infected (e.g. by accidental needle stick) by somebody who is (or was) himself or herself infected through NHS treatment. In such a case please answer only parts 2A, 2B, and 5.

Please return this form, when completed, to the Skipton Fund in the freepost envelope supplied.

Skipton Fund Limited  
Freepost NAT18555  
London  
SW1H 0BR

**PART 2A - TO CONFIRM THE APPLICANT'S ELIGIBILITY FOR PAYMENT**

Has an HCV antibody test ever been positive? YES/NO\*

Is the applicant currently PCR positive? YES/NO\*

If the applicant is currently PCR negative, is this as a result of past or ongoing interferon-based treatment? YES/NO\*

If the applicant is PCR negative is there radiological or pathological evidence that they were chronically infected after the acute phase (ie 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\*

**PART 2B - 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 (please specify)?

If any of the answers in part 2A is 'YES', please ignore the rest of parts 2, 3 & 4 and go straight to part 5.

**PART 2C - 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 positive at the time of death? YES/NO\*

If either of these answers is 'yes', please complete the remainder of this form in respect of the deceased person.

If at the time of death the applicant was PCR negative was this as a result of interferon based treatment? YES/NO\*

If the infected person has or had haemophilia or any other inherited or acquired bleeding disorder, please go to Part 3, but ignore part 4.

\*Delete as appropriate

**PART 3 - TO BE COMPLETED ONLY IN RESPECT OF INFECTED PEOPLE, WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS**

i) Please confirm that the infected person has or is a carrier of an inherited or acquired bleeding disorder YES/NO\*  
(such as haemophilia or von Willebrand's disorder)

ii) 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, neutrophils etc)

Did treatment include repeated doses? YES/NO\*

Other coagulation factor concentrate ☐

If so which?

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

iv) 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 NHS treatment received before that date? YES/NO\*

If part 3 has been completed ignore part 4 and go straight to part 5.

\*Delete as appropriate