



Paper Q3/3

Paper Title	NHSBSA Paper – Medical Assessment Process
Meeting date	18/10/2018
Prepared by	NHSBSA
Intended audience	DHSC/NHSBSA Accountability Meeting attendees
Paper objectives	To demonstrate the medical assessment process and associated activities of NHSBSA as part of the England Infected Blood Support Scheme

EIBSS Assessment Process

Administrative Stage

NHSBSA receives application forms from prospective beneficiaries for ex-gratia payments as part of the England Infected Blood Support Scheme. There are 4 different application forms for those either infected with Hepatitis C or HIV, or those who have Hepatitis C but their condition has progressed to make them either eligible for payments the Special Category Mechanism or Hepatitis Stage 2 enhanced payments.

When forms are received, experienced staff on the EIBSS team will review the content of forms and any associated evidence. Through experience and collaboration with medical professionals previously, there is a clear understanding from staff on the team what evidence is required to demonstrate a condition. This allows a 'pre-assessment' and a calibration of evidence required before an application can be passed to a medical assessor for review. Evidence may include test results, a demonstration of blood transfusion at a relevant time or other source of infection among other things.

Following this initial review from staff, applications are either returned for further evidence if relevant evidence has not been supplied, or passed to a medical assessor if there is sufficient medical evidence.

Medical Assessment Stage

The 3 assessors currently in post are:

- Prof. Howard Thomas – Professor Thomas worked with the previous schemes and has an extensive background in these assessments.
- Prof. Geoff Dusheiko – Professor Dusheiko also worked with the previous schemes and has an extensive background in these assessments.
- Dr. Janice Main – Dr Main was recommended by Professor Thomas as a medical expert in this field who had worked with him. She specialises in infectious diseases including Hepatitis C and HIV.

When Dr Main joined EIBSS, she worked closely with both Professors to understand the evidence required and how conclusions could be drawn for those with different applications. This gave her a firm understanding of the burden of proof required to be able to assess an application (i.e. on the balance of probabilities on the evidence provided).

Medical assessors will review applications regularly, be that in person at our offices in Skipton House, London, or via e-mail. This may be every week or as and when required.

Their responses are then fed into outcome letters/correspondence that are shared with applicants. This outcome may either be successful, unsuccessful or there may be a request for further information to support the claim if required.

Appeals Stage

If an applicant is unhappy with the outcome of their application they have a right to appeal. These appeals are heard by a panel of medical experts that have been collated to form an appeals panel.

The appeals panel we have currently in place consists of:

- Prof. Peter Mills
- Dr. Norman Gourlay (GP specialist)
- Patricia Hewitt (formerly of NHS Blood and Transplant)
- Nicola Richardson (interim legal chairperson)

Of the panel, all three medical experts formed part of the previous panel and have a number of years' extensive experience of handling appeals.

Appeals meetings are convened on an ad-hoc basis, but usually these are around every 6 weeks. At these meetings all evidence that has been received is considered by the panel. An outcome is then drafted based on the conclusions of the appeal panel and then shared with the beneficiary. These meetings are held without the beneficiary present and based on medical evidence and any supporting documentation. The meetings are either held face to face or by teleconference depending on availability and need.

Special Category Mechanism Process

Both Prof. Thomas and Prof. Dusheiko formed part of the policy group for the Special Category Mechanism and understood the policy intention and also advised on some of the stage 2 conditions that were added to extend the criteria at the same time as the introduction of the SCM policy. Therefore both had considerable background in this area. As part of Dr Main's induction into the scheme, both professors worked with Dr Main to ensure her understanding of the SCM policy and her ability to assess the applications.

To assure this process, forms were calibrated across all assessors. This meant all forms were looked at by 2 medical assessors as part of the process in order to ensure accuracy before a result was communicated to beneficiaries to ensure consistency of process and assure an outcome.

Ahead of the introduction of the scheme, a meeting was also held between the medical assessors and the members of the appeals panel to ensure a common understanding was held in how the forms were being assessed, the burden of evidence required and the intention of the policy.

Quality Assurance

To ensure that there is a consistent approach, all application forms are assessed in the first instance by one of the three medical assessors. Where there is clear evidence of infection to a medical professional where a beneficiary satisfies the criteria of the scheme, they will assess this individually. However, where there is a need for consensus and the evidence may not form a clear picture to allow a decision to be made, then the opinion of a second medical professional may be sought.

In order to assure the quality of this work, NHSBSA will be introducing retrospective checking on a 10% sample of each assessor's work, to a minimum of 5-10 applications since the beginning of the financial year. This assurance will take the form of cross-checking by other medical professionals to ensure consistency. It is anticipated that this work will take place before the end of the calendar year (2018) and be in place on an ongoing basis.

Future Planning

NHSBSA intends to relocate the scheme in its entirety from Skipton House in London, to office space in Newcastle. The main drivers for this move are to ensure value for money as part of the scheme and to achieve operational efficiencies. Part of this process has already begun and some staff have returned to their original base so the scheme is currently operating across two bases whilst consultation continues with those staff who transferred from the previous schemes.

With reference to medical assessors, initial discussions have made it apparent that travel will be more difficult to Newcastle than to offices in London to assess forms. To resolve this issue, applications will be scanned and shared along with supporting evidence via secure e-mail for every application.

NHSBSA is also looking at future-proofing the scheme and succession planning for the current medical assessors we have in place. By the end of the financial year we aim to have other medical professionals in line to either replace the current medical assessors or to complement them. This allows us to avoid any risks around retirement/resignation of the current medical assessment team following the relocation to Newcastle and consequent issues this raises. We aim to recruit via a similar route to what was put in place for the legal chair of the appeals panel, with DHSC sign-off to be sought ahead of any appointment and a recruitment process drawn up. Once recruited, we anticipate retaining a larger pool of medical assessors to enable us to have at least 2 medical assessors to review every application.

One potential risk this poses is that currently none of the three medical assessors charge significant costs for their time. Any costs are primarily travelling and subsistence expenses currently so there is a possibility that this will become exponentially higher in the future depending on the number of applications that we receive. This will be understood more as we look to recruit further medical assessors and understand the market rate and time requirement for the scheme in the coming years.